Modified 2010 CEQ Interview Specifications for Records Study

Section #	Part	Variable Name	Question Text	Skip Instructions
02	-	STLRENT	Last time [YOU_YRCU] reported renting these living quarters. Do you still rent?	<1, D, R> [Goto RENTED] <2> [Goto RTASPAY] <3> [Goto Section 3]
			 Yes No 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.	2, D, R [goto RENTED]
			1. Yes 2. No	
02	-	RENTED	Do [Fill: YOU_ANYMEM] [fill: still] pay rent for these living quarters?	<1, D, R> [If Intnmbr is 1 goto RENTX3] [goto RENTX1] <2> [goto RTASPAY]
			1. Yes	
02	-	MORERENT	Since the first of [fill: REF_MONTH] have [fill:YOU_ANYMEM] rented any houses, apartments, or temporary living quarters NOTused entirely for business or vacation?	<1> [If Intumbr is 1 goto RENTX3] [goto RENTX1] <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 unit? Include any extra charges for garage or parking facilities, but do not include direct payments	<0-9999999, D, R> [goto RENTX2]
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 unit?	<0-9999999, D, R> [goto RTELECT]
			[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 Does the rental payment include the cost of-	<1, 2, D, R> [goto RTWATER]
			Gas?	
			1. Yes 2. No	
02	-	RTWATER	* Repeat if necessary Does the rental payment include the cost of-	<1, 2, D, R> [goto RTHEAT]
			Piped in water?	
			1. Yes 2. No	
02	-	RTHEAT	* Repeat if necessary Does the rental payment include the cost of-	<1, 2, D, R> [goto RTTRASH]
			Heating?	
			1. Yes 2. No	
02	-	RTTRASH	* Repeat if necessary Does the rental payment include the cost of-	<1, 2, D, R> [goto RTPARK]

^{...}Trash/garbage collection?

1. Yes

2. No

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02	-	RTPARK	* Repeat if necessary Does the rental payment include the cost of-	<1, 2, D, R> [goto RTASPAY]
			Garage and parking facilities?	
			1. Yes 2. No	
02	-	RTASPAY	Did [Fill: YOU_ANYMEM] receive any reduced or free rent for this unit as a form of pay since the first of [Fill: REF_MONTH]?	<1> [goto RTCOMPX] <2, D, R> [goto RTBSNS]
			1. Yes 2. No	
02	-	RTCOMPX	What is the current monthly rental charge to another tenant for a similar unit?	<1-999999, D, R> [goto REGRNTX]
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. Yes 2. No	<1> [goto RTBSNSZ] <2, D, R> [If PSU = 06037, 06073, 06075, 06087, 06097, 11001, 24021, 24043, 34003, 34013, 34017, 34023, 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 business expense? * Enter to the nearest whole percent.	<1-100, D, R> [If PSU = 06037, 06073, 06075, 06087, 06097, 11001, 24021, 24043, 34003, 34013, 34017, 34023, 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]

Yes
 No

Section #	Part	Variable Name	Question Text	Skip Instructions
03	В	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 property4. Unimproved land5. Other Property	
03	В	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	В	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?	22 [goto STITICED2]
			1. Yes 2. No	

Section #	Part	Variable Name	Question Text	Skip Instructions
03	В	SHARWKS	How many weeks per year can [fill: YOUR_YRCU] use your timeshare?	<1 - 52, D, R> [goto SHARED1]
03	В	SHARED1	[Fill: Do/Does] [fill: YOU_YRCU] own the timeshare with anyone else outside your household?	<1> [goto SHARPER1] <2, D, R> [goto COUNTRY]
			1. Yes 2. No	
03	В	SHARPER1	What percent of the timeshare [fill: do/does] [fill: YOU_YRCU] own?	<1 - 99, D, R> [goto COUNTRY]
03	В	SHARED2	[Fill: Do/Does] [fill: YOU_YRCU] share ownership of the property with anyone else?1. Yes2. No	<1> [goto SHARPER2] <2, 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	В	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	В	COUNTRY	* Ask if not apparent * If this is a timeshare with multiple locations, select the most often used location. Where is the property located? 1. United States	<1> [goto STATE] <2, D, R> [If INTNMBR = 2 - 5 AND NEWCU is not 1 and OWNYB ne 100 goto STILOWNB] [ELSE goto BSNSEXP]
			2. Foreign Country	
03	В	STATE	* Enter the two character State abbreviation	< 2 character state abbreviation, D, R> [goto CNTYCODE]
03	В	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	В	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	В	STILOWNB	* Ask if not apparent	<1, 2, D, R> [goto BSNSEXP]
			Do you still own this property?	
			1. Yes 2. No	
03	В	BSNSEXP	[Fill: Are/Were] any of the expenses for this property deducted as business, farm, or rental expenses?	<1> [goto OBSNSZB] <2,D,R> [goto ACQUIRYR]
			1. Yes 2. No	
03	В	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	В	ACQUIRYR	In what year did [Fill: YOU_YRCU] close or settle on this property?	<1900 - 9999, D, R> [goto ACQUIRMO]
03	В	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	В	GIFTPROP	Was this property received as a gift or inheritance? 1. Yes 2. No	<1,D,R> [goto ANPROPTX] <2> [goto OWN_PURX]
03	В	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	В	CLOSECST	(Book) 6 ? [F1]	<0-9999999, D,R> [goto OWNDPMTX]
			About how much were the closing costs?	

Section #	Part	Variable Name	Question Text	Skip Instructions
03	В	H_CLOSECOST	Section 3 - OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE	<esc> [go back to OWN_PURX or CLOSECST]</esc>
			Closing Costs: Advertising costs Deed preparation Escrow payment Lawyer's fees Points paid by buyer Property survey charges Recording fees Tritle search Transfer taxes Real esate listing service fees	
03	В	OWNDPMTX	What was the amount of the down payment?	<0-99999999, D,R> [goto ANPROPTX]
03	В	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	В	PROPTYPE	* Ask if not apparent.* If respondent doesn't know or refuses select pre-code 3.	<1-3> [goto S3B_END]
			[Fill: Is/Was] this property a -	
			 Condominium? Cooperative? Something else? 	
03	В	S3B_END	** CHECK ITEM **	[If STILOWNB = 2, goto Section 3D] [ELSE goto Section 3E]
03	Е	PRESMORT	Now I am going to ask about mortgages for your [Fill: PROPDESC]. Excluding home equity loans, [Fill: and reverse mortgages], [Fill:do/does] [Fill: YOU_YRCU] presently have a mortgage on your [Fill: PROPDESC]?	<1> [goto NUMMORT1] <2, D, R> [goto HADMORT]
			 Yes No 	
03	E	NUMMORT1	How many mortgages [Fill: HAVE_HAS2] [Ffill: YOU_YRCU] had on this property since the first of [Fill: REF_MONTH]?	<1-8, D, R> [goto HOMEQ_YN]

Section #	Part	Variable Name	Question Text	Skip Instructions
03	E	HADMORT	[Fill: HAVE_HAS1] [Fill: YOU_YRCU] had a mortgage on this property since the first of [Fill: REF_MONTH]?	<1> [goto NUMMORT2] <2, D, R > [goto HOMEQ_YN]
			1. Yes	
03	E	NUMMORT2	How many mortgages [Fill: HAVE_HAS2] [Fill: YOU_YRCU] had on this property since the first of [Fill: REF_MONTH]?	<1-8, D, R> [goto HOMEQ_YN]
03	Е	MRTCPSHA	Since the first of [Fill: REF_MONTH], in addition to [Fill: YR_YRCUS] share of the 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	<1> [goto NUMMORT3] <2, D, R> [goto HOMEQ_YN]
			in the cooperative?	
03	E	NUMMORT3	 Yes No How many mortgages [Fill: HAVE_HAS2] [Fill: YOU_YRCU] had on this property since the first of [Fill: REF_MONTH]? 	<1-8, D, R> [goto HOMEQ_YN]
03	Е	HOMEQ_YN	[Fill: Do/Does] [Fill: YOU_YRCU] have a home equity loan or any other loan which gives the lender claim on this property in case the loan is not repaid?	<1> [goto LSHEL_YN] <2, D, R> [goto S3E_END]

- Yes
 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 both types.	<1> [got NUMLSHEL] <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	How many?	<1-8,D,R> [goto LCHEL_YN]
03	Е	LCHEL_YN	[Fill: HAVE_HAS] [Fill: YOU_YRCU] had a line of credit home equity loan on this property since the first of [Fill: REF_MONTH]?	<1> [goto NUMLCHEL] <2, D, R> [goto S3E_END]
			 Yes No 	
03	E	NUMLCHEL	How many?	<1-6, D,R> [goto S3E_END]
03	F	ORG_INTR	Now I will ask some questions about your [Fill: 1st/2nd, 3rd, etc.] [Fill: mortgage/lump sum home equity loan]. These questions refer to the [Fill: mortgage/lump sum home equity loan] you are currently making	<1> Continue [goto ORGMRTX] <2> Delete the loan [goto S3FG_END]
03	F	ORGMRTX	What was the amount of the [Fill: mortgage/lump sum home equity loan] when [Fill: YOU_YRCU] first obtained it, not including any interest?	<1-9999999, D,R> [goto FRSTPYYR]
03	F	FRSTPYYR	In what year did [Fill: YOU_YRCU] make the first payment on this [Fill: mortgage/lump sum home equity loan]?	<1900-9999, D,R> [goto FRSTPYMO]
03	F	FRSTPYMO	In what month did [Fill: YOU_YRCU] make the first payment on this [Fill: mortgage/lump sum home equity loan]?	<1 - 12, D, R> [goto MTERM]

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 [Fill: mortgage/lump sum home equity loan], or something else?	<1, 2, D, R> [goto NEWMRRT] <3> [goto MORTTERM]
			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]</suppressed>
			* Number of payments made to date is greater than the mortage term	
			Please verify.	
			Question involved Value	
			(MTERM: mortgage term or MORTTERM: other mortgage term) FRSTPYYR: Payment Year	
			Suppress Goto	
03	F	NEWMRRT	What is the current interest rate on this [Fill: mortgage/lump sum home equity loan]?	<00.000 - 99.999, D, R> [goto FIXEDRTE]
			* Enter percent including decimal	
03	F	FIXEDRTE	Is this a fixed rate [Fill: mortgage/lump sum home equity loan]?	<1> [goto PAYINCL]
			1. Yes 2. No	<2, D,R> [goto PAYTYPE]

Section #	Part	Variable Name	Question Text
03	F	PAYTYPE	There are many different kinds of [Fill: mortgage/lump sum home equity loan]s. Which of these comes closest to [Fill: YRS_YRCS]? *Read each item on list *Mark all that apply, separate with commas
			 Variable or adjustable rate of interest (ARM) Interest only Other - specify
03	F	PAYTOTHF	* Specify:
03	F	PAYINCL	(Book) 7 [F1]
			On [Fill: YR_YRCUS] last payment, which of these things were included?
			* Read each item on list.
			* Enter all that apply, separate with commas.
			 Principal Interest Property taxes Property insurance Mortgage guarantee insurance (PMI) Any other payments - specify

Skip Instructions

<1-3, D, R> [If precode 3 is included goto PAYTOTHF], else [goto PAYINCL]

<30 characters> [goto PAYINCL]

<1-5, 77, R> [[if FIXEDRTE = 1 goto MRTPMTX], else [if INTNMBR ne 1goto PAYMTX1], else [goto PAYMTX3] <6> [If 6 selected, goto PAYOTHF]

Section # 03	Part F	Variable Name S3FG_ER2	* Principal and interest were not included in the mortgage payment. Please verify.	Skip Instructions <suppressed> [If 6 selected in PAYINCL, goto PAYOTHF] Else [If FIXEDRTE = 1 goto MRTPMTX], else [if INTNMBR ne 1 goto PAYTMX1], else {goto PAYMTX3}</suppressed>
			Question involved Value	
			PAYINCL: Payment includes	
			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 loan] payment per month?	<1-99999999, D, R> [If any codes 3-6 are selected in PAYINCL goto PRININTX] [Else goto
03	F	PRININTX	How much of that amount was for [fill:principal/interest/ and/orprincipal and interest]?	<0-99999999, D, R> [goto S3FG_END]
03	F	PAYMTX1	How much was [Fill: YR_YRCUS] payment on this [Fill: mortgage/lump sum home equity loan] in [fill: REF_MONTH]?	<1-99999999, D, R> [if any codes 3-6 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 interest]?	<0-99999999, D, R> [goto PAYMTX2]
03	F	PAYMTX2	How much was [Fill: YR_YRCUS] payment on this [Fill: mortgage/lump sum home equity loan] in [fill: TWO_MONTH]?	<1-99999999, D, R> [if any codes 3-6 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 interest]?	<0-99999999, D, R> [goto PAYMTX3]
03	F	PAYMTX3	How much was [Fill: YR_YRCUS] payment on this [Fill: mortgage/lump sum home equity loan] in [fill: LAST_MONTH]?	<1-99999999, D, R> [if any codes 3-6 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	Н	PAIDLOAN	I'd like to ask some questions about [Fill: YR_YRCUS] line of credit home equity [Fill: loan/loans].	<1> [goto PDAMTX1] <2, D, R > [goto TOTOWED] <888> [go to next loan]
			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]?	
			 Yes No 888. Delete this loan. 	
03	Н	PDAMTX1	What was the total amount paid in [fill: REF_MONTH]?	<0-99999999, D,R> [if INTNMBR = 1 goto TOTOWED] [else goto PDAMTX2]
03	Н	PDAMTX2	What was the total amount paid in [fill: TWO_MONTH]?	<0-99999999, D,R> [goto PDAMTX3]
03	Н	PDAMTX3	What was the total amount paid in [fill: LAST_MONTH]?	<0-99999999, D,R> [goto TOTOWED]
03	Н	TOTOWED	How much was owed before the last payment?	<0-99999999, D,R> [goto S3H_END]
03	Н	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 * [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> [goto TELEBILL] <nodk, norf=""></nodk,>
04	A	TELEBILL	Enter 1 to Continue (Book) 8 ? [F1] Since the first of [fill: REF_MONTH], have [fill YOU_ANYMEM] received any bills for telephone services, including cellular and Voice Over IP? Do not include bills for telephones used entirely for business purposes. 1. Yes	<1> [If entry in any 8500.TELCOMP 1-20, goto PREVCOMP] [Else, goto TELCOMP <2,D,R> [goto S4A_END]
04	A	PREVCOMP	2. NoWhat is the name of the company which provides the service?[fill: 8500.TELCOMP]55. Company name not listed888. Delete the line	<1-20> [goto TELBSNS] <55> [goto TELCOMP] <888> [goto TELOTH]

Section #	Part	Variable Name	Question Text	Skip Instructions
04	A	H_S4A	Section 4 - UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES	<empty> [go back to TELEBILL OR TELTEMP]</empty>
			Part A - Telephone Expenses	
			TELEPHONE SERVICES INCLUDED IN BILL	
			1 - Residential Service2 - Mobile/Cellular Service3 - Voice Over IP	
			OTHER TELEPHONE AND NON-TELEPHONE SERVICE ITEMS	
			 1 - Internet access (including broadband, DSL, or dialup) 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 the service?/ * Enter company name]	<30 characters, NODK, NORF> [goto TELBSNS] <888> [goto TELOTH]
04	A	TELBSNS	Will any of the charges be deducted as a business expense? 1. Yes 2. No	<1> [goto TELBSNZ] <2,D,R> [If Intnmbr = 1, goto TELCHGX3] [Else, goto TELCHGX1]
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]? Do not include any unpaid charges from a previous billing period.	<0-999999, D, R> [goto TELCHGX2]
04	A	TELCHGX2	How much were you billed for in [fill: TWO_MONTH]? Do not include any unpaid charges from a previous billing period.	<0-999999, D, R> [goto TELCHGX3]
04	A	TELCHGX3	How much were you billed for in [fill: LAST_MONTH]? Do not include any unpaid charges from a previous billing period.	<0-999999, D, R> [If TELCHGX1 OR 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.	
			 Residential Service Mobile/Cellular Service Voice Over IP 	
04	A	TELTEMP	(Book) 8 ? [F1] Which of the following telephone service items were included in the bill(s)? * Enter all that apply, separate with commas. *Read each item on list. 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	<0,77> [if 0 only or 77 only, goto TELOTH] <1> [[If Intnmbr = 1, goto TINTNTX3] [Else, goto TINTNTX1] <2> [[If Intnmbr = 1, goto TCABLEX3] [Else, goto TCABLEX1] <3> [If Intnmbr = 1, goto NTRTPRX3] [Else, goto NTRTPRX1] <d><r> [goto TELOTH]</r></d>
04	A	TINTNTX1	77. Misc. Combined (unable to specify/DK) 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?	<0-99999,D,R> [goto TINTNTX3]
04	A	TINTNTX3	How much of the [fill: LAST_MONTH] charges were for internet	<pre><0-999999,D,R> [if TELTEMP = 2 AND Intnmbr = 1, goto TCABLEX3] [Else, goto TCABLEX1]</pre>
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	e Question Text Skip Instruction		
04	A	TCABLEX2	How much of the [fill: TWO_MONTH] charges were for cable or satellite television service?	<0-999999,D,R> [goto TCABLEX3]	
04	A	TCABLEX3	How much of the [fill: LAST_MONTH] charges were for cable or satellite television service?	<0-999999,D,R> [If Intnmbr = 1AND 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 related rentals or purchases?	<0-999999,D,R> [goto NTRTPRX2]	
04	A	NTRTPRX2	How much of the [fill: TWO_MONTH] charges were for non-telephone related rentals or purchases?	<0-999999,D,R> [goto NTRTPRX3]	
04	A	NTRTPRX3	How much of the [fill: LAST_MONTH] charges were for non-telephone related rentals or purchases?	<0-999999,D,R> [goto TELOTH]	
04	A	TELOTH	Did [fill: YOU_ANYMEM] receive any other bills for telephones not used entirely for business purposes? 1. Yes	<1> [If Intnmbr = 1, goto TELCOMP, next line of grid] [Else, goto PREVCOMP, next line of grid] <2> [goto S4A_END]	
			2. No	(2) [goto 3-11_LIND]	
04	В	FONCARD	Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM] purchased any pre-paid long distance telephone cards/minutes, not already reported?	<1> [goto FONCARDX] <2,D,R> [goto PRPYCELL]	
			1. Yes 2. No		
04	В	FONCARDX	What was the total amount paid?	<1-9999,D,R> [goto FONCRDCX]	
04	В	FONCRDCX	How much of the total was paid this month?	<0-9999, D, R> [goto PRPYCELL]	
04	В	PRPYCELL	Since the first of [fill: REF_MO], have you had any expenses for Prepaid Cellular minutes, not already reported?	<1> [goto PRPYCLX] <2, D, R> [goto PYPHONE]	
			1. Yes 2. No		
04	В	PRPYCLX	What was the total amount paid?	<1-9999, D, R> [goto PRPYCCX]	
04	В	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	В	PYPHONE	Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM] had any expenses for public pay phone services not already reported?	<1> [goto PYPHONEX] <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	В	PYPHONEX	What was the total amount spent?	<0-9999, D, R> [goto PYPHONCX]
			* For amounts less than \$0.50, enter \$0 For amounts \$0.50 to \$0.99, enter \$1	
04	В	PYPHONCX	How much of the total amount was spent this month?	<0-9999, D, R> [goto S4B_END]
04	С	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	С	UTI_ITEM	(Book) 8 ? [F1]	<1-7> [goto INTDESC]
			Since the first of [fill: REF_MONTH] have [fill: YOU_ANYMEM] had any expenses for	<pre><99> [goto S4C_END] <888> [goto UTI_ITEM - next line of grid] [If no more grid lines goto S4C_END]</pre>
			* 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	С	H_S4C	Section 4 - INTERNET SERVICES EXPENDITURES	<esc key=""> [goto UTI_ITEM OR</esc>
			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	
			$\boldsymbol{7}$ - $$ Internet services away from home such as web cafes or internet kiosks	
04	С	INTDESC	What was the expense for?	<30 characters> [goto INTMO]
04	С	INTMO	In what month was the expense? * Enter 13 for same amount each month of the reference period [list appropriate months]	<ref_month -="" 13,="" cur_month,="" d,="" r=""> [goto INTCHGX]</ref_month>
			13. Same amount each month	
04	С	INTCHGX	[Fill: How much was this expense?/What is your monthly expense?]	<1-999999, D, R> [goto INTCMB_S]
04	С	INTCMB_S	* Enter 'C' for combined expenses.	<c> [goto INTCMB] <empty> [goto INTMORE]</empty></c>

Section #	Part	Variable Name	Question Text	Skip Instructions
04	С	INTCMB	(Book) 8 ? [F1]	<1-6, 77> [goto INTMORE]
			What was [fill: description] combined with?	
			* Enter all that apply, separate with commas.	
			 Cable or satellite TV services Satellite radio services Internet connection or an internet service provider Listening to or downloading music or audio files Viewing or downloading video files Online games or other internet entertainment sites Internet services away from home such as web cafes or internet kiosks 	
			77. Misc. combined (unable to specify/DK)	
04	С	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	91
04	С	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] Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM] received any bills for any of the following utilities, fuels, or services? Do not include bills for properties used entirely for business.	<1-10> [goto WHATPROP] <99> [goto S4D_END] <888> [go to next line on grid]
			* Read each item on list:	
			 Electricity Natural or utility gas Fuel oil Bottled or tank gas Other fuels including wood Piped-in water Sewerage maintenance Trash/garbage collection Water softening service Septic tank cleaning 	
			99. None/No more entries 888. Delete the line	
04	D	H_S4D	Section 4 - UTILITIES AND FUEL FOR OWNED AND RENTED PROPERTIES	<esc key=""> [goto UTC_ITEM OR UTILCMB]</esc>
			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
			[fill: 40. Rented sample unit][fill: 41. Other rental unit]42. Rented vacation property43. Property not owned or rented by household	8500.COMPNAME [1]-[40] goto LASTCOMP] ELSE goto UTILBUSN] <41,42,43, D, R> [goto UTLPDESC]
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 provides [fill: description]? [Fill: Company names reported last interview]	<1-20 > [goto UTILBUSN] <55> [goto COMPNAME]
			55. Company name not listed	
04	D	COMPNAME	What is the name of the company or government agency which provides [fill: description]?	<30 characters> [goto UTILBUSN]
04	D	UTILBUSN	Will any part of the [fill: description] charges be deducted as a business expense?	<1-2, D, R> [goto HAVEBILL]
			1. Yes 2. No	
04	D	HAVEBILL		<1, 2, D, R> [If INTNMBR = 1 goto
			* Does the respondent have a bill or statement showing the charges?	UTLCHGX3] else [goto UTLCHGX1]
			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 Instr	uctions
04	D	UTLCHGX3	How much were you billed for in [fill:	l: LAST_MONTH]?		
04	D	BLPEROTH			<30 character	rs> [goto UTILCMB_S]
			* Specify:			
04	D	BLPERIOD	What is your usual billing period for th 1. Month 2. 2 months 3. Quarter 4. Annual 5. Other	he service?	<1-4, D, R> <5> [goto B	[goto UTILCMB_S] LPEROTH]
04	D	UTILCMB_S	* Enter 'C' for a combined expense			to UTILCMB] to MOREBILL]
04	D	UTILCMB	(Book) 8 ? [F1] What other utilities, fuels, or service combined with?	ces was [fill: description]	<1-10, 77>	[goto MOREBILL]
			* Enter all that apply, separate with	n commas.		
			2. Natural or utility gas 3. Fuel oil 4. Bottled or tank gas 5. Other fuels including wood 10	6. Piped-in water7. Sewerage maintenance8. Trash/garbage collectionb. Water softening service0. Septic tank cleaning7. Misc. combined (unable to		
04	D	MOREBILL	Did you receive any other [fill: des 1. Yes 2. No	scription] bills?	<1, 2,D,R> of grid]	[goto UTC_ITEM, next line
06	A	S6A_INTRO	(Book) 11		<1> [goto A	PA_ITEM]
			Now I am going to ask about the pure appliances.	rchase or rental of major household		

1. Enter 1 to Continue

Section #	Part	Variable Name	Question Text
06	A	APA_ITEM	(Book) 11 ? [F1]
			Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM]
			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
3. Range hood
4. Refrigerator or home freezer
5. Built-in dishwasher
6. Garbage disposal
8. Clothes washer
9. Clothes dryer
99. None/No more of

99. None/No more entries

888. Delete the line

Skip Instructions

<1-12> [goto MAJTYPE] <99> [goto S6A_END]

<888> [goto APA_ITEM - next line of grid] [If no more grid lines goto S6A_END]

Section #	Part	Variable Name	Question Text	Skip Instructions
06	A	H_S6A	Section 6 APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS	<esc key=""> [go back to where the F1 was pressed]</esc>
			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	What did you purchase or rent?	<30 characters> [goto GFTC_MAJ]
			* 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?	[goto MAJ_AMOOM]

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 ?/ What was the total rental expense since the first of [fill: REF_MONTH]	<1-999999> [goto MAJTAX] <d,r> [goto INSTALL]</d,r>
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	<2,D,IV [goto MAJCMD_0]
			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]</empty></c>
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 2. Cooking stove, range or oven 3. Range hood 4. Refrigerator or home freezer 5. Built-in dishwasher >Variable Name 6. Portable dishwasher 7. Garbage disposal 8. Clothes washer 9. Clothes dryer 77. Misc. combined (unable to	
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
06	В	S6B_INTRO	(Book) 12 - 17
			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	В	APB_ITEM	SCREEN 1 (Book) 22-24 ? [F1] Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM] purchased or rented any of the following items?
			* Read each item on list
			 Small electrical kitchen appliances Electrical personal care appliances Smoke detectors Electric floor cleaning equipment Other household appliances Sewing machines Office machines including fax machines and calculators
			 PDAs and pocket PCs Computers, computer systems, or related hardware Computer software including computer games or accessories, for non-business use Video game hardware, video games, or accessories Telephones or accessories Telephone answering machines Photographic equipment Musical instruments, supplies, or accessories Lawn mowing machinery or other yard equipment Power tools Non-power tools Window air conditioners Portable cooling or heating equipment
			95. Continue list 888. Delete the line

Skip Instructions

<1> [goto APB_ITEM]

<1-40> [goto MINTYPE] <95> [goto next row] <99> [goto S6B_END] <888> [goto APB_ITEM - next line of grid] [If no more grid lines goto S6B_END]

			SCREEN 2
			(Book) 25 ? [F1]
Section #	Part	Variable Name	Question Text
			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 types22. 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

Skip Instructions

			(Book) 26-27 ? [F1]	
			Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM]	
Section #	Part	Variable Name	purchased or rented sports, recreation, or exercise equipment? $\label{eq:Question} \textbf{Text}$	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	В	H_S6B	Section 6 - APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS - Continued Part B - HOUSEHOLD APPLIANCES AND OTHER SELECTED ITEMS	<esc key=""> [go back to where the F1 was pressed]</esc>
			SMALL HOUSEHOLD APPLIANCES	
			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

SCREEN 4 -----

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 vacuur 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

Skip Instructions

keyboards

Do not include music lessons

Section # Part Variable Name Question Text

 ${\bf 16}\,$ - 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

equalizer tuner

28 - OTHER SOUND OR VIDEO EQUIPMENT, including -

earphones/headphones battery packs adapter for

sound equipment

power converter for CB antenna

power booster

antenna (TV, radio, etc.) headset

base station microphone

Skip Instructions

29 - PORTABLE MEMORY, SUCH AS FLASH DRIVES, MEMORY

Section # Part Variable Name **Question Text**

CARDS, AND RECORDABLE DISCS AND TAPES, including -

thumb drives blank DVDs blank CDs USB flash zip drives memory stick

drive

SPORTS, RECREATION, AND EXERCISE EQUIPMENT

30 - GENERAL SPORTS EQUIPMENT, including -

roller blades baseball bat table tennis equipment

badminton

sports uniform football lawn games

frisbee

sports shoes basketball

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

			37 - BICYCLES, including - bicycle helmets locks stand tires	
			bicycle parts rack supplies tubes	
06	В	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	В	GFTCMIN	Was this item	<1-3,D,R> [goto MIN_MO] <2> [goto MIN_AMOUNT]
			 Purchased for someone inside the household? Rented? Purchased for someone outside the household? 	
06	В	MIN_MO	When did you purchase it?	<ref_month -="" cur_month,="" d,="" r=""> [goto MIN_AMOUNT]</ref_month>
06	В	MIN_AMOUNT	[fill: What did it cost?	<1-999999> <d,r> [goto MINCMB_S]</d,r>
			* Include delivery charges, exclude installation charges. /	
			What was the total rental expense since the first of [fill: REF_MONTH]	
06	В	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	В	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</empty></c>
06	В	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

- 33. Hunting and fishing equipment
- 34. Winter sports equipment
- 35. Water sports equipment
- 36. Outboard motors
- 38. Tricycles or battery powered riders
- 39. Playground equipment
- 40. Other sports or recreation equipment

Skip Instructions

37. Bicycles

06	В	INSTLSCR	Were there any additional charges for installation or set-up?	<1>[go to INSTELLEX]
			1.Yes 2.No	<2,D,R.> [go to S6BOTHER]>
06	В	INSTLLEX	How much?	<1 - 99999,D,K> [go to S6BOTHER]>
06	В	S6BOTHER	Did you purchase or rent any other [Fill: description]? 1. Yes 2. No	<1, 2, D, R> [goto APB_ITEM, next line on the grid]
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 (Book) 19 - 20 ? [F1]	<1-36> [goto FURNDESC] <95> [goto next row] <99> [goto S8A_END] <888> [goto FRA_ITEM - next line
			Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM] purchased for [fill: YOU_YRCU] or for someone outside of your household any furniture, infants equipment, or outdoor equipment?	of grid] [If no more grid lines goto
			* IF YES - Read each item on list	
			Have you purchased any	
Section #	Part	Variable Name	 Sofas? Living room chairs? Living room tables? Wall units, shelves or cabinets? Ping-pong, pool tables or other similar recreation room items? Other living room, family or recreation room furniture including Question Text desks? Living room furniture combinations? Dining room or kitchen furniture? Mattresses or box springs? Bedroom furniture other than mattresses or box springs? Infants furniture? Pation porch or outdoor furniture? 	Skip Instructions
			10. Bedroom furniture other than mattresses or box springs?11. Infants furniture?	

	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 SCREEN 3	S8A_END]
	 (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?	
Variable Name	Question Text	Skip Instructions
	23. Glassware?	

Section #

Part

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 Instruction	ons
08	A	H_S8A	Section 8 - HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS	<esc key=""></esc>	[goto FRA_ITEM]
			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 TextBEDROOM FURNITURE Skip Instructions

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

drawing table office chairs

Question Text Section # Part Variable Name

Skip Instructions

HOUSEHOLD DECORATIVE ITEMS

16 - LAMPS AND OTHER LIGHTING FIXTURES, including chandeliers

Do not include any furniture used exclusively for business.

17 - OTHER HOUSEHOLD DECORATIVE ITEMS, including -

baskets painting

vase

book ends plant stand

wall hangings

fireplace equipment and accessories seasonal decorations

(Christmas) wreaths

silk flowers mirror

clocks

18 - CLOSET STORAGE ITEMS, including -

shoe rack garment bag shoe bag

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 dishesroasterpanssaucepanpotsskilletpressure cookerteakettle

Section # Part Variable Name

Question Text

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 -

Skip Instructions

chair pads

covers for living room tables furniture protectors

doilies

$31\,$ - $\,$ 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 Instru	ıctions
			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	s> [goto FURNMO]
08	A	FURNMO	In what month did you purchase it?	<ref_mont [goto FUF</ref_mont 	TH - CUR_MONTH, D, R> RNGFTC]
08	A	FURNGFTC	Was this purchased for your household or for someone outside of your household?	<1,2,D,R>	[goto FURNPURX]
			 For use by household For someone outside the household 		
08	A	FURNPURX	What was the purchase price?	<1-999999> <d,r></d,r>	[goto FRNPURTX] [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></c>	[goto S8A_CMB]

	\empty/	[goto ANTOTHO]
	<1-37, 77>	[goto ANYOTH8]
innerware		
or other		
ss, silver,		
re Dieces		
tric		
serving		
om linens		
	G1. T .	
	Skin Instri	uctions
om linens r dining	Skip Instru	uctions
	Skip Instri	uctions
r dining nens	Skip Instru	uctions
r dining nens ⁄ers,	Skip Instru	uctions
r dining nens vers, wall-to-	Skip Instru	uctions
r dining nens vers, wall-to- nent wall-	Skip Instru	uctions
r dining nens /ers, wall-to- nent wall- e rugs or	Skip Instru	uctions
r dining nens /ers, wall-to- ment wall- e rugs or including	Skip Instru	uctions
r dining nens /ers, wall-to- nent wall- e rugs or including or drapes	Skip Instru	uctions

<empty>

[goto ANYOTH8]

08 A S8A_CMB

(Book) 19 - 22 ? [F1]

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	Stainless, silver,
or other flatware	
4. Wall units, shelves,	Glassware
or cabinets	Serving pieces
other than silver	0.1
5. Ping pong, pool tables, and	Non-electric
cookware	
other similar recreation room items	Silver serving
pieces	
6. Other living room, family or	Bedroom linens

Section # Part Variable Name

Question Text

(unable to specify/DK)

16. Lamps or other lighting fixtures17. Other household decorative items

recreation room furniture 28. Bathroor including desks 29. Kitchen or room linens 7. Living room furniture combinations 30. Other lin 8. Dining room or kitchen furniture 31. Slipcove decorative pillows or cushions 9. Mattress or box springs 32. Original wall carpet 10. Bedroom furniture other than 33. Replacem to-wall carpet mattresses or box springs 34. Room size other non-permanent floor 11. Infants' furniture coverings, carpet squares 12. Infants' equipment 35. Curtains o 13. Patio, porch, or outdoor furniture 36. Blinds, sh other window coverings 14. Barbeque grills or outdoor decorative items 15. Office furniture for home use 77. Misc. Con

			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	ine of gridj
08	В	FURNRNTL	Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM] rented or leased any furniture?	<1> [goto FURNRNTX] <2,D,R> [goto REPFURN]
			1. Yes 2. No	
08	В	FURNRNTX	What was the total expense?	<1-99999,D,R> [goto FRNRNTCX]
08	В	FRNRNTCX	How much of the total amount was spent this month?	<0-99999,D,R> [goto REPFURN]
08	В	REPFURN	Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM] had any expenses for repairing, refinishing or reupholstering furniture, including the cost for fabric?	<1> [goto REPFURNX] <2, D, R> [goto S8B_END]
			1. Yes 2. No	
08	В	REPFURNX	What was the total expense?	<1-999999, D, R> [goto REPFRNCX]
				KEPFKINGAJ
Section #	Part	Variable Name	Question Text	Skip Instructions
Section #	Part B	Variable Name	Question Text How much of the total amount was spent this month?	-
				Skip Instructions
08	В	REPFRNCX	How much of the total amount was spent this month?	Skip Instructions <0-999999, D, R> [goto
08	В	REPFRNCX	How much of the total amount was spent this month? (Book) 23 - 24 Now I am going to ask you about clothing expenses. You may find it helpful to refer to receipts,	Skip Instructions <0-999999, D, R> [goto
08	В	REPFRNCX	How much of the total amount was spent this month? (Book) 23 - 24 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.	Skip Instructions <0-999999, D, R> [goto <1> [goto CLA_ITEM] <1-17> [goto CLODESCA]
08 09	B A	REPFRNCX S9A_INTRO	How much of the total amount was spent this month? (Book) 23 - 24 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	Skip Instructions <0-999999, D, R> [goto <1> [goto CLA_ITEM] <1-17> [goto CLODESCA] <99> [goto S9A_END] <888> [goto CLA_ITEM - next line of
08 09	B A	REPFRNCX S9A_INTRO	How much of the total amount was spent this month? (Book) 23 - 24 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 (Book) 23 - 24 ? [F1]	Skip Instructions <0-999999, D, R> [goto <1> [goto CLA_ITEM] <1-17> [goto CLODESCA] <99> [goto S9A_END]
08 09	B A	REPFRNCX S9A_INTRO	How much of the total amount was spent this month? (Book) 23 - 24 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 (Book) 23 - 24 ? [F1] Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM] purchased any of the following items, for persons age 2 and over either for members of your household or for someone outside your	Skip Instructions <0-999999, D, R> [goto <1> [goto CLA_ITEM] <1-17> [goto CLODESCA] <99> [goto S9A_END] <888> [goto CLA_ITEM - next line of

			 Sport coats or tailored jackets Suits Vests Sweaters or sweater sets Pants, jeans, or shorts Dresses Skirts Shirts, blouses or tops Undergarments Hosiery Nightwear or loungewear Accessories Swimsuits or warm-up or ski suits Uniforms, for which the cost is not reimbursed Costumes Footwear None/No more entries Delete a line 	
09	A	H_S9A	Section 9 - CLOTHING AND SEWING MATERIALS	<esc key=""> [goto CLA_ITEM or CLOCMBA]</esc>
			Part A - Clothing (Do not include here - clothing for children under 2 years of age.)	G20 G.12.1]
			1 - COATS, JACKETS, AND FURS, including - down vest raincoat fur coat shawl	
Section #	Part	Variable Name	Question Text jacket winter coat outerwear	Skip Instructions
			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 $% \left(1\right) =\left(1\right) \left(1\right) \left($

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

athletic shorts leotards swimwear accessories

swimwear

hunting wear sweatshirt snow and ski suit

Do not include any sports uniforms.

 $15\,\text{--}\,\textsc{UNIFORMS},$ 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, $% \left(1\right) =\left(1\right) \left(1\right) \left($

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 household?	<1> [goto FORWHOM] <2> [goto FOROUTCU] <d,r> [goto CLOTHQA]</d,r>
			 Inside your household Outside your household 	
09	A	FORWHOM	For whom was it purchased? * Enter all that apply, separate with commas.	<1-30, 77, R> [If more than 1 person is 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]</ref_month>
09	A	CLOTHXA	How much did [fill: it/they] cost?	<1-999999> [goto CLOTHTXA] <d, r=""> [goto CLOCMBA_S]</d,>

Section #	Part	Variable Name	Question Text	Skip Instructions
09	A	CLOTHTXA	Did this include sales tax?	<1, 2, D, R> [goto CLOCMBA_S]
			1. Yes 2. No	
09	A	CLOCMBA_S	*Enter 'C' for a combined expense.	<c> [goto CLOCMBA] <empty> [goto CLOMOREA]</empty></c>
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.	
			 Coats, jackets or furs Sport coats or tailored jackets Suits Vests Sweaters or sweater sets Pants, jeans, or shorts Dresses Skirts Shirts, blouses or tops Undergarments Hosiery Nightwear or loungewear Accessories Swimsuits or warm-up or ski suits Uniforms, for which the cost is not reimbursed Costumes Footwear 	
			77. Misc. combined (unable to specify/DK)	
09	A	CLOMOREA	Did you purchase any other [fill: description]? 1. Yes 2. No	<1, 2, D, R> [goto CLA_ITEM, next line of grid]

Section #	Part	Variable Name	Question Text
09	В	S9B_INTRO	(Book) 25
			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	В	CLB_ITEM	SCREEN 1
			(Book) 25) ? [F1]
			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.
			 Coats, jackets or snowsuits? Dresses or other outerwear? Underwear or diapers, including disposable? Sleeping garments? Layettes? 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?

Skip Instructions

<1> [goto CLB_ITEM]

<1-9> [goto CLODESCB] <95> [goto next row] <99> [goto S9B_END] <888> [goto CLB_TTEM - next line of grid] [If no more grid lines goto S9B_END]

99. None/No more entries 888. Delete the line

Section #	Part B	Variable Name H_S9B	Question Text Section 9 - CLOTHING AND SEWING MATERIALS Continued	Skip Instructions <esc key=""> [goto CLB_ITEM]</esc>
			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	В	CLOGFTB	Was this purchased for your household or someone outside your household?	<1,2,D,R> [goto CLOTHQB]
			 Your household Someone outside your household 	
09	В	CLOTHQB	How many did you purchase?	<1-150, D, R> [goto CLOTHMOB]
			* Enter number of identical items purchased.	
09	В	CLOTHMOB	When did you purchase [fill: it/them]?	<ref_month -="" cur_month,="" d,="" r=""> [goto CLOTHXB]</ref_month>
09	В	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]</d,r>
09	В	CLOTHTXB	Did this include sales tax? 1. Yes 2. No	<1,2,D,R> [If from CLB_ITEM, screen 1 goto CLOCMBB_S] [If from CLB_ITEM, screen 2 goto CLOMOREB]
09	В	CLOCMBB_S	* Enter 'C' for a combined expense.	<c> [goto CLOCMBB] <empty> [goto CLOMOREB]</empty></c>
09	В	CLOCMBB	(Book) 25 ? [F1]	<1-6, 77> [goto CLOMOREB]
			What other clothing is [Fill: CLODESCB] combined with?	
			* Enter all that apply, separate with commas.	
			 Coats, jackets or snowsuits Dresses or other outerwear Underwear or diapers Sleeping garments Layettes Accessories 	
			77. Misc. combined (unable to specify/DK)	
09	В	CLOMOREB	Did you purchase any other [Fill: description]? 1. Yes	<1, 2, D, R> [goto CLB_ITEM, next line of grid]

Section #	Part	Variable Name	Question Text	Skip Instructions
09	С	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	С	CLD_ITEM	(Book) 26 ? [F1]	<1-5> [goto CLODESCD] <99> [goto S9D_END]
			Have [fill: YOU_ANYMEM] had expenses for any of the following, either for members of your household or for someone outside your household?	<888> [goto CLD_ITEM - next line of grid] [If no more grid lines goto S9D_END]
			* Read each item on list.	
			1. Repair, alteration or tailoring for clothing and accessories	
			 Shoe repair or other shoe services Watch or jewelry repair Clothing rental Clothing storage outside the home 	
			99. None/No more entries 888. Delete the line	
09	С	H_S9D	Section 9 - CLOTHING AND SEWING MATERIALS - Continued	<esc key=""> [goto CLD_ITEM]</esc>
			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	
09	С	CLODESCD	5 - CLOTHING STORAGE OUTSIDE THE HOME What kind of service was this?	<30 characters> [goto CLSVGFTC]
			* Describe briefly the service.	

Section #	Part	Variable Name	Question Text	Skip Instructions
09	С	CLSVGFTC	Was this service for [fill:YOU_YOURCU] or for someone outside your household?	<1,2,D,R> [goto CLOTHMOD]
			 Your household Someone outside your household 	
09	С	CLOTHMOD	When did you purchase this service?	<ref_month-cur_month,d,r> [goto CLSRVCX]</ref_month-cur_month,d,r>
09	С	CLSRVCX	How much did it cost?	<1-999999> [goto CLSRVCTX] <d,r> [goto CLOCMBD_S]</d,r>
09	С	CLSRVCTX	Did this include sales tax?	<1,2,D,R> [goto CLOCMBD_S]
			1. Yes 2. No	
09	С	CLOCMBD_S	* Enter 'C' for a combined expense.	<c> [goto CLOCMBD] <empty> [goto CLOMORED]</empty></c>
09	С	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.	
			 Repair, alteration or tailoring for clothing and accessories Shoe repair or other shoe services Watch or jewelry repair Clothing rental Clothing storage outside the home 	
			77. Misc. combined (unable to specify/ DK)	
09	С	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] Have [fill: YOU_ANYMEM] purchased any sewing materials either for members of your household or for someone outside your household?	<1-4> [goto SEWDESC] <99> [goto S9C_END] <888> [goto CLC_ITEM - next line of grid] [If no more grid lines goto S9C_END]
			* If YES - Read each item on list.	
			Sewing materials for making slipcovers, curtains, or other home handiwork including yarn Sewing materials for making clothes Sewing notions Other sewing materials	
			99. None/No more entries 888. Delete a line	
09	D	H_S9C	$\label{eq:Section 9 - CLOTHING AND SEWING MATERIALS - Continued} Section 9 - CLOTHING AND SEWING MATERIALS - Continued$	<esc key=""> [goto CLC_ITEM]</esc>
			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	

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]
09	D	SEWGFTC	* Describe briefly the item purchased. Was this purchased for your household or for someone outside your household?	<1,2,D,R> [goto SEWINGMO]
			 Your household Someone outside your household 	
09	D	SEWINGMO	When did you purchase it?	<ref_month -="" cur_month,d,r=""> [goto SEWINGX]</ref_month>
09	D	SEWINGX	How much did it cost?	<1-999999> [goto SEWINGTX] <d,r> [goto CLOCMBC_S]</d,r>
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]</empty></c>
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.	
			Sewing materials for making slipcovers, curtains, other home handiwork including yarn Sewing materials for making clothes Sewing notions Other sewing materials	
			77. Misc. combined (Unable to specify/DK)	
09	D	CLOMOREC	Did you purchase any other [fill: description]? 1 . Yes 2. No	<1, 2,D,R> [goto CLC_ITEM, next line of grid]

Section #	Part	Variable Name	Question Text	Skip Instructions
14	A	S14A_INTRO	(Book) 32 Now I am going to ask about hospitalization and health Insurance.	<1> [If there are any records on the input with 8500.IHB_STAT=1 goto S14A_INV] [goto S14A_END]
14	A	HHISTILL	1. Enter 1 to Continue [fill: Do you/Does your household] still [fill: make payments on the [fill: description] from [fill: 8500.HINSCMP] for someone outside your household/ have your [fill: description] policy from [fill: 8500.HINSCMP]?	<1,2, D, R> [If 8500.HHIPRMPD = 3, 4 goto S14A_END] [goto HHIANYPD]
14	A	HHIANYPD	 Yes No Since the first of [fill: REF_MONTH] were any payments made on this policy by [fill: YOU_ANYMEM]? [fill: (Include those made by payroll deductions.)] 	<1> [goto HHIPDAMT] <2, D, R> [goto S14A_END]
			1. Yes	
14	A	HHIPDAMT	How much was paid?	<1-99999> [goto HHICMXXA] <d, r=""> [goto S14A_END]</d,>
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	В	IHB_ITEM	(Book) 32 ? [F1] [FILL: Do [fill: YOU_ANYMEM] have any hospitalization or health 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	<1> [goto HINSCMP] <99> [goto S14B_END] <888> [goto IHB_ITEM - next line of grid] [If no more grid lines goto S14B_END]

someone	outside	your	house	hold	.]	

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	В	HINSCMP	What is the name of the insurance company for this health insurance policy?	<30 characters> [goto HHIBCBS]
			* Enter name of insurance company, not the insurance agent.	
14	В	HHIBCBS	*Do not read to respondent. * Is the insurance company Blue Cross/Blue Shield?	<1,2, D,R> [goto HHICOVQ]
			1. Yes 2. No	
14	В	HHICOVQ	How many household members are/were covered by this policy?	<0-30, D,R> [goto HHICODE]
14	В	HHICODE	(Book) 32 ? [F1]	<1> [goto HHIPOS]
			What type of insurance plan is it?	<2> [goto HHIFEET] <3> [goto HHIGROUP] <4> [goto HHISPECT]
			 Health Maintenance Organization Fee for Service Plan Commercial Medicare Supplement Other special purpose plan 	<d,r> [goto HHIGROUP]</d,r>
14	В	H_S14B	Section 14 HOSPITALIZATION AND HEALTH INSURANCE	<esc key=""> [goto HHICODE or</esc>
			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	

Section #	Part	Variable Name	Question Text 2 - FEE FOR SERVICE PLAN	Skip Instructions	
			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	В	HHIPOS	Under normal circumstances, if you go to a doctor who is not part of your plan without a referral, will your insurance pay for the cost?	<1,2,D,R>	[goto HHIGROUP]
			1. Yes 2. No		
14	В	HHIFEET	(Book) 32 ? [F1]	<1,2,D,R>	[goto HHIGROUP]
			Is this fee for service plan a -		
			 Traditional Fee for Service Plan? Preferred Provider Option Plan? 		
14	В	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

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 B	Variable Name HHISPECT	Question Text Is this special purpose insurance plan -	Skip Instructions <1-5,D,R> [goto HHIGROUP]
			 Dental insurance? Vision insurance? Dread disease policy? Prescription drug insurance? Other type of special purpose 	<6> [goto OTHINTYP]
14	В	OTHINTYP	* Specify:	<30 characters> [goto HHIGROUP]
14	В	HHIGROUP	Was the policy obtained on an individual or group basis?	<1-3, D,R> [goto HHIPRMPD]
			 Individually obtained Group through place of employment Group through other organization 	
14	В	HHIPRMPD	Are the policy premiums paid -	<1,2> [goto HHIPRDED]
			 Entirely by [fill: YOU_YRCU]? Partially by [fill: YOU_YRCU]? Entirely by an employer or union? Entirely by another group or persons outside your household? 	<3,4> [goto HHIMORE] <d,r> [goto HHIPRDED]</d,r>
14	В	HHIPRDED	Are any premiums paid through payroll deductions?	<1,2, D,R> [goto HHIRPMXB]
			1. Yes 2. No	
14	В	HHIRPMXB	What is your part of the regular health insurance payment [fill: including all payroll deductions]?	<1-99999> [goto HHIRPMPD] <d,r> [goto HHIRPMPD]</d,r>
14	В	HHIRPMPD	What period of time is covered by the regular payment? 1. Week 5. 6 months 2. 2 weeks 6. Year 3. Month 7. Other - Specify 4. Quarter	<1-6, D,R> [goto HHICPMTB] <7> [goto PTIMEOTH]
14	В	PTIMEOTH	* Specify:	<30 characters> [goto HHICPMTB]
14	В	ННІСРМТВ	Since the first of [fill: REF_MONTH] were any payments made on this policy?	<1> [goto HHIRPMTB] <2, D,R> [goto HHIMORE]
			1. Yes	
14	В	HHIRPMTB	Was each payment in the amount of [fill: the regular payment/\$(HHIRPMXB)]?	<1> [goto HHIQPMTB] <2,D,R> [goto HHIIRGXB]

1. Yes 2. No

Section #	Part	Variable Name	Question Text	Skip Instructions
14	В	HHIQPMTB	How many payments were made?	<1-15, D,R> [goto HHICMXXB]
14	В	HHIIRGXB	What was the total expense paid for this policy since [fill:	<1-99999, D,R> [goto HHICMXXB]
14	В	HHICMXXB	How much was paid this month?	<0-99999, D, R> [goto HHIMORE]
14	В	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	В	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	С	CHGHHMCR	Last time you said that [fill: 8500.HHMCRCOV] [fill: household member was/household members were] enrolled in Medicare. Has the number of household members enrolled in Medicare changed?	<1> [goto HHMCRCOV] <2, D,R> [If 8500.HHPARTD = 1 goto 14C_UPDATE] [Else goto RETPARTD]
14	С	HHMCRENR	 Yes No Are [fill: YOU_ANYMEM] presently enrolled in Medicare? Medicare is the Federal Health Insurance Plan. 	<1> [goto HHMCRCOV] <2, D,R> [If 8500.MDCDENR is 1 goto CHGMDCDE] [Else goto MDCDENR]
			1. Yes 2. No	
14	С	HHMCRCOV	How many members of your household are covered by Medicare? * If this is a single person household, enter 1 without asking the question	<0-30> [If intnmbr = 2 or new CU, goto HHPARTD, if intnmbr = 3-5 and not a new CU AND 8500.HHPARTD = 1, goto 14C_UPDATE] [ELSE goto RETPARTD]
14	С	14C_UPDATE	Question Text **Check item**	[goto STILDRUG]
14	С	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 Drug plan. 1. Yes	< 2, D, R> [goto next member on 14C_UPDATE; if there exist values of MEMBNO that do not match any value of 8500.PRTDMBNO, goto RETPARTD;

Section #	Part	Variable Name	Question Text	Skip Instructions
14	С	PREMCHG	Is [fill: NAME]'s premium still [fill: \$8500.DRGPREMX/ the same]? 1. Yes	<1, D, R> [goto STILDRUG for next 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]
				<2> [goto PREMCHGX]
14	С	PREMCHGX	What is [fill: NAME]'s current premium amount for the Medicare Prescription Drug Plan?	<0-999, D, R> [goto STILDRUG for next 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	С	RETPARTD	Are [fill: YOU_ANYMEM] presently enrolled in a Medicare Prescription Drug plan since the first of [fill: REF_MO]?	<1> [goto DRUGPLAN] <2, D,R> [If 8500.MDCDENR = 1, goto
			* The Medicare Prescription Drug plan is also known as Medicare Part D, which is the plan that began enrollment in November 2005.	CHGMDCDE, if 8500.MDCDENR ne 1, goto MDCDENR]
14	С	HHPARTD	Yes No Are [fill: YOU_ANYMEM] presently enrolled in a Medicare Prescription Drug plan?	<1> [goto DRUGPLAN] <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.	
14	С	DRUGPLAN	Yes No Who [fill: is enrolled/enrolled] in a Medicare Prescription Drug plan?	<1-30> [goto 14C_NEW] <d, r=""> [goto MDCDENR]</d,>
			 Enter line numbers for all that apply, separate with commas. If this is a single person household, enter "1" without asking the question 	
14	С	14C_NEW	**Check item**	[goto ENROLLMO]

Section #	Part	Variable Name	Question Text	Skip Instructions
14	С	ENROLLMO	In what month and year did [fill: NAME/you] enroll in the prescription drug plan?	<1-12, D, R> [goto ENROLLYR]
			* Enter month of enrollment	
14	С	ENROLLYR	* Enter year of enrollment	<2005 - 9000, D, R> [goto
14	С	DRGPREMX	What is the monthly premium for [fill: NAME's/your] Medicare Prescription Drug plan?	<0 - 999, D, R> [goto HHDRGSS]
			* Do not include any monthly co-payments paid by the household.	
14	С	HHDRGSS	Is the monthly premium deducted from a Social Security payment? 1. Yes 2. No	<1, 2, D, R> [goto ENROLLMO for the next line number entered in DRUGPLAN, [ELSE if no more line
				numbers AND 8500.MDCDENR ne 1 goto MDCDENR]
14	С	CHGMDCDE	Last time you said that [fill: 8500.MDCDCOV] [fill: household member was/household members were] enrolled in Medicaid. Has the number of members enrolled in Medicaid changed?	<1> [goto MDCDCOV] <2, D,R> [If 8500.OTHPLAN is 1, goto STILLOTH] [ELSE goto OTHPLAN]
14	С	MDCDENR	Are [fill: YOU_ANYMEM] enrolled in Medicaid? 1. Yes 2. No	<1> [goto MDCDCOV] <2, D,R> [If 8500.OTHPLAN is 1, goto STILLOTH] [ELSE goto OTHPLAN]
14	С	MDCDCOV	How many members of your household are covered by Medicaid?	<0-30> [If 8500.OTHPLAN is 1, goto STILLOTH] [ELSE goto OTHPLAN]
14	С	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	С	OTHPLAN	Are [fill: YOU_ANYMEM] covered by any plan other than Medicare or Medicaid which provides free health care such as TRICARE, CHAMPUS or military health care?	<1,2, D,R> [goto S14C_END]
			1. Yes	
14	С	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	1. Enter 1 to Continue (Book) 37 ? [F1] SCREEN 1	<1-13> [goto SUBDESC] <95> [goto next row] <99> [goto S17A_END] <888> [goto SUB_ITEM - next line of grid] [If no more grid lines goto S17A_END]
			95. Continue list 888. Delete the line SCREEN 2	

Have [fill: YOU_ANYMEM] had any membership costs or other	
expenses related to any	

			expenses related to any		
Section #	Part	Variable Name	Question Text of the following? Do not include contributions to or membership in religious, professional, business, or other tax deductible organizations.	Skip Instructions	
			* 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 ENTERTAINMENT EXPENSES	<esc key=""></esc>	[goto SUB_ITEM]
			Part A - SUBSCRIPTIONS AND MEMBERSHIPS		
			$\ensuremath{1}$ - 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 10 - Shopping club memberships such as COSTCO and Sam's	Skip Instructions
			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 household?	<1, 2, D, R> [goto S17PURXA]
			1. For household	
17	A	S17PURXA	What was the total cost since the first of [fill: REF_MONTH]? [fill: (Include shipping and handling fees.)]	<1-999999, D, R> [goto S17CMEXX]
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	В	SPORTFEE	(Book) 38 ?[F1]	<1> [goto S17BE]
			Since the first of [fill: REF_MONTH] have [fill: YOU_ANYMEM]	<2, D ,R> [goto SPORTADM]
			Paid any fees for participating in sports such as golf, bowling, biking, hockey, football, or swimming?	
			1. Yes 2. No	
17	В	SPORTADM	(Book) 38 ?[F1]	<1> [goto S17BE]
			Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM]	<2, D, R> [goto RECADMIT]

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 B	Variable Name RECADMIT	Question Text (Book) 38 ? [F1]	<1>	structions [goto S17BE]
			Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM]	<2, D, R>	[goto ENTADMIT]
			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	В	ENTADMIT	(Book) 38 ? (F1)	<1>	[goto S17BE]
			Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM]	<2,D,R>	[goto OTHEBKRF]
			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	В	OTHRBKRF	(Book) 38 ? [F1]	<1> <2, D, R>	[goto S17BE] [goto NEWSMAG]
			Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM]	, ,	20
			Bought any books, including paperbacks and reference books, which were not purchased through a book club? Do not include school books.		
			1. Yes		
17	В	NEWSMAG	2. No (Book) 38 ? [F1]	< 1 >	[goto S17BE]
			Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM]	<2, D, R>	[go to RECORDYN]
			Purchased single copies of newspapers, magazines, or periodicals (non-subscription)?		

1. Yes

2. No

Section #	Part B	Variable Name RECORDYN	Question Text (Book) 38 ? [F1]	Skip Inst <1> <2, D, R>	ructions [goto S17BE] [goto FILM]
			Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM]	\2, D, IV	[goto l'IEW]
			Purchased any CDs, audio tapes, or records?		
			* Report blank CDs or audio tapes in Section 6B under precode 29.		
			1. Yes 2. No		
17	В	FILM	(Book) 38 ? [F1]	<1> <2, D, R>	[goto S17BE] [goto FILMPRCS]
			Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM]	2, 2, 11	[800112100]
			Purchased any photographic film?		
			1. Yes 2. No		
17	В	FILMPRCS	(Book) 38 ? [F1]	<1> <2, D, R>	[goto S17BE] [goto VIDEOPUR]
			Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM]	, ,	2000
			Paid for film processing or the printing of digital photographs?		
			1. Yes 2. No		
17	В	VIDEOPUR	(Book) 38 ? [F1]	<1> <2, D ,R>	[goto S17BE] [goto VIDEORNT]
			Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM]	12, D , IV	[goto VIDDORAVI]
			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 B	Variable Name VIDEORNT	Question Text (Book) 38 ? [F1]	Skip Instructions <1> [goto S17BE]
			Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM]	<2, D, R> [goto S17B_END]
			Rented any video tapes or DVD's?	
			1. Yes 2. No	
17	В	H_S17B	Section 17 - SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT	<esc> [go back to appropriate item]</esc>
			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

ocessing video film processing

Section #	Part	Variable Name	Question TextPurchase of video tapes or DVDs	Skip Instructions	
			Do not include blank DVDs or blank audio tapes.		
			 Rental of video tapes or DVDs including - mail delivery DVD rentals 		
17	В	S17BE	What was the total expense?	<1-99999> <d, r=""> screener]</d,>	[goto S17BCM] [goto next appropriate
17	В	S17BCM	How much of the total amount was spent this month?	<0-99999, D, screener]	R> [goto next appropriate
19	A	S19A_INTRO	(Book) 41-42	<1> [8	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] Since the first of [fill: REF_MONTH], have [fill: YOU_ANYMEM] had expenses for any of the following, either for [fill: YOU_YRCU] or for someone outside your household?	<99> [S <888> [g	oto MISCDESC] 19A_END] oto MIS_ITEM - next line of ore grid lines goto S19A_END]
			* Read each item on list.		
			 Fresh flowers or potted plants Professional photography Services of lawyers or other legal professionals Accounting fees 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

Skip Instructions

- 14. Babysitting, nanny services, or other child care in someone ELSE's home
- 95. Continue

Question Text

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	vour	expenses	for	

00	D 1	1		1 . 1 . 2
73	Piirchase	or iinkeen	of cemeter	v lots or vaults?

- 24. Funerals, burials, or cremation?
- 99. None/no more entries
- 888. Delete the line

19 H_S19A Α

Section 19 - MISCELLANEOUS EXPENSES

[goto MIS_ITEM] <Esc key>

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

Variable Name Section # Part

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

 ${\tt 13}\,$ - ${\tt BABYSITTING},$ 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.

${\bf 14}\,$ - ${\bf BABYSITTING},$ 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 gerbil pet toys cat 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 weddings Bar Mitzvah confirmations 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 limousines (used burial plans clergy during funeral) headstones footstones	funeral transcript	Skip Instruct	ions
19 19	A A	MISCDESC MISCMO	What was the expense for? In what month did you have this expense	e?	_	[goto MISCMO] CUR_MONTH, 13, D, R>
			Fill: [* Enter 13 for same amount eac period.]	h month of the reference	[goto MIS	CGF1CJ
19	A	MISCGFTC	Was this expense for someone inside or	outside your household?	<1, 2, D, R> [goto MISCEXPX]

			 For household For someone outside your household 	
19	A	MISCEXPX	[fill: What was the total amount of this expense?/What is your monthly expense?]	<1-999999, D, R> [If MIS_ITEM = 15- 24 goto S19ACM_S] [goto MISCMORE]
			[fill: * Do not include legal fees related to real estate closing costs reported in Section 3]	[goto WISCMOKE]
19	A	S19ACM_S	*Enter a 'C' for a combined expense.	<c> [goto S19ACMB] <empty> [goto MISCMORE]</empty></c>
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 Instruction	ons
22	A	ANYWORK	Since the first of [fill: Ref_Month], did [fill: income from wages or salary? 1. Yes 2. No	you/NAME] earn any	<2,D,R> [If CUI AND (85.SOCSEC = 1 or 85.SI 85.SLSSI = 1) then	2A_INTRO] R_MONTHNUM = 7-9 CIN = 1 or 85.RRETINC UPPLINC = 1 or goto PYMT2009] goto S22A_CHECK]
22	A	S22A_INTRO	The next few questions are about income. We to discussing their income, but please be assurinformation you have provided, these answers confidential.	red that, like all other	<1> goto INCWEE	KQ
22	A	INCWEEKQ	In the past 12 months, including paid vacation weeks did [fill: you/NAME] work?	and sick leave, how many	<0> INCNONWK]	[goto
			* If household member did not work, enter	zero.	<1-52, D,R >	[goto
22	A	INC_HRSQ	In the weeks that [fill: you/NAME] worked, he you/he/she] usually work per week?	ow many hours did [fill:	<1-168 D,R>	[goto
22	A	OCCUCODE	(Book) 46 ? [F1]		<1-18 D,R>	[goto INCOMEY]
			Which of the following categories best descriyou/NAME] received the most earnings during			
			Administrator, manager operator, assembler, inspector Teacher	11. Machine		
			operator 3. Professional laborer	12. Transportation13. Handler, helper,		
			Administrative support including cleric repairer, precision production	al 14. Mechanic,		
			5. Sales, retail mining	15. Construction,		
			Sales, business goods and services Technician groundskeeping	16. Farming 17. Forestry, fishing,		
			8. Protective service	18. Armed Forces		
22	A	H_OCCUCODE	Section 22 OCCUPATIONS		<esc></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 food cook

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

sheet metal meat cutter

worker tailor

15 - CONSTRUCTION, MINING

electrician carpenter

mining worker

painter plumber

16 - FARMING

farmer farm worker

17 - FORESTRY, FISHING, GROUNDSKEEPING

animal caretaker fisher forestry

worker

groundskeeper

18 - ARMED FORCES

[fill: Were/Was] [fill: you/NAME]:

<1-4, 6, D, R> [goto SALARYST] [goto INCORP]

- 1. An employee of a PRIVATE company, business, or individual working for wages or salary?

22 Α INCOMEY

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> [go	to SALARYST]
	_		1. Yes 2. No		
Section #	Part	Variable Name	Question Text	Skip Instruct	ions
22	A	INCNONWK	What was the main reason [fill: you/NAME] did not work during the last 12 months? [fill: Were/Was] [fill: you/he/she] -	<1-5,D,R> <6>	[goto SALARYST] [goto INCOTH]
			 Retired? Taking care of home/family? Going to school? Ill, disabled, unable to work? Unable to find work? 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 wages or salary? Include all bonuses and overtime pay, commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, etc.	<1> <2,D,R>	[goto SALARYX] [goto NONFARM]
			1. Yes 2. No		
22	A	SALARYX	During the last 12 months, how much did [fill: you/NAME] receive in wages and salaries for ALL JOBS before any deductions?	<1-99999999> GROSPAYX]	[goto
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 6. \$30,000-\$39,999 11. \$120,000 and over

22

GROSPAYX

A

What was the amount of [fill: your/NAME's] last pay before any

<1-99999999,D,R> PAYPERD]

[goto

Section #	Part	Variable Name	Question Text	Skip Instructions
22	A	PAYPERD	What period of time did this cover? 1. One week 2. Two weeks 3. Month 4. Quarter 5. Year 6. Twice a month 7. Other	<1-6,D,R> [goto FEDTAX] <7> [goto PAYPRDOT]
22	A	PAYPRDOT	* Specify:	<30 characters> [goto FEDTAX]
22	A	FEDTAX	Was there any money deducted from [fill: your/NAME's] pay for- Federal income tax?	<1> [goto AMTFED] <2,D,R> [goto SLTAX]
			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- State or local income tax?	<1> [goto SLTAXX] <2,D,R> [goto PRIVPENS]
			1. Yes 2. No	
22	A	SLTAXX	How much?	<1-9999999, D, R> [goto PRIVPENS]
22	A	PRIVPENS	Was there any money deducted from [fill: your/NAME's] pay for- Private pension fund?	<1> [goto PRIVPENX] <2,D,R> [goto GOVRET]
			 Yes No 	
22	A	PRIVPENX	How much?	<1-9999999 D,R> [goto GOVRET]
22	A	GOVRET	Was there any money deducted from [fill: your/NAME's] pay for- Government retirement?	<1> [goto GOVRETX] <2,D,R> [goto RRRDED]
			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]
			Railroad retirement?	<2,D,R> [goto SSDED]
			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]
			Social Security including Medicare?	<2,D,R> [goto SSNORM]
			1. Yes 2. No	
22	A	SSNORM	Are Social Security payments NORMALLY deducted from [fill: your/NAME's] pay?	<1> [goto MEDICOV] <2,D,R> [goto EMPLUN]
			1. Yes 2. No	
22	A	MEDICOV	Does the money deducted for Social Security cover only the Medicare portion of Social Security?	<1,2,D,R> [goto EMPLCONT]
			1. Yes 2. No	
22	A	EMPLCONT	Other than Social Security, did any employer or union contribute to [fill: your/NAME's] pension or retirement plan in the last 12 months?	<1,2,D,R> [goto NONFARM]
			1. Yes 2. No	
22	A	NONFARM	During the last 12 months, did [fill: you/NAME] have any income or loss from [fill: your/NAME's] own nonfarm business, partnership, or professional practice?	<1> [goto NONFARMX] <2,D,R> [goto FARMINC]
			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]</d,r>

Section #	Part	Variable Name	Question Text	Skip Instruc	tions
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 from [fill: your/NAME's] own farm?	<1> <2,D,R>	[goto FARMINCX] [goto INDRETAC]
			1. Yes 2. No	, ,	2000
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]
			 Loss 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 retirement plan such as an Individual Retirement Account (IRA) or Keogh? Do not include rollovers.	<1> <2,D,R>	[goto INDRETX] [goto SOCSECIN]
			1. Yes 2. No		
22	A	INDRETX	How much?	<1-999999999	D,R> [goto SOCSECIN]
22	A	SOCSECIN	During the last 12 months, did [fill: you/NAME] receive, from the US Government, any money from-	<1,2,D,R>	[goto RRRETINC]
			Social Security checks?		
			1. Yes 2. No		
22	A	RRRETINC	During the last 12 months, did [fill: you/NAME] receive, from the US Government, any money from-	<1,2,D,R> [if SOCSECIN is 1 or RRRETINC is 1, goto RRRETIRX] [else, goto SUPPLINC]	
			Railroad Retirement checks?		[else, goto SOTTEMO]
			1. Yes 2. No		
22	A	RRRETIRX	What was the amount of the last Social Security or Railroad Retirement payment received?	<1-999999999 INCMEDCR] <d,r></d,r>	
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

Section #	Part	Variable Name	Question Text	Skip Instructions	
22	A	SS_RRQ	During the last 12 months, how many Social Security or Railroad Retirement payments did [fill: you/NAME] receive?	<1-52,D,R> [goto SUPPLINC]	
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] [ELSEIF CUR_MONTHNUM = 7-9 AND (SOCSECIN = 1 or RRRETINC = 1) then goto PYMT2009] [else, goto S22A_CHECK]	
			Supplemental Security Income (SSI) payments from the STATE or LOCAL government?		
			1. Yes 2. No		
22	A	SSIX	During the last 12 months, how much did [fill: you/NAME] receive in Supplemental Security Income checks from ALL government sources?	<1-99999999> [IF CUR_MONTHNUM = 7-9 then goto PYMT2009] [ELSE goto S22A_CHECK] <d,r> [goto SSIB]</d,r>	
22	A	SSIB	(Book) 49 Could you tell me which range on CARD C best reflects the amount [fill:	<1-12,D,R> [IF CUR_MONTHNUM = 7-9 then goto PYMT2009] [ELSE goto 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 Recovery and Reinvestment Act. 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.	<1> [goto HWUSED09] <2,D,R> [goto S22A_CHECK]
			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 increase spending, mostly to increase savings, or mostly to pay off debt?	<1-3,D,R> [goto S22A_CHECK]
			 Mostly to increase spending 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 Are all of these persons still living or staying here?	<1, 2> [goto PERSTAT]
			[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 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, 9, 99>
CONTROL CARD	-	FNAME	 7. Delete person 9. Reinstate person 99. Error - person should not have been listed [Fill: What are the names of all persons living or staying here? Start with the name of the person, or one of the persons, who owns/rents this home/ What is the name of the next person living or staying here?] 	<16 characters> [goto LNAME] <999> [goto CHECKS]
CONTROL CARD	-	LNAME	* Enter Last Name	<16 characters> [goto CU_CODE] <empty></empty>
CONTROL CARD	-	CU_CODE	* Ask if not apparent 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)	<1-10, D, R> [goto SEX] <empty></empty>
			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 [Fill: Are you/Is (name)] male or female? 1. Male 2. Female		<1, 2, D, R> [goto AWAY_COL] <empty></empty>
CONTROL CARD	-	ERR_SEX1	Soft Edit		[go back to SEX or Rel as appropriate] <suppressed> [goto ERR_SEX2]</suppressed>
			* 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 # CONTROL CARD	Part -	Variable Name ERR_SEX2	Question Text Soft Edit	Skip Instructions <suppressed> [goto AWAY_COL]</suppressed>
			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	
			Close Goto	
CONTROL CARD	-	AWAY_COL	* Ask if not apparent [Fill: Are you/Is (name)] living away at college? 1. Yes 2. No	<1> [goto SEX for next person on grid] <2, D, R> [If PERSTAT = 7 then goto SEX for next person on grid] [goto HH_MEM]
CONTROL CARD	-	НН_МЕМ	[Fill: Do you/Does (name)] usually live here?* Probe if usual place of residence is elsewhere.1. Yes2. No	<1, 2, D, R> [goto next line of grid] <empty></empty>

Section #	Part	Variable Name	Question Text	Skip	Instructions
CONTROL CARD	-	HHRESP	* Ask if necessary With whom am I speaking? Enter line number	AND	, 95> [If ((intnmbr is 1 or newcu is 1) Newunit is not S) OR Replace is 1, MCHILD] [Else goto NEWLIV]
			[fill: Name of all household members]		
			95. Proxy Respondent		
CONTROL CARD	-	MCHILD	I have listed * READ NAMES Have I missed any babies or small children?	<1>	[go back to where FNAME = 999]
			1. Yes 2. No		
CONTROL CARD	-	MAWAY	Have I missed anyone who usually lives here but is away now - traveling, at school, or in a hospital?	<1>	[go back to where FNAME = 999]
			 Yes, No 		
CONTROL CARD	-	MLODGE	Have I missed any lodgers, boarders, or persons you employ who live here?	<1>	[go back to where FNAME = 999]
			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?		[go back to where FNAME = 999] [goto CK_SUBFAMILY]
			[fill: Name of all household members]		
			 Yes, add new person No 		

Section #	Part	Variable Name	Question Text	Skip Instructions
CONTROL CARD	-	CK_SUBFAMILY	** CHECK ITEM **	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
				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] not related to [fill: name(refper)]. [Fill: Are you/Is (name)] related to anyone else in this household?	<1> [goto SUBFAM2] <2> [goto SUBFAM1 for next unassigned non-rel] [if no more non-rels, goto
			1. Yes 2. No	SET_SUBFAMS]
CONTROL CARD	-	SUBFAM2	Who [fill: are you/is (name)] related to? PROBE: Anyone else? Enter line number(s), separate with commas	<1-30> [goto SUBFAM, for next unassigned non-rel] [If no more non-rels, goto SET_SUBFAMS]
CONTROL CARD	_	SHELTX	[fill: * Begin financial responsibility questions to determine CU's]	<1,2,D,R> [goto FOODX]
GOVINGE GIND		J. L.	[fill: Do/Does] (READ NAME) pay for all [fill: your/his/her/their] housing expenses with [fill: your/his/her/their] own money?	1,2,5,10 [goto 100D11]
			(List the names of persons in this subfamily)	
CONTROL CARD	-	FOODX	1. Yes 2. No fill: Do/Does] (READ NAMES) pay for all [fill: your/his/her/their] food expenses with [fill: your/his/her/their] own money? (List the names of persons in this subfamily)	<1> [if SHELTX is 1, goto SHELTC for next subfam; if not more subfams then goto UPDATE_SUBFAM] [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)] other living expenses such as clothing or transportation with [fill: your/his/her/their] own money? (List the names of persons in this subfamily) 1. Yes	<1> [If sheltx is 1 OR foodx is 1, goto sheltx for next subfamily: if no More subfamiles, goto
CONTROL CARD	-	SUPSRC	2. NoDoes all or part of the money to pay for (READ NAMES) [fill description] come from someone in this household?(List the names of persons in this subfamily)	<1> [goto SUPRT1] <2,D,R> [goto SHELTX for next subfamily] [if no more subfamilies, goto
			1. Yes 2. No	
CONTROL CARD	-	SUPRT1	Who is that person(s)?* Enter line number(s), separate with commas	<1-30,D,R> [goto SHELTX for next subfamily] [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 of related persons who are independent of all other persons living at this address for payment of their major expenses.	<1> [goto BIRTH_MO]
			* 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 Press END when done]	<1-12, D, R> [goto BIRTH_YR] <empty></empty>
			What is the month and year of [Fill: your/(name)'s] birth?	
			* Enter Birth Month	
			 January February August March September April October May November June 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></empty>
CONTROL CARD	-	AGE	[Fill: As of today, that would make [Fill: you/(name)] [Fill: less than 1/over98/ approximately (age)] [Fill: year/years] old.	<00-200> [goto HORIGIN] <d,r> [goto AGE2] <empty></empty></d,r>
			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 [Fill: Are/Is] [fill: you/name] Hispanic, Latino, or Spanish?	<1> [goto HISPANIC] <2, D, R> [goto MULTRACE] <empty></empty>
			1. Yes 2. No	
CONTROL CARD	-	HISPANIC	(Book) 2 [Fill: Are/Is] [Fill: you/name] -	<1-7, D, R> [goto MULTRACE] <8> [goto HISPOTH] <empty></empty>
			 Mexican? Mexican-American? Chicano? Puerto Rican? Cuban? Cuban-American? Central or South American? Other? (Specify) 	
CONTROL CARD	-	HISPOTH	* Specify:	<30 characters> [goto MULTRACE] <empty></empty>
CONTROL CARD	-	MULTRACE	(Book) 2 Please chose one or more races that [fill: [fill: (name)/you] [fill: considers/consider] [fill: himself/herself/yourself] to be. / you consider [fill: child's name] to be.]	<1-3, 5, 7, R> [goto MARITAL] <4> [goto ASIAN] <6> [goto RACESP] <empty></empty>
			* Probe if necessary	
			* Enter all that apply, separate with commas	
			 White Black or African American American Indian or Alaska Native Asian Native Hawaiian or other Pacific Islander Other Specify 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></empty>
			[fill: Are/Is] [Fill: you/name] -	
			 Chinese? Filipino? Japanese? Korean? Vietnamese? Asian Indian? Other? (Specify) 	
CONTROL CARD	-	ASIANOTH	* Specify:	<30 characters> <empty></empty>
CONTROL CARD	-	RACESP	* Specify other race	<40 characters> [goto MARITAL] <empty></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]	
			 Married? Widowed? Divorced? Separated? Never married? 	<empty></empty>

Section #	Part	Variable Name	Question Text	Skip Instructions
CONTROL CARD		EDUCA	(Book) 3 What is the highest level of school [fill: name has/you have] completed or the highest degree [fill: name has/you have] received? 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)	<00-11,38,D,R> [if AGE 16-65 or agerng is 8 or 9, goto ARM_FORC]
CONTROL CARD	-	IN_COLL	[Fill: Are you/Is name] currently enrolled in a college or university either -1. Full-time?2. Part-time?	<1-3,D,R> [If AGE is 16 - 65 or agerng is 8 or 9, goto ARM_FORC]
CONTROL CARD	-	ARM_FORC	(Book) 3 ? [F1] [Fill: Are you/Is (name)] now in the Armed Forces? 1. Yes 2. No	<1,2,D,R> [If this is the last person, goto CHECKS2]

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 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	<esc key=""> [goto ARM_FORC]</esc>
CONTROL CARD		CE_INTRO	As we start, please understand that we ask the same questions of 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.	<1> [goto SECTION1]
Control Card	-	AGE62	**Check Item**	

Section # INTROSEC	Part	Variable Name INTRO	Question Text 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.	Skip Instructions <1 > [goto INTRO1]
			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.	
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.	<1> [goto INTRO2]
			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	
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.	<1 > [goto FNAME] <2> END INTERVIEW
			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?	
			 R CONSENTED TO THE INTERVIEW R REFUSED THE INTERVIEW 	
INTROSEC		INTRO3	DID R CONSENT TO THE INTERVIEW BEING AUDIO-RECORDED?	<1-2> [goto INTRO4]
			1. R CONSENTED TO THE INTERVIEW BEING AUDIO- RECORDED	
			2. R DID NOT CONSENT TO THE INTERVIEW BEING AUDIO-RECORDED	
INTROSEC		INTRO4	DID R CONSENT TO THE INTERVIEW BEING OBSERVED?	<1-3> [goto FNAME]
			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.