

AMERICAN COMMUNITY SURVEY

Questions in Computer-assisted Telephone Interviewing (CATI) Failed Edit Follow Up (FEFU)
That Differ from Those in the Paper Questionnaire

Paper Questionnaire Item Number: Roster

FEFU Screen Name: USTATVER

On (RDATE), was there anyone living or staying at this address for more than two months?

*****NOTE: RDATE stands for the Response Date, or the estimated date the respondent completed the questionnaire.**

FEFU Screen Name: CJIC2

On (RDATE) was this housing unit....?

- 1. Temporarily Occupied**
- 2. Vacant**
- 3. a Group Quarters**
- 4. for Commercial Use Only**

FEFU Screen Name: CJIC3

On (RDATE) was this housing unit....?

- 1. For rent**
- 2. Rented, not occupied**
- 3. For sale only**
- 4. Sold, not occupied**
- 5. For seasonal, recreational or occasional use**
- 6. For migrant workers**
- 7. Other vacant**

FEFU Screen Name: **VACOTH**

| Why is this unit vacant? |
|---|
| <p><input type="radio"/> 01. Foreclosure</p> <p><input type="radio"/> 02. Personal/Family Reasons</p> <p><input type="radio"/> 03. Legal Proceedings</p> <p><input type="radio"/> 04. Preparing to Rent/Sell</p> <p><input type="radio"/> 05. Held for Storage of Household Furniture</p> <p><input type="radio"/> 06. Needs Repair</p> <p><input type="radio"/> 07. Currently Being Repaired/Renovated</p> <p><input type="radio"/> 08. Specific Use Housing</p> <p><input type="radio"/> 09. Extended Absence</p> <p><input type="radio"/> 010. Abandoned Possibly to be Demolished/Possibly Condemned</p> <p><input type="radio"/> 011. Other</p> |

FEFU Screen Name: CJIC4

| How many months has this unit been vacant? |
|---|
| <p><input type="radio"/> 01. Less than 1 month</p> <p><input type="radio"/> 02. 1 up to 2 months</p> <p><input type="radio"/> 03. 2 up to 4 months</p> <p><input type="radio"/> 04. 4 up to 6 months</p> <p><input type="radio"/> 05. 6 up to 12 months</p> <p><input type="radio"/> 06. 12 up to 24 months</p> <p><input type="radio"/> 07. 24 or more months</p> |

FEFU Screen Name: CoverageP

[I'd like to make sure that we've included everyone. I see that the household size (<was not indicated> / <was indicated as CURRENTSTATUS.CPER>) but we have data for <CURRENTSTATUS.ActualPop> persons.]

I have listed: (<READ ROSTER >) How many people were here for more than two months on (<RDATE>)?

01 Sally P Smith

02 John D Smith

03 Brandon C Smith

04

05

06

07

.

.

.

20

FEFU Screen Name: LN_PG2, FN_PG2, MI_PG2

(Last/First) Name (MI)

(INCLUDE everyone living or staying here for more than two months.

INCLUDE anyone else staying here who does not have another place to stay even if they are here for two months or less.

DO NOT INCLUDE anyone who is living somewhere else for more than two months, such as a college student living away.)

Paper Questionnaire Item Number: Demographic 3

FEFU Screen Name: SEX

(Are you /Is <Name>) male or female?

1. Male

2. Female

Paper Questionnaire Item Number: Demographic 4

FEFU Screen Name: P2DOB

What is (<Name>'s/your) date of birth?

◇ Enter the month/day/4-digit year

FEFU Screen Name: AGEP

**So that makes (<Name>/you) <AGE_CALC> as of <RDATE>?
Is that correct?**

1. Yes
 2. No

FEFU Screen Name: AGEVER

When I calculate {<Name>'s/your} age from the birth date provided, that makes {<Name>/you} <AGE_CALC> as of <RDATE>, but age given on the questionnaire was <InputAGE>. Which is correct as of <RDATE>?

1. <AGE_CALC>
 2. <InputAGE>
 3. Neither

FEFU Screen Name: AGEASK

How old {was<Name>/were you} as of <RDATE>?

Paper Questionnaire Item Number: Demographic 5

FEFU Screen Name: HISW

What is that origin?

(For example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.)

Paper Questionnaire Item Number: Demographic 6

FEFU Screen Name: RAC

What is (<Name>'s/your) race? You may choose one or more races. For this survey, Hispanic origin is not a race.

◆ Enter all that apply, separate with commas.

- | | | |
|---|--|---|
| <input type="checkbox"/> 11. White | <input type="checkbox"/> 16. Filipino | <input type="checkbox"/> 21. Native Hawaiian |
| <input type="checkbox"/> 12. Black or African American | <input type="checkbox"/> 17. Japanese | <input type="checkbox"/> 22. Guamanian or Chamorro |
| <input type="checkbox"/> 13. American Indian or Alaska Native | <input type="checkbox"/> 18. Korean | <input type="checkbox"/> 23. Samoan |
| <input type="checkbox"/> 14. Asian Indian | <input type="checkbox"/> 19. Vietnamese | <input type="checkbox"/> 24. Other Pacific Islander (For example, Fijian, Tongan, and so on.) |
| <input type="checkbox"/> 15. Chinese | <input type="checkbox"/> 20. Other Asian (For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.) | <input type="checkbox"/> 25. Some other race |

FEFU Screen Name: RCW1

What is (his/her/your/<Name>'s) enrolled or principal tribe? You may list one or more tribes.

FEFU Screen Name: RCW2

If RAC is <20>:

What is that other Asian group?

(For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.)

If RAC is <24>:

What is that other Pacific Islander group?

(For example, Fijian, Tongan, and so on.)

If RAC is <20> and <24>

What is that other Asian group and other Pacific Islander group?

(For example, Hmong, Laotian, Thai, Pakistani, Cambodian, Fijian, Tongan, and so on.)

FEFU Screen Name: RCW3

What is {his/her/<Name>'s/your} other race group?

Paper Questionnaire Item Number: Housing 2

FEFU Screen Name: YBL

About when was this <mobile home/house/apartment/unit> first built?

(If you do not know exact year, give your best estimate.)

- 1. 2000 or later
- 2. 1990-1999
- 3. 1980-1989
- 4. 1970-1979
- 5. 1960-1969
- 6. 1950-1959
- 7. 1940-1949
- 8. 1939 or earlier

FEFU Screen Name: YBLW

(What year was this <mobile home/house/apartment/unit> built?)

Paper Questionnaire Item Number: Housing 3

FEFU Screen Name: MVM

When did (you/<HHOLDER>) move into this <mobile home/ house/ apartment/ unit>?

◇ [Select month](#)

FEFU Screen Name: MVY

When did (you/<HHOLDER>) move into this <mobile home/ house/ apartment/ unit>?

◇ [Enter the year the household moved into this \(mobile home/ house/ apartment/ unit\).](#)

Paper Questionnaire Item Number: Housing 7b

FEFU Screen Name: BDS

How many of these rooms are bedrooms?

Count as bedrooms those rooms you would list if this <mobile home/ house/ apartment/ unit> were for sale or rent. If this is an efficiency/studio apartment, you would not count any bedrooms.

Paper Questionnaire Item Number: Housing 8a

FEFU Screen Name: RWATPR (Puerto Rico Only)

Does this <mobile home/ house/ apartment/ unit> have running water?

Paper Questionnaire Item Number: Housing 8b

FEFU Screen Name: HOTWAT (Puerto Rico Only)

Does this <mobile home/ house/ apartment/ unit> have a water heater?

Paper Questionnaire Item Number: Housing 9a

FEFU Screen Name: LAPTOP

At this <mobile home/ house/ apartment/ unit> do you or any member of this household own or use a desktop, laptop, netbook, or notebook computer? EXCLUDE GPS devices, digital music players, and devices with only limited computing capabilities, for example: household appliances.

Paper Questionnaire Item Number: Housing 9b

FEFU Screen Name: HANDHELD

At this <mobile home/ house/ apartment/ unit> do you or any member of this household own or use a handheld computer, smart mobile phone, or other handheld wireless computer? EXCLUDE GPS devices, digital music players, and devices with only limited computing capabilities, for example: household appliances.

Paper Questionnaire Item Number: Housing 9b

FEFU Screen Name: COMPOTH

At this <mobile home/ house/ apartment/ unit> do you or any member of this household own or use some other type of computer?

EXCLUDE GPS devices, digital music players, and devices with only limited computing capabilities, for example: household appliances.

FEFU Screen Name: COMPOTHW

What is this other type of computer?

Paper Questionnaire Item Number: Housing 10

FEFU Screen Name: WEB

At this <mobile home/ house/ apartment/ unit> do you or any member of this household access the Internet?

FEFU Screen Name: ACCESS

At this <mobile home/ house/ apartment/ unit> do you or any member of this household access the Internet with or without a subscription to an Internet service?

- 1) With a subscription to an Internet service
- 2) Without a subscription to an Internet service

Paper Questionnaire Item Number: Housing 11a

FEFU Screen Name: DIALUP

At this <mobile home/ house/ apartment/ unit> do you or any member of this household subscribe to the Internet using dial-up service?

Paper Questionnaire Item Number: Housing 11b

FEFU Screen Name: DSL

At this <mobile home/ house/ apartment/ unit> do you or any member of this household subscribe to the Internet using DSL service?

Paper Questionnaire Item Number: Housing 11c

FEFU Screen Name: MODEM

At this <mobile home/ house/ apartment/ unit> do you or any member of this household subscribe to the Internet using a cable modem service?

Paper Questionnaire Item Number: Housing 11d

FEFU Screen Name: FIBEROP

At this <mobile home/ house/ apartment/ unit> do you or any member of this household subscribe to the Internet using a fiber-optic service?

Paper Questionnaire Item Number: Housing 11e

FEFU Screen Name: BROADBND

At this <mobile home/ house/ apartment/ unit> do you or any member of this household subscribe to the Internet using a mobile broadband plan for a computer or a cell phone?

Paper Questionnaire Item Number: Housing 11f

FEFU Screen Name: SATELITE

At this <mobile home/ house/ apartment/ unit> do you or any member of this household subscribe to the Internet using satellite Internet service?

Paper Questionnaire Item Number: Housing 11g

FEFU Screen Name: OTHSVCE

At this <mobile home/ house/ apartment/ unit>do you or any member of this household subscribe to the Internet using some other service?

FEFU Screen Name: OTHSVCEW

What is this other type of Internet service?

Paper Questionnaire Item Number: Housing 14a

FEFU Screen Name: ELE

LAST MONTH, what was the cost of electricity for this <mobile home/ house/ apartment/ unit>?

FEFU Screen Name: ELEX

Was the electricity -- Included in rent or condominium fee, or No charge for electricity or electricity not used?

- 1. Included in rent or condominium fee
- 2. No charge or electricity not used

Paper Questionnaire Item Number: Housing 14b

FEFU Screen Name: GAS

LAST MONTH, what was the cost of gas for this <mobile home/ house/ apartment/ unit>?

FEFU Screen Name: GASX

Was the gas -- Included in rent or condominium fee, Included in electricity payment, or No charge or gas not used?

- 1. Included in rent or condominium fee
- 2. Included in electricity payment
- 3. No charge or gas not used

Paper Questionnaire Item Number: Housing 14c

FEFU Screen Name: WAT

IN THE PAST 12 MONTHS, what was the cost of water and sewer for this <mobile home/ house/ apartment/ unit>?

FEFU Screen Name: WATX

| |
|---|
| Was the water and sewer -- Included in rent or condominium fee, or No charge for water or sewer? |
| <input type="checkbox"/> 1. Included in rent or condominium fee <input type="checkbox"/> 2. No charge |

Paper Questionnaire Item Number: Housing 14d

FEFU Screen Name: FUL

| |
|--|
| IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this <mobile home/house/apartment/unit>? |
|--|

FEFU Screen Name: FULX

| |
|---|
| Were the Other Fuel costs -- Included in the rent or condominium fee, or No charge or these fuels are not used? |
| <input type="checkbox"/> 1. Included in rent or condominium fee <input type="checkbox"/> 2. No charge, or these fuels not used |

Paper Questionnaire Item Number: Housing 16

FEFU Screen Name: CONX

| |
|---|
| Is this <mobile home/ house/ apartment/ unit> part of a condominium? |
|---|

FEFU Screen Name: CON

| |
|---|
| What is the monthly condominium fee? |
|---|

Paper Questionnaire Item Number: Housing 18a

FEFU Screen Name: RenterRN

What is the monthly rent?

◇ Estimate monthly rent in dollars.

Paper Questionnaire Item Number: Person 7

FEFU Screen Name: PBX1

Where (was <Name>/were you) born?

- 1. In the United States
- 2. Outside the United States

FEFU Screen Name: PBW2 (if PBX1 = 1)

In what state was that?

FEFU Screen Name: PBW3 (if PBX1 = 2)

In what country (were you/was <Name>)born?**Paper Questionnaire Item Number: Person 8**

FEFU Screen Name: CIT

(Is <Name>/Are you) a CITIZEN of the United States?

(How was the citizenship obtained?)

- 1. Yes, born in the United States
- 2. Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands or Northern Marianas
- 3. Yes, born abroad of U.S. citizen parent or parents
- 4. Yes, a U.S. citizen by naturalization
- 5. No, not a U.S. citizen

FEFU Screen Name: CITW

In what year did (<Name>/you) become a naturalized citizen of the United States?

Paper Questionnaire Item Number: Person 13

FEFU Screen Name: SCHG

What grade or level (was <he/she>/ were you) attending?

- 1. Nursery school, preschool
- 2. Kindergarten
- 3. Grade 1 through 12
- 4. College undergraduate years (freshman to senior)
- 5. Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

FEFU Screen Name: SCHGW

(What grade (was <he/she>/ were you) attending?)

Paper Questionnaire Item Number: Person 13

FEFU Screen Name: SCHL

What is the highest degree or level of school (<Name> has/you have) COMPLETED?

- 1. No schooling completed
- 2. Nursery school
- 3. Kindergarten
- 4. Grade 1 through 11
- 5. 12th grade - **NO DIPLOMA**
- 6. Regular high school diploma
- 7. GED or alternative credential
- 8. Some college credit, but less than 1 year of college credit
- 9. 1 or more years of college credit, no degree
- 10. Associate's degree (for example: AA, AS)
- 11. Bachelor's degree (for example: BA, BS)
- 12. Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

13. Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
14. Doctorate degree (for example: PhD, EdD)

FEFU Screen Name: SCHLW (if SCHG = 3)

(What is the highest grade (<he/she> has/you have) COMPLETED?)

Paper Questionnaire Item Number: Person 17

FEFU Screen Name: MIG

Did (<Name>/you) live in this <mobile home/ house/ apartment/ unit> 1 year ago?

1. Person is under 1 year old
2. Yes, this house
3. No, outside the United States and Puerto Rico
4. No, different house in the United States or Puerto Rico

FEFU Screen Name: MGW1 (if MIG = 3)

What was the foreign country?

FEFU Screen Name: MGW2 (if MIG = 4)

Where did (<Name>/you) live 1 year ago? What was the street address?

FEFU Screen Name: MGW3 (if MIG = 4)

What was the city, town, or post office?

FEFU Screen Name: MGW4 (if MIG = 4)

What was the U.S. county or municipio in Puerto Rico?

FEFU Screen Name: MGW5 (if MIG = 4)

What was the U.S. state, or was that in Puerto Rico?

FEFU Screen Name: MGW6 (if MIG = 4)

What was the ZIP code?

Paper Questionnaire Item Number: Person 18

FEFU Screen Name: HINS1

(Are you/Is <Name>) currently covered by health insurance through a current or former employer or union of (yours/<yours/him/her> or another family member)?

FEFU Screen Name: HINS2

(Are you/Is <Name>) currently covered by health insurance purchased directly from an insurance company by (you/you or another family member/<him/her> or another family member)?

FEFU Screen Name: HINS3

(Are you/Is <Name>) currently covered by Medicare, for people age 65 or older or people with certain disabilities?

FEFU Screen Name: HINS4

(Are you/Is <Name>) currently covered by Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability?

FEFU Screen Name: HINS5

(Are you/Is <Name>) currently covered by TRICARE or other military health care?

FEFU Screen Name: HINS6

(Are you/Is <Name>) currently covered through the VA or have you ever used or enrolled for VA health care?

FEFU Screen Name: HINS7

(Are you/Is <Name>) currently covered through the Indian Health Service?

FEFU Screen Name: HINS8

(Are you/Is <Name>) currently covered by any other health insurance or health coverage plan?

FEFU Screen Name: HINSW

What is the name of the health care plan?

Paper Questionnaire Item Number: Person 17a

FEFU Screen Name: **HIEPREM**

Previously you reported (you were/<Name> was) covered by the following types of insurance or health coverage: (list previously reported health insurance from original interview).

Is there a monthly premium for this plan? A monthly premium is a fixed amount of money people pay each month to have health coverage. It does not include copays or other expenses such as prescription costs.

1. Yes
 2. No

Paper Questionnaire Item Number: Person 17b

FEFU Screen Name: **HIESUBSID**

Previously you reported (you were/<Name> was) covered by the following types of insurance or health coverage: (list previously reported health insurance from original interview).

Is the cost of the premium subsidized based on family income?

1. Yes
 2. No

Paper Questionnaire Item Number: Person 21

FEFU Screen Name: MAR

(Is <Name>/Are you) married, widowed, divorced, separated, or never married?

- 1. Now married
- 2. Widowed
- 3. Divorced
- 4. Separated
- 5. Never married

Paper Questionnaire Item Number: Person 22

FEFU Screen Name: MARHM

In the past 12 months, did (<Name>/you) get married?

FEFU Screen Name: MARHW

In the past 12 months, did (<Name>/you) become a (<widow/widower>)?

FEFU Screen Name: MARHD

In the past 12 months, did (<Name>/you) get divorced?

Paper Questionnaire Item Number: Person 23

FEFU Screen Name: MARHT

How many times (has <Name>/have you) been married? Is that --

- 1. Once
- 2. Two times
- 3. Three or more times

Paper Questionnaire Item Number: Person 27

FEFU Screen Name: VET

(Has <Name>/Have you) ever served on ACTIVE DUTY in the U.S. Armed Forces, Reserves, or National Guard?

FEFU Screen Name: TRAINING

{Was <name>/Were you} on active duty ONLY FOR TRAINING in the Reserves or National Guard?

FEFU Screen Name: ACTIVE

{Is <Name>/Are you} currently on active duty?

FEFU Screen Name: RESERVES

{Has <Name>/ Have you} ever been in the Reserves or National Guard?**Paper Questionnaire Item Number: Person 30a**

FEFU Screen Name: WRK

During the week of (<RDATE-7>), did (<Name>/you) do any work for pay at a job or business?

(Include any work even if (<he/she>/you) worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or (was/were) on active duty in the Armed Forces.)

Paper Questionnaire Item Number: Person 30b

FEFU Screen Name: WRKJ

During the week of (<RDATE-7>), did (<Name>/you) do ANY work for pay, even for as little as one hour?

Paper Questionnaire Item Number: Person 31a

FEFU Screen Name: PWW1

During the week of (<RDATE-7>), at what location did (<Name>/you) work?
(What is the street number and street name of the location?)

Paper Questionnaire Item Number: Person 31b

FEFU Screen Name: PWW2

What is the city, town, or post office where {<Name>/you} worked during the week of {<RDATE-7>} ?

Paper Questionnaire Item Number: Person 31d

FEFU Screen Name: PWW4

What is the name of the county where (<Name>/you) worked during the week of (<RDATE-7>)?

Paper Questionnaire Item Number: Person 31e

FEFU Screen Name: PWW5

What is the state or foreign country where (<Name>/you) worked during the week of (<RDATE-7>)?

Paper Questionnaire Item Number: Person 31f

FEFU Screen Name: PWW6

What is the ZIP Code where (<Name>/you) worked during the week of (<RDATE-7>)?

Paper Questionnaire Item Number: Person 32

FEFU Screen Name: JWTR

| | | |
|--|--|---|
| During the week of (<RDATE-7>) how did (<Name>/ you) USUALLY get to work? | | |
| <input type="checkbox"/> 1. Car, truck, or van | <input type="checkbox"/> 5. Railroad | <input type="checkbox"/> 9. Bicycle |
| <input type="checkbox"/> 2. Bus or trolley bus | <input type="checkbox"/> 6. Ferryboat | <input type="checkbox"/> 10. Walked |
| <input type="checkbox"/> 3. Streetcar or trolley car | <input type="checkbox"/> 7. Taxicab | <input type="checkbox"/> 11. Worked at home |
| <input type="checkbox"/> 4. Subway or elevated | <input type="checkbox"/> 8. Motorcycle | <input type="checkbox"/> 12. Other method |

Paper Questionnaire Item Number: Person 33

FEFU Screen Name: JWRI

| |
|--|
| During the week of (<RDATE-7>), how many people, including (<Name>/you) usually rode to work in the car, truck, or van? |
|--|

Paper Questionnaire Item Number: Person 34

FEFU Screen Name: JWLH

| |
|---|
| During the week of (<RDATE-7>), what time did (<Name>/you) usually leave for work? (what hour?) |
|---|

FEFU Screen Name: JWLM

| |
|------------------------------|
| (-- minutes past that hour?) |
|------------------------------|

FEFU Screen Name: JWAM

| |
|--------------------------------|
| (-- was that AM or PM?) |
| <input type="checkbox"/> 1. AM |
| <input type="checkbox"/> 2. PM |

Paper Questionnaire Item Number: Person 35

FEFU Screen Name: JWMN

During the week of (<RDATE-7>), how many minutes did it usually take (<Name>/you) to get from home to work?

Paper Questionnaire Item Number: Person 36a

FEFU Screen Name: NWLA

During the week of (<RDATE-7>), (was <Name>/were you) on layoff from a job?

Paper Questionnaire Item Number: Person 36b

FEFU Screen Name: NWAB

During the week of (<RDATE-7>), (was <Name>/were you) TEMPORARILY absent from a job or business?

- 1. Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc.
- 2. No

Paper Questionnaire Item Number: Person 36c

FEFU Screen Name: NWRE

As of the week of (<RDATE-7>), had (<Name>/you) been informed that (<he/she>/you) would be recalled to work within the next six months OR been given a date to return to work?

Paper Questionnaire Item Number: Person 37

FEFU Screen Name: NWLK

As of the week of (<RDATE-7>), during the LAST 4 WEEKS, had (<Name>/you) been ACTIVELY looking for work?

Paper Questionnaire Item Number: Person 38

FEFU Screen Name: NWAU

During the week of (<RDATE-7>), could (<Name>/you) have started a job if offered one, or returned to work if recalled?

- 1. YES, could have gone to work
- 2. NO, because of temporary illness
- 3. NO, because of all other reasons (in school, etc.)

Paper Questionnaire Item Number: Person 43

FEFU Screen Name: INX1

((Was <Name>/ Were you) working on Active Duty in the US Armed forces?)

Paper Questionnaire Item Number: Person 48

FEFU Screen Name: P8_INTRO

Next I'll ask about income during the last 12 months—that is, from {<current month, current year – 1 >} to {<current month – 1, current year>}.

- 1. Continue

Paper Questionnaire Item Number: Person 48a

**If respondent has provided a monetary response in 48a of the paper form, (s)he is asked WAGX.*

FEFU Screen Name: WAGX

Did {<Name>/you} receive any wages, salary, commissions, bonuses or tips DURING THE PAST 12 MONTHS?

**If respondent has not provided a monetary response in 48a of the paper form, (s)he is asked the following four questions, in lieu of WAGX.*

FEFU Screen Name: EARNX

Did <Name/you> receive any wages or salary DURING THE PAST 12 MONTHS?

FEFU Screen Name: EARN

How much did {<Name>/you} receive in wages and salary from all jobs before taxes and deductions DURING THE PAST 12 MONTHS?

FEFU Screen Name: TIPSX

Did {<Name>/you} receive any [if EARNX=yes, fill with "additional"] tips, bonuses or commissions DURING THE PAST 12 MONTHS?

FEFU Screen Name: TIPS

How much did {<Name>/you} receive in tips, bonuses, or commissions from all jobs before taxes and deductions DURING THE PAST 12 MONTHS?

Paper Questionnaire Item Number: Person 48b

FEFU Screen Name: SEMX

IN THE PAST 12 MONTHS, did (<Name>/you) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships?

FEFU Screen Name: SEM

IN THE PAST 12 MONTHS, what was the amount of the self-employment income that (<Name>/you) received?

FEFU Screen Name: SEML

Was that self-employment income a loss?

Paper Questionnaire Item Number: Person 48c

**If respondent has provided a monetary response in 48c of the paper form, (s)he is asked INTRESTX.*

FEFU Screen Name: INTRESTX

IN THE PAST 12 MONTHS, did (<Name>/you) receive any interest, dividends, net rental income, royalty income or income from estates and trusts?

**If respondent has not provided a monetary response in 48a of the paper form, (s)he is asked the following six questions, in lieu of INTRESTX.*

FEFU Screen Name: INTRX

**Did <Name/you> receive any interest or dividends [DURING THE PAST 12 MONTHS]?
Report even small amounts credited to an account.**

FEFU Screen Name: INTR

What was the amount?

FEFU Screen Name: RENTX

Did <Name/you> receive any net rental income DURING THE PAST 12 MONTHS?
Net rental income is the total amount after expenses.

FEFU Screen Name: RENT

**How much did {<Name>/you} receive in tips, bonuses, or commissions from all jobs before
taxes and deductions DURING THE PAST 12 MONTHS?**

FEFU Screen Name: ROYALX

**Did <Name/you> receive any royalty income or income from estates and trusts DURING
THE PAST 12 MONTHS?**

FEFU Screen Name: ROYAL

**Was that interest, dividends, net rental income, royalty income or income from estates
and trusts income a loss?**

Paper Questionnaire Item Number: Person 48d

FEFU Screen Name: SS

**IN THE PAST 12 MONTHS, did (<Name>/you) receive any Social Security or Railroad
Retirement income?**

FEFU Screen Name: SSX

IN THE PAST 12 MONTHS, what was the amount of the Social Security or Railroad Retirement income that (<Name>/you) received?

Paper Questionnaire Item Number: Person 48e

FEFU Screen Name: SSIX

IN THE PAST 12 MONTHS, did (<Name>/you) receive any Supplemental Security Income (SSI)?

FEFU Screen Name: SSI

IN THE PAST 12 MONTHS, what was the amount of the Supplemental Security Income (SSI) that (<Name>/you) received?

Paper Questionnaire Item Number: Person 48f

FEFU Screen Name: PAX

IN THE PAST 12 MONTHS, did (<Name>/you) receive any public assistance or public welfare income?

FEFU Screen Name: PA

IN THE PAST 12 MONTHS, what was the amount of the public assistance or public welfare income that (<Name>/you) received?

Paper Questionnaire Item Number: Person 48g

FEFU Screen Name: RETX

IN THE PAST 12 MONTHS, did (<Name>/you) receive any retirement, survivor or disability pensions?

FEFU Screen Name: RET

IN THE PAST 12 MONTHS, what was the amount of the retirement, survivor or disability pension that (<Name>/you) received?

Paper Questionnaire Item Number: Person 48h

FEFU Screen Name: OIX

IN THE PAST 12 MONTHS, did (<Name>/you) receive any other income on a REGULAR basis, such as -- VA payments, unemployment compensation, child support or alimony?
(Include all reoccurring income. Do not include one-time lump sum payments such as refunds, inheritances, withdrawals from savings or IRAs, etc.)

FEFU Screen Name: OI

IN THE PAST 12 MONTHS, what was the amount of the other income that (<Name>/you) received?

Paper Questionnaire Item Number: Person 49

FEFU Screen Name: TI

What was the total income for (<Name>/you) for the PAST 12 MONTHS?

FEFU Screen Name: TIN

I have recorded that {<name>/you} received no income IN THE PAST 12 MONTHS. Is that correct?

FEFU Screen Name: TIL

Was that income a loss?