| Section | CAPI Variable Name | Question Text | Skip Instructions |
| --- | --- | --- | --- |
| FRONT | H\_PURPOSE | FREQUENTLY ASKED QUESTIONS 1. What is this survey all about?  2. Who uses this information? What good is it?  3. How is the data collected? How many times will I be interviewed? 4. I hesitate to tell some things about myself, what protection do I have? 5. Is this survey authorized by law? 6. Proceed with the interview | 1: Goto H\_PURPOSE1 2: Goto H\_PURPOSE2 3: Goto H\_PURPOSE3 4: Goto H\_PURPOSE4 5: Goto H\_PURPOSE5 6: Return to interview |
| FRONT | H\_PURPOSE1 | WHAT IS THIS SURVEY ALL ABOUT? **The Consumer Expenditure Survey collects information from the Nation's households and families on their buying habits (expenditures), income, and characteristics.  The strength of the survey is that it allows data users to relate the expenditure and income of consumers to the characteristics of those consumers.**  1. Enter 1 to Continue | Return to interview |
| FRONT | H\_PURPOSE2 | WHO USES THIS INFORMATION?  WHAT GOOD IS IT? **Data from the Consumer Expenditure Survey are used in a number of different ways by a variety of users.  An important use of the survey by the Bureau of Labor Statistics is for the periodic revisions of the Consumer Price Index (CPI).   Survey results are used to select new market basket of goods and services for the CPI, to determine the relative importance of CPI components and to derive new cost weights for the market basket. Government and private agencies use the data to study the welfare of particular segments of the population.  Economic policymakers use the data to study the impact of policy changes in the welfare of different socioeconomic groups.  Researchers use the data in a variety of studies, including those that focus on the spending behavior of different family types and historical spending trends.**  1. Enter 1 to Continue | Return to interview |
| FRONT | H\_PURPOSE3 | HOW IS THE DATA COLLECTED?           HOW MANY TIMES WILL I BE INTERVIEWED? **^H\_PURPOSE3**   1. Enter 1 to Continue | Return to interview |
| FRONT | H\_PURPOSE4 | I HESITATE TO TELL SOME THINGS ABOUT MYSELF.               WHAT PROTECTION DO I HAVE? **The information that respondents provide is used solely for statistical purposes. All Census Bureau data collectors take an oath of confidentiality and are subject to fines and imprisonment for improperly disclosing information provided by respondents.  Names and addresses are removed from all forms and that information is not released as part of any statistical data.**   1. Enter 1 to Continue | Return to interview |
| FRONT | H\_PURPOSE5 | IS THIS SURVEY AUTHORIZED BY LAW? **The Bureau of Labor Statistics conducts the Consumer Expenditure Survey under the authority of Title 29 of the U.S. Code.  Congress authorizes the financial support for the CE survey through Public Laws 94-439 and 95-205.The Bureau of the Census collects the CE data under the authority of Title 13, U.S. Code, Section 8b, which allows the Census Bureau to undertake surveys for other government agencies.  Participation in the survey is voluntary.  Under Title 13, the Census Bureau holds all information in strict confidence.  We will not release information reported in the survey which would permit the identification of a household or any of its members to anyone outside of the Census Bureau.**  1. Enter 1 to Continue | Return to interview |
| FRONT | START | CENSUS CATI/CAPI SYSTEM                                                                                                                                       CONSUMER EXPENDITURE SURVEYS                             QUARTERLY INTERVIEW SURVEY                   DATE:  (current date)                           TIME:  (time)                   INTERVIEW NUMBER:  (1/2/3/4/5)        CASE STATUS IS:  (case status)                       (THIS HOUSEHOLD IS A CONFIRMED REFUSAL/ )                       (Press END to move to the next unanswered item/ )                       1. Continue 2. Skip notes 3. Ready to transmit 4. Quit 5. Non-interview | 1: IF INTNMBR = 1 then goto GENINTRO  ELSE goto SHOSTAT  2: Goto GENINTRO  3: exit block and goto BBACK.TRANS  4: Exit block and goto BBACK.VERIFY\_INFO  5: exit block and goto BCOVERAGE.NONTYP |
| FRONT | SHOSTAT | (This household was not in sample last quarter. / )                  INTERVIEW NUMBER                      PREVIOUS OUTCOME DESCRIPTION                  (1 / )                                              (1st month outcome #)      (outcode description)              (2 / )                                              (2nd month outcome # )      (Outcome description)              (3 / )                                              (3rd month outcome # )      (Outcome description)              (4 / )                                              (4th month outcome # )      (Outcome description)      ( BC NAME: (name) / )      (BC TITLE: (title) / )     ^BC\_Phon\_Fill     (BC ADDRESS: (Street address) / )     ^BC\_Add2\_Fill    (BC CITY: (city) / ),   (BC STATE: (State) / )    (BC ZIP CODE: (zipcode) / )            (BC OBSERVATION: (Yes/No) / )    1. Enter 1 to Continue | IF ROSTERNAMEONINPUT = Yes then goto SHOWROS ELSE goto SHOW\_NOTES |
| FRONT | SHOWROS | STATUS OF HOUSEHOLD COMPOSITION  Resp.    LN          Name                     Member Relationship   CU   Sex    Age  (X / ) (Line #)   (Name)                    (Yes/No)     (Relationship)          ^Cu  (1/2)  (Age) 1. Enter 1 to Continue | Goto SHOW\_NOTES |
| FRONT | SHOW\_NOTES | INFORMATION FROM  PREVIOUS QUARTERS INTERVIEW      PRECHARTS:  Press Shift-F8 to view pre-charts       BEST TIME TO CALL:  ^Besttime1                                       (best time specify)      SUNDAY INTERVIEW:  (No Sunday Interview/Sunday interview okay)     Language Spoken Last Quarter:  (English/Spanish/(specify) )Use CNTRL-F7 to view case level notes 1. Enter 1 to Continue | Goto GENINTRO |
| FRONT | GENINTRO | Do not read as worded below                        o  Identify yourself -  show I.D.          o  (Ask to speak to: (name) / Ask for eligible respondent)              If unavailable use Shift-F1 for HH roster.          o  (Ask to speak to: (name) / Ask for eligible respondent)2          o  Introduce survey  (Ask to speak to: (name) / Ask for eligible respondent)3          o  The Household address is:                 (House #)  (House #)suf  (Street name)                 (Unit Designation)                                                   o  Read if necessary              I am (your name) from the U.S. Census Bureau.  Here is my identification card.              We are conducting a Consumer Expenditure Survey for the Bureau of Labor Statistics.              I have some questions I would like to ask you.            Did you receive our letter?  1. Yes 2. No 3. Non-interview | 1: IF INTNMBR = 1 AND (RT25.QTYPE = 1, 2 or 3)   then goto RECVDEBT  ELSE goto INTROB  2: Goto GIVE\_LETTER  3: Exit block and goto BCOVERAGE.NONTYP |
| FRONT | GIVE\_LETTER | Hand the respondent the letter.       Allow time to read1. Enter 1 to Continue | IF INTNMBR = 1 AND (RT25.QTYPE = 1, 2 or 3)   then goto RECVDEBT  ELSE goto INTROB |
| FRONT | RECVDEBT | **^RECVDEBT\_Fill (Did (READ NAMES) receive a debit card?/Did anyone living at this address receive the debit card?)** (FNAME and LNAME of all persons on the roster)  1. Yes 2. No | 1,RF: Goto INTROB  2,DK: Goto NOTRCV40 |
| FRONT | NOTRCV40 | **I'm sorry that you did not receive the debit card. Upon completion of the interview, we will send you another card in the amount of $40 as soon as possible. If you also receive the original card we sent, please destroy it since we will be deactivating it.**  1. Enter 1 to Continue | Goto RCRDNM40 |
| FRONT | RCRDNM40 | **Who would you like the replacement card addressed to?** | GotoINTROB |
| FRONT | INTROB | Is Respondent ready to complete the interview? 1. Continue 2. Reluctant Respondent 3. Non-interview 4. Other Outcome 5. Wrong address 6. Inconvenient time | 1: IF INTNMBR = 2-5 AND [(NEWCU ne 1) or (NEWCU = 1 AND ROSTERNAMEONINPUT = 'Yes')] AND not a replacement case then goto REPLACE\_HH   ELSE goto VERADD  3: exit block and goto BCOVERAGE.NONTYP  2,4: Exit block and goto BBACK.VERIFY\_INFO  5: Exit block and goto BBACK.DONE  6: Exit block and goto BBACK.APPTOTH |
| FRONT | REPLACE\_HH | Is this a Replacement Household?  1. Yes 2. No | 1: Goto REPLACE\_VER  2: Goto VERADD |
| FRONT | REPLACE\_VER | A replacement household means that there are no members of the original household living at this          address.  Are you sure that this is a replacement household?            (This case is part of a multi-CU household. Verify that ALL original members in all CU’s no longer live there. / )    LN      Name    Member Relationship   CU  Sex  Age      (Line #) (Name)   (Yes/No)   (Relationship)      ^Cu (1/2)  (Age)  1. Yes 2. No | 1: IF RT8500.TOTALCU = 1 then goto ONE\_CU  ELSE goto REPLACE\_VER2  2: Goto CK\_REPLACEVER |
| FRONT | REPLACE\_VER2 | Has a replacement case already been created/spawned for this address?            If unsure, back up to the start screen and Quit out of the instrument so you can check        case management.1. Yes 2. No | 1 Exit block and goto BBACK.DONE  2: Goto MULTI\_CU |
| FRONT | ONE\_CU | A replacement household Case will be spawned.     You will need to exit this case and pull up the new Case     in order to interview the replacement household.      The case you are currently in will automatically become a type C. 1. Enter 1 to Continue | Exit block and goto BBACK.DONE |
| FRONT | MULTI\_CU | A Replacement Household Case will be spawned.      You will need to exit this case and pull up the New Case in order to interview       the replacement household.        This case is part of a Multi-CU Address.       The case you are currently in will automatically become a type C,      But you MUST manually Type C all other Cases.  (There are (Total number of CUs from last quarter) cases      that must be Type C'd)  If you do not have all these cases on your laptop, contact your supervisor      so that the other cases can be located and Type C'd. 1. Enter 1 to Continue | Exit block and goto BBACK.DONE |
| FRONT | VERADD | (\* Confirm address information (Only ask if necessary) ) **I have your address listed as** READ ADDRESS BELOW.**Is that your exact address?                         (House #) (House #)SUF (Street Name)   (Unit Designation)                        (City),  (State)    (Zipcode)** Phy des: **(Physical Description)** GQ unit:  **(GQ Unit Description)** Non-City: **(Non-city address)** Building: **(Building Name)**  1. Yes, address is EXACTLY CORRECT as listed. 2. Address is MOSTLY CORRECT, needs minor changes. 3. INCORRECT ADDRESS | 1: Goto MAILAD  2: Goto NADDST1  3,RF: Goto DONE |
| FRONT | NADDST1 | Enter corrections for **House Number**  or  press ENTER for Same/No Change.     (House #)  (House #)SUF (Street Name)    (Unit Designation)                       (City),  (State)    (Zipcode)Phy des: (Physical Description) GQ unit:  (GQ Unit Description) Non-City: (Non-city address)Building: (Building Name) | Goto NADDST2 |
| FRONT | NADDST2 | Enter corrections  for **House # Suffix** or Press ENTER for Same/No Change    (House #)  (House #)SUF (Street Name)    (Unit Designation)                    (City),  (State)    (Zipcode) Phy des:(Physical Description)  GQ unit:   (GQ Unit Description) Non-City: (Non-city address)Building: (Building Name) | Goto NADDST3 |
| FRONT | NADDST3 | Enter corrections  for **Street Name** or Press ENTER for Same/No Change  (House #)  (House #)SUF (Street Name)    (Unit Designation)                    (City),  (State)    (Zipcode)Phy des: (Physical Description) GQ unit:(GQ Unit Description) Non-City:(Non-city address)Building: (Building Name) | Goto NADDST4 |
| FRONT | NADDST4 | Enter corrections  for **Unit Designation** or Press ENTER for Same/No Change                 (House #)  (House #)SUF (Street Name)    (Unit Designation)                  (City),  (State)    (Zipcode)Phy des:   (Physical Description) GQ unit:  (GQ Unit Description)  Non-City:(Non-city address)Building:(Building Name) | IF FRAME = 3 or RT25.GQINAREA = 1 then goto NADDST5 ELSE goto NADDST6 |
| FRONT | NADDST5 | Enter corrections  for Group Quarters **Unit Description** or Press ENTER for Same/No Change (House #)  (House #)SUF (Street Name)    (Unit Designation)                  (City),  (State)    (Zipcode)Phy des: (Physical Description) GQ unit:  (GQ Unit Description) Non-City:(Non-city address)Building: (Building Name) | Goto NADDST6 |
| FRONT | NADDST6 | Enter corrections  for **Non City Style Address** or Press ENTER for Same/No Change (House #)  (House #)SUF (Street Name)    (Unit Designation)                  (City),  (State)    (Zipcode)Phy des: (Physical Description) GQ unit:(GQ Unit Description) Non-City: (Non-city address) Building:  (Building Name) | Goto NADDPHYS |
| FRONT | NADDPHYS | Enter corrections for **Physical Description** or Press ENTER for Same/No Change   (House #)  (House #)SUF (Street Name)    (Unit Designation)                  (City),  (State)    (Zipcode)Phy des: (Physical Description)      GQ unit:  (GQ Unit Description)   Non-City:(Non-city address)Building:  (Building Name) | Goto NADDCT |
| FRONT | NADDCT | Enter corrections  for **City** or Press ENTER for Same/No Change        (House #)  (House #)SUF (Street Name)    (Unit Designation)                  (City),  (State)    (Zipcode)Phy des: (Physical Description)    GQ unit: (GQ Unit Description)    Non-City: (Non-city address)Building:  (Building Name) | Goto NADDST |
| FRONT | NADDST | ? [F1]Enter corrections  for **State** or Press ENTER for Same/No Change  (House #)  (House #)SUF (Street Name)    (Unit Designation)                  (City),  (State)    (Zipcode)Phy des: (Physical Description)      GQ unit:  (GQ Unit Description) Non-City: (Non-city address)Building:(Building Name) | Goto NADDZP |
| FRONT | NADDZP | Enter corrections  for **Zipcode** or Press ENTER for Same/No Change  (House #)  (House #)SUF (Street Name)    (Unit Designation)                  (City),  (State)    (Zipcode)Phy des: (Physical Description) GQ unit: (GQ Unit Description)   Non-City:(Non-city address)Building: (Building Name) | ELSE goto NADDBUIL |
| FRONT | NADDBUIL | Enter corrections  for **Building Name** or Press ENTER for Same/No Change   (House #)  (House #)SUF (Street Name)    (Unit Designation)                  (City),  (State)    (Zipcode)Phy des:(Physical Description)GQ unit:(GQ Unit Description)  Non-City: (Non-city address)Building: (Building Name) | Goto CK\_ADDRESS |
| FRONT | MAILAD | **(Is this also your mailing address?/I have your mailing address as \*READ ADDRESS BELOW. Is that correct?)** (Mailing address entries / physical address entries)  1. Yes 2. No | 1: Goto PHONENUM  2: Goto NMAILST1 |
| FRONT | NMAILST1 | Enter change to Mailing address - **House #** or Press ENTER for Same/No Change Address:                                               Mailing Address:                                                (House #) (House #)SUF  (Street Name)             (House #)  (House #)SUF  (Street Name) (Unit Designation)                                         (Unit Designation) (City), (State) (Zipcode)   (City), (State) (Zipcode)Phys des:(Physical Description) GQ unit:(GQ Unit Description)                      GQ unit:(GQ Unit Description) Non-Cty: (Non-city address)                    Non-city:(Non City Address) Building: (Building Name) | Goto NMAILST2 |
| FRONT | NMAILST2 | Enter change to Mailing address - **House #  suffix** or Press ENTER for Same/No Change Address:                                             Mailing Address:                                                (House #) (House #)SUF  (Street Name)           (House #)  (House #)SUF  (Street Name) (Unit Designation)                                       (Unit Designation) (City), (State) (Zipcode)                                    (City), (State) (Zipcode) Phys des:   (Physical Description)                           GQ unit:    (GQ Unit Description)                   GQ unit:     (GQ Unit Description) Non-Cty:   (Non-city address)                  Non-city:    (Non City Address) Building:    (Building Name) | Goto NMAILST3 |
| FRONT | NMAILST3 | Enter change to Mailing address - **Street Name** or Press ENTER for Same/No ChangeAddress:                                       Mailing Address:                                                (House #) (House #)SUF  (Street Name)      (House #)  (House #)SUF  (Street Name) (Unit Designation)                                  (Unit Designation) (City), (State) (Zipcode)                               (City), (State) (Zipcode) Phys des:   (Physical Description)                           GQ unit:    (GQ Unit Description)                   GQ unit:     (GQ Unit Description) Non-Cty:   (Non-city address)                  Non-city:    (Non City Address) Building:    (Building Name) | Goto NMAILST4 |
| FRONT | NMAILST4 | Enter change to Mailing address - **Unit Designation** or Press ENTER for Same/No ChangeAddress:                                       Mailing Address:                                                (House #) (House #)SUF  (Street Name)      (House #)  (House #)SUF  (Street Name) (Unit Designation)                                  (Unit Designation) (City), (State) (Zipcode)                               (City), (State) (Zipcode) Phys des:   (Physical Description)                           GQ unit:    (GQ Unit Description)            GQ unit:     (GQ Unit Description) Non-Cty:   (Non-city address)           Non-city:    (Non City Address) Building:    (Building Name) | IF FRAME = 3 OR RT25.GQINAREA = 1 then goto NMAILST5 ELSE goto NMAILST6 |
| FRONT | NMAILST5 | Enter change to Mailing address - **GQ Unit Description** or Press ENTER for Same/No ChangeAddress:  Mailing Address: (House #) (House #)SUF  (Street Name)            (House #)  (House #)SUF  (Street Name) (Unit Designation)                                        (Unit Designation)  (City), (State)  (Zipcode)                                    (City), (State) (Zipcode) Phys des:   (Physical Description)                                    GQ unit:   ^MGQUNITINFO                  GQ unit:  (GQ Unit Description) Non-Cty:  (Non-city address)                    Non-city:  (Non City Address) Building:   (Building Name) | Goto NMAILST6 |
| FRONT | NMAILST6 | Enter change to Mailing address - **Non-City Style Address** or Press ENTER for Same/No ChangeAddress:                                       Mailing Address:                                                (House #) (House #)SUF  (Street Name)      (House #)  (House #)SUF  (Street Name) (Unit Designation)                                  (Unit Designation) (City), (State) (Zipcode)                               (City), (State) (Zipcode) Phys des:   (Physical Description)                           GQ unit:    (GQ Unit Description)            GQ unit:     (GQ Unit Description) Non-Cty:   (Non-city address)           Non-city:    (Non City Address) Building:    (Building Name) | goto NMAILCT |
| FRONT | NMAILCT | Enter change to Mailing address - **City** or Press ENTER for Same/No ChangeAddress:                                       Mailing Address:                                                (House #) (House #)SUF  (Street Name)      (House #)  (House #)SUF  (Street Name) (Unit Designation)                                  (Unit Designation) (City), (State) (Zipcode)                               (City), (State) (Zipcode) Phys des:   (Physical Description)                           GQ unit:    (GQ Unit Description)            GQ unit:     (GQ Unit Description) Non-Cty:   (Non-city address)           Non-city:    (Non City Address) Building:    (Building Name) | Goto NMAILST |
| FRONT | NMAILST | ? [F1]Enter change to Mailing address -**State** or Press ENTER for Same/No ChangeAddress:                                       Mailing Address:                                                (House #) (House #)SUF  (Street Name)      (House #)  (House #)SUF  (Street Name) (Unit Designation)                                  (Unit Designation) (City), (State) (Zipcode)                               (City), (State) (Zipcode) Phys des:   (Physical Description)                           GQ unit:    (GQ Unit Description)            GQ unit:     (GQ Unit Description) Non-Cty:   (Non-city address)           Non-city:    (Non City Address) Building:    (Building Name) | Goto NMAILZP1 |
| FRONT | NMAILZP1 | Enter change to Mailing address - **Zipcode** or Press ENTER for Same/No ChangeAddress:                                       Mailing Address:                                                (House #) (House #)SUF  (Street Name)      (House #)  (House #)SUF  (Street Name) (Unit Designation)                                  (Unit Designation) (City), (State) (Zipcode)                               (City), (State) (Zipcode) Phys des:   (Physical Description)                           GQ unit:    (GQ Unit Description)            GQ unit:     (GQ Unit Description) Non-Cty:   (Non-city address)           Non-city:    (Non City Address) Building:    (Building Name) | goto CL\_MAILADDRESS |
| FRONT | PHONENUMBER | Ask or verify, if necessary. **What is your telephone number?** Enter phone number or 0 for None | goto PHONENUMBER2 |
| FRONT | PHONENUMBER2 | Ask or verify, if necessary. **Do you have another phone number where I can reach you?** Enter phone number or 0 for None | goto EMAILADDRESS |
| FRONT | EMAILADDRESS | Ask or verify, if necessary **Can I have your e-mail address?** Enter E-Mail or press ENTER for None/Same | Exit block and goto BCOVERAGE |
| COVERAGE | NONTYP | What type of non-interview do you have?        Type A = No one home, Temporarily absent, or refusal        Type B = Vacant, under construction, occupied by persons with URE        Type C = Demolished, house moved, merged, condemned, located on base, CU moved 1. TYPE A 2. TYPE B 3. TYPE C | 1: Goto TYPEA  2: Goto TYPEB  3: Goto TYPEC |
| COVERAGE | TYPEA | Enter TYPE A noninterview 1. No one home 2. Temporarily Absent 3. Refused 4. Other Type A -specify | 1,2: IF RT2501.URRAL = R and (RT2501.FRAME ne 3 or RT2501.GQTYPE = 901 or 903) AND (REPLACE = 1 or ( (INTNMBR = 1 or NEWCU = 1) AND NEWUNIT ne S) then goto FM\_SALES  ELSEIF ( (INTNMBR = 1 or \_NEWCU\_ = 1) and NEWUNIT ne S) then goto GQ\_UNIT  ELSE goto RACETYP  3: Goto REF\_RSN 4: goto TYPEASP |
| COVERAGE | TYPEASP | Specify other TYPE A | IF RT2501.URRAL = R and (RT2501.FRAME ne 3 or RT2501.GQTYPE = 901 or 902) AND (REPLACE = 1 or ( (INTNMBR = 1 or \_NEWCU\_ = 1) AND NEWUNIT ne S) then goto FM\_SALES  ELSEIF ( (INTNMBR = 1 or \_NEWCU\_ = 1) and NEWUNIT ne S) then goto GQ\_UNIT  ELSE goto RACETYP |
| COVERAGE | REF\_RSN | Enter type of refusal 1. Hostile Respondent 2. Time Related Excuses 3. Language Problems 4. Other Refusal - specify | 1-3: IF RT2501.URRAL = R and (RT2501.FRAME ne 3 or RT2501.GQTYPE = 901 or 902) AND (REPLACE = 1 or ( (INTNMBR = 1 or \_NEWCU\_ = 1) AND NEWUNIT ne S) then goto FM\_SALES  ELSEIF ( (INTNMBR = 1 or \_NEWCU\_ = 1) and NEWUNIT ne S) then goto GQ\_UNIT  ELSE goto RACETYP  4: Goto REASON\_S |
| COVERAGE | REASON\_S | Specify type of refusal | IF RT2501.URRAL = R and (RT2501.FRAME ne 3 or RT2501.GQTYPE = 901 or 902) AND (REPLACE = 1 or ( (INTNMBR = 1 or \_NEWCU\_ = 1) AND NEWUNIT ne S) then goto FM\_SALES  ELSEIF ( (INTNMBR = 1 or \_NEWCU\_ = 1) and NEWUNIT ne S) then goto GQ\_UNIT  ELSE goto RACETYP |
| COVERAGE | TYPEB | Enter TYPE B noninterview 1. Vacant (for rent) 2. Vacant (for sale) 3. Vacant (other) 4. Occupied by persons with URE 5. Under construction, not ready 6. All persons under 16 7. Unfit or to be demolished 8. Unoccupied tent or trailer site 9. Permit granted, construction not started 10. Other Type B -specify | 1,2,4-7: IF ( (INTNMBR = 1 or \_NEWCU\_ = 1) and NEWUNIT ne S) then goto GQ\_UNIT  ELSE goto BCONTACT.BYOBS  3: Goto VACANT\_S  8,9: Goto BCONTACT.BYOBS  10: Goto TYPEB\_SP |
| COVERAGE | TYPEB\_SP | Specify other TYPE B | IF ((INTNMBR = 1 or \_NEWCU\_ = 1) and NEWUNIT ne S) then goto GQ\_UNIT  ELSE goto BCONTACT.BYOBS |
| COVERAGE | VACANT\_S | Specify type of vacant | IF ((INTNMBR = 1 or \_NEWCU\_ = 1) and NEWUNIT ne S) then goto GQ\_UNIT  ELSE goto BCONTACT.BYOBS |
| COVERAGE | TYPEC | Enter TYPE C noninterview  1. Demolished 2. House or Mobile Home moved 3. Converted to permanent nonresidential use 4. Merged with units in the same structure 5. Condemned 6. Located on military base (post) 7. Unused serial # on listing sheet 8. CU moved 9. CU merged with another CE CU within same address 10. Spawned in error 11. Unlocatable Sample Address 12. Unit does not exist or Unit is out of scope 13. Other type C - specify | 1,2,4-6,8-9: Goto BContact.BYOBS  3,7,10,12: Goto END\_COVERAGE  11: goto END\_COVERAGE  13: Goto TYPEC\_SP |
| COVERAGE | TYPEC\_SP | Specify other TYPE C | Goto BContact.BYOBS |
| COVERAGE | FM\_SALES | **During the past 12 months did sales of crops, livestock, and other farm products from this place amount to $1,000 or more?**  1. Yes 2. No | Goto GQ\_UNIT |
| COVERAGE | GQ\_UNIT | Indicate if the unit is:  1. In a Group Quarters 2. NOT in a Group Quarters | 1: Goto HUTYPE  2,DK: IF FRAME ne 3 then goto DIRACC  ELSE goto HUTYPE |
| COVERAGE | DIRACC | Indicate if access to the household is:  1. Direct 2. Through another unit | 1: Goto HUTYPE  2,DK: Goto MERGUA |
| COVERAGE | MERGUA | ? [F1] **Is this a merged unit?**  1. Merged 2. Not Merged | 1,DK: Goto HUTYPE  2: Goto CK\_MERGUA |
| COVERAGE | HUTYPE | Enter type of Housing Unit.  1. House, apartment, flat 2. HU in non-transient hotel, motel, etc 3. HU permanent in transient hotel, motel, etc. 4. HU in rooming house 5. Mobile home or trailer with no permanent room added 6. Mobile home or trailer with one or more permanent rooms added 7. HU not specified above 8. Quarters not HU in rooming or boarding house 9. Students quarters in college dormitory 10. Group Quarters unit not specified above | 1-6,8,9,DK: Goto UNISTRQ  7,10: IF TYPEB ne 8 then goto HUTYPESP  ELSE goto UNISTRQ |
| COVERAGE | HUTYPESP | Enter other type of housing unit | Goto UNISTRQ |
| COVERAGE | UNISTRQ | Ask if not apparent **How many housing units, both occupied and vacant, are there in this structure?**  1. Only Group Quarters units 2. Mobile home or trailer 3. One, detached 4. One, attached 5. 2 6. 3 - 4 7. 5 - 9 8. 10 - 19 9. 20 - 49 10. 50 or more | IF NONTYPE = 2 (type b) then goto BYOBS ELSEIF NONTYP = 1 then goto RACETYP ELSE goto END\_COVERAGE |
| COVERAGE | BYOBS | Did you classify this unit by observation only?PREVIOUS OBSERVATION:  (YES/NO) 1. Yes 2. No | 1: Exit block and goto END\_COVERAGE  2: Goto CP1NAME |
| COVERAGE | CP1NAME | Enter contact person name          Press enter if no change is needed  PREVIOUS NAME:   (Previous Contact Persons Name) | Goto CP1TITL |
| COVERAGE | CP1TITL | Enter  contact person title           Press enter if no change is needed  PREVIOUS TITLE:  (Title) | Goto PHON |
| COVERAGE | PHON | Enter contact person phone number and extension             Press enter if no change is needed        PREVIOUS  PHONE NUMBER: (Previous phone)        PREVIOUS EXTENSION: (Previous extension) | goto CP1ADD1 |
| COVERAGE | CP1ADD1 | Enter contact person street address         Press enter if no change is needed  PREVIOUS ADDRESS:  (Previous address)                                         (previous address - 2nd line)                                         (Previous city)    (previous state)   (previous zipcode)  - (previous zipcode extension) | Goto CP1ADD2 |
| COVERAGE | CP1ADD2 | Enter contact person second line of address, if necessary         Press enter if no change is needed    PREVIOUS ADDRESS:  (Previous address)                                            (previous address - 2nd line)                                         (Previous city)    (previous state)  (previous zipcode)  - (previous zipcode extension) | Goto CP1PO |
| COVERAGE | CP1PO | Enter town or city         Press enter if no change is needed    PREVIOUS ADDRESS:  (Previous address)                                            (previous address - 2nd line)                                            (Previous city)    (previous state)   (previous zipcode) - (previous zipcode extension) | Goto CP1ST |
| COVERAGE | CP1ST | ? [F1] Enter state        Press enter if no change is needed    PREVIOUS ADDRESS:  (Previous address)                                            (previous address - 2nd line)                                            (Previous city)    (previous state)   (previous zipcode) - (previous zipcode extension) | goto CP1ZIP9 |
| COVERAGE | CP1ZIP9 | Enter zipcode       Press enter if no change is needed       PREVIOUS ADDRESS:  (Previous address)                                          (previous address - 2nd line)                                          (Previous city)    (previous state)   (previous zipcode) - (previous zipcode extension) | exit block and goto END\_COVERAGE |
| COVERAGE | RACETYP | The items below are required information for all TYPE A cases.Race code  1. White 2. Black or African American 3. American Indian or Alaska native 4. Asian 5. Native Hawaiian 6. Guamanian or Chamorro 7. Samoan 8. Other Pacific Islander 9. Other | Goto HH\_MEMQ |
| COVERAGE | HH\_MEMQ | The items below are required information for all TYPE A cases.Number of household members: | Goto TENURE |
| COVERAGE | TENURE | The items below are required information for all TYPE A cases.Tenure code 1. Owned 2. Rented | 1,2: Goto HHQSRCE  DK,RF: Goto BUILD\_A |
| COVERAGE | BUILD\_A | Which best describes this building? 1. Single family detached 2. Townhouse - inner unit 3. End row or end townhouse 4. Duplex 5. 3-plex or 4-plex 6. Garden 7. High-rise 8. Apartment or flat 9. Mobile home or trailer 10. College dormitory | Goto HHQSRCE |
| COVERAGE | HHQSRCE | What was the source of the information for the household            characteristics?Enter all that apply, separate with commas 1. Observation 2. Neighbor 3. Building Manager 4. Other (Specify) | 1-3: IF TYPE A (outcome is 321-324) then goto REF\_SEX  ELSE goto END\_COVERAGE  4: Goto HHQ\_SP |
| COVERAGE | HHQ\_SPECIFY | Specify other source of information | IF Type A (outcome is 321-324) then goto REF\_SEX ELSE goto END\_COVERAGE |
| COVERAGE | REF\_SEX | Provide the characteristics of the individual who refused to participate.  Sex of  individual       1. Male 2. Female | Goto REF\_RACE |
| COVERAGE | REF\_RACE | Provide the characteristics of the individual who     refused to participate.Race of individual 1. White 2. Black or African American 3. American Indian or Alaska native 4. Asian 5. Native Hawaiian 6. Guamanian or Chamorro 7. Samoan 8. Other Pacific Islander 9. Other | Goto REF\_AGED |
| COVERAGE | REF\_AGED | Provide the characteristics of the individual who     refused to participate.  Approximate age of individual 1. Under 20 2. 21 - 50 3. 51 - 74 4. 75 or older | Goto END\_COVERAGE |
| DEMOGRAPHICS | STLLIV | **I have listed . . . .** READ NAMES **^These\_this (person/people) still living or staying here?  (This case is part of a Multi-CU address. There are (number) CU's for this address)  (Lis tof persons in the household)**  1. Yes 2. No | Goto TUNIT1 Block - PERSTAT |
| DEMOGRAPHICS | PERSTAT | (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     7. Delete person 8. CU member deceased 9. Reinstate person 99. Error - Person should not have been listed |  |
| DEMOGRAPHICS | FNAME | **(What is the name of the next person living or staying here?/What are the names of all persons living or staying here?)**Enter 999 if no more persons. | 16 characters: Goto LNAME  999: exit block and goto CHECKS |
| DEMOGRAPHICS | LNAME | Enter Last Name | Goto CU\_CODE |
| DEMOGRAPHICS | CU\_CODE | Ask if not apparent **What is (your/NAME's) relationship to (you/the owner/renter/name of reference person)?** If this is the Reference Person, enter 1             (The Reference person is one of the persons who owns or rents this home.)  1. Reference person 2. Spouse (Husband/Wife) 3. Child or adopted child 4. Grandchild 5. In-Law 6. Brother or Sister 7. Mother or Father 8. Other related person (Aunt, Uncle, etc.) 9. Unrelated Person (Lodger, Lodger's spouse, foster child, etc.) 10. Unmarried Partner | goto SEX |
| DEMOGRAPHICS | SEX | Ask if not apparent **Is ^NAME male or female?**  1. Male 2. Female | 1,DK,RF: Goto AWAY\_COL  2: goto AWAY\_COL |
| DEMOGRAPHICS | AWAY\_COL | Ask if not apparent                      **Is ^NAME living away at college?**  1. Yes 2. No | 1: IF CU\_CODE = 1 then goto CK\_AWAYCOL  ELSE goto HH\_MEM  2,DK,RF,EMPTY: Goto HH\_MEM |
| DEMOGRAPHICS | HH\_MEM | **Does ^NAME usually live here?**Probe if usual place of residence is elsewhere. 1. Yes 2. No | 1,DK,RF,EMPTY: Goto next line of grid  2: goto next line of grid |
| DEMOGRAPHICS | HHRESP | Ask if necessary **With whom am I speaking?** Enter line number 1. NAME[1] 2. NAME[2] 3. NAME[3] 4. NAME[4] 5. NAME[5] 6. NAME[6] 7. NAME[7] 8. NAME[8] 9. NAME[9] 10. NAME[10] 11. NAME[11] 12. NAME[12] 13. NAME[13] 14. NAME[14] 15. NAME[15] 16. NAME[16] 17. NAME[17] 18. NAME[18] 19. NAME[19] 20. NAME[20] 21. NAME[21] 22. NAME[22] 23. NAME[23] 24. NAME[24] 25. NAME[25] 26. NAME[26] 27. NAME[27] 28. NAME[28] 29. NAME[29] 30. NAME[30] 95. Proxy Respondent | IF ((INTNMBR = 1 or NEWCU = 1) and NEWUNIT ne 5) OR REPLACE = 1 AND NROSIZE less than 30 then goto MLIVE  ELSEIF ((INTNMBR = 1 or NEWCU = 1) and NEWUNIT ne 5) OR REPLACE = 1 AND NROSIZE eq 30 then exit block and goto BSUBFAMILY, BSFMAKEUP or TUNIT2 as appropriate   ELSE goto NEWLIV |
| DEMOGRAPHICS | MLIVE | **So I have listed (Number of people in the household) (person/people) living or staying here now.**      (Lis tof persons in the household) **Is there anyone else living or staying here now - any babies, small children, non-relatives or anyone else?** Please verify that the information on this screen is correct.  1. Yes 2. No | 1: Go back to where FNAME = 999  2,DK,RF: Exit block and goto BSUBFAMILY, BSFMAKEUP or TUNIT2 as appropriate |
| DEMOGRAPHICS | NEWLIV | **Is anyone else living or staying here, including newborn babies?** (Lis tof persons in the household) 1. Yes, add new person 2. No | 1: Go back to where FNAME = 999  2: Exit block and goto BSUBFAMILY, BSFMAKEUP or TUNIT2 as appropriate |
| DEMOGRAPHICS | SUBFAM1 | **Earlier you said that ^NAME was not related to (Name of reference person).  Is ^NAME related to anyone else in this household?**  1. Yes 2. No | 1: Goto SUBFAM2  2: IF no more non-rels then goto SET\_SUBFAMS  ELSE goto SUBFAM1 for next unassigned non-rel |
| DEMOGRAPHICS | SUBFAM2 | **Who is ^NAME related to?**    PROBE: **Anyone else?**          Enter line number(s), separate with commas  1. ^NAME[1] 2. ^NAME[2] 3. ^NAME[3] 4. ^NAME[4] 5. ^NAME[5] 6. ^NAME[6] 7. ^NAME[7] 8. ^NAME[8] 9. ^NAME[9] 10. ^NAME[10] 11. ^NAME[11] 12. ^NAME[12] 13. ^NAME[13] 14. ^NAME[14] 15. ^NAME[15] 16. ^NAME[16] 17. ^NAME[17] 18. ^NAME[18] 19. ^NAME[19] 20. ^NAME[20] 21. ^NAME[21] 22. ^NAME[22] 23. ^NAME[23] 24. ^NAME[24] 25. ^NAME[25] 26. ^NAME[26] 27. ^NAME[27] 28. ^NAME[28] 29. ^NAME[29] 30. ^NAME[30] | IF no more non-rels then goto SET\_SUBFAMS  ELSE goto SUBFAM, for next unassigned non-rel |
| DEMOGRAPHICS | SHELTX | (Begin financial responsibility questions to determine CU's) **(Do/Does)** (READ NAMES) **pay for all ^yourhishertheir housing   expenses with ^yourhishertheir own money?** (subfamily names) 1. Yes 2. No | Goto FOODX |
| DEMOGRAPHICS | FOODX | **(Do/Does)**(READ NAMES)**pay for all (your/his/her/their) food           expenses with (your/his/her/their) own money?                                    (subfamily names)**  1. Yes 2. No | 1: IF SHELTX = 1 and there are no more subfams then goto UPDATE\_SUBFAM  ELSEIF SHELTX = 1 then goto SHELTX for next subfam  ELSE goto OTHERX  2,DK,RF: Goto OTHERX |
| DEMOGRAPHICS | OTHERX | **(Do/Does)** (READ NAMES) **pay for all (your/his/her/their) other       living expenses such as clothing, transportation,           etc., with (your/his/her/their) own money?   (subfamily names)**  1. Yes 2. No | 1: IF SHELTX = 1 OR FOODX = 1 AND there are no more subfamiles then goto UPDATE\_SUBFAM  ELSEIF SHELTX = 1 OR FOODX = 1 then goto SHELTX for next subfamily  ELSE goto SUPSRC  2,DK,RF: Goto SUPSRC |
| DEMOGRAPHICS | SUPSRC | **Does all or part of the money to pay for** (READ NAMES) **^description come from someone  in this household?  (subfamily names)**  1. Yes 2. No | 1: Goto SUPRT1  2,DK,RF: IF no more subfamilies then goto UPDATE\_SUBFAM  ELSE goto SHELTX for next subfamily |
| DEMOGRAPHICS | SUPRT1 | **Who is that person(s)?**     Enter line number(s), separate with commas  1. ^NAME[1] 2. ^NAME[2] 3. ^NAME[3] 4. ^NAME[4] 5. ^NAME[5] 6. ^NAME[6] 7. ^NAME[7] 8. ^NAME[8] 9. ^NAME[9] 10. ^NAME[10] 11. ^NAME[11] 12. ^NAME[12] 13. ^NAME[13] 14. ^NAME[14] 15. ^NAME[15] 16. ^NAME[16] 17. ^NAME[17] 18. ^NAME[18] 19. ^NAME[19] 20. ^NAME[20] 21. ^NAME[21] 22. ^NAME[22] 23. ^NAME[23] 24. ^NAME[24] 25. ^NAME[25] 26. ^NAME[26] 27. ^NAME[27] 28. ^NAME[28] 29. ^NAME[29] 30. ^NAME[30] | IF no more subfamilies then goto UPDATE\_SUBFAM   ELSE goto SHELTX for next subfamily |
| DEMOGRAPHICS | CONSUMER\_UNITS | HOUSEHOLD MEMBERS BROKEN INTO APPROPRIATE CU'S       (List CU#, Line number, and name)  1. Enter 1 to Continue | Goto CU\_INTRO |
| DEMOGRAPHICS | 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.**  A "household" is considered one Consumer Unit **The (person/ persons) I'm including  in your  household  (are/is)** (READ NAME(S))      **(Names of Cu members)**  1. Enter 1 to Continue | Goto TUNIT2 block |
| DEMOGRAPHICS | AGE1 | **As of today, how old (are/is) (You/NAME)?** | DK,RF: Goto AGE2  0-109: IF AGE = 13,15,61 or 64 then goto AGESPEC  ELSE goto HORIGIN  110-200: Goto CK\_AGE1 |
| DEMOGRAPHICS | AGESPEC | **Some questions are only asked for household members of a certain age.  In what month and year will (You/NAME) be (14/16/62/65) years old?**    Enter month and year when household member will turn (14/16/62/65) | IF before current month and year then goto VERIFY\_AGE  ELSE goto HORIGIN |
| DEMOGRAPHICS | AGE2 | Ask if necessary **(Are/Is) (you/he/she) under 16?**  1. Yes 2. No | Goto HORIGIN |
| DEMOGRAPHICS | HORIGIN | 2 **(Are/Is) (You/NAME) Hispanic, Latino, or Spanish?**  1. Yes 2. No | 1: Goto HISPANIC  2,DK,RF: Goto MULTRACE |
| DEMOGRAPHICS | HISPANIC | 2 **(Are/Is) (You/NAME) -** Examples of "other" include - Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard 1. Mexican? 2. Mexican-American? 3. Chicano? 4. Puerto Rican? 5. Cuban? 6. Other (Specify) | 1-5,DK,RF: Goto MULTRACE  6: Goto HISPOTH |
| DEMOGRAPHICS | HISPOTH | Specify: | Goto MULTRACE |
| DEMOGRAPHICS | MULTRACE | 2 **What is (your/NAME's) race?** Probe if necessary              Enter all that apply, separate with commas              Examples of "Other Pacific Islander" include - Fijian, Tongan  1. White 2. Black or African American 3. American Indian or Alaska native 4. Asian 5. Native Hawaiian 6. Guamanian or Chamorro 7. Samoan 8. Other Pacific Islander 9. Other Specify 10. Don't Know | 1-3,5,8,10,RF: IF AGE ge 14 OR AGERNG = 8 or 9 then goto MARITAL  ELSE goto Next Person  4: Goto ASIAN  9: Goto RACESP |
| DEMOGRAPHICS | ASIAN | 2 **(Are/Is) (You/NAME) -** Examples of "other" include - Hmong, Laotian, Thai, Pakistani, Cambodian  1. Chinese? 2. Filipino? 3. Japanese? 4. Korean? 5. Vietnamese? 6. Asian Indian? 7. Other (Specify) | 1-6,DK,RF: IF AGE ge 14 OR (AGERNG = 8 or 9) then goto MARITAL  ELSE goto Next Person  7: Goto ASIANOTH |
| DEMOGRAPHICS | ASIANOTH | Specify: | IF AGE ge 14 OR (AGERNG = 8 or 9) then goto MARITAL ELSE goto Next Person |
| DEMOGRAPHICS | RACESP | Specify other race | IF AGE ge 14 OR (AGERNG = 8 or 9) then goto MARITAL ELSE goto Next Person |
| DEMOGRAPHICS | MARITAL | Ask if not apparent    **(Are/Is) ^YOUNAME -**  1. Married? 2. Widowed? 3. Divorced? 4. Separated? 5. Never married? | IF AGE ge 14 or (AGERNG = 8 or 9) then goto EDUCA ELSE goto BIRTH\_MO for next member |
| DEMOGRAPHICS | EDUCA | 3 **What is the highest level of school (you have/ (Name) has) completed or the highest degree (you have/ (Name) has) received?**  1. No schooling completed, or less than 1 year 2. Nursery, kindergarten, and elementary (grades 1-8) 3. High school (grades 9-12, no degree) 4. High school graduate - high school diploma or the equivalent (GED) 5. Some college but no degree 6. Associate's degree in college 7. Bachelor's degree (BA, AB, BS, etc.) 8. Master's, professional, or doctorate degree (MA, MS, MBA, MD, JD, PhD, etc.) | 1-3,DK,RF: IF AGE = 16-65 or (AGERNG = 8 or 9) then goto ARM\_FORC  ELSE goto next member  4-8: Goto IN\_COLL |
| DEMOGRAPHICS | IN\_COLL | **(Are/Is) (You/NAME) currently enrolled in a college or university either -**  1. Full-time? 2. Part-time? 3. Not at all? | IF AGE = 16-65 or (AGERNG = 8 or 9) then goto ARM\_FORC ELSE goto next member |
| DEMOGRAPHICS | ARM\_FORC | 3    ? [F1] **(Are/Is) (You/NAME) now in the Armed Forces?**  1. Yes 2. No | IF this is the last person then goto CHECKS2 ELSE goto the next person |
| DEMOGRAPHICS | DEBT40 | **After completing the last interview in (reference month), we gave you the PIN for a $40 debit card. Did you have any problems using that card?** Enter all that apply, separate with commas  0. No problems 1. Have not received the card 2. Have not used the card 3. ATM did not accept the debit card 4. Store did not accept the debit card 5. Forgot PIN 6. PIN did not work 7. Instructions were not clear 8. Instructions were lost 9. Lost or misplaced debit card 10. Other - specify 11. Don’t know | IF (DEBT40[1]=0, 1, 2 or 9) and (DEBT40[2] = 0-11 then goto CK\_DEBT40  ELSEIF ANY DEBT40[2-8] = 0, 1, 2 or 9 then goto CK\_DEBT40  ELSEIF 10 selected then goto DEBT40SP  ELSEIF 8500.PIN\_FLAG = 1 then goto DEBT20  ELSE goto CEINTRO |
| DEMOGRAPHICS | DEBT40SP | Specify | IF 8500.PIN\_FLAG = 1 then goto DEBT20  ELSE goto CEINTRO |
| DEMOGRAPHICS | DEBT20 | **After the last interview in (reference month), we sent you a debit card for $20. Did you have any problems using that card?** Enter all that apply, separate with commas  0. No problems 1. Have not received the card 2. Have not used the card 3. ATM did not accept the debit card 4. Store did not accept the debit card 5. Forgot PIN 6. PIN did not work 7. Instructions were not clear 8. Instructions were lost 9. Lost or misplaced debit card 10. Other - specify 11. Don’t know | IF (DEBT20[1]=0, 1, 2 or 9) and (DEBT20[2] = 0-11  then goto CK\_DEBT20  ELSEIF ANY DEBT20[2-8] = 0, 1, 2 or 9 then goto CK\_DEBT20  ELSEIF 10 selected then goto DEBT20SP  ELSEIF 1 or 9 is selected then goto NOTRCV20  ELSE goto CEINTRO |
| DEMOGRAPHICS | DEBT20SP | Specify | Goto CEINTRO |
| DEMOGRAPHICS | NOTRCV20 | **I'm sorry that (the original debit card we sent you was misplaced/you have not received the card). We will send you a replacement card in the amount of $20 as soon as possible. If the original card (arrives/is found), please destroy it since we will be deactivating it.**   1. Enter 1 to Continue | Goto RCRDNM20 |
| DEMOGRAPHICS | RCRDNM20 | **Who would you like the replacement card addressed to?** | Goto CEINTRO |
| DEMOGRAPHICS | CE\_INTRO | **As we start, please understand that we ask the same topics 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 three months, that is, from the 1st day of (reference 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. (Please do not include any purchases made with the debit (card/cards) we have sent you.)**  1. Enter 1 to Continue | Goto BUSCREEN |
| DEMOGRAPHICS | BUSCREEN | **Since the first of (reference month), have (you/you or any members of your household) had any expenses that will be reimbursed or deducted as business expenses?**  1. Yes 2. No | 1,DK,RF: Goto BUSXPNSE  2: Exit block and goto BSECT01 |
| DEMOGRAPHICS | BUSXPNSE | **For certain topics, such as housing, utilities, or vehicles, I will ask you to estimate how much of the expense was or will be deducted as a business expense.**  1. Enter 1 to Continue | Exit block and goto BSECT01 |
| 01B | ST\_HOUS | Ask if not apparent. **Are these living quarters presently used as student housing by a  college or university?**   1. Yes 2. No | IF COVERAGE.UNISTRQ = 2 or 3 OR (8500.UNISTRQ = 2 or 3) then goto ROOMSQ  ELSE goto BUILDING |
| 01B | BUILDING | 4    ? [F1]Ask if not apparent by observation **Which best describes this building?**  1. Single family detached 2. Row or townhouse - inner unit 3. End row or end townhouse 4. Duplex 5. 3-plex or 4-plex 6. Garden 7. High-rise 8. Apartment or flat 9. Mobile home or trailer 10. College dormitory 11. Other - Specify | 1-9,DK,RF: Goto ROOMSQ  10: goto S1B\_END  11: Goto BUILDOTH |
| 01B | BUILDOTH | Specify: | Goto ROOMSQ |
| 01B | ROOMSQ | **How many ROOMS are there in this unit, including all finished living areas and excluding all bathrooms?** | 1-30,DK,RF: Goto BEDROOMQ  31-99: Goto ERR1\_ROOMSQ |
| 01B | BEDROOMQ | **How many BEDROOMS are there in this unit?** Count all rooms used mainly for sleeping, even if also used for other purposes. | Goto BATHRMQ |
| 01B | BATHRMQ | **How many COMPLETE bathrooms are there in this unit?**A complete bathroom has a toilet, a bathtub or shower, and a sink,         all with running water. | Goto HLFBATHQ |
| 01B | HLFBATHQ | **How many HALF bathrooms are there in this unit?**A half bathroom has at least a toilet or bathtub or shower, but          does not have all the facilities of a complete bathroom. | Goto S1B\_END |
| 02 | STLRENT | **Last time (you/your household) reported renting these living quarters.   Do you still rent?**  1. Yes 2. No 3. No -Buying the sample unit | 1,DK,RF: Goto RENTED  2: Goto RTASPAY  3: IF 8500.UNITFEAT = EMPTY then goto UNITFEAT  ELSEIF 8500.YRBUILT = EMPTY then goto YRBUILT  ELSE exit block and goto Section 3 |
| 02 | OWNED | **Do you own this home?**Include households with mortgages as owners. 1. Yes 2. No | 1: IF 8500.UNITFEAT = EMPTY then goto UNITFEAT  ELSEIF 8500.YRBUILT = EMPTY then goto YRBUILT  ELSE exit block and goto Section 3  2,DK,RF: Goto PUBLHOUS |
| 02 | UNITFEAT | 6    ? [F1] **Does this unit have any of the following?**Enter all that apply, separate with commas  0. None 1. Swimming Pool 2. Off Street Parking 3. Porch, terrace, patio, or balcony 4. Apartment or guest house 5. Central air conditioning 6. Window air conditioning 77. Don't know | IF 8500.YRBUILT = EMPTY then goto YRBUILT ELSE exit block and goto Section 3 |
| 02 | YRBUILT | **About when was this building originally built?**Do not consider later remodelings         Probe for best estimate | Goto Section 3 |
| 02 | PUBLHOUS | Ask if not apparent. **Is this house in a public housing project, that is, is it owned by  a local housing authority or other local public agency?**  1. Yes 2. No | 1: IF 8500.INCLDRYR = EMPTY then goto INCLSTOV   ELSE goto RENTED  2,DK,RF: Goto GOVTCOST |
| 02 | GOVTCOST | **Are your housing costs lower because the Federal, State, or local  government is paying part of the cost?**  1. Yes 2. No | IF 8500.INCLDRYR = EMPTY then goto INCLSTOV  ELSE goto RENTED |
| 02 | INCLSTOV | 5 ? [F1] **Were any of the following appliances included in the home when you moved in . . .      . . .  Cooking stove, range, or oven?**   1. Yes 2. No | Goto INCLFRIG |
| 02 | INCLFRIG | 5? [F1]Were any of the following appliances included in the home when you moved in . . . **. . . Refrigerator or home freezer?**   1. Yes 2. No | Goto INCLBDSH |
| 02 | INCLBDSH | 5  ? [F1]Were any of the following appliances included in the home when you moved in . . . **. . . Built-in dishwasher?**   1. Yes 2. No | Goto INCLPDSH |
| 02 | INCLPDSH | 5  ? [F1]Were any of the following appliances included in the home when you moved in . . . **. . . Portable dishwasher?**   1. Yes 2. No | Goto INCLWSHR |
| 02 | INCLWSHR | 5  ? [F1]Were any of the following appliances included in the home when you moved in . . . **. . . Clothes washer?**   1. Yes 2. No | Goto INCLDRYR |
| 02 | INCLDRYR | 5  ? [F1]Were any of the following appliances included in the home when you moved in . . . **. . . Clothes dryer?**   1. Yes 2. No | Goto RENTED |
| 02 | RENTED | **Do (you/you or any members of your household) (still/ ) pay rent for these living quarters?**   1. Yes 2. No | 1,DK,RF: Goto RENTX1  2: Goto RTASPAY |
| 02 | MORERENT | **Since the first of (reference month) have (you/you or any members of your household) rented any houses, apartments, or temporary living quarters NOT used entirely for business or vacation?** Do NOT include college or university regulated housing.  1. Yes 2. No | 1: Goto RENTX1  2,DK,RF: Goto S2\_END |
| 02 | RENTX1 | **What was your total rental payment for (reference month) for this unit?   Include any extra charges for garage or parking facilities, but do not include direct payments by local, state or federal agencies.** | Goto RENTX2 |
| 02 | RENTX2 | **What was the total rental payment for (month) for this unit?** | Goto RENTX3 |
| 02 | RENTX3 | **What was your total rental payment for (last month) for this unit?** | Goto RTELECT |
| 02 | RTELECT | 5 **Does the rental payment include the cost of -                 . . . Electricity?**   1. Yes 2. No | Goto RTGAS |
| 02 | RTGAS | 5Repeat if necessary **Does the rental payment include the cost of -            . . . . Gas?**   1. Yes 2. No | Goto RTWATER |
| 02 | RTWATER | 5Repeat if necessary **Does the rental payment include the cost of -            . . . Piped in water?**   1. Yes 2. No | Goto RTHEAT |
| 02 | RTHEAT | 5Repeat if necessary **Does the rental payment include the cost of -           . . . . Heating?**   1. Yes 2. No | Goto RTTRASH |
| 02 | RTTRASH | 5Repeat if necessary **Does the rental payment include the cost of -           . . . Trash/garbage collection?**  1. Yes 2. No | Goto RTPARK |
| 02 | RTPARK | 5  Repeat if necessary **Does the rental payment include the cost of -         . . . Garage and parking facilities?**   1. Yes 2. No | Goto RTTELEPH |
| 02 | RTTELEPH | 5    Repeat if necessary **Does the rental payment include the cost of -        . . . Telephone services?**   1. Yes 2. No | Goto RTTVCABL |
| 02 | RTTVCABL | 5Repeat if necessary    **Does the rental payment include the cost of -     . . . Television services?**  1. Yes 2. No | Goto RTINTRNT |
| 02 | RTINTRNT | 5  Repeat if necessary **Does the rental payment include the cost of -     . . . Internet services?**  1. Yes 2. No | Goto RTFUNSH |
| 02 | RTFUNSH | 5Repeat if necessary  **Does the rental payment include the cost of -     . . . Furniture?**  1. Yes 2. No | Goto RTASPAY |
| 02 | RTASPAY | **Did (you/you or any members of your household) receive any reduced or free rent for  this unit as a form of pay since the first of (reference month)?**  1. Yes 2. No | 1: Goto RTCOMPX  2,DK,RF: IF BCeintro.BUSCREEN = 2 AND (PSU=06001, 06013, 06037, 06041, 06059, 06065, 06071, 06081, 06073, 06075, 06087, 06097, 11001, 24021, 24043, 34003, 34013, 34017, 34023, 34027, 34031, 34037, 36005, 36047, 36059, 36061, 36081, 36085, 36087, 36103, 36119) go to RENTCONT   ELSEIF BCeintro.BUSCREEN = 2 goto MORERNT   ELSE goto RTBSNS |
| 02 | RTCOMPX | **What is the current monthly rental charge to another tenant for a similar unit?** | Goto REGRNTX |
| 02 | REGRNTX | **What is your regular rental payment?** | 0-999999: IF BCeintro.BUSCREEN = 2 AND (PSU=06001, 06013, 06037, 06041, 06059, 06065, 06071, 06081, 06073, 06075, 06087, 06097, 11001, 24021, 24043, 34003, 34013, 34017, 34023, 34027, 34031, 34037, 36005, 36047, 36059, 36061, 36081, 36085, 36087, 36103, 36119) go to RENTCONT  ELSEIF BCeintro.BUSCREEN = 2 goto MORERENT  ELSE goto RTBSNS  DK,RF: IF BCeintro.BUSCREEN = 2 AND (PSU=06001, 06013, 06037, 06041, 06059, 06065, 06071, 06081, 06073, 06075, 06087, 06097, 11001, 24021, 24043, 34003, 34013, 34017, 34023, 34027, 34031, 34037, 36005, 36047, 36059, 36061, 36081, 36085, 36087, 36103, 36119) go to RENTCONT  ELSEIF BCeintro.BUSCREEN = 2 goto MORERENT  ELSE goto RTBSNS |
| 02 | RTBSNS | **Is any portion of this unit used for your own business?**   1. Yes 2. No | 1: Goto RTBSNSZ  2: IF (PSU = 06001, 06013, 06037, 06041, 06059, 06065, 06071, 06073, 06075, 06081, 06087, 06097, 11001, 24021, 24043, 34003, 34013, 34017,34023, 34027, 34031, 34037, 36005, 36047,36059, 36061, 36081, 36085, 36087, 36103, 36119) goto RENTCONT  ELSE goto MORERNT  DK,RF: IF (PSU = 06001, 06013, 06037, 06041, 06059, 06065, 06071, 06073, 06075, 06081, 06087, 06097, 11001, 24021, 24043, 34003, 34013, 34017,34023, 34027, 34031, 34037, 36005, 36047,36059, 36061, 36081, 36085, 36087, 36103, 36119) goto RENTCONT  ELSE goto MORERNT |
| 02 | RTBSNSZ | **What percent of the rental payment is counted as a business expense?**Enter to the nearest whole percent. | IF (PSU = 06001, 06013, 06037, 06041, 06059, 06065, 06071, 06073, 06075, 06081, 06087, 06097, 11001, 24021, 24043, 34003, 34013, 34017, 34023, 34027, 34031, 34037, 36005, 36047, 36059, 36061, 36081, 36085, 36087, 36103,36119), goto RENTCONT  ELSE goto MORERNT |
| 02 | RENTCONT | **Is this unit under rent control?**   1. Yes 2. No | Goto MORERNT |
| 02 | MORERNT | **Since the first of (reference month), have (you/you or any members of your household) rented any other houses, apartments, or temporary living quarters NOT used entirely for business or vacation?**  Do NOT include college or university regulated housing.  1. Yes 2. No | 1: Goto RENTX1  2,DK,RF: Goto S2\_END |
| 03A2 | S3\_INTRO | **(Now I am going to update the information you provided in the last interview for owned living quarters and other owned real estate./Now I am going to**Prop #|Description |Type |# Mort|# LSHEL |# LCHEL   1. Enter 1 to Continue | IF INTNMBR = 2-5 AND NEWCU <> 1 then goto BSect3A1  ELSE goto BSect3A2 |
| 03A1 | STILOWN | **(Do/Does) (you/your household) still own your (property description)?**   Prop #|Description |Type |# Mort|# LSHEL |# LCHEL  1. Yes 2. No | 1,DK,RF: IF 8500.OWNYB = 600 then exit block and goto BSECT3I.VAC\_RNTQ  ELSEIF BCeintro.BUSCREEN = 2 AND (there are previously reported loans with 8500.LOANTYPE = 1, 2 AND 8500.OPF\_STAT = 1) then exit block and goto BMCHANGE.Mchange  ELSEIF BCeintro.BUSCREEN = 2 AND 8500.HWMNYLOC >= 1 then exit block and goto THomeEquity.PDLOAN2  ELSEIF BCeintro.BUSCREEN = 2 exit block and goto TAddMort.ADDMORT  ELSE goto BSNSEXPA  2: IF 8500.OWNYB = 600 then exit block and goto PURPROP  ELSEIF BCeintro.BUSCREEN = 2 AND (there are previously reported loans with 8500.LOANTYPE = 1, 2 AND 8500.OPF\_STAT = 1) then exit block and goto BMCHANGE.Mchange  ELSEIF BCeintro.BUSCREEN = 2 AND 8500.HWMNYLOC >= then exit block and goto THomeEquity.PDLOAN2  ELSEIF BCeintro.BUSCREEN = 2 exit block and goto TAddMort.ADDMORT   ELSE goto BSNSEXPA |
| 03A1 | BSNSEXPA | **(Are/Were) any of the expenses for this property deducted  as a farm, rental, or business expense?** Prop # |Description |Type |# Mort|# LSHEL |# LCHEL 1. Yes 2. No | 1: Goto OBSNSZBA  2,DK,RF: IF there are previously reported loans with 8500.LOANTYPE = 1, 2 AND 8500.OPF\_STAT = 1 then exit block and goto BMCHANGE.Mchange  ELSEIF 8500.HWMNYLOC >= 1 then exit block and goto THomeEquity.PDLOAN2   ELSE exit block and goto TAddMort.ADDMORT |
| 03A1 | OBSNSZBA | **What percent of the expenses for this property (is/was) deducted? Include the portion used for business, farming, or rented to someone outside the household.** Prop # |Description |Type |# Mort|# LSHEL |# LCHEL | 1-99,DK,RF: IF there are previously reported loans with 8500.LOANTYP = 1, 2 AND 8500.OPF\_STAT = 1 then exit block and goto BMCHANGE.Mchange  ELSEIF 8500.HWMNYLOC >= 1 then exit block and goto THomeEquity.PDLOAN2   ELSE exit block and goto TAddMort.ADDMORT   100: Goto ERR2\_OBSNSZBA |
| 03A1 | MCHANGE | **^MCHANGE\_FILL**  1. Yes 2. No | 1: Goto MORTCHNG  2,DK,RF: IF 8500.Fixedrte = 2, DK or RF then goto PYMTJX1  ELSEIF 8500.FIXEDRTE = 1 and there are more loans for this property with 8500.OPF\_STAT = 1 then goto MCHANGE for the next loan   ELSEIF 8500.HWMNYLOC >= 1 then exit block and goto THomeequity.PDLOAN2  ELSE exit block and goto TAddmort.ADDMORT |
| 03A1 | MORTCHNG | **What was the reason for the change in your (mortgage/lump sum home equity loan) for your (property description)?**   1. Change in escrow payment (include changes in property taxes, insurance) 2. Change in interest rate  3. Paid off 4. Change in amount of the graduated payment for a graduated payment ^MORTGAGE\_LUMPSUM 5. ^MORTGAGE\_LUMPSUM\_C renegotiated (rollover or renegotiable ^MORTGAGE\_LUMPSUM)  6. Refinanced ^MORTGAGE\_LUMPSUM (this includes changing the term of the ^MORTGAGE\_LUMPSUM)  7. Paid less than the required amount 8. Other reasons 9. More than one of the above | 1,4: Goto PYRINIJ 2: Goto NEWMRRTJ 3: Goto MORTCHMO  5,6,8,9,DK,RF: Goto ORWHAT  7: Goto PYMTJX1 |
| 03A1 | ORWHAT | **Is this a 30-year (mortgage/lump sum home equity loan), a 15-year (mortgage/lump sum home equity loan), or something else?**  1. 30-year 2. 15-year 3. Something else | 1,2,DK,RF: Goto FIXEDRTJ  3: Goto MRTTERMJ |
| 03A1 | MRTTERMJ | Enter number of years. | Goto FIXEDRTJ |
| 03A1 | FIXEDRTJ | **Is this a fixed rate (mortgage/lump sum home equity loan)?**  1. Yes 2. No | 1: Goto ORGMRTJX  2,DK,RF: Goto PAYTYPJ |
| 03A1 | PAYTYPJ | ? [F1] **There are many different kinds of (mortgages/lump sum home equity loans). Which one of these comes closest to (yours/ your household's)?**            Read each item on list.              Mark all that apply, separate with commas.  1. Variable or adjustable rate of interest (ARM) 2. Interest only 3. Other - Specify | IF 3 selected then goto PAYTOTHJ  ELSE goto ORGMRTJX |
| 03A1 | PAYTOTHJ | Specify: | Goto ORGMRTJX |
| 03A1 | ORGMRTJX | **What was the amount of the (mortgage/lump sum home equity loan) when (you/your household) first obtained it, not including any interest?** | Goto NEWMRRTJ |
| 03A1 | NEWMRRTJ | ? [F1]   **What is the current interest rate for this (mortgage/lump sum home equity loan)?** Enter percent including decimal | Goto PYRINIJ |
| 03A1 | PYRINIJ | 7? [F1] **On (your/your household's) last regular payment, which of these things were included?**Enter all that apply, separate with commas  1. Principal 2. Interest 3. Property taxes 4. Property insurance 5. Mortgage guarantee insurance (PMI) 6. Any other payments - specify 77. Don't know | 1-5,77: IF 8500.FIXEDRTE = 2,DK or RF or FIXEDRTJ = 2,DK or RF then goto MORTCHMO  ELSE goto MRTPMTJX  6: Goto PYJOTH  RF: IF 8500.FIXEDRTE = 2,DK or RF or FIXEDRTJ = 2,DK or RF   then goto MORTCHMO  ELSE goto MRTPMTJX |
| 03A1 | PYJOTH | Specify: | IF (8500.FIXEDRTE = 2, DK or RF) or (FIXEDRTJ = 2, DK or RF) then goto MORTCHMO  ELSE goto MRTPMTJX |
| 03A1 | MRTPMTJX | **How much is (your/your household's) (mortgage/lump sum home equity loan) payment per month?** | IIF any codes 3 - 6 are selected in PYRINIJ then goto PRININJX  ELSE goto MORTCHMO |
| 03A1 | PRININJX | **How much of that amount is for (principal / interest/principal and interest)?** | Goto MORTCHMO |
| 03A1 | MORTCHMO | **In what month did (you pay off your (mortgage/lump sum home equity loan)/your (mortgage/lump sum home equity loan) change)?**  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | IF (FIXEDRTJ = 2, DK or RF) or (FIXEDRTJ ne 1 AND 8500.FIXEDRTE = 2, DK or RF) then goto PYMTJX1   ELSE goto MCHANGE for next loan for this property with 8500.LOANTYPE = 1, 2 and 8500.OPF\_STAT = 1   IF no more loans with (8500.LOANTYPE = 1, 2 and 8500.OPF\_STAT = 1) for this property AND 8500.HWMNYLOC >= 1 then exit block and goto PDLOAN2 in Thomequity block   ELSE exit block and goto ADDMORT in TAddmort block |
| 03A1 | PYMTJX1 | **How much was (your/your household's) payment on this ^mortgage\_lumpsum in (reference month)?** | 1-99999999,DK,RF: IF (any codes 3-6 selected in PYRINIJ) or 8500.PAYPROTX = 3 or 8500.PAYPROIN = 4 or 8500.PAYMORIN = 5 or 8500.PAYOTHER = 6 then goto PRNINJX1  ELSE goto PYMTJX2  0: Goto PYMTJX2 |
| 03A1 | PRNINJX1 | **How much of that amount is for ^prinint\_fill?** | 0-99999999: Goto PYMTJX2 |
| 03A1 | PYMTJX2 | **How much was (your/your household's) payment on this ^mortgage\_lumpsum in (month)?** | 1-99999999,DK,RF: IF any codes 3 to 6 selected in PYRINIJ or 8500.PAYPROTX = 3 or 8500.PAYPROIN = 4 or 8500.PAYMORIN = 5 or 8500.PAYOTHER = 6 then goto PRNINJX2  ELSE goto PYMTJX3  0: Goto PYMTJX3 |
| 03A1 | PRNINJX2 | **How much of that amount is for (principal / interest/principal and interest)?** | 0-99999999: Goto PYMTJX3 |
| 03A1 | PYMTJX3 | **How much was (your/your household's) payment on this (mortgage/lump sum home equity loan)  in (last month)?** | IF (any codes 3 to 6 selected in PYRINIJ) or 8500.PAYPROTX = 3 or 8500.PAYPROIN = 4 or 8500.PAYMORIN = 5 or 8500.PAYOTHER = 6) then goto PRNINJX3  ELSEIF there are more loans on this property with 8500.OPF\_STAT = 1 then goto MCHANGE for the next loan   ELSEIF 8500.HWMNYLOC >= 1 then exit block and goto THomeequity.PDLOAN2  ELSE exit block and goto TAddmort.ADDMORT |
| 03A1 | PRNINJX3 | **How much of that amount is for (principal / interest/principal and interest)?** | 0-99999999: IF there are more loans on this property with 8500.OPF\_STAT = 1 then goto MCHANGE for the next loan    ELSEIF 8500.HWMNYLOC >= 1 then exit block and goto THomeequity.PDLOAN2   ELSE exit block and goto TAddmort.ADDMORT  DK,RF: IF there are more loans on this property with 8500.OPF\_STAT = 1 then goto MCHANGE for the next loan    ELSEIF 8500.HWMNYLOC >= 1 then exit block and goto THomeequity.PDLOAN2   ELSE exit block and goto TAddmort.ADDMORT |
| 03A1 | PDLOAN2 | **Since the first of (reference month), (have/has) (you/your household) made any payments for your home equity line of credit?**  1. Yes 2. No | 1: Goto PD2AMTX1  2,DK,RF: Goto TOTOWED2 |
| 03A1 | PD2AMTX1 | **What was the total amount paid in (reference month)?** | Goto PD2AMTX2 |
| 03A1 | PD2AMTX2 | **What was the total amount paid in (month)?** | Goto PD2AMTX3 |
| 03A1 | PD2AMTX3 | **What was the total amount paid in (last month)?** | Goto TOTOWED2 |
| 03A1 | TOTOWED2 | **^TOTOWED2\_FILL** | Goto PDLOAN2 for next loan for this property with 8500.OPH\_STAT = 1   if no more loans for this property with8500.OPH\_STAT = 1 then exit block and goto TAddmort.Baddmort.ADDMORT |
| 03A1 | ADDMORT | **Since the first of (reference month), (have/has) (you/your household) obtained any (additional/ ) mortgages, including second mortgages or home  equity loans, for your (property description)?  (Do not include reverse mortgages./ )**  1. Yes 2. No | 1: Goto HEQUITY  2,DK,RF: Exit block and goto S3A1\_CHK1 |
| 03A1 | HEQUITY | **Was this a mortgage or home equity loan?**  1. Mortgage 2. Home equity loan | 1,DK,RF: Goto OTHLOAN  2: Goto HELTYPE |
| 03A1 | HELTYPE | **There are two basic types of home equity loans:  A loan where (you/your household) received the entire lump-sum  borrowed when (you/your household) took out the loan; or  A line of credit loan where (you/your household) can increase the  amount borrowed by simply writing a check or using a special  credit card.  Which type more closely describes this new home equity loan?**  1. Lump sum home equity loan 2. Line of credit home equity loan | Goto OTHLOAN |
| 03A1 | OTHLOAN | **Did you have any other new mortgages or home equity loans for (property description)?**  1. Yes 2. No | 1: Goto HEQUITY for the next row  2,DK,RF: Exit block and goto S3A1\_CHK1 |
| 03A1 | PURPROP | 6 **(Other than the Sample Unit which you recently acquired/ ) ^SinceFill the first of  (reference month), (have/has) (you/your household) purchased or otherwise acquired any property or real estate?**  1. Yes 2. No | 1: Goto PCODE  2,DK,RF: Goto 3A1\_END |
| 03A1 | PCODE | 6 **What kind of property(ies) is this new property or real estate?**  Enter all that apply, separate with commas 1. Other homes, vacation homes, recreational properties including timeshares 2. Commercial real estate or farm land 3. Homes rented out or owned only for investment purposes 4. Land with no buildings on it | if 1 selected then goto NPROP2 if 2 selected then goto CK\_PCODE if 3 selected then goto NPROP6 if 4 selected then goto NPROP4 |
| 03A1 | NPROP2 | 6     **How many other homes, vacation homes or recreational properties, including timeshares?** Exclude right-to-use timeshares, vacation clubs, or destination clubs. | IF 3 selected in PCODE then goto NPROP6  ELSEIF 4 selected in PCODE then goto NPROP4  ELSE goto S3A1\_END |
| 03A1 | NPROP6 | 6   **How many homes rented out or owned only for investment purposes?** |  |
| 03A1 | NPROP4 | 6  **How many were land with no buildings on it?** | Goto S3A1\_END |
| 03A2 | OTHERHOM | 6 **Since the first of (reference month), (have/has) (you/your household) lived in any other home that (you/you or any members of your household) still (own/owns)?**  1. Yes 2. No | 1: Goto NOPROP  2,DK,RF: Goto BUSPROP3 |
| 03A2 | NOPROP | 6 **How many?** | Goto BUSPROP3 |
| 03A2 | BUSPROP3 | 6 **(Do/Does) (you/your household) own any commercial real estate or farm land?**  1. Yes 2. No | Goto RESBUSPR |
| 03A2 | RESBUSPR | 6 **(In the following questions, please do not include any of the commercial properties (you/your household) ^own\_owns only for business or investment purposes.)  (Do/Does) (you/your household) own any homes rented out or owned only for investment purposes?**  1. Yes 2. No | 1: Goto RES\_NUM  2,DK,RF: Goto SECHOME |
| 03A2 | RES\_NUM | 6 **How many?** | Goto SECHOME |
| 03A2 | SECHOME | 6 **(In the following questions, please do not include any of the properties ^You\_YRCU (own/owns) only for business or investment purposes) (Other than the property you have already mentioned./ )  (Do/Does/do/does) (you/your household) own any other homes, vacation homes,  or recreational properties, including timeshares?** Exclude right-to-use timeshares, vacation clubs, or destination clubs. 1. Yes 2. No | 1: Goto SEC\_NUM  2,DK,RF: Goto NOBUILD |
| 03A2 | SEC\_NUM | 6 **How many?** Exclude right-to-use timeshares, vacation clubs, or destination clubs. | Goto NOBUILD |
| 03A2 | NOBUILD | 6 **Other than property you have already mentioned, (do/does) (you/your household) own any land without buildings on it?**  1. Yes 2. No | 1: Goto BUILDNUM  2,DK,RF: Goto NOLONGER |
| 03A2 | BUILDNUM | 6 **How many?** | Goto NOLONGER |
| 03A2 | NOLONGER | 6 **Are there any properties that (you/your household) owned at the beginning of (reference month) that (you/your household) no longer (own/owns)?**  1. Yes 2. No | 1: Goto NUMPRPTY  2,DK,RF: Goto S3A2\_END |
| 03A2 | NUMPRPTY | 6 **How many different properties?** | 1-20: Goto P\_TYPE  DK,RF: Goto S3A2\_END |
| 03A2 | P\_TYPE | 6    ? [F1] **What type of (property was it/properties were they)?**Enter all that apply, separate with commas.  1. A home in which ^YOU\_YRCU used to live 2. Other homes, vacation homes, recreational properties including timeshares 3. Commercial real estate or farm land 4. Homes rented out or owned only for investment purposes 5. Land with no buildings on it | 1-5: IF NUMPRTY = DK or RF then goto S3A2\_END  If 1 selected in P\_TYPE and NUMPRPTY is greater than 1 then goto HWMANY1  If only 1 selected in P\_TYPE and NUMPRPTY = 1 then goto S3A2\_END   If 2 selected in P\_TYPE and NUMPRPTY is greater than 1 then goto HWMANY2  If only 2 selected in P\_TYPE and NUMPRPTY = 1 then goto S3A2\_END   If 3 selected in P\_TYPE and NUMPRPTY is greater than 1 then goto HWMANY3  If only 3 selected in P\_TYPE and NUMPRPTY = 1 then goto S3A2\_END   If 4 selected in P\_TYPE and NUMPRPTY is greater than 1 then goto HWMANY4  If only 4 selected in P\_TYPE and NUMPRPTY = 1 then goto S3A2\_END   If 5 selected in P\_TYPE and NUMPRPTY is greater than 1 then goto HWMANY5  If only 5 selected in P\_TYPE and NUMPRPTY = 1 then goto S3A2\_END  RF: Goto S3A2\_END |
| 03A2 | HWMANY1 | 6 **How many homes in which (you/your household) used to live did (you/your household) dispose of since (reference month)?** | IF 2 selected in P\_TYPE then goto HWMANY2 ELSEIF 3 selected in P\_TYPE then goto HWMANY3 ELSEIF 4 selected in P\_TYPE then goto HWMANY4 ELSEIF 5 selected in P\_TYPE then goto HWMANY5  ELSE goto S3A2\_CHK |
| 03A2 | HWMANY2 | 6 **How many other homes, vacation homes, recreational properties, or timeshares did (you/your household) dispose of since (reference month)?** | IF 3 selected in P\_TYPE then goto HWMANY3 ELSEIF 4 selected in P\_TYPE then goto HWMANY4 ELSEIF 5 selected in P\_TYPE then goto HWMANY5 ELSE goto S3A2\_CHK |
| 03A2 | HWMANY3 | 6 **How many commercial real estate or farm land properties did (you/your household) dispose of since (reference month)?** | IF 4 selected in P\_TYPE then goto HWMANY4 ELSEIF 5 selected in P\_TYPE then goto HWMANY5 ELSE goto S3A2\_CHK |
| 03A2 | HWMANY4 | 6 **How many homes rented out or owned only for investment purposes did (you/your household) dispose of since (reference month)?** | IF 5 selected in P\_TYPE then goto HWMANY5 ELSE goto S3A2\_CHK |
| 03A2 | HWMANY5 | 6 **How many land properties with no buildings on them did (you/your household) dispose of since (reference month)?** | Goto S3A2\_CHK |
| 03B | WHICH\_PROP | **(Now I am going to ask about your (owned properties/next property) )**Enter type of property 1. Sample unit 2. ^Form\_home 3. ^Oth\_home 4. ^Rent\_home 5. ^No\_build | 1: Goto CK\_WHICHPROP  2-5: Goto PROPDESC |
| 03B | PROPDESC | **(Now I'm going to ask some questions about your Sample Unit.)          ("\* Briefly describe the (property type).)  (\* Press Enter to continue./\* Enter 888 to delete this property.)** | 30 characters: IF OWNYB = 300 then goto TIMESHAR  ELSEIF OWNYB = 600 then goto COUNTRY  ELSE goto SHARED2  888: Goto next property |
| 03B | TIMESHAR | ? [F1] **Is this a time-sharing arrangement where (you/your household) (have/has) use of the property only for a specified length of time each year?**  1. Yes 2. No | 1: Goto DEEDED  2,DK,RF: Goto SHARED2 |
| 03B | DEEDED | **Is this a deeded or right-to-use timeshare?**  1. Deeded 2. Right-to-use | 1,DK,RF: Goto SHARWKS  2: Goto CH\_DEEDED |
| 03B | SHARWKS | **How many weeks are (you/your household) entitled to use your timeshare each year?** | 1-16, DK, RF: Goto SHARED1 17-52: Goto ERR1\_SHARWKS |
| 03B | SHARED1 | **(Do/Does) (you/your household) own the timeshare with anyone else outside your household?**  1. Yes 2. No | 1: Goto SHARPER1  2,DK,RF: Goto COUNTRY |
| 03B | SHARPER1 | **What percent of the timeshare (do/does) (you/your household) own?** | Goto COUNTRY |
| 03B | SHARED2 | **(Do/Does) (you/your household) share ownership of the property with anyone else?**  1. Yes 2. No | 1: Goto SHARPER2  2,DK,RF: IF OWNYB = 300 then goto COUNTRY  ELSEIF INTNMBR = 2-5 and NEWCU ne 1 AND OWNYB ne 100 then goto STILOWNB  ELSEIF BCeintro.BUSCREEN = 2 AND OWNYB = 100 then goto BSNEXP2  ELSEIF BCeintro.BUSCREEN = 2 then goto ACQUIRYR  ELSE goto BSNSEXP |
| 03B | SHARPER2 | **What percentage of the property (do/does) (you/your household) own?** | IF OWNYB = 300 then goto COUNTRY  ELSEIF INTNMBR = 2-5 AND NEWCU ne 1 AND OWNYB ne 100 then goto STILOWNB  ELSEIF BCeintro.BUSCREEN = 2 AND OWNYB = 100 then goto BSNEXP2  ELSEIF BCeintro.BUSCREEN = 2 then goto ACQUIRYR  ELSE goto BSNSEXP |
| 03B | 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 2. Foreign Country | 1: Goto STATE  2,DK,RF: IF INTNMBR = 2-5 AND NEWCU ne 1 and OWNYB ne 100 then goto STILOWNB  ELSEIF BCeintro.BUSCREEN = 2 AND OWNYB ne 600 then goto ACQUIRYR  ELSEIF OWNYB ne 600 then goto BSNSEXP  ELSE goto S3B\_END |
| 03B | STATE | ? [F1]  Enter the two character State abbreviation | IF DK or RF: IF INTNMBR = 2-5 AND NEWCU ne 1 AND OWNYB ne 100 then goto STILOWNB  ELSEIF BCeintro.BUSCREEN = 2 AND OWNYB ne 600 then goto ACQUIRYR  ELSEIF OWNYB ne 600 then goto BSNSEXP  ELSE goto S3B\_END  ELSE: Goto CNTYCODE |
| 03B | CNTYCODE | **What county is the property located in?**If the county name is not found, key X. | 30 characters,DK,RF: IF INTNMBR = 2-5 AND NEWCU ne 1 AND OWNYB ne 100 then goto STILOWNB  ELSEIF BCeintro.BUSCREEN = 2 AND OWNYB ne 600 then goto ACQUIRYR  ELSEIF OWNYB ne 600 then goto BSNSEXP  ELSE goto S3B\_END  X: Goto OTHCNTY |
| 03B | OTHCNTY | Specify other county | IF INTNMBR = 2-5 AND NEWCU ne 1 AND OWNYB ne 100 then goto STILOWNB  ELSEIF BCeintro.BUSCREEN = 2 AND OWNYB ne 600 then goto ACQUIRYR  ELSEIF OWNYB ne 600 then goto BSNSEXP  ELSE goto S3B\_END |
| 03B | STILOWNB | Ask if not apparent **Do you still own this property?**  1. Yes 2. No | IF OWNYB = 600 then goto S3B\_END ELSEIF BCeintro.BUSCREEN = 2 AND OWNYB ne 600 then goto ACQUIRYR  ELSE goto BSNSEXP |
| 03B | BSNSEXP | **(Are/Were) any of the expenses for this property deducted as a farm, rental, or business expense?**   1. Yes 2. No | 1: Goto OBSNSZB  2,DK,RF: IF OWNYB = 100 then goto BSNEXP2  ELSE goto ACQUIRYR |
| 03B | OBSNSZB | **What percent of the expenses for this property (is/was) deducted? Include the portion used for business, farming, or rented to someone outside the household.** | 1-99,DK,RF: Goto ACQUIRYR  100: Goto ERR2\_OBSNSZB |
| 03B | BSNEXP2 | **Is any part of this property you own rented to someone outside your household or used for business?**  1. Yes 2. No | Goto ACQUIRYR |
| 03B | ACQUIRYR | **In what year did (you/your household) close or settle on this property?** | 1900-9999: If entry = current or previous year, goto ACQUIRMO  Else goto ANPROPTX  DK, RF: goto ANPROPTX |
| 03B | ACQUIRMO | **In what month did (you/your household) close or settle on this property?**  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | 1-12: IF ACQUIRMO/ACQUIRYR are within the reference period then goto GIFTPROP  ELSE goto ANPROPTX  DK,RF: Goto ANPROPTX |
| 03B | GIFTPROP | **Was this property received as a gift or inheritance?**  1. Yes 2. No | 1,DK,RF: Goto ANPROPTX  2: Goto OWN\_PURX |
| 03B | OWN\_PURX | 6    ? [F1] **What was the total price paid for (this/the)  property, not including closing costs?** | Goto CLOSECST |
| 03B | CLOSECST | 6    ? [F1] **About how much were the closing costs?** | Goto OWNDPMTX |
| 03B | OWNDPMTX | **What was the amount of the down payment?** | Goto ANPROPTX |
| 03B | ANPROPTX | **What (are/were) the annual property taxes for (this/the) property?** | IF OWNYB = 400 then goto S3B\_END  ELSEIF OWNYB ne 400 AND NOT (OWNYB = 100 AND SECT01.BUILDING (from Section 1C) = 1, 9 , 10) then goto PROPTYPE  ELSE goto S3B\_END |
| 03B | PROPTYPE | Ask if not apparent**.**If respondent doesn't know or refuses select pre-code 3. **(Was/Is) this property a -**  1. Condominium 2. Cooperative 3. Something else | Goto S3B\_END |
| 03D | DISPMTHD | **You said (you/your household) no longer (own/owns) your (property description). Did (you/your household) sell it, give it to someone outside your household, or do  something else with it?**  1. Sold the property or traded the property in 2. Gave it to someone outside household 3. Something else, other – specify | 1,2,DK,RF: Goto DISPYR  3: Goto DISPOTH |
| 03D | DISPOTH | Specify: | Goto DISPYR |
| 03D | DISPYR | **In what year did (you/your household) (sell( trade) this property/give this property to someone outside your CU/dispose of this property)?** | Goto DISPMO |
| 03D | DISPMO | **In what month did (you/your household) (sell( trade) this property/give this property to someone outside your CU/dispose of this property)?**  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | IF DISPMO = DK or RF then goto S3D\_END  ELSEIF DISPYR = DK or RF then goto S3D\_END  ELSEIF DISPMTHD = 1 AND (DISPMO and DISPYR are within the reference period then goto DISPX  ELSEIF Cur\_monthnum = 1 THEN {Current Month is January}  IF DISPMO = 1 AND DISPYR = (Currentyear) THEN {Disposed of January of this year} goto S3D\_END - do NOT display the error  ENDIF  IF (DISPMO = 10-12) AND DISPYR = (Currentyear - 1) THEN {Disposed of Oct, Nov, Dec of last year} goto S3D\_END - do NOT display the error   ENDIF  ELSEIF Cur\_monthnum = 2 THEN {Current Month is February}  IF (DISPMO = 1 or 2) AND DISPYR = (Currentyear) THEN {Disposed of in Jan or Feb of this year} goto S3D\_END - do NOT display the error   ENDIF  IF (DISPMO = 11 or 12) AND DISPYR = (Currentyear - 1) THEN {Disposed of in Nov or Dec of last year} goto S3D\_END - do NOT display the error   ENDIF  ELSEIF Cur\_monthnum = 3 THEN {Current Month is March}  IF (DISPMO = 1-3) AND DISPYR = (Currentyear) THEN {Disposed of in Jan or Feb of this year} goto S3D\_END - do NOT display the error   ENDIF  IF DISPMO = 12 and DISPYR = (Currentyear - 1) THEN {Disposed of in Dec of last year} goto S3D\_END - do NOT display the error   ENDIF  ELSEIF   {Disposed of betweent the ref\_month and current month of this year}  ( ( (DISPMO >= ref\_monthnum) AND (DISPMO <= cur\_monthnum) ) AND (DISPYR = Currentyear) ) OR {Disposed of this month and this year} ( (DISPMO = Interviewdate.MONTH) AND (DISPYR = Currentyear) ) THEN goto S3D\_END - do NOT display the error  ELSE goto ERR3\_DISPMO - Display DISPDATE\_ERR |
| 03D | DISPX | **What was the selling price (trade-in value)?** | Goto DISPEXPX |
| 03D | DISPEXPX | 7     ? [F1] **Here is a list of some of the costs people may have when selling  (trading) property.  Looking at the list may help you remember  what (your/your household's) expenses were.  What were (your/your household's)  total expenses in selling (trading) this property?** | Goto S3D\_END |
| 03E | PRESMORT | **Now I am going to ask about mortgages for your (property description). Excluding home equity loans, (and reverse mortgages/ ),  (do/does) (you/your household)  presently have a mortgage on your (property description)?**  1. Yes 2. No | 1: Goto NUMMORT1  2,DK,RF: Goto HADMORT |
| 03E | NUMMORT1 | **How many mortgages ^havehas (you/your household) had on this  property since the first of (reference month)?** | Goto HOMEQ\_YN |
| 03E | HADMORT | **(Have/Has) (you/your household) had a mortgage on this property  since the first of (reference month)?**  1. Yes 2. No | 1: Goto NUMMORT2  2,DK,RF: Goto HOMEQ\_YN |
| 03E | NUMMORT2 | **How many mortgages (have/has) (you/your household) had on this  property since the first of (reference month)?** | Goto HOMEQ\_YN |
| 03E | MRTCPSHA | **Since the first of (reference month), in addition to (your/your household's) share of the  cooperative's total costs, did (you/your household)  make payments on a mortgage  that was obtained from an outside lender for (your/your household's) shares  in the cooperative?**  1. Yes 2. No | 1: Goto NUMMORT3  2,DK,RF: Goto HOMEQ\_YN |
| 03E | NUMMORT3 | **How many mortgages (have/has) (you/your household) had on this  property since the first of (reference month)?** | Goto HOMEQ\_YN |
| 03E | HOMEQ\_YN | **(Do/Does) (you/your household) 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. Yes 2. No | 1: Goto LSHEL\_YN  2,DK,RF: Goto S3E\_END |
| 03E | LSHEL\_YN | **^LSHEL\_YN\_FILL\_ONCE  (Have/Has) (you/your household) had a lump sum home equity loan on this property since the first of (reference month)?**  1. Yes 2. No | 1: Goto NUMLSHEL  2,DK,RF: Goto LCHEL\_YN |
| 03E | NUMLSHEL | **How many?** | Goto LCHEL\_YN |
| 03E | LCHEL\_YN | **^C\_HaveHas (you/your household) had a line of credit  home equity loan on this property since the first of  (reference month)?**  1. Yes 2. No | 1: Goto NUMLCHEL  2,DK,RF: Goto S3E\_END |
| 03E | NUMLCHEL | **How many?** | Goto S3E\_END |
| 03F | ORG\_INTR | **Now I will ask some questions about your (1st/2nd/3rd/etc.) (mortgage/lump sum home equity loan).   These questions refer to the (mortgage/lump sum home equity loan) you are currently making payments on.**  1. Continue 2. Delete the loan | 1: Goto ORGMRTX  2: Goto S3FG\_END |
| 03F | ORGMRTX | **What was the amount of the (mortgage/lump sum home equity loan) when (you/your household) first obtained it, not including any interest?** | Goto FRSTPYYR |
| 03F | FRSTPYYR | **In what year did (you/your household) make the first payment on this (mortgage/lump sum home equity loan)?** | Goto FRSTPYMO |
| 03F | FRSTPYMO | **In what month did (you/your household) make the first payment on this (mortgage/lump sum home equity loan)?**  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | Goto MTERM |
| 03F | MTERM | **Is this a 30 year (mortgage/lump sum home equity loan), a 15 year (mortgage/lump sum home equity loan), or something else?**  1. 30-year 2. 15-year 3. Something else | 1: goto NEWMRRT  2: goto NEWMRRT  3: Goto MORTTERM  DK,RF: Goto NEWMRRT |
| 03F | MORTTERM | Enter number of years | Goto NEWMRRT |
| 03F | NEWMRRT | **What is the current interest rate on this (mortgage/lump sum home equity loan)?** Enter percent including decimal | Goto FIXEDRTE |
| 03F | FIXEDRTE | **Is this a fixed rate (mortgage/lump sum home equity loan)?**  1. Yes 2. No | 1: Goto PAYINCL  2,DK,RF: Goto PAYTYPE |
| 03F | PAYTYPE | ? [F1] **There are many different kinds of (mortgages/lump sum home equity loans). Which of these comes closest to (yours/ your household's)?** Read each item on listMark all that apply, separate with commas  1. Variable or adjustable rate of interest (ARM) 2. Interest only 3. Other - Specify | IF 3 is selected then goto PAYTOTHF  ELSE goto PAYINCL |
| 03F | PAYTOTHF | Specify: | Goto PAYINCL |
| 03F | PAYINCL | 7    [F1] **On (your/your household's) last payment, which of these things were included?**Read each item on listEnter all that apply, separate with commas  1. Principal 2. Interest 3. Property taxes 4. Property insurance 5. Mortgage guarantee insurance (PMI) 6. Any other payments - specify 77. Don't know | IF 6 selected then goto PAYOTHF  ELSEIF FIXEDRTE = 1 then goto MRTPMTX  ELSE goto PAYMTX1 |
| 03F | PAYOTHF | Specify: | IF FIXEDRTE = 1 then goto MRTPMX  ELSE goto PAYMTX1 |
| 03F | MRTPMTX | **How much is (your/your household's) (mortgage/lump sum home equity loan) payment per month?** | 1-99999999: IF any codes 3-6 are selected in PAYINCL then goto PRININTX  ELSE goto S3FG\_END  DK,RF: IF any codes 3-6 are selected in PAYINCL then goto PRININTX  ELSE goto S3FG\_END |
| 03F | PRININTX | **How much of that amount was for ^prinint\_fill?** | Goto S3FG\_END |
| 03F | PAYMTX1 | **How much was (your/your household's) payment on this (mortgage/lump sum home equity loan) in (reference month)?** | 0: Goto PAYMTX2  1-99999999,DK,RF: IF any codes 3-6 selected in PAYINCL then goto PRNINTX1  ELSE goto PAYMTX2 |
| 03F | PRNINTX1 | **How much of that amount was for ^prinint\_fill?** | Goto PAYMTX2 |
| 03F | PAYMTX2 | **How much was (your/your household's) payment on this (mortgage/lump sum home equity loan) in (month)?** | 0: Goto PAYMTX3  1-99999999,DK,RF: IF any codes 3-6 selected in PAYINCL then goto PRNINTX2  ELSE goto PAYMTX3 |
| 03F | PRNINTX2 | **How much of that amount was for ^prinint\_fill?** | Goto PAYMTX3 |
| 03F | PAYMTX3 | **How much was (your/your household's) payment on this (mortgage/lump sum home equity loan) in (last month)?** | 0,DK,RF: Goto S3FG\_END  1-99999999: IF any codes 3-6 selected in PAYINCL then goto PRNINTX3  ELSE goto S3FG\_END |
| 03F | PRNINTX3 | **How much of that amount is for ^prinint\_fill?** | Goto S3FG\_END |
| 03H | PAIDLOAN | **(I'd like to ask some questions about (your/your CUs) line of credit home equity (loan/laons).)  Since the first of (reference month), (have/has) (you/your household)  made any payments for (your/your household's) (this loan/1st/2nd/3rd/etc.)?**  1. Yes 2. No 888. Delete this loan | 1: Goto PDAMTX1  2,DK,RF: Goto TOTOWED  888: Goto next loan |
| 03H | PDAMTX1 | **What was the total amount paid in (reference month)?** | Goto PDAMTX2 |
| 03H | PDAMTX2 | **What was the total amount paid in (month)?** | Goto PDAMTX3 |
| 03H | PDAMTX3 | **What was the total amount paid in (last month)?** | Goto TOTOWED |
| 03H | TOTOWED | **^TOTOWED\_FILL** | Goto S3H\_END |
| 03I | MORTSPEC | **Now I'm going to ask about other ownership costs for your (property description).  Since the first of (reference month), have (you/you or any members of your household) paid more than the amount required on any mortgage or  lump sum home equity loan for this property?**  1. Yes 2. No | 1: Goto SPECIALX  2,DK,RF: Goto GRNDRENT |
| 03I | SPECIALX | **How much EXTRA did (you/your household) pay?** | 1-99999999: Goto SPECLXCM  DK,RF: Goto GRNDRENT |
| 03I | SPECLXCM | **How much of that amount was paid this month?** | Goto GRNDRENT |
| 03I | GRNDRENT | **(Now I'm going to ask about ownership costs for your (property description)/ )  Since the first of (reference month), (have/has) (you/your household) made any payments for ground or land rent for (property description)?**   1. Yes 2. No | 1: Goto GRNDRNTX  2,DK,RF: If PROPTYPE = 1 then goto PAYCONDO  If PROPTYPE = 2 then goto COOPRG3  If PROPTYPE = 3 then goto PAYHOASS |
| 03I | GRNDRNTX | **What was the total amount paid?** | 1-99999999: Goto GRNDRTCX  DK,RF: IF PROPTYPE = 1 then goto PAYCONDO  If PROPTYPE = 2 then goto COOPRG3  If PROPTYPE = 3 then goto PAYHOASS |
| 03I | GRNDRTCX | **How much of that amount was paid this month?** | IF PROPTYPE = 1 then goto PAYCONDO  IF PROPTYPE = 2 then goto COOPRG3  IF PROPTYPE = 3 then goto PAYHOASS |
| 03I | PAYHOASS | **(Do/Does) (you/your household) make regular payments to a homeowner's association?**  1. Yes 2. No | 1: Goto HORCORG  2,DK,RF: Goto SPCLPAY2 |
| 03I | PAYCONDO | **(Are/Is) (you/your household) required to make regular payments  of condominium fees for general maintenance or management services?**  1. Yes 2. No | 1: Goto HORCORG  2,DK,RF: Goto SPCLPAY2 |
| 03I | COOPRG3 | 7    ? [F1] **Now I'd like to ask you about payments (you/your household) (make/makes) directly to the cooperative for (your/your household's) share of its costs.     Since the first of (reference month), have (you/you or any members of your household) made any payments for any of the following things -** Read each item on the list             Enter all that apply, separate with commas             Enter 12 for no payments made  1. Repayment of loans owed by cooperative 2. Property taxes 3. Property Insurance 4. Management 5. Repairs or maintenance, including lawn care or snow removal 6. Improvements 7. Recreational including swimming, golf or tennis facilities 8. Security including guards or alarm systems 9. Utilities such as gas, electricity, water, heat 10. Trash collection 11. Other 12. No payments made 77. Don't know | 12,RF: Goto SPCLPAY1  1-11,77: IF 11 selected then goto CORGOTH  ELSE goto MGOTHERX |
| 03I | CORGOTH | Specify: | Goto MGOTHERX |
| 03I | HORCORG | 8   ? [F1] **Which of the following services and privileges were included in  those payments?** Read each item on the list.Enter all that apply---separate with commas.  1. Management 2. Repairs or maintenance, including lawn care or snow removal 3. Improvements 4. Utilities such as gas, electricity, water, heat 5. Parking 6. Recreational including swimming, golf, or tennis facilities 7. Security including guards or alarm systems 8. Maid Services 9. Medical Services 10. Trash collection 11. Other 77. Don't Know | 1-11,77: IF 11 selected then goto HORGOTH  ELSEIF there is at least one loan of LOANTYPE = 1 on this property then goto MGOTHER  ELSE goto MGOTHERX  RF: Goto SPCLPAY2 |
| 03I | HORGOTH | Specify: | IF at least one loan of LOANTYPE = 1 for this property then goto MGOTHER  ELSE goto MGOTHERX |
| 03I | MGOTHER | **Since the first of (reference month), have you made ANY regular payments for  these services?**   1. Yes 2. No | 1,DK,RF: Goto MGOTHERX  2: IF PROPTYPE = 2 then goto SPCLPAY1  ELSE goto SPCLPAY2 |
| 03I | MGOTHERX | **Since the first of (reference month), how much (have/has) (you/your household) paid for these services?** | 1-99999999: Goto MGOTHRCX  0,DK,RF: IF PROPTYPE = 2 then goto SPCLPAY1  ELSE goto SPCLPAY2 |
| 03I | MGOTHRCX | **How much of that amount was paid this month?** | IF PROPTYPE = 2 then goto SPCLPAY1 ELSE goto SPCLPAY2 |
| 03I | SPCLPAY1 | 7  ? [F1] **(Have/Has) (you/your household) made any SPECIAL payments to a management service?**  1. Yes 2. No | 1: Goto COOPSP3  2,DK,RF: Goto ASSESSMT |
| 03I | SPCLPAY2 | 8? [F1] **(Have/Has) (you/your household) made any SPECIAL payments to a management service?**  1. Yes 2. No | 1: Goto HOCOSP3  2,DK,RF: Goto ASSESSMT |
| 03I | COOPSP3 | 7    ? [F1]      **Since the first of (reference month), what services were provided?**Enter all that apply, separate with commas  1. Repayment of loans owed by the cooperative 2. Property taxes 3. Property insurance 4. Management 5. Repairs or mantainence, including lawn care or snow removal 6. Improvements 7. Recreational including swimming, golf, or tennis facilitieds 8. Security including guards or alarm systems 9. Utilities such as gas, electricity, water, heat 10. Trash collection 11. Other  77. Don't Know | IF 11 is selected then goto COSPOTH  ELSE goto SPECLX |
| 03I | COSPOTH | Specify: | Goto SPECLX |
| 03I | HOCOSP3 | 8    ? [F1] **Since the first of (reference month), what services were provided?** Enter all that apply, separate with commas  1. Management 2. Repairs or maintenance, including lawn care or snow removal 3. Improvements 4. Utilities such as gas, electricity, water, heat 5. Parking 6. Recreational including swimming, golf, or tennis facilities 7. Security including guards or alarm systems 8. Maid Services 9. Medical Services 10. Trash collection 11. Other 77. Don't Know | IF 11 is selected then goto HOSPOTH  ELSE goto SPECLX |
| 03I | HOSPOTH | Specify: | Goto SPECLX |
| 03I | SPECLX | **Since the first of (reference month), how much were these  special payments?** | 1-99999999: goto SPECLCX  DK,RF: Goto ASSESSMT |
| 03I | SPECLCX | **How much of that amount was paid this month?** | Goto ASSESSMT |
| 03I | ASSESSMT | **Since the first of (reference month) (have/has) (you/your household) paid any special assessments to a local government for construction or repair of roads, sidewalks, or other things like that?**  1. Yes 2. No | 1: Goto ASSESSX  2,DK,RF: IF OWNYB = 100 then goto RNTEQVX  ELSEIFIF OWNYB = 300 then goto VAC\_OCCQ  ELSE goto S3I\_END |
| 03I | ASSESSX | **What was the total amount paid?** | 1-99999999: goto ASSESSCX  DK,RF: IF OWNYB = 100 then goto RNTEQVX  ELSEIF OWNYB = 300 then goto VAC\_OCCQ  ELSE goto S3I\_END |
| 03I | ASSESSCX | **How much of that amount was paid this month?** | 0-99999999: IF OWNYB = 100 then goto RNTEQVX  ELSEIF OWNYB = 300 then goto VAC\_OCCQ  ELSE goto S3I\_END  DK,RF: IF OWNYB = 100 then goto RNTEQVX  ELSEIF OWNYB = 300 then goto VAC\_OCCQ  ELSE goto S3I\_END |
| 03I | VAC\_OCCQ | **Since the first of (reference month), how much time did you occupy this (timeshare/property)?** Enter quantity and select period on next screen. | 0,DK,RF: IF TIMESHAR (from 3B) = 2, DK or RF then goto VAC\_SEC  ELSEIF TIMESHAR (from 3B) = 1 then goto TIME\_RNT  ELSE goto S3I\_END  1-150: Goto VAC\_OCCY |
| 03I | VAC\_OCCY | Enter time period.  1. Days 2. Weeks 3. Months 4. Percent 5. Other, specify | 1-4,DK,RF: IF TIMESHAR (from 3B) = 2, DK or RF then goto VAC\_SEC  ELSEIF TIMESHAR (from 3B) = 1 then goto TIME\_RNT  ELSE goto S3I\_END  5: Goto VAC\_OTH |
| 03I | VAC\_OTH | Specify: | IF TIMESHAR (from 3B) = 2, DK or RF then goto VAC\_SEC  ELSEIF TIMESHAR (from 3B) = 1 then goto TIME\_RNT  ELSE goto S3I\_END |
| 03I | VAC\_SEC | **Since the first of (reference month), was this property either rented by someone outside your household or available to be rented?**  1. Yes 2. No | 1: Goto VAC\_RNTQ  2,DK,RF: Goto RNTEQVX |
| 03I | VAC\_RNTQ | **Since the first of (reference month), how much time was this property rented by someone outside your household?** Enter quantity and select period on next screen. | 0,DK,RF: Goto VAC\_AVAQ  1-150: Goto VAC\_RNTY |
| 03I | VAC\_RNTY | Enter time period. 1. Days 2. Weeks 3. Months 4. Percent 5. Other, specify | 1-4,DK,RF: Goto VAC\_AVAQ  5: Goto VAC\_ROTH |
| 03I | VAC\_ROTH | Specify: | Goto VAC\_AVAQ |
| 03I | VAC\_AVAQ | **Since the first of  (reference month), how much time was this property available to be rented, but not rented out?** Enter quantity and select period on next screen. | 0,DK,RF: IF OWNYB = 300 then goto RNTEQV2X  ELSE goto S3I\_END  1-150: Goto VAC\_AVAY |
| 03I | VAC\_AVAY | Specify  1. Days 2. Weeks 3. Months 4. Percent 5. Other, specify | 1-4: IF OWNYB = 300 then goto RNTEQV2X  ELSE goto S3I\_END  DK,RF: IF OWNYB = 300 then goto RNTEQV2X  ELSE goto S3I\_END  5: Goto VAC\_AOTH |
| 03I | VACAOTH | Specify | IF OWNYB = 300 then goto RNTEQV2X  ELSE goto S3I\_END |
| 03I | RNTEQV2X | **If someone were to rent this home today, how much do you think it would rent for?** | Goto RENTPERD |
| 03I | RENTPERD | Ask if not already stated. **What period of time does this rental amount cover?**   1. Week 2. Month 3. Quarter 4. Other specify | 1-3,DK,RF: Goto RENTUTIL  4: Goto RNPEROTH |
| 03I | RNPEROTH | Specify: | Goto RENTUTIL |
| 03I | RENTUTIL | **Does this amount include utilities?**  1. Yes 2. No | Goto PROPVALX |
| 03I | RNTEQVX | **If someone were to rent this (including part of the property currently being used for business, farming, or rented/home today) how much do you think it  would rent for monthly, unfurnished and without utilities?** | 1-999999: IF OWNYB = 100 OR (OWNYB = 300 AND TIMESHAR (from 3B) = 2, D or R then goto PROPVALX  ELSE goto S3I\_END  DK,RF: IF OWNYB = 100 OR (OWNYB = 300 AND TIMESHAR (from 3B) = 2, DK or RF then goto PROPVALX  ELSE goto S3I\_END |
| 03I | PROPVALX | **About how much do you think this property would sell for on today's market?** | Goto S3I\_END |
| 03I | TIME\_RNT | **Since the first of (reference month), did you rent this timeshare to someone outside your household?**  1. Yes 2. No | Goto RNTEQV3X |
| 03I | RNTEQV3X | **If you were to rent this timeshare today to someone else, instead of using it yourself, how much would it rent for weekly?** | Goto PRPVAL2X |
| 03I | PRPVAL2X | **If you were able to sell this timeshare, about how much do you think it would sell for on today's market?** | 0-99999999: Goto S3I\_END |
| 03 | ANYRENT | **Since the first of (reference month) have (you/you or any members of your household) rented any houses, apartments, or temporary living quarters NOT used entirely for business or vacation?** Do NOT include college or university regulated housing. 1. Yes 2. No | 1: Goto RENTX1   2,DK,RF: Goto Section 4 |
| 02B | RENTX1 | **What was your total rental payment for (reference month) for this unit?   Include any extra charges for garage or parking facilities, but do not include direct payments by local, state or federal agencies.** | Goto RENTX2 |
| 02B | RENTX2 | **What was the total rental payment for (month) for this unit?** | Goto RENTX3 |
| 02B | RENTX3 | **What was your total rental payment for (last month) for this unit?** | Goto RTELECT |
| 02B | RTELECT | 6 **Does the rental payment include the cost of -                 . . . Electricity?**   1. Yes 2. No | Goto RTGAS |
| 02B | RTGAS | 6Repeat if necessary **Does the rental payment include the cost of -            . . . . Gas?**   1. Yes 2. No | Goto RTWATER |
| 02B | RTWATER | 6Repeat if necessary **Does the rental payment include the cost of -            . . . Piped in water?**  1. Yes 2. No | Goto RTHEAT |
| 02B | RTHEAT | 6Repeat if necessary **Does the rental payment include the cost of -           . . . . Heating?**   1. Yes 2. No | Goto RTTRASH |
| 02B | RTTRASH | 6Repeat if necessary **Does the rental payment include the cost of -           . . . Trash/garbage collection?**  1. Yes 2. No | Goto RTPARK |
| 02B | RTPARK | 6  Repeat if necessary **Does the rental payment include the cost of -         . . . Garage and parking facilities?**   1. Yes 2. No | Goto RTASPAY |
| 02B | RTTELEPH | 6    Repeat if necessary **Does the rental payment include the cost of -        . . . Telephone services?**   1. Yes 2. No | Goto RTTVCABL |
| 02B | RTTVCABL | 6Repeat if necessary    **Does the rental payment include the cost of -     . . . Television services?**  1. Yes 2. No | Goto RTINTRNT |
| 02B | RTINTRNT | 6  Repeat if necessary **Does the rental payment include the cost of -     . . . Internet services?**  1. Yes 2. No | Goto RTFUNSH |
| 02B | RTFUNSH | 6Repeat if necessary  **Does the rental payment include the cost of -     . . . Furniture?**  1. Yes 2. No | Goto RTASPAY |
| 02B | RTASPAY | **Did (you/you or any members of your household) receive any reduced or free rent for  this unit as a form of pay since the first of (reference month)?**   1. Yes 2. No | 1: Goto RTCOMPX  2,DK,RF: IF BCeintro.BUSCREEN = 2 AND (PSU=06001, 06013, 06037, 06041, 06059, 06065, 06071, 06081, 06073, 06075, 06087, 06097, 11001, 24021, 24043, 34003, 34013, 34017, 34023, 34027, 34031, 34037, 36005, 36047, 36059, 36061, 36081, 36085, 36087, 36103, 36119) go to RENTCONT   ELSEIF BCeintro.BUSCREEN = 2 goto MORERENT   ELSE goto RTBSNS |
| 02B | RTCOMPX | **What is the current monthly rental charge to another tenant for a similar unit?** | Goto REGRNTX |
| 02B | REGRNTX | **What is your regular rental payment?** | IF BCeintro.BUSCREEN = 2 AND (PSU=06001, 06013, 06037, 06041, 06059, 06065, 06071, 06081, 06073, 06075, 06087, 06097, 11001, 24021, 24043, 34003, 34013, 34017, 34023, 34027, 34031, 34037, 36005, 36047, 36059, 36061, 36081, 36085, 36087, 36103, 36119) go to RENTCONT  ELSEIF BCeintro.BUSCREEN = 2 goto MORERENT  ELSE goto RTBSNS |
| 02B | RTBSNS | **Is any portion of this unit used for your own business?**   1. Yes 2. No | 1: Goto RTBSNSZ  2,DK,RF: IF PSU = 06001, 06013, 06037, 06041, 06059, 06065, 06071, 06073, 06075, 06081 06087, 06097, 11001, 24021, 24043, 34003, 34013, 34017, 34023, 34027, 34031, 34037, 36005, 36047, 36059, 36061, 36081, 36085, 36087, 36103, 36119, then goto RENTCONT  ELSE goto MORERNT |
| 02B | RTBSNSZ | **What percent of the rental payment is counted as a business expense?**Enter to the nearest whole percent. | 1-99,DK,RF: IF PSU = 06001, 06013, 06037, 06041, 06059, 06065, 06071, 06073, 06075, 06081, 06087, 06097, 11001, 24021, 24043, 34003, 34013, 34017, 34023, 34027, 34031, 34037, 36005, 36047, 36059, 36061, 36081, 36085, 36087, 36103, 36119 then goto RENTCONT  ELSE goto MORERNT  100: Goto ERR2\_RTBSNSZ |
| 02B | RENTCONT | **Is this unit under rent control?**   1. Yes 2. No | Goto MORERNT |
| 02B | MORERNT | **Since the first of (reference month), have (you/you or any members of your household) rented any other houses, apartments, or temporary living quarters NOT used entirely for business or vacation?**  Do NOT include college or university regulated housing.  1. Yes 2. No | 1: Goto RENTX1  2,DK,RF: Goto S2\_END |
| 04A | S4A\_INTRO | 9 **Now I am going to ask about utilities including telephone 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 bill you have received, even if the bill has not been paid.  First, I'll ask you about telephone bills.**   Description  Amount1     Amount2    Amount3    (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3) 1. Enter 1 to Continue | Goto TELEBILL |
| 04A | TELEBILL | 9    ? [F1] **Since the first of (reference month), have (you/you or any members of your household) 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 2. No | 1: IF any 8500.TELCOMP = 1-20 then goto PREVCOMP  ELSE goto TELCOMP  2,DK,RF: Goto S4A\_END |
| 04A | PREVCOMP | **What is the name of the company which provides the service?**      Description  Amount1     Amount2    Amount3      (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3)  1. ^Temprevcomp[1] 2. ^Temprevcomp[2] 3. ^Temprevcomp[3] 4. ^Temprevcomp[4] 5. ^Temprevcomp[5] 6. ^Temprevcomp[6] 7. ^Temprevcomp[7] 8. ^Temprevcomp[8] 9. ^Temprevcomp[9] 10. ^Temprevcomp[10] 11. ^Temprevcomp[11] 12. ^Temprevcomp[12] 13. ^Temprevcomp[13] 14. ^Temprevcomp[14] 15. ^Temprevcomp[15] 16. ^Temprevcomp[16] 17. ^Temprevcomp[17] 18. ^Temprevcomp[18] 19. ^Temprevcomp[19] 20. ^Temprevcomp[20] 55. Company name not listed 888. Delete the line | 1-20: IF BCeintro.BUSCREEN = 2 goto TELCHGX1  ELSE goto TELBSNS  55: Goto TELCOMP  888: Goto TELOTH |
| 04A | TELCOMP | **(What is the name of the company which provides the service?/"\* Enter company name)**      Description  Amount1     Amount2    Amount3      (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3)Enter 888 to delete the line | 888: Goto TELOTH  All others: IF BCeintro.BUSCREEN = 2 goto TELCHGX1  ELSE goto TELBSNS |
| 04A | TELBSNS | **Will any of the charges be deducted as a business expense?**      Description  Amount1     Amount2    Amount3      (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3)    1. Yes 2. No | 1: Goto TELBSNZ  2,DK,RF: Goto TELCHGX1 |
| 04A | TELBSNZ | **What percentage will be deducted?**   Description  Amount1     Amount2    Amount3    (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3) | 1-99,DK,RF: Goto TELCHGX1  100: Goto CK\_TELBSNZ |
| 04A | TELCHGX1 | **How much were you billed for in (reference month)?    Do not include any unpaid charges from a previous billing period.**      Description  Amount1     Amount2    Amount3      (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3) | Goto TELCHGX2 |
| 04A | TELCHGX2 | **How much were you billed for in (month)?    Do not include any unpaid charges from a previous billing period.**   Description  Amount1     Amount2    Amount3    (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3) | Goto TELCHGX3 |
| 04A | TELCHGX3 | **How much were you billed for in (last month)?    Do not include any unpaid charges from a previous billing period.**     Description  Amount1     Amount2    Amount3    (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3) | 1-999999: IF TELCHGX1 = 0 OR TELCHGX2 = 0 then goto BILPERD  ELSE goto TYPETEL  0: Goto BILPERD  DK,RF: IF TELCHGX1 = 0 OR TELCHGX2 = 0 then goto BILPERD  ELSE goto TYPETEL |
| 04A | BILPERD | **What is your usual billing period for this service?**     Description  Amount1     Amount2    Amount3    (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3)  1. Month 2. 2 months 3. Quarter 4. Annual 5. Other | Goto TYPETEL |
| 04A | TYPETEL | 9 ? [F1] **What types of telephone services did the bill include -** Read each item on list.Enter all that apply, separate with commas.    Description  Amount1     Amount2    Amount3    (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3) 1. Residential Service including Voice over IP? 2. Mobile or Cellular Service including prepaid? | Goto TELTEMP |
| 04A | TELTEMP | 9    ? [F1] **Which of the following telephone service items were included in the bill(s) -**  (\* Do not include data plans for mobile phones in 1. Internet access. / )Read each item on list.  Enter all that apply, separate with commas.     Description  Amount1     Amount2    Amount3     (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3)  0. None 1. Internet service (including broadband, DSL and dial-up)? 2. Cable or satellite television service? 3. Applications, games, or ringtones? 77. Misc Combined (Unable to specify/ DK) | 0,77: IF 0 only or 77 only then goto TELOTH  ELSEIF 0 is selected with another option then goto CK\_TELTEMP  1-3: Goto TELBLPRS  DK,RF: Goto TELOTH |
| 04A | TELBLPRS | Is respondent referring to a detailed bill, including online or digital?     Do not include checkbooks  1. Yes 2. No | 1: IF 1 selected in TELTEMP then goto TINTNTX1  ELSEIF 2 selected in TELTEMP then goto TCABLEX1  ELSE goto TAPPGMX1  2: Goto TELOTH |
| 04A | TINTNTX1 | **How much of the (reference month) charges were for internet access?**        (\* Do not include data plans for mobile phones./ )    Description  Amount1     Amount2    Amount3    (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3) | Goto TINTNTX2 |
| 04A | TINTNTX2 | **How much of the (month) charges were for internet access?**        (\* Do not include data plans for mobile phones./ )    Description  Amount1     Amount2    Amount3    (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3) | Goto TINTNTX3 |
| 04A | TINTNTX3 | **How much of the (last month) charges were for internet access?**        (\* Do not include data plans for mobile phones./ )   Description  Amount1     Amount2    Amount3    (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3) | IF 2 selected in TELTEMP then goto TCABLEX1  ELSEIF 3 selected in TELTEMP then goto TAPPGMX1  ELSE goto TELOTH |
| 04A | TCABLEX1 | **How much of the (reference month) charges were for cable or satellite television service?**     Description  Amount1     Amount2    Amount3    (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3) | Goto TCABLEX2 |
| 04A | TCABLEX2 | **How much of the (month) charges were for cable or satellite television service?**     Description  Amount1     Amount2    Amount3    (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3) | Goto TCABLEX3 |
| 04A | TCABLEX3 | **How much of the (last month) charges were for cable or satellite television service?**     Description  Amount1     Amount2    Amount3    (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3) | IF 3 selected in TELTEMP then goto TAPPGMX1  ELSE goto TELOTH |
| 04A | TAPPGMX1 | **How much of the (reference month) charges were for applications, games, or ringtones?**    Description  Amount1     Amount2    Amount3    (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3) | Goto TAPPGMX2 |
| 04A | TAPPGMX2 | **How much of the (month) charges were for applications, games, or ringtones?**    Description  Amount1     Amount2    Amount3    (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3) | Goto TAPPGMX3 |
| 04A | TAPPGMX3 | **How much of the (last month) charges were for applications, games, or ringtones?**    Description  Amount1     Amount2    Amount3    (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3) | Goto TELOTH |
| 04A | TELOTH | **Did (you/you or any members of your household) receive any other bills for telephones not used entirely for business purposes?**    Description  Amount1     Amount2    Amount3    (TELCOMP)   (TELCHGX1)  (TELCHGX2) (TELCHGX3)  1. Yes 2. No | 1: IF any 8500.TELCOMP = 1-20 then goto PREVCOMP, next row of the table  ELSE goto TELCOMP, next row of the table  2: Goto S4A\_END |
| 04B | FONCARD | 9 **Since the first of (reference month), have (you/you or any members of your household) purchased any pre-paid long distance telephone cards/minutes, not already reported?** Do not include prepaid cellular minutes 1. Yes 2. No | 1: Goto FONCARDX  2,DK,RF: Goto S4B\_END |
| 04B | FONCARDX | **What was the total amount paid?** | Goto FONCRDCX |
| 04B | FONCRDCX | **How much of the total was paid this month?** | Goto S4B\_END |
| 04C | S4C\_INTRO | 9 **Now I am going to ask about cable and satellite TV service, satellite radio service, and internet service expenditures.**          Expense    Amount     Month           (INTSERV)   (INTCHGX) (INTMO)  1. Enter 1 to Continue | Goto UTI\_ITEM |
| 04C | UTI\_ITEM | 9    ? [F1] **Since the first of (reference month) have (you/you or any members of your household) had any expenses for . . .**Read each item on list. 1. Cable or satellite TV services, not already reported?  2. Satellite radio services? 3. Internet connection or an internet service provider, not already reported? 4. Internet services away from home such as web cafes or internet kiosks? 99. None/ no more entries 888. Delete the line | 1-4: goto INTDESC  99: Goto S4C\_END  888: IF no more grid lines then goto S4C\_END  ELSE goto UTI\_ITEM - next line of table |
| 04C | INTDESC | **What was the expense for?**          Expense    Amount    Month           (INTSERV)  (INTCHGX) (INTMO) | IF INTNMBR = 4 AND UTI\_ITEM = 3 AND (INTPER = 201607, 201608,  201609 or training or systems test or ver test)   then goto INTCOMP  ELSE goto INTMO |
| 04C | INTCOMP | Ask if not apparent  **What is the name of the company providing the internet service?** | Goto INTMO |
| 04C | INTMO | **In what month was the expense?** Enter 13 for same amount each month of the reference period             Expense    Amount    Month           (INTSERV)   (INTCHGX) (INTMO)  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December 13. Same amount each month. | Goto INTCHGX |
| 04C | INTCHGX | **(What was your monthly expense?/How much was this expense?)**             Expense     Amount    Month           (INTSERV)   (INTCHGX) (INTMO) | Goto INTCMB\_S |
| 04C | INTCMB\_S | Enter 'C' for combined expenses. | C: Goto INTCMB  EMPTY: Goto INTMORE |
| 04C | INTCMB | 9    ? [F1] **What was (Description) combined with?**  Enter all that apply, separate with commas.            Expense     Amount    Month           (INTSERV)   (INTCHGX) (INTMO)  1. Cable or satellite TV services 2. Satellite radio services  3. Internet connection or an internet service provider 4. Internet services away from home such as web cafes or internet kiosks | Goto INTMORE |
| 04C | INTMORE | **Did you have any other expenses for (Description)?**        Expense     Amount    Month          (INTSERV)   (INTCHGX) (INTMO)  1. Yes 2. No | 1: goto UTI\_ITEM, next row of table  2,DK,RF: Goto UTI\_ITEM, next row of table |
| 04D | S4D\_INTRO | 10 **Now I am going to ask about utility bills.** Prop #    Property Description  Company Name Utility  Amount1   Amount2  Amount3 (WHATPROP) (UTLPDESC)          (COMPNAME)   (UTILY)  (UTLCHGX1)(UTLCHGX2) (UTLCHGX3) 1. Enter 1 to Continue | Goto UTC\_ITEM |
| 04D | UTC\_ITEM | 10   ? [F1] **Since the first of (reference month), have (you/you or any members of your household) received any bills for any of the following utilities, fuels, or services?  Do not include bills for properties used entirely for business.**  Read each item on list:    1. Electricity 2. Natural or utility gas 3. Fuel oil 4. Bottled or tank gas 5. Other fuels including wood 6. Piped-in water and sewerage maintenance 7. Garbage and recycling collection 8. Water softening service 9. Septic tank cleaning 99. None/No more entries 888. Delete the line | 1-9: goto WHATPROP  99: Goto S4D\_END  888: Goto next row of table |
| 04D | WHATPROP | **Which property was the bill for?**  1. ^Prop\_display[1] 2. ^Prop\_display[2] 3. ^Prop\_display[3] 4. ^Prop\_display[4] 5. ^Prop\_display[5] 6. ^Prop\_display[6] 7. ^Prop\_display[7] 8. ^Prop\_display[8] 9. ^Prop\_display[9] 10. ^Prop\_display[10] 11. ^Prop\_display[11] 12. ^Prop\_display[12] 13. ^Prop\_display[13] 14. ^Prop\_display[14] 15. ^Prop\_display[15] 16. ^Prop\_display[16] 17. ^Prop\_display[17] 18. ^Prop\_display[18] 19. ^Prop\_display[19] 20. ^Prop\_display[20] 40. ^Prop\_display[40] 41. ^Prop\_display[41] 42. Rented vacation Property 43. Property not owned or rented by household | 1-20,40: IF UTC\_ITEM = 1-3, 6-7 and no data in any 8500.COMPNAME [1]-[40] then goto COMPNAME  ELSEIF UTC\_ITEM = 1-3, 6-7 and any data in 8500.COMPNAME [1]-[40] then goto LASTCOMP  ELSEIF BCeintro.BUSCREEN = 2 goto UTLCHGX1  ELSE goto UTILBUSN  41,42,43,DK,RF: Goto UTLPDESC |
| 04D | UTLPDESC | **Briefly describe the property.** | IF UTC\_ITEM = 1-3, 6-7 AND no data in any 8500.COMPNAME [1]-[40] then goto COMPNAME  ELSEIF UTC\_ITEM = 1-3, 6-7 and any data in 8500.COMPNAME [1]-[40] then goto LASTCOMP  ELSEIF BCeintro.BUSCREEN = 2 goto UTLCHGX1  ELSE goto UTILBUSN |
| 04D | LASTCOMP | **What is the name of the company or government agency which provides (Utility description)?** Prop #  Property Description  Company Name  Utility Amount1    Amount2  Amount3 (WHATPROP)(UTLPDESC)          (COMPNAME)   (UTILY)  (UTLCHGX1)(UTLCHGX2)(UTLCHGX3)  1. ^Comp\_display[1] 2. ^Comp\_display[2] 3. ^Comp\_display[3] 4. ^Comp\_display[4] 5. ^Comp\_display[5] 6. ^Comp\_display[6] 7. ^Comp\_display[7] 8. ^Comp\_display[8] 9. ^Comp\_display[9] 10. ^Comp\_display[10] 11. ^Comp\_display[11] 12. ^Comp\_display[12] 13. ^Comp\_display[13] 14. ^Comp\_display[14] 15. ^Comp\_display[15] 16. ^Comp\_display[16] 17. ^Comp\_display[17] 18. ^Comp\_display[18] 19. ^Comp\_display[19] 20. ^Comp\_display[20] 55. Company name not listed | 1-20: IF BCeintro.BUSCREEN = 2 goto UTLCHGX1  ELSE goto UTILBUSN  55: Goto COMPNAME |
| 04D | COMPNAME | **What is the name of the company or government agency which provides (Utility description)?** Prop #    Property Description  Company Name Utility  Amount1   Amount2 Amount3 (WHATPROP) (UTLPDESC)          (COMPNAME)   (UTILY)  (UTLCHGX1)(UTLCHGX2) (UTLCHGX3) | IF BCeintro.BUSCREEN = 2 goto UTLCHGX1 ELSE goto UTILBUSN |
| 04D | UTILBUSN | **Will any part of the (Utility Description) charges be deducted as a business expense?** Prop #    Property Description  Company Name Utility  Amount1 Amount2 Amount3 (WHATPROP) (UTLPDESC)          (COMPNAME)   (UTILY)  (UTLCHGX1)(UTLCHGX2) (UTLCHGX3)  1. Yes 2. No | Goto UTLCHGX1 |
| 04D | UTLCHGX1 | **How much were you billed for in (reference month)?** Prop #    Property Description  Company Name Utility  Amount1 Amount2 Amount3 (WHATPROP) (UTLPDESC)          (COMPNAME)   (UTILY)  (UTLCHGX1)(UTLCHGX2) (UTLCHGX3) | Goto UTILCHGX2 |
| 04D | UTLCHGX2 | **How much were you billed for in  (month)?** Prop #    Property Description  Company Name Utility  Amount1 Amount2 Amount3 (WHATPROP) (UTLPDESC)          (COMPNAME)   (UTILY)  (UTLCHGX1)(UTLCHGX2) (UTLCHGX3) | Goto UTILCHGX3 |
| 04D | UTLCHGX3 | **How much were you billed for in  (last month)?** Prop #    Property Description  Company Name Utility  Amount1 Amount2 Amount3 (WHATPROP) (UTLPDESC)          (COMPNAME)   (UTILY)  (UTLCHGX1)(UTLCHGX2) (UTLCHGX3) | 1-999999: IF UTLCHGX1 = 0 OR UTLCHGX2 = 0 then goto BLPERIOD  ELSE goto UTILCMB\_S  0: Goto BLPERIOD  DK,RF: Goto UTILCMB\_S |
| 04D | BLPERIOD | **What is your usual billing period for the service?** Prop #    Property Description  Company Name Utility  Amount1 Amount2 Amount3 (WHATPROP) (UTLPDESC)          (COMPNAME)   (UTILY)  (UTLCHGX1)(UTLCHGX2) (UTLCHGX3)  1. Month 2. 2 months 3. Quarter 4. Annual 5. Other | 1-4,DK,RF: Goto UTILCMB\_S  5: Goto BLPEROTH |
| 04D | BLPEROTH | Specify:Prop #    Property Description  Company Name Utility  Amount1 Amount2 Amount3 (WHATPROP) (UTLPDESC)          (COMPNAME)   (UTILY)  (UTLCHGX1)(UTLCHGX2) (UTLCHGX3) | Goto UTILCMB\_S |
| 04D | UTILCMB\_S | Enter 'C' for a combined expense | C: Goto UTILCMB  EMPTY: Goto MOREBILL |
| 04D | UTILCMB | 10    ? [F1]  **What other utilities, fuels, or services was (Utility Description) combined with?**Enter all that apply, separate with commas.Prop #    Property Description  Company Name Utility  Amount1 Amount2 Amount3 (WHATPROP)(UTLPDESC)            (COMPNAME)   (UTILY)  (UTLCHGX1)(UTLCHGX2) (UTLCHGX3) 1. Electricity 2. Natural or utility gas 3. Fuel oil 4. Bottled or tank gas 5. Other fuels including wood 6. Piped-in water and sewerage maintenance 7. Garbage and recycling collection 8. Water softening service 9. Septic tank cleaning 77. Misc. combined (unable to specify/DK) | Goto MOREBILL |
| 04D | MOREBILL | **Did you receive any other (Utility Description) bills?** Prop #    Property Description  Company Name Utility  Amount1 Amount2 Amount3 (WHATPROP) (UTLPDESC)          (COMPNAME)   (UTILY)  (UTLCHGX1)(UTLCHGX2) (UTLCHGX3) 1. Yes 2. No | 1: goto UTC\_ITEM, next row in the table  2,DK,RF: IF ROW number = 40 then goto S4D\_END  ELSE goto UTC\_ITEM, next row in the table |
| 05 | S5\_INTRO | 11-13 **Now I am going to ask about expenses for construction, repairs, alterations and  maintenance of property.**        Prop. Description  Work Desc.           (PRP5DESC)         (WRKDESC)      1. Enter 1 to Continue | Goto CRB\_ITEM |
| 05 | CRB\_ITEM | **SCREEN 1 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -** 11    ? [F1] **First, let's talk about the construction or alteration of property you (owned/rent/own or rent).  (You should not include jobs that have been or will be totally reimbursed by someone outside your household such as a landlord./ )  Since the first of (reference month), have (you/you or any members of your household) had  expenses for -**Read each item on list. **SCREEN 2 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -** 12    ? [F1] **Now, let's talk about maintenance and repairs for property you (owned/rent/own or rent).  (You should not include jobs that have been or will be totally reimbursed by someone outside your household such as a landlord./ )2**Read each item on list.    **SCREEN 3 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -** 11-12    ? [F1] **Have there been any expenses for any other property, such as property that you do not (owned/rent/own or rent), paid for by (you/you or any members of your household)?**   If Yes -  **Which type of job were those expenses for?**   1. ^S5a\_Fill1 2. ^S5a\_Fill2 3. ^S5a\_Fill3 4. ^S5a\_Fill4 5. ^S5a\_Fill5 6. ^S5a\_Fill6 7. ^S5a\_Fill7 8. ^S5a\_Fill8 9. ^S5a\_Fill9 10. ^S5a\_Fill10 11. ^S5a\_Fill11 12. ^S5a\_Fill12 13. ^S5a\_Fill13 14. ^S5a\_Fill14 15. ^S5a\_Fill15 16. ^S5a\_Fill16 17. ^S5a\_Fill17 18. ^S5a\_Fill18 19. ^S5a\_Fill19 95. Continue List 99. None/No more entries 888. Delete the line | 1-19: goto CRMPROPI  95: Goto next row  99: Goto ADVMATER  888: IF no more grid lines then goto ADVMATER  ELSE goto CRB\_ITEM - next line of grid |
| 05 | CRMPROPI | **On which property was the work done?**        Prop Description  Work Desc         (WRKDESC)          (PRP5DESC)   1. ^tempprop[1] 2. ^tempprop[2] 3. ^tempprop[3] 4. ^tempprop[4] 5. ^tempprop[5] 6. ^tempprop[6] 7. ^tempprop[7] 8. ^tempprop[8] 9. ^tempprop[9] 10. ^tempprop[10] 11. ^tempprop[11] 12. ^tempprop[12] 13. ^tempprop[13] 14. ^tempprop[14] 15. ^tempprop[15] 16. ^tempprop[16] 17. ^tempprop[17] 18. ^Property[18] 19. ^Property[19] 20. ^tempprop[20] 97. ^tempprop[21] 98. ^tempprop[22] 99. Property not owned or rented by household | 1-20: goto WRKDESC  97: Goto WRKDESC  98,99,DK,RF: Goto PRP5DESC |
| 05 | PRP5DESC | **Briefly describe the property.**                 Prop Description  Work Desc                  (WRKDESC)         (PRP5DESC) | Goto WRKDESC |
| 05 | WRKDESC | **What work was done?**The description should be adequate to classify "alteration", "repair", etc., and to identify in next             interview.                Prop Description  Work Desc                   (WRKDESC)         (PRP5DESC) | IF CRB\_ITEM = 1, 3 or 5 then goto S5BCMB\_S  ELSEIF CRB\_ITEM = 2, 4, 6 or 8 then goto TEMPCODE  ELSE goto CRMTYPE |
| 05 | CRMTYPE | ? [F1]Enter the appropriate job classification code.             Prop Description  Work Desc                (WRKDESC)         (PRP5DESC)    2. Alteration 3. Replacement 4. Maintenance and repair | 2: IF CRB\_ITEM = 9, 12, 14, or 16 then goto S5BCMB\_S  ELSE goto TEMPCODE  3: IF CRB\_ITEM = 9, 11-12, 16, 18, or 19 then goto S5BCMB\_S  ELSE goto TEMPCODE  4: IF CRB\_ITEM = 10-11, 16, or 18 then goto S5BCMB\_S  ELSE goto TEMPCODE  DK,RF: Goto S5BCMB\_S |
| 05 | TEMPCODE | Enter the appropriate detailed job code.             Prop Description  Work Desc                (WRKDESC)         (PRP5DESC)    1. ^S5a\_Tempcode1 2. ^S5a\_Tempcode2 3. ^S5a\_Tempcode3 4. ^S5a\_Tempcode4 5. ^S5a\_Tempcode5 6. ^S5a\_Tempcode6 7. ^S5a\_Tempcode7 8. ^S5a\_Tempcode8 9. ^S5a\_Tempcode9 10. ^S5a\_Tempcode10 | Goto S5BCMB\_S |
| 05 | S5BCMB\_S | Enter 'C'  for a combined expense | C: Goto S5B\_COMB  EMPTY: Goto CONTRACT |
| 05 | S5B\_COMB | 11-12    ? [F1] **What other work was included in this job?**  Enter all that apply, separate with commas.  1. Homes under construction 2. Building an addition 3. Finishing a basement 4. Remodeling 5. Landscaping 6. Building outdoor patios 7. Repair outdoor patios 8. Painting/wallpapering 9. Plastering or paneling 10. Plumbing 11. Electrical work 12. Heat or air conditioning 13. Flooring installation/repair/replacement 14. Insulation 15. Roofing, gutters or downspouts 16. Siding 17. Install/Repair/Replace windows, etc 18. Masonry, brick or stucco 19. Other improvements or repairs 77. Misc. combined (unable to specify/DK) | Goto CONTRACT |
| 05 | CONTRACT | **Did you do this job yourself or did you pay someone else to do all or part of the work?**         Prop Description  Work Desc           (WRKDESC)         (PRP5DESC)    1. Self Only 2. Paid or contracted with someone else 3. Both | 1,DK,RF: Goto CRMMATER  2,3: Goto CNTRCTX3 |
| 05 | CNTRCTX3 | **What did you pay in (reference month) to someone else for this job?**         Prop Description  Work Desc         (WRKDESC)         (PRP5DESC) | Goto CNTRCTX2 |
| 05 | CNTRCTX2 | **What did you pay in (month) to someone else for this job?**         Prop Description  Work Desc          (WRKDESC)         (PRP5DESC) | Goto CNTRCTX1 |
| 05 | CNTRCTX1 | **What did you pay in (last month) to someone else for this job?**         Prop Description  Work Desc         (WRKDESC)         (PRP5DESC) | Goto CNTRCTX0 |
| 05 | CNTRCTX0 | **How much was paid this month?**         Prop Description  Work Desc        (WRKDESC)         (PRP5DESC) | IF (CNTRCTX3 = DK or CNTRCTX2 = DK or CNTRCTX1 = DK or CNTRCTX0 = DK then goto CONTRCTX  ELSEIF ITEM = 1-4, 10-12 or 19 then goto MAJ\_APPL  ELSE goto CRMMATER |
| 05 | CONTRCTX | **Since the first of (reference month), what is the total amount you paid to someone else for this job?**        Prop Description  Work Desc          (WRKDESC)         (PRP5DESC) | IF ITEM = 1-4, 10-12 or 19 then goto MAJ\_APPL  Else goto CRMMATER |
| 05 | MAJ\_APPL | 13    ? [F1] **Did any of the cost since (reference month) include the cost of any appliances or equipment?**        Prop Description  Work Desc          (WRKDESC)         (PRP5DESC)   1. Yes 2. No | 1: Goto APP\_SCR  2,DK,RF: Goto CRMMATER |
| 05 | APP\_SCR | 13    ? [F1] **Which of the following appliances or equipment were included?** Enter up to six, separate with commas.       Prop Description  Work Desc         (WRKDESC)         (PRP5DESC)  1. Cooking stove, range, or oven 2. Microwave oven 3. Refrigerator or home freezer 4. Built-in dishwasher 5. Portable dishwasher 6. Garbage disposal 7. Clothes washer or dryer 8. Range hood 9. Smoke alarms and detectors 10. Window air conditioner 11. Portable cooling and heating equipment 12. Lamps, lighting fixtures, or ceiling fans 13. Other major home appliances and equipment | 1-13; Goto APPL\_X1  DK: Goto CRMMATER |
| 05 | APPL\_X1 | **What was the total cost for (description)?**        Prop Description  Work Desc        (WRKDESC)         (PRP5DESC) | 1-999999: IF there is a second selection in APP\_SCR then goto APPL\_X2  ELSE goto CRMMATER  DK,RF: IF there is a second selection in APP\_SCR then goto APPL\_X2  ELSE goto CRMMATER |
| 05 | APPL\_X2 | **What was the total cost for (description)?**        Prop Description  Work Desc         (WRKDESC)         (PRP5DESC) | 1-999999: IF there is a third selection in APP\_SCRthen goto APPL\_X3  ELSE goto CRMMATER  DK,RF: IF there is a third selection in APP\_SCR then goto APPL\_X3  ELSE goto CRMMATER |
| 05 | APPL\_X3 | **What was the total cost for (description)?**        Prop Description  Work Desc         (WRKDESC)         (PRP5DESC) | 1-999999: IF there is a fourth selection in APP\_SCR then goto APPL\_X4  ELSE goto CRMMATER  DK,RF: IF there is a fourth selection in APP\_SCR then goto APPL\_X4  ELSE goto CRMMATER |
| 05 | APPL\_X4 | **What was the total cost for (description)?**        Prop Description  Work Desc        (WRKDESC)         (PRP5DESC) | 1-999999: IF there is a fifth selection in APP\_SCR then goto APPL\_X5  ELSE goto CRMMATER  DK,RF: IF there is a fifth selection in APP\_SCR then goto APPL\_X5  ELSE goto CRMMATER |
| 05 | APPL\_X5 | **What was the total cost for (description)?**        Prop Description  Work Desc         (WRKDESC)         (PRP5DESC) | 1-999999: IF there is a sixth selection in APP\_SCR then goto APPL\_X6  ELSE goto CRMMATER  DK,RF: IF there is a sixth selection in APP\_SCR then goto APPL\_X6  ELSE goto CRMMATER |
| 05 | APPL\_X6 | **What was the total cost for (description)?**        Prop Description  Work Desc          (WRKDESC)         (PRP5DESC) | Goto CRMMATER |
| 05 | CRMMATER | **Since the first of (reference month), have (you/you or any members of your household) PURCHASED any materials, supplies, tools or equipment for doing this job?**        Prop Description  Work Desc        (WRKDESC)         (PRP5DESC)  1. Yes 2. No | 1: Goto SUPPLYX3  2,DK,RF: Goto TOOLRENT |
| 05 | SUPPLYX3 | **What was the total cost for all items (you/your household) purchased for this job in (reference month)?**        Prop Description  Work Desc         (WRKDESC)         (PRP5DESC) | Goto SUPPLYX2 |
| 05 | SUPPLYX2 | **What was the total cost for all items (you/your household) purchased for this job in (month)?**        Prop Description  Work Desc         (WRKDESC)         (PRP5DESC) | Goto SUPPLYX1 |
| 05 | SUPPLYX1 | **What was the total cost for all items (you/your household) purchased for this job in (last month)?**        Prop Description  Work Desc         (WRKDESC)         (PRP5DESC) | Goto SUPPLYX0 |
| 05 | SUPPLYX0 | **What was the total cost for all items (you/your household) purchased for this job in (current month)?**         Prop Description  Work Desc         (WRKDESC)         (PRP5DESC) | IF SUPPLYX3 = D or SUPPLYX2 = D or SUPPLYX1 = D or SUPPLYX0 = D then goto SUPPLYX  ELSE goto TOOLRENT |
| 05 | SUPPLYX | **Since the first of (reference month), what was the total cost of all  items (you/your household) purchased for this job?**        Prop Description  Work Desc         (WRKDESC)         (PRP5DESC) | Goto TOOLRENT |
| 05 | TOOLRENT | **Since the first of (reference month), have (you/you or any members of your household) RENTED any tools or equipment for doing this job?**        Prop Description  Work Desc         (WRKDESC)         (PRP5DESC)   1. Yes 2. No | 1: Goto TOOLRTX3  2,DK,RF: Goto REIMBRS |
| 05 | TOOLRTX3 | **What was the total cost for all items (you/your household) rented for this job in (reference month)?**         Prop Description  Work Desc         (WRKDESC)         (PRP5DESC) | Goto TOOLRTX2 |
| 05 | TOOLRTX2 | **What was the total cost for all items (you/your household) rented for this job in (month)?**         Prop Description  Work Desc          (WRKDESC)         (PRP5DESC) | Goto TOOLRTX1 |
| 05 | TOOLRTX1 | **What was the total cost for all items (you/your household) rented for this job in (last month)?**         Prop Description  Work Desc          (WRKDESC)         (PRP5DESC) | Goto TOOLRTX0 |
| 05 | TOOLRTX0 | **What was the total cost for all items (you/your household) rented for this job in (current month)?**         Prop Description  Work Desc         (WRKDESC)         (PRP5DESC) | IF (TOOLRTX3 = D or TOOLRTX2 = D or TOOLRTX1 = D or TOOLRTX0 = D ) then goto TOOLRTX  ELSE goto REIMBRS |
| 05 | TOOLRTX | **Since the first of (reference month), what was the total cost for all items (you/your household) rented for this job?**         Prop Description  Work Desc        (WRKDESC)         (PRP5DESC) | Goto REIMBRS |
| 05 | REIMBRS | **Was or will any of the total cost of this job be reimbursed or paid by someone outside of your household?**         Prop Description  Work Desc          (WRKDESC)         (PRP5DESC)    1. Yes 2. No | 1: Goto REIMBRSZ  2,DK,RF: IF BUSCREEN = 2 then goto ANY5MORE  ELSE goto CRMBSNSD |
| 05 | REIMBRSZ | **What percent of the total cost was or will be reimbursed or paid by someone outside of your household?**         Prop Description  Work Desc         (WRKDESC)         (PRP5DESC) | 1-99,DK,RF: IF.BUSCREEN = 2 then goto ANY5MORE  ELSE goto CRMBSNSD  100: Goto ERR2\_REIMBRSZ |
| 05 | CRMBSNSD | **Were or will any of these expenses for this job be deducted as a business expense?**         Prop Description  Work Desc         (WRKDESC)         (PRP5DESC)    1. Yes 2. No | 1: Goto CRMBSNSZ  2,DK,RF: Goto ANY5MORE |
| 05 | CRMBSNSZ | **What percent was or will be deducted?**         Prop Description  Work Desc          (WRKDESC)         (PRP5DESC) | 1-99,DK,RF: Exit block and goto ANY5MORE  100: Goto ERR2\_CRMBSNSZ |
| 05 | ANY5MORE | **Did you have any other expenses for ^S5\_desc?**         Prop Description  Work Desc          (WRKDESC)         (PRP5DESC)   1. Yes 2. No | Goto CRB\_ITEM, next row |
| 05 | ADVMATER | 11-12 **Since the first of (reference month), excluding this month, have (you/you or any members of your household)  purchased any materials or supplies for JOBS NOT YET STARTED?**  1. Yes 2. No | 1: Goto ADVDESC 2,DK,RF: Goto MATNSPEC |
| 05 | ADVDESC | **What kind of job will the materials be used for?** Enter a brief description. | Goto JOBCODE |
| 05 | JOBCODE | 11-12    ? [F1]Select a job type below.  1. Homes under construction 2. Building an addition 3. Finishing a basement 4. Remodeling 5. Landscaping 6. Build outdoor patios 7. Repair outdoor patios 8. Painting/wallpapering 9. Plastering or paneling 10. Plumbing 11. Electrical work 12. Heat or air conditioning 13. Flooring installation/repair/replacement 14. Insulation 15. Roofing, gutters or downspouts 16. Siding 17. Install/Repair/Replace windows, etc 18. Masonry, brick or stucco 19. Other improvements or repairs | Goto ADVMATX |
| 05 | ADVMATX | **What was the total cost of these materials and supplies?** | Goto S5ACMB\_S |
| 05 | S5ACMB\_S | Enter 'C'  for a combined expense | C: Goto S5A\_COMB  Empty: Goto MATNSPEC |
| 05 | S5A\_COMB | 11-12    ? [F1] **What other work will be included in this job?** Enter all that apply, separate with commas. 1. Homes under construction 2. Building an addition 3. Finishing a basement 4. Remodeling 5. Landscaping 6. Building outdoor patios 7. Repair outdoor patios 8. Painting/wallpapering 9. Plastering or paneling 10. Plumbing 11. Electrical work 12. Heat or air conditioning 13. Flooring installation/repair/replacement 14. Insulation 15. Roofing, gutters or downspouts 16. Siding 17. Install/Repair/Replace windows, etc 18. Masonry, brick or stucco 19. Other improvements or repairs 77. Misc. combined (unable to specify/DK) | Goto MATNSPEC |
| 05 | MATNSPEC | **Since the first of (reference month), excluding this month, have (you/you or any members of your household) purchased any materials or supplies NOT FOR ANY SPECIFIC JOB?**  1. Yes 2. No | 1: Goto MATNSPCX  2,DK,RF: Goto S5\_END |
| 05 | MATNSPCX | **What was the total cost?** | Goto S5\_END |
| 06A | S6A\_INTRO | 14 **Now I am going to ask about the purchase or rental of major household appliances.   Please include any shipping and handling charges with the cost of any item that was shipped.**     Description  Type        Month    Amount          (MAJTYPE)   (Purchased/ (MAJ\_MO) (MAJPURX/                     Rented)              MAJRENTX)  1. Enter 1 to Continue | Goto APA\_ITEM |
| 06A | APA\_ITEM | 14    ? [F1] **Since the first of (reference month), have (you/you or any members of your household) 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 2. Cooking stove, range or oven 3. Range hood 4. Refrigerator or home freezer 5. Built-in dishwasher 6. Portable dishwasher 7. Garbage disposal 8. Clothes washer or dryer 99. None/No more entries 888. Delete the line | 1-8: goto MAJTYPE  99: Goto S6A\_END  888: IF no more grid lines then goto S6A\_END  ELSE goto APA\_ITEM - next line of grid |
| 06A | MAJTYPE | **What did you purchase(or rent/ )?** Enter brief description of the item          Description  Type         Month    Amount             (MAJTYPE)   (Purchased/  (MAJ\_MO) (MAJPURX/                        Rented)               MAJRENTX | Goto GFTC\_MAJ |
| 06A | GFTC\_MAJ | **Was this item -**           Description  Type         Month    Amount             (MAJTYPE)   (Purchased/  (MAJ\_MO) (MAJPURX/                        Rented)               MAJRENTX  1. Purchased for someone inside the household? 2. ^S6ARENT 3. Purchased for someone outside your household? | 1,3,DK,RF: Goto MAJ\_MO  2: Goto MAJ\_AMOUNT |
| 06A | MAJ\_MO | **When did you purchase it?**           Description  Type         Month    Amount             (MAJTYPE)   (Purchased/  (MAJ\_MO) (MAJPURX/                        Rented)               MAJRENTX  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | Goto MAJ\_AMOUNT |
| 06A | MAJ\_AMOUNT | **(What was the total rental expense since the first of (reference month) not including (current month**           Description  Type         Month    Amount             (MAJTYPE)   (Purchased/  (MAJ\_MO) (MAJPURX/                        Rented)               MAJRENTX | 1-999999: Goto MAJTAX  DK,RF: Goto INSTALL |
| 06A | MAJTAX | **Did this include sales tax?**           Description  Type         Month    Amount             (MAJTYPE)   (Purchased/  (MAJ\_MO) (MAJPURX/                        Rented)               MAJRENTX  1. Yes 2. No | Goto INSTALL |
| 06A | INSTALL | **Were there any extra charges for installation or delivery?**         Include charges for disposal of old appliances.          Description  Type         Month    Amount             (MAJTYPE)   (Purchased/  (MAJ\_MO) (MAJPURX/                        Rented)               MAJRENTX  1. Yes 2. No | 1: Goto MAJINSTX  2,DK,RF: Goto MAJCMB\_S |
| 06A | MAJINSTX | **How much?**           Description  Type         Month    Amount             (MAJTYPE)   (Purchased/  (MAJ\_MO) (MAJPURX/                        Rented)               MAJRENTX | Goto MAJCMB\_S |
| 06A | MAJCMB\_S | Enter 'C' for a combined expense. | C: Goto MAJCMB  empty: Goto MAJOTHER |
| 06A | MAJCMB | 14    ? [F1] **What other appliances is the (Appliance 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 6. Portable dishwasher 7. Garbage disposal 8. Clothes washer or dryer 77. Misc. combined (unable to specify/DK) | Goto MAJOTHER |
| 06A | MAJOTHER | **Did you purchase(or rent/ ) any other (Appliance Description)?**           Description  Type         Month    Amount             (MAJTYPE)   (Purchased/  (MAJ\_MO) (MAJPURX/                        Rented)               MAJRENTX   1. Yes 2. No | 1: Goto APA\_ITEM, next row of grid  2,DK,RF: IF Row number = 7 then goto S6A\_END  ELSE goto APA\_ITEM, next row of grid |
| 06B | S6B\_INTRO | 15 - 20 **Now I am going to ask about expenses for the purchase or rental of household appliances and other selected items.  Please include any shipping and handling charges with the cost of any item that was shipped.** Description  Type        Month    Amount   MINTYPE)   (Purchased/ (MIN\_MO) (MINPURX/             Rented)             MINRENTX)  1. Enter 1 to Continue | Goto APB\_ITEM |
| 06B | APB\_ITEM | **SCREEN 1 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -** 15   ? [F1] **Since the first of (reference month), have (you/you or any members of your household) purchased or rented any of the following items?** Read each item on list **SCREEN 2 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**   16    ? [F1] **Have (you/you or any members of your household) purchased or rented any --** Read each item on list **SCREEN 3 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**   17   ? [F1] **Have (you/you or any members of your household)  purchased or rented any --** Read each item on list      **SCREEN 4 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**  18   ? [F1] **Have (you/you or any members of your household) purchased or rented any --** Read each item on list      **Screen 5----------------------------------------------------------------------------------------**  19   ? [F1] **Have (you/you or any members of your household) purchased or rented any --** Read each item on list**Screen 6----------------------------------------------------------------------------------------**  20   ? [F1] **Have (you/you or any members of your household) purchased any --** Read each item on list.   1. Small electrical kitchen appliances 2. Electrical personal care appliances 3. Electrical floor cleaning equipment 4. Other household appliances 5. Sewing machines 6. GPS devices, calculators, and fax machines 7. Digital book readers or tablets 8. Computer software including computer games^FOR\_NON\_BUS 10. Computer accessories 11. Portable memory, such as flash drives, memory cards, and recordable discs and tapes 12. Video game hardware or accessories 13. Telephones or accessories 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 including those installed in vehicles  22. DVD players, VCRs, DVRs, or video cameras 23. Satellite dishes, receivers or accessories 24. Handheld personal music players 25. Stereos, radios, speakers, and sound components, including those installed in vehicles 26. Other sound or video equipment, including accessories 27. General sports equipment (exclude athletic shoes for sports related use, such as football, baseball, soccer or bowling) 28. Health and exercise equipment 29. Camping equipment 30. Hunting and fishing equipment, including all guns 31. Winter sports equipment 32. Water sports equipment 33. Outboard motors 34. Bicycles or bicycle equipment 35. Tricycles or battery powered riders 36. Playground equipment 37. Other sports or recreation equipment 95. Continue list 99. None/No more entries 888. Delete the line | 1-37: Goto MINTYPE  95: Goto APB\_ITEM - next line of grid  99: Goto S6B\_END  888: IF no more grid lines then goto S6B\_END  ELSE goto APB\_ITEM - next line of grid |
| 06B | MINTYPE | **What did you purchase(or rent/ )?**Enter a brief description of item.        (\* Report items such as flash drives, memory cards, recordable discs, and tapes as code 13, Portable memory cards, recordable discs, and tapes as cod                  Description  Type        Month    Amount                     (MINTYPE)   (Purchased/ (MIN\_MO) (MINPURX/                                Rented)              MINRENTX) | Goto GFTCMIN |
| 06B | GFTCMIN | **Was this item ...** 1. Purchased for someone inside the household? 2. ^S6BRENT 3. Purchased for someone outside your household? | 1,3,DK,RF: Goto MIN\_MO  2: Goto MIN\_AMOUNT |
| 06B | MIN\_MO | **When did you purchase it?**                  Description  Type        Month    Amount                     (MINTYPE)   (Purchased/ (MIN\_MO) (MINPURX/                                Rented)              MINRENTX)  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | Goto MIN\_AMOUNT |
| 06B | MIN\_AMOUNT | **(What was the total rental expense since the first of (reference month) not including (current month)?/What did it cost?)** Description  Type      Month    Amount     MINTYPE)   (Purchased/ (MIN\_MO) (MINPURX/                Rented)             MINRENTX | 1-999999: Goto MINTAX  DK,RF: Goto MINCMB\_S |
| 06B | MINTAX | **Did this include sales tax?**                  Description  Type        Month    Amount                     (MINTYPE)   (Purchased/ (MIN\_MO) (MINPURX/                                Rented)              MINRENTX) 1. Yes 2. No | Goto MINCMB\_S |
| 06B | MINCMB\_S | Enter 'C' for a combined expense. | C: Goto MINCMB  empty: IF APB\_ITEM = 8, 21, 23, 25, or 26 then goto INSTLSCR  ELSE goto S6BOTHER |
| 06B | MINCMB | 15-20   ?[F1] **What other item is the (Item description) combined with?**   Enter all that apply, separate with commas. 1. Small electric kitchen appliances 2. Electric personal care appliances 3. Electric floor cleaning equipment 4. Other household appliances 5. Sewing machines 6. GPS devices, calculators, and fax machines 7. Digital book readers or tablets 8. Computers, computer systems, or related hardware 9. Computer software including computer games^FOR\_NON\_BUS 10. Computer accessories 11. Portable memory such as flash drives, memory cards, and recordable discs and tapes 12. Video game hardware or accessories 13. Telephones or accessories 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 including those installed in vehicles 22. DVD Players, VCRs, DVRs, or video cameras 23. Satellite dishes, receivers or accessories 24. Handheld personal music players 25. Stereos, radios, speakers, and sound components, including those installed in vehicles 26. Other sound or video equipment including accessories 27. General sports equipment (exclude athletic shoes for sports related use, such as football, baseball, soccer or bowling) 28. Health and exercise equipment 29. Camping equipment 30. Hunting and fishing equipment, including all guns 31. Winter sports equipment 32. Water sports equipment 33. Outboard motors 34. Bicycles or bicycle equipment 35. Tricycles or battery powered riders 36. Playground equipment 37. Other sports or recreation equipment 77. Misc. combined (unable to specify/DK) | IF ITEM = 8, 21, 23, 25, 26 then goto INSTLSCR ELSE goto S6BOTHER |
| 06B | INSTLSCR | **Were there any additional charges for installation or set-up?**          Description  Type        Month    Amount          (MINTYPE)   (Purchased/ (MIN\_MO) (MINPURX/                       Rented)              MINRENTX)   1. Yes 2. No | 1: Goto INSTLLEX  2,DK,RF: IF INTNMBR = 4 AND ITEM = 21 AND (INTPER = 201607, 201608, 201609, 201406, 201407 or 201409) then goto TVSTORE  ELSE goto MORE |
| 06B | INSTLLEX | **How much?**           Description  Type        Month    Amount            (MINTYPE)   (Purchased/ (MIN\_MO) (MINPURX/                        Rented)              MINRENTX) | 1-99999: IF INSTLLEX lt 40 or gt 1000 then goto ERR1\_INSTLLEX  ELSEIF INTNMBR = 4 AND ITEM = 21 AND (INTPER = 201607, 201608, 201609, 201406, 201407 or 201409) then goto TVSTORE  ELSE goto MORE  DK,RF: IF INTNMBR = 4 AND ITEM = 21 AND (INTPER = 201607, 201608, 201609, 201406, 201407 or 201409)) then goto TVSTORE  ELSE goto MORE |
| 06B | TVSTORE | **Where did you purchase this television?**  Enter store, website, or company name  If purchased from a private individual, enter "private individual." | IF ENTRY contains ".com", ".Com", ".cOm", ".coM", ".COm", ".CoM", ".cOM", or ".COM", then goto MORE  ELSEIF ENTRY = DK or RF then goto MORE  ELSE goto TVPURCH |
| 06B | TVPURCH | Ask if not apparent  **Was this purchased online or in-person?** 1. Online 2. In person | 1,DK,RF: Goto MORE  2: Goto TVPURLOC |
| 06B | TVPURLOC | **Where is ^TVSTORE\_fill located?**   Enter city and state | Goto MORE |
| 06B | S6BOTHER | **Did you purchase(or rent/ ) any other (description)?**                 Description  Type        Month    Amount                     (MINTYPE)   (Purchased/ (MIN\_MO) (MINPURX/                                Rented)              MINRENTX)  1. Yes 2. No | 1: Goto APB\_ITEM, next line on the grid  2,DK,RF: IF row number = 34 then goto S6B\_END  ELSE goto APB\_ITEM, next line on the grid |
| 07 | S7\_INTRO | 21 **Now I will ask about expenditures for household item maintenance or repairs and service contracts.**  Description  Month     Amount    (RPRDESC)   (SRVCMOB) (REPAIRX)  1. Enter 1 to Continue | Goto EQB\_ITEM |
| 07 | EQB\_ITEM | 21   ? [F1] **Since the first of (reference month), did (you/you or any members of your household) have any expenses for service contracts, maintenance, or repairs for any of the following items?** Read each item on list 1. Garbage disposal, range hood, or built-in dishwasher 2. Other household appliances, such as washer, refrigerator, or range/oven 3. Television, radio, video, or sound equipment, including those installed in autos or other vehicles 4. Computers, computer systems, or related equipment for non-business use 5. Lawn or garden equipment 6. Musical instruments or accessories 7. Hand or power tools 8. Photographic equipment 9. Sport or recreational equipment 10. Termite or pest control 11. Heating or air conditioning service contracts 99. None/No more entries 888. Delete the line | 1-11: Goto RPRDESC  95: Goto next row  99: Goto S7\_END  888: IF ROW number = 13 then goto S7\_END  ELSE goto APB\_ITEM - next line of grid |
| 07 | RPRDESC | **What did the service contract(or repair/ ) cover?**    Description   Month     Amount       (RPRDESC)    (SRVCMOB) (REPAIRX) | Goto SRVCMOB |
| 07 | SRVCMOB | **In what month was the expense?**    Description   Month     Amount       (RPRDESC)    (SRVCMOB) (REPAIRX)  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | Goto REPAIRX |
| 07 | REPAIRX | **What was the total cost?**    Description   Month     Amount       (RPRDESC)    (SRVCMOB) (REPAIRX) | 1-999999: Goto REPAIRTX  DK,RF: Goto RPRCB\_S |
| 07 | REPAIRTX | **Did this include sales tax?**    Description   Month     Amount       (RPRDESC)    (SRVCMOB) (REPAIRX)  1. Yes 2. No | Goto RPRCB\_S |
| 07 | RPRCB\_S | Enter 'C' for a combined expense. | C: Goto REPAIRCM  Empty: Goto RPRMORE |
| 07 | REPAIRCM | 21    ? [F1] **What other service contracts, maintenance, or repairs was ^RPRMORE\_FILL combined with?**Enter all that apply, separate with commas   Description   Month     Amount       (RPRDESC)    (SRVCMOB) (REPAIRX)  1. Garbage disposal, range hood, or built-in dishwasher 2. Other household appliances, such as washer, refrigerator, or range/oven 3. Television, radio, video, or sound equipment, including those installed in autos or other vehicles 4. Computers, computer systems, or related equipment for non-business use 5. Lawn or garden equipment 6. Musical instruments or accessories 7. Hand or power tools 8. Photographic equipment 9. Sport or recreational equipment 10. Termite or pest control 11. Heating or air conditioning service contracts 77. Misc. Combined (unable to specify/DK) | Goto RPRMORE |
| 07 | RPRMORE | **Did you pay for any other (service contracts, maintenance, or repairs/service contracts) for (Description)?**    Description   Month     Amount       (RPRDESC)    (SRVCMOB) (REPAIRX)  1. Yes 2. No | 1: Goto EQB\_ITEM, next line on grid   2,DK,RF: IF ROW number = 13 then goto S7\_END  ELSE goto EQB\_ITEM, next line on grid |
| 08A | S8A\_INTRO | 22-25  **Now I am going to ask about expenses for home furnishings and related household items. Please include any shipping and handling charges with the cost of any item that was shipped.**           Item        Month    Amount              (FURNDESC) (FURNMO) (FURNPURX)  1. Enter 1 to Continue | Goto FRA\_ITEM |
| 08A | FRA\_ITEM | **SCREEN 1 -----------------------------------------------------------------------------**  22    ? [F1] **Since the first of (reference month), have (you/you or any members of your household) purchased for (you/your household) or for someone outside of your household any --**Read each item on list **SCREEN 2 ------------------------------------------------------------------------------**  23    ? [F1]Have (you/you or any members of your household) purchased any --Read each item on list **SCREEN 3 -------------------------------------------------------------------------------**  24    ?[F1]Have (you/you or any members of your household) purchased any -- Read each item on list **SCREEN 4 -------------------------------------------------------------------------------**  25    ? [F1]Have (you/you or any members of your household) purchased any --Read each item on list 1. Sofas? 2. Living room chairs? 3. Living room tables? 4. Ping-pong, pool tables or other similar recreation room items? 5. Other living room, family, or recreation room furniture including desks, wall units, and shelving? 6. Living room furniture combinations? 7. Dining room or kitchen furniture? 8. Mattresses or box springs? 9. Bedroom furniture other than mattresses or box springs? 10. Infants furniture? 11. Infants equipment?  12. Patio, portch, or outdoor furniture? 13. Barbeque grills or outdoor decorative items? 14. Office furniture for home use? 15. Lamps, lighting fixtures, or ceiling fans? 16. Other household decorative items? 17. Closet and storage items? 18. Travel items including luggage? 19. Stainless, silver, or other flatware? 20. Non-electric cookware? 21. Dishes, glasses, or serving pieces? 22. Bedroom linens? 23. Bathroom linens? 24. Kitchen, dining room, or other linens? 25. Slipcovers, decorative pillows, or cushions? 26. Rugs or other non-permanent floor coverings, including carpet squares? 27. Curtains or drapes? 28. Blinds, shades, or other window coverings? 95. Continue 99. None/No more entries 888. Delete the line | 1-28: Goto FURNDESC  95: Goto next row  99: Goto S8A\_END  888: IF ROW number = 34 then goto S8A\_END  ELSE goto FRA\_ITEM - next line of grid |
| 08A | FURNDESC | **What did you purchase?**            Item      Month     Amount                                     (FURNDESC)(FURNMO)  (FURNPURX) | Goto FURNMO |
| 08A | FURNMO | **In what month did you purchase it?**              Item      Month     Amount                                       (FURNDESC)(FURNMO)  (FURNPURX)  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | Goto FURNGFTC |
| 08A | FURNGFTC | **Was this purchased for your household or for someone outside of your household?**                  Item         Month      Amount                 (FURNDESC)   (FURNMO)   (FURNPURX)  1. For use by household 2. For someone outside the household | Goto FURNPURX |
| 08A | FURNPURX | **What was the purchase price?**           Item      Month     Amount                                     (FURNDESC)(FURNMO)  (FURNPURX) | 1-999999: Goto FRNPURTX  DK,RF: Goto S8ACMB\_S |
| 08A | FRNPURTX | **Did this include sales tax?**            Item      Month     Amount                                     (FURNDESC)(FURNMO)  (FURNPURX)  1. Yes 2. No | Goto S8ACMB\_S |
| 08A | S8ACMB\_S | Enter 'C' for a combined expense. | C: Goto S8A\_CMB  Empty: Goto ANYOTH8 |
| 08A | S8A\_CMB | 22-25    ?[F1] **What was combined with fill for COMBCODE?**                 Enter all that apply, separate with commas.                      Item      Month     Amount                      (FURNDESC)(FURNMO)  (FURNPURX)  1. Sofas 2. Living room chairs  3. Living room tables 4. Ping-pong, pool tables or other similar recreation room items 5. Other living room, family, or recreation room furniture including desks, wall units, and shelving 6. Living room furniture combinations  7. Dinning room or kitchen furniture 8. Mattresses or box springs  9. Bedroom furniture other than mattresses or box springs 10. Infants furniture  11. Infants equipment  12. Patio, porch, or outdoor furniture  13. Barbeque grills or outdoor decorative items 14. Office furniture for home use  15. Lamps, lighting fixtures, or ceiling fans 16. Other household decorative items 17. Closet and storage items 18. Travel items including luggage 19. Stainless, silver or other flatware  20. Non-electric cookware 21. Dishes, glasses, or serving pieces 22. Bedroom linens 23. Bathroom linens 24. Kitchen, dining room, or other linens  25. Slipcovers, decorative pillows or cushions 26. Rugs or other non-permanent floor coverings, including carpet squares 27. Curtains or drapes 28. Blinds, shades or other window coverings 77. Misc. Combined (unable to specify/DK) | Goto ANYOTH8 |
| 08A | ANYOTH8 | **Did you purchase any other (description)?**           Item      Month     Amount                                     (FURNDESC)(FURNMO)  (FURNPURX)  1. Yes 2. No | 1: Goto FRA\_ITEM, next line of grid   2,DK,RF: IF ROW number = 34 then goto S8\_END  ELSE goto FRA\_ITEM, next line of grid |
| 08B | FURNRNTL | **Since the first of (reference month), have (you/you or any members of your household) rented or leased any furniture?**  1. Yes 2. No | 1: Goto FURNRNTX  2,DK,RF: Goto REPFURN |
| 08B | FURNRNTX | **What was the total expense?** | Goto FRNRNTCX |
| 08B | FRNRNTCX | **How much of the total amount was spent this month?** | Goto REPFURN |
| 08B | REPFURN | **Since the first of (reference month), have (you/you or any members of your household) had any expenses for repairing, refinishing or reupholstering furniture, including the cost for fabric?**  1. Yes 2. No | 1: Goto REPFURNX  2,DK,RF: Goto S8B\_END |
| 08B | REPFURNX | **What was the total expense?** | Goto REPFRNCX |
| 08B | REPFRNCX | **How much of the total amount was spent this month?** | Goto S8B\_END |
| 09A | S9A\_INTRO | 26-27      **Now I am going to ask about clothing, footwear, and accessories, for infants, children, and adults.  You may find it helpful to refer to receipts, credit card statements or other records to answer the questions.  Please include any shipping and handling charges with the cost of any item that was shipped.**     Description   Name      Month       Amount       (CLODESCA)    (CLONAME) (CLOTHMOA)  (CLOTHXA)  1. Enter 1 to Continue | Goto CLA\_ITEM |
| 09A | CLA\_ITEM | **SCREEN 1 ---------------------------------------------------------------------------**  26   ? [F1] **Since the first of (reference month), have (you/you or any members of your household)  purchased any of the following items either for members of your household or for someone outside your household?**   Read each item on list. **SCREEN 2 ----------------------------------------**  27    ? [F1] **Have (you/you or any members of your household) purchased any --**   Read each item on list. 1. Coats, jackets or furs 2. Sport coats, tailored jackets, or blazers 3. Suits 4. Vests 5. Shirts, sweaters, blouses, or tops 6. Pants, jeans or shorts 7. Dresses 8. Skirts 9. Undergarments 10. Hosiery 11. Nightwear or loungewear 12. Accessories 13. Swimsuits or warm-up or ski suits 14. Uniforms, for which the cost is not reimbursed 15. Costumes 16. Footwear, including athletic footwear 17. Diapers 18. Layettes 19. Watchers 20. Jewelry 95. Continue List 99. None/No more entries 888. Delete the line | 1-20: Goto CLODESCA  95: Goto next row  99: Goto S9A\_END  888: IF no more rows then goto S9A\_END  ELSE goto CLA\_ITEM - next row of the table |
| 09A | CLODESCA | **What did you buy?**      Describe briefly the item purchased.            Description  Name      Month       Amount             (CLODESCA)  (CLONAME) (CLOTHMOA)  (CLOTHXA) | Goto CLOINOUT |
| 09A | CLOINOUT | **Was this (were these) purchased for someone inside or outside of your household?**   1. Inside your household 2. Outside your household 3. Both inside and outside your household | 1: IF CLA\_ITEM = 1-18 then goto FORWHOM  ELSE goto CLOTHMOA  2,3: IF CLA\_ITEM = 1-18 then goto FOROUTCU  ELSE goto CLOTHMOA  DK,RF: Goto CLOTHMOA |
| 09A | FORWHOM | **For whom was it purchased?**  Enter all that apply, separate with commas.  1. ActiveCU[1] 2. ActiveCU[2] 3. ActiveCU[3] 4. ActiveCU[4] 5. ActiveCU[5] 6. ActiveCU[6] 7. ActiveCU[7] 8. ActiveCU[8] 9. ActiveCU[9] 10. ActiveCU[10] 11. ActiveCU[11] 12. ActiveCU[12] 13. ActiveCU[13] 14. ActiveCU[14] 15. ActiveCU[15] 16. ActiveCU[16] 17. ActiveCU[17] 18. ActiveCU[18] 19. ActiveCU[19] 20. ActiveCU[20] 21. ActiveCU[21] 22. ActiveCU[22] 23. ActiveCU[23] 24. ActiveCU[24] 25. ActiveCU[25] 26. ActiveCU[26] 27. ActiveCU[27] 28. ActiveCU[28] 29. ActiveCU[29] 30. ActiveCU[30] 77. Don't Know | IF more than 1 person is selected then goto CLONAME  ELSE goto CLOTHMOA |
| 09A | FOROUTCU | **For whom was this purchased?**      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 | 40-44,77: Goto CLONAME  RF: Goto CLOTHMOA |
| 09A | CLONAME | Enter name of person(s). | Goto CLOTHMOA |
| 09A | CLOTHMOA | **When did you purchase it?**        (\* Enter 13 for same amount each month/ )            Description  Name     Month       Amount              (CLODESCA)  (CLONAME) (CLOTHMOA)  (CLOTHXA)  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December 13. ^S09\_13Option | Goto CLOTHXA |
| 09A | CLOTHXA | **(What is your monthly expense?/How much did it cost?)**           Description  Name      Month       Amount            (CLODESCA)  (CLONAME) (CLOTHMOA)  (CLOTHXA) | 1-999999: Goto CLOTHTXA  DK,RF: Goto CLOCMBA\_S |
| 09A | CLOTHTXA | **Did this include sales tax?**           Description  Name      Month       Amount            (CLODESCA)  (CLONAME) (CLOTHMOA)  (CLOTHXA)  1. Yes 2. No | Goto CLOCMBA\_S |
| 09A | CLOCMBA\_S | Enter 'C' for a combined expense. | C: Goto COMBCODE  EMPTY: IF INTNMBR = 4 AND (ITEM = 2 or 3) AND (INTPER = 201607, 201608, 201609, 201406, 201407 or 201409) then goto CLASTORE  ELSE goto MORE  IF anything other than a 'C' or the enter key is entered, goto CK\_C |
| 09A | CLOCMBA | 26-27    ? [F1] **What other clothing is  (Clothing purchase description) combined with?** Enter all that apply, separate with commas**.**            Description  Name      Month       Amount             (CLODESCA)  (CLONAME) (CLOTHMOA)  (CLOTHXA)  1. Coats, jackets or furs 2. Sport coats, tailored jackets, or blazers 3. Suits 4. Vests 5. Shirts, sweaters, blouses, or tops 6. Pants, jeans, or shorts 7. Dresses 8. Skirts 9. Undergarments 10. Hosiery 11. Nightware or loungewear 12. Accessories 13. Swimsuits or warm-up or ski suits 14. Uniforms, for which the cost is not reimbursed 15. Costumes 16. Footwear, including athletic footwear 17. Diapers 18. Layettes 19. Watches 20. Jewelry 77. Misc. combined (unable to specify/DK) | IF INTNMBR = 4 AND (ITEM = 2 or 3) AND (INTPER = 201607, 201608, 201609, 201406, 201407 or 201409) then goto CLASTORE  ELSE goto MORE |
| 09A | CLASTORE | **Where did you purchase this (Entry in CLODESCA)?**   Enter store, website, or company name  If purchased from a private individual, enter "private individual." | IF ENTRY contains ".com", ".Com", ".cOm", ".coM", ".COm", ".CoM", ".cOM", or ".COM", then goto MORE  ELSEIF ENTRY = DK or RF then goto MORE  ELSE goto CLAPURCH |
| 09A | CLAPURCH | Ask if not apparent  **Was this purchased online or in-person?** 1. Online 2. In person | 1,DK,RF: Goto MORE  2: Goto CLPURLOC |
| 09A | CLPURLOC | **Where is ^CLASTORE\_fill located?**  Enter city and state | Goto MORE |
| 09A | CLOMOREA | **Did you purchase any other (description)?**            Description  Name      Month       Amount             (CLODESCA)  (CLONAME) (CLOTHMOA)  (CLOTHXA)  1. Yes 2. No | 1: Goto CLA\_ITEM, next row in the table  2,DK,RF: IF row number = 84 then goto S9A\_END  ELSE goto CLA\_ITEM, next row in the table |
| 09B | S9D\_INTRO | 28     **Now I am going to ask about expenditures for clothing services.**     Description   Month       Amount       (CLODESCD)    (CLOTHMOD)  (CLOTHXD)  1. Enter 1 to Continue | Goto CLD\_ITEM |
| 09B | CLD\_ITEM | 28    ? [F1] **Have (you/you or any members of your household) had expenses for any of the following, either for members of your household or for someone outside your household?** Read each item on list. 1. Repair, alteration or tailoring for clothing and accessories 2. Shoe repair or other shoe services 3. Watch or jewelry repair 4. Clothing or accessory rental 5. Clothing storage outside the home 99. None/No more entries 888. Delete the line | 1-5: Goto CLODESCD  99: Goto S9D\_END  888: IF no more row then goto S9D\_END  ELSE goto CLD\_ITEM - next row in the table |
| 09B | CLODESCD | **What kind of service was this?** Describe briefly the service.             Description   Month     Amount             (CLODESCD)    (CLOTHMOD) (CLSRVCX) | Goto CLSVGFTC |
| 09B | CLSVGFTC | **Was this service for (you/your household) or for someone outside your household?**             Description    Month      Amount             (CLODESCD)    (CLOTHMOD) (CLSRVCX)  1. Your household 2. Someone outside your household | Goto CLOTHMOD |
| 09B | CLOTHMOD | **When did you purchase this service?**           Description   Month      Amount            (CLODESCD)    (CLOTHMOD) (CLSRVCX)    1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | Goto CLSRVCX |
| 09B | CLSRVCX | **How much did it cost?**             Description    Month      Amount             (CLODESCD)    (CLOTHMOD) (CLSRVCX) | 1-999999: Goto CLSRVCTX  DK,RF: Goto CLOCMBD\_S |
| 09B | CLSRVCTX | **Did this include sales tax?**             Description    Month      Amount             (CLODESCD)    (CLOTHMOD) (CLSRVCX)  1. Yes 2. No | Goto CLOCMBD\_S |
| 09B | CLOCMBD\_S | Enter 'C' for a combined expense. | C: Goto CLOCMBD  Empty: Goto CLOMORED |
| 09B | CLOCMBD | 28    ? [F1]  **What other clothing services is       (Clothing Service Description) combined with?** Enter all that apply, separate with commas.             Description   Month      Amount             (CLODESCD)    (CLOTHMOD) (CLSRVCX) 1. Repair, alteration or tailoring for clothing and accessories 2. Shoe repair or other shoe services 3. Watch or jewelry repair 4. Clothing or accessory rental 5. Clothing storage outside the home 77. Misc. combined (unable to specify/ DK) | Goto CLOMORED |
| 09B | CLOMORED | **Did you have any other expenses for (Clothing Service Description)?**              Description   Month      Amount             (CLODESCD)    (CLOTHMOD) (CLSRVCX)  1. Yes 2. No | 1: Goto CLD\_ITEM next row in the table  2,DK,RF: IF ROW number = 10 then goto S9D\_END  ELSE goto CLD\_ITEM next row in the table |
| 10 | S10\_INTRO | 29 **Now I am going to ask about expenses for vehicle rentals and leases.**    Vehicle number  Vehicle year  Vehicle make/model  Business    (LSDNUM)        (MODELYR)     (MKMD\_SCR)          (ANYBUSIN)  1. Enter 1 to Continue | Goto RLV\_ITEM in BSect10L1 Block |
| 10 | RLV\_ITEM | **SCREEN 1 ------------------------------------------------------------------------------------**   29    ? [F1] **Since the first of (reference month), have (you/you or any members of your household) rented any automobiles, trucks, vans, minivans, or SUVs, which were not used entirely for business?  Do not include leased vehicles.    SCREEN 2 --------------------------------------------------------------------------**   29    ? [F1] **Since the first of (reference month), have (you/you or any members of your household) rented any other types of vehicles which were not used entirely for business?** IF YES -   **Did you rent any -**  1. Automobiles, trucks, vans, minivans, or SUVs 2. Motor homes 3. Trailer-type campers 4. Other attachable-type campers 5. Motorcycles, motor scooters, or mopeds (motorized bicycles) 6. Boats, with motor 7. Boats, without a motor 8. Trailers other than a camper type, such as for a boat or cycle 9. Private aircraft 10. Other vehicles 95. Continue list 99. None/No More Entries 888. Delete the Line | 1-10: Goto ANYVACAT  95: Goto RLV\_ITEM - next row  99: IF no vehicles on inventory chart or all vehicles   have 8500.LSD\_STAT = 3 then exit block and goto LSD\_ITEM  ELSE exit block and goto the TblInventory block  888: IF no more table rows THEN if no vehicles on inventory chart or all vehicles have 8500.LSD\_STAT = 3 then exit block and goto LSD\_ITEM  else exit block and goto the TBLINVENTORY block  ELSE goto RLV\_ITEM - next row of table |
| 10 | ANYVACAT | **Was the (description) rented solely for use on a vacation, overnight trip, or a trip of 75 miles or more one way?**   1. Yes 2. No | Goto RENTEXPX |
| 10 | RENTEXPX | **Since the first of (reference month), not including (current month), what has been your expense for renting this vehicle?** | IF BUSCREEN = 2 then goto RENT\_MORE  ELSE goto ANYBSNRM |
| 10 | ANYBSNRM | **Were or will any of the rental expenses be deducted as business expenses, reimbursed, or paid by someone outside of the household?**   1. Yes 2. No | 1: Goto BSNSPCTZ  2,DK,RF: Goto RENT\_MORE |
| 10 | BSNSPCTZ | **What percent of the total expense will this cover?** | 1-99,DK,RF: Goto RENT\_MORE  100: Goto ERR2\_BSNSPCTZ |
| 10 | RENT\_MORE | **Did you rent any other (description)?**   1. Yes 2. No | 1: Goto RLV\_ITEM  2,DK,RF: IF row number = 10 then  IF no vehicles on inventory chart or all vehicles have 8500.LSD\_STAT = 3 then exit block and goto LSD\_ITEM  ELSE exit block and goto TblInventory block  ELSE goto RLV\_ITEM |
| 10 | LVIHAVE | **Now I am going to ask about leased vehicles you mentioned previously.  Are you still leasing the  (model year) (vehicle make and model)?** If the vehicle was purchased at the end of the lease, collect the new vehicle in Section 11.   Vehicle Number  Vehicle Year  Vehicle Make/Model  Business    (LSDNUM)        (MODELYR)     (MKMD\_SCR)         (ANYBUSIN)  1. Yes 2. No | 1,DK,RF: Goto S10INV\_END  2: Goto LVIENDMO |
| 10 | LVIENDMO | **What month was the lease terminated?**    Vehicle Number  Vehicle Year  Vehicle Make/Model  Business    (LSDNUM)        (MODELYR)     (MKMD\_SCR)         (ANYBUSIN)  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | Goto TERMFEE |
| 10 | TERMFEE | ? [F1] **Were any fees incurred at the termination of the lease?**    Vehicle Number  Vehicle Year  Vehicle Make/Model  Business    (LSDNUM)        (MODELYR)     (MKMD\_SCR)         (ANYBUSIN)  1. Yes 2. No | 1: Goto TERMFEEX  2,DK,RF: Goto S10INV\_END |
| 10 | TERMFEEX | **How much?**    Vehicle Number  Vehicle Year  Vehicle Make/Model  Business    (LSDNUM)        (MODELYR)     (MKMD\_SCR)         (ANYBUSIN) | Goto S10INV\_END |
| 10 | LSD\_ITEM | **Since the first of (reference month), have (you/you or any members of your household) (made any lease payments or/ ) begun leasing any automobiles, trucks, vans, minivans, or SUVs not used entirely for business?**   1. Automobiles, trucks, vans, minivans, or SUVs 99. None/No more entries 888. Delete the line | 1: Goto MODELYR  99: Goto S10\_END  888: IF no more rows then goto S10\_END  ELSE goto LSD\_ITEM - next row of the table |
| 10 | MODELYR | Ask if necessary **What is the model year of the vehicle?** | 1900-current year + 1: IF MODELYR gt (current year + 1) then goto CK\_MODELYR  ELSE goto MKMD\_SCR  DK,RF: Goto MKMD\_SCR |
| 10 | MKMD\_SCR | **What is the make and model of this vehicle?** If vehicle make and model is not  found, key X | X: Goto OTHMODEL  30 characters besides X, DK, RF: IF BUSCREEN = 2 then goto NUMPAY  ELSE goto ANYBUSIN |
| 10 | OTHMODEL | Specify other make and model | IF BUSCREEN = 2 then goto NUMPAY ELSE goto ANYBUSIN |
| 10 | ANYBUSIN | **Is it used for business?**  1. Yes 2. No | 1: Goto PRCBSNSZ  2,DK,RF: Goto NUMPAY |
| 10 | PRCBSNSZ | **What percentage of the mileage is counted as a business expense?** | 1-99,DK,RF: Goto NUMPAY  100: Goto ERR2\_PRCBSNSZ |
| 10 | NUMPAY | **What was the number of payments contracted for?** | 1-999: G goto PMTMONTH  DK,RF: Goto PMTMONTH |
| 10 | PMTMONTH | **In what month was or will the first payment be made?**  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | Goto PMTYEAR |
| 10 | PMTYEAR | **In what year was or will the first payment be made?** | Goto PAYEXPX |
| 10 | PAYEXPX | **(What is your monthly payment amount?/What is the amount of each payment?)** | IF NUMPAY lt 12 then goto PAYTIME  ELSE goto ANYEXTRA |
| 10 | PAYTIME | **What period is covered by each payment?**   1. Week 2. 2 Weeks 3. Month 4. Quarter 5. Semiannually 6. Annually 7. One time payment 8. Other | 1: goto ANYEXTRA  2: goto ANYEXTRA  3: goto ANYEXTRA  4: goto ANYEXTRA  5: goto ANYEXTRA  6: goto ANYEXTRA  7: ANYEXTRA  8: goto PAYOTH  DK,RF: goto ANYEXTRA |
| 10 | PAYOTH | Specify: | Goto ANYEXTRA |
| 10 | ANYEXTRA | **Does the payment include any charges other than the lease amount such as auto insurance or maintenance?**   1. Yes 2. No | 1: Goto EXTRAEXP  2,DK,RF: Goto ANYEMPLY |
| 10 | EXTRAEXP | **How much of the payment is for these extra charges?** | Goto ANYEMPLY |
| 10 | ANYEMPLY | **Is any of the ($ (amount in PAYEXPX) ) lease payment paid by an employer?**  1. Yes 2. No | 1: Goto EMPLYEXP  2,DK,RF: Goto ANYTRADE |
| 10 | EMPLYEXP | **How much?** | Goto ANYTRADE |
| 10 | ANYTRADE | **Was a trade-in allowance received?**  1. Yes 2. No | 1: Goto TRADEEXP  2,DK,RF: Goto ANYDOWN |
| 10 | TRADEEXP | **How much?** | Goto ANYDOWN |
| 10 | ANYDOWN | **Was a cash down payment made?** Read if necessary - **Your lease agreement may list this as a capitalized cost reduction.**  1. Yes 2. No | 1: Goto DOWNEXP  2,DK,RF: Goto ANYHAVE |
| 10 | DOWNEXP | **How much?** | Goto ANYDNEMP |
| 10 | ANYDNEMP | **Was any portion of the cash down payment paid by an employer?**   1. Yes 2. No | 1: Goto DNEMPEXP  2,DK,RF: Goto ANYHAVE |
| 10 | DNEMPEXP | **How much?** | Goto ANYHAVE |
| 10 | ANYHAVE | **Are you still leasing this vehicle?** If the vehicle was purchased at the end of the lease, collect the new vehicle in Section 11.  1. Yes 2. No | 1,DK,RF: Goto ANYOTH  2: Goto LSDENDMO |
| 10 | LSDENDMO | **In what month was the lease terminated?**  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | Goto LSDENDYR |
| 10 | LSDENDYR | **In what year was the lease terminated?** | Goto ANYFEES |
| 10 | ANYFEES | ? [F1] **Were any fees incurred at the termination of the lease?**  1. Yes 2. No | 1: Goto FEESEXP  2,DK,RF: Goto ANYOTH |
| 10 | FEESEXP | **How much?** | Goto ANYOTH |
| 10 | ANYOTH | **Did you lease any other automobiles, trucks, vans, minivans, or SUVs?**  1. Yes 2. No | 1: IF ROW number = 6 then goto ERR\_MAX  ELSE goto LSD\_ITEM, next row  2,DK,RF: Exit block and goto S10\_END |
| 11 | S11\_INTRO | 29 **Now I'm going to ask about owned vehicles.**           ^S11\_prechart  1. Enter 1 to Continue | IF there are vehicles on the chart with 8500.OVB\_STAT ne 3 then goto OVAHAVE  ELSE goto OVB\_ITEM |
| 11 | OVAHAVE | **(Do/Does) (you/your household) still have the (Car Description)?**         ^S11\_prechart  1. Yes 2. No | 1,DK,RF: Goto OVAHAVE for next appropriate vehicle on chart, if no more vehicles exit block and goto OVB\_ITEM  2: Goto VEHDISP |
| 11 | VEHDISP | **How did you dispose of the (Car description)?**   1. Sold 2. Traded in 3. Given away or donated to someone outside the household, including students away at school 4. Totaled (damaged beyond repair) 5. Stolen 6. Other | 1-5,DK,RF: Goto VDISPMO  6: Goto DISPOTHV |
| 11 | DISPOTHV | Specify: | Goto VDISPMO |
| 11 | VDISPMO | **In what month was it (sold/traded in/given away to someone outside the CU/damaged beyond repair/stolen/disposed of)?**   1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | IF VEHDISP = 1 then goto SALEX ELSEIF VEHDISP = 2, 3, 6, DK or RF then goto LOANSTAT ELSEIF VEHDISP = 4 or 5 then goto REIMBURS |
| 11 | SALEX | **How much did you sell it for?** | Goto LOANSTAT |
| 11 | REIMBURS | **Were you reimbursed for the value of the (Car description)?**   1. Yes 2. No | 1: Goto REIMBURX  2,DK,RF: Goto EXREIMB |
| 11 | REIMBURX | **How much did you receive?** | Goto LOANSTAT |
| 11 | EXREIMB | **Do you expect to be reimbursed for the value of the (Car description)?**  1. Yes 2. No | 1: Goto EXREIMBX  2,DK,RF: Goto LOANSTAT |
| 11 | EXREIMBX | **How much will you receive?** | Goto LOANSTAT |
| 11 | LOANSTAT | **Were there any outstanding loans on the (Car description) when it was (sold/traded in/given away to someone outside the CU/damaged beyond repair/stolen/disposed of)?**   1. Yes 2. No | 1: Goto FINPAYMT  2,DK,RF: IF no more vehicles, exit block and goto OVB\_ITEM  ELSE goto OVAHAVE next line on grid |
| 11 | FINPAYMT | **Were any final payments made on the loan?**   1. Yes 2. No | 1: Goto FINPAYMX  2,DK,RF: IF no more vehicles, exit block and goto OVB\_ITEM  ELSE goto OVAHAVE next line on grid |
| 11 | FINPAYMX | **How much was the final payment?** | IF no more vehicles, exit block and goto OVB\_ITEM  ELSE goto OVAHAVE next line on grid |
| 11 | OVB\_ITEM | 29    ? [F1] **SCREEN 1A -----------------------------------------------------------------------------------  (Since the first of (REF\_MONTH), (have/has) (you/your household) purchased or acquired any vehicle that is not used entirely for business? Include th** IF YES **- What kind of vehicle was it?    SCREEN 1B ----------------------------------------------------------------------------  (Do/Does) (you/your household) own any automobiles, trucks, minivans, vans or SUV's which were not used entirely for business?    SCREEN 2 ------------------------------------------------------------------------------------  (Do/Does) (you/your household) own any other types of vehicles including boats and planes which are not used entirely for business?**         IF YES-  Read each item on list **Do you own any. . .        SCREEN 3-------------------------------------------------------------------------  (Have/Has) (you/your household) purchased any (other/ ) vehicles since the first of  (reference month) for someone outside of your household?**  IF YES -  **What kind of vehicle(s) did you purchase?    SCREEN 4 ---------------------------------------------------------------------------  (Have/Has) (you/your household) disposed of (any/any automobiles or) other vehicles since the first of (reference month)?**      IF YES -  **Which kind of vehicle(s) did you dispose of?** 1. ^AutoOrTruck 2. Motor home 3. Trailer-type camper 4. Other attachable-type camper 5. Motorcycle, motor scooter, or moped (motorized bicycle) 6. Boat, with motor 7. Boat, without a motor 8. Trailer other than a camper type, such as for a boat or cycle 9. Private aircraft 10. Any other vehicle 95. Continue list 99. None/No more entries 888. Delete the line | 1: Goto VEHICYR  2-10: IF BUSCREEN = 2 goto VEHNEWU  ELSE goto VEHBSNS  95: Goto OVB\_ITEM, next screen  99: Goto S11\_END  888: IF no more grid lines goto S11\_END  ELSE goto OVB\_ITEM - next line of grid |
| 11 | VEHICYR | **What (was/is) the model year of the vehicle?** | Goto MKMDL\_SC |
| 11 | MKMDL\_SC | **What  (was/is) the make and model of this vehicle?**      If vehicle make and model is not found, key X. | 30 characters: IF MKMDLY(4:5) = XX or ZZ then goto AUTOTRK  ELSE goto FUELTYPE  DK,RF: Goto AUTOTRK  X: Goto OTHMDLY |
| 11 | OTHMDLY | Specify: | Goto AUTOTRK |
| 11 | AUTOTRK | **Is this vehicle an automobile or a truck, minivan, van or SUV?**   1. Automobile 2. Truck, van, minivan, or SUV | Goto FUELTYPE |
| 11 | FUELTYPE | **Is it fueled by -**     Read each item on list.  1. Gasoline? 2. Diesel fuel? 3. Hybrid electric power? 4. Other - specify? | 1-3,DK,RF: IF BUSCREEN = 2 goto VEHNEWU  ELSE goto VEHBSNS  4: Goto FUELOTH |
| 11 | FUELOTH | Specify: | IF BUSCREEN = 2 goto VEHNEWU  ELSE goto VEHBSNS |
| 11 | VEHBSNS | **(Was/Is) it used for business?**   1. Yes 2. No | 1: Goto VEHBSNZ  2,DK,RF: Goto VEHNEWU |
| 11 | VEHBSNZ | **What percentage of the mileage (was/is) counted as a business expense?** | 1-99,DK,RF: Goto VEHNEWU  100: Goto ERR2\_VEHBSNZ |
| 11 | VEHNEWU | **Was it new or used when acquired?**   1. New 2. Used | 1: IF coming from OVB\_ITEM screen 1A, 1B, 2, or 4 then goto VEHGFTC  ELSE goto VEHPURMO  2,DK,RF: IF coming from OVB\_ITEM screen 1A, 1B, 2, or 4 then goto VEHGFTC  ELSE goto VPURINDV |
| 11 | VEHGFTC | **Was this vehicle -**   1. Purchase for own use? 2. Purchased for someone outside of your household? 3. Received as a gift? | 1,2,DK,RF: IF VEHNEWU = 1 then goto VEHPURMO  ELSE goto VPURINDV  3: IF DISPOSED = 1 then goto VEHDISP  ELSE goto ANYOTHR |
| 11 | VPURINDV | **Was this vehicle purchased from a private individual?**   1. Yes 2. No | IF ITEM = 1-2 or 5 AND VEHGFTC = 3 AND DISPOSED ne 1 then goto ANYOTHR  ELSEIF OVB\_ITEM = 1-2 or 5 AND VEHGFTC = 3 AND DISPOSED = 1 then goto VEHDISP  ELSE goto VEHPURMO |
| 11 | VEHPURMO | **In what month was it purchased?**  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | Goto VEHPURYR |
| 11 | VEHPURYR | **In what year was it purchased?** | Goto VFINANCE |
| 11 | VFINANCE | **Was any portion of the purchase price financed?**  1. Yes 2. No | 1: Goto VLOANST  2,DK,RF: IF VEHPURMO + VEHPURYR is prior to 3 months ago AND DISPOSED = 1 then goto VEHDISP  ELSIF VEHPURMO + VEHPURYR is prior to 3 months ago AND DISPOSED ne 1 then goto ANYOTHR  ELSE goto TRADE |
| 11 | VLOANST | **On the first of (reference month), were there remaining loan payments?**   1. Yes 2. No | 1,DK,RF: Goto TRADE  2: IF VEHPURMO + VEHPURYR is prior to 3 months ago AND DISPOSED = 1 then goto VEHDISP  ELSEIF VEHPURMO + VEHPURYR is prior to 3 months ago AND DISPOSED ne 1 then goto ANYOTHR  ELSE goto TRADE |
| 11 | TRADE | **Was a trade-in allowance received?**   1. Yes 2. No | 1: Goto TRADEX  2,DK,RF: Goto NETPURX |
| 11 | TRADEX | **How much?** | 0-999999: Goto NETPURX  DK,RF: Goto NETPURX |
| 11 | NETPURX | **What was the amount paid for the vehicle after (trade-in allowance, / ) rebate, and discount?**            Include destination fee in the price. | 0-999999: Goto SALESTAX  DK,RF: IF VLOANST = 1 then goto DNPAYMTX  ELSE goto ANYOTHR |
| 11 | SALESTAX | **Did this include sales tax?**  1. Yes 2. No | IF VLOANST = 1 then goto DNPAYMTX ELSE goto ANYOTHR |
| 11 | DNPAYMTX | **What was the amount of the cash down payment?** | 0-999999: Goto VEHEQTLN  DK,RF: Goto VEHEQTLN |
| 11 | VEHEQTLN | **Was the source of credit a Home Equity Loan?**  1. Yes 2. No | Goto PRINCIPX |
| 11 | PRINCIPX | **How much was borrowed, excluding any interest?** | Goto VINTRATE |
| 11 | VINTRATE | **What was the interest rate?**  Enter percent including decimal. | Goto PMT1YR |
| 11 | PMT1YR | **In what year was or will the first payment be made?** | Goto PMT1MO |
| 11 | PMT1MO | **In what month was or will the first payment be made?**  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | Goto VEHQPMT |
| 11 | VEHQPMT | **For how many months was the payment contract?** | Goto PAYMENTX |
| 11 | PAYMENTX | **What is your monthly payment amount?** | IF DISPOSED = 1 then goto VEHDISP  ELSE goto ANYOTHR |
| 11 | VEHDISP | **How did you dispose of the (Car description)?**   1. Sold 2. Traded in 3. Given away or donated to someone outside the household, including students away at school 4. Totaled (damaged beyond repair) 5. Stolen 6. Other | 1-5,DK,RF: Goto VDISPMO  6: Goto DISPOTHV |
| 11 | DISPOTHV | Specify: | Goto VDISPMO |
| 11 | VDISPMO | **In what month was it ^Vehdisp\_fill?**  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | IF VEHDISP = 1 then goto SALEX ELSEIF VEHDISP = 2, 3, 6, DK or RF then goto LOANSTAT ELSEIF VEHDISP = 4 or 5 then goto REIMBURS |
| 11 | SALEX | **How much did you sell it for?** | Goto LOANSTAT |
| 11 | REIMBURS | **Were you reimbursed for the value of the (Car description)?**   1. Yes 2. No | 1: Goto REIMBURX  2,DK,RF: Goto EXREIMB |
| 11 | REIMBURX | **How much did you receive?** | Goto LOANSTAT |
| 11 | EXREIMB | **Do you expect to be reimbursed for the value of the (Car description)?**  1. Yes 2. No | 1: Goto EXREIMBX  2,DK,RF: Goto LOANSTAT |
| 11 | EXREIMBX | **How much will you receive?** | Goto LOANSTAT |
| 11 | LOANSTAT | **Were there any outstanding loans on the (Car description) when it was (sold/traded in/given away to someone outside the CU/damaged beyond repair/stolen/disposed of)?**   1. Yes 2. No | 1: Goto FINPAYMT  2,DK,RF: Goto ANYOTHR |
| 11 | FINPAYMT | **Were any final payments made on the loan?**  1. Yes 2. No | 1: Goto FINPAYMX  2,DK,RF: Goto ANYOTHR |
| 11 | FINPAYMX | **How much was the final payment?** | Goto ANYOTHR |
| 11 | ANYOTHR | **(Did (you/you household) purchase or acquire any other (vehicle description)?/(Do/Does) (you/your household) own any other (vehicle description)?/Did**   1. Yes 2. No | Goto OVB\_ITEM, next screen as appropriate |
| 12A | S12A\_INTRO | 30 **I will now ask about expenses for vehicle services, parts, and equipment.  Please do not include expenses for vehicles used entirely for business.**            Description     Month         Amount            (VOPDESC)      (VOPMOA)      (VOPEXPX)  1. Enter 1 to Continue | Goto VEQ\_ITEM |
| 12A | VEQ\_ITEM | 30     ? [F1] **Since the first of (reference month), have (you/you or any members of your household) had      expenses for any of the following?** Read each item on list  1. Oil change, lubrication, or oil filter 2. Motor tune-up 3. Battery purchases or installation 4. Tire purchases or mounting 5. Tire repair 6. Front end alignment, wheel balancing, or wheel rotation 7. Shock absorber replacement 8. Body work or painting 9. Any other vehicle or engine repairs 10. Vehicle accessories or customizing 11. Other vehicle services, parts, or equipment 12. Vehicle cleaning services including car washes 99. None/No more entries 888. Delete a line | 1-12: Goto VOPDESC  99: Goto S12A\_END  888: IF no more rows then goto S12A\_END  ELSE goto VEQ\_ITEM - next row of the table |
| 12A | VOPDESC | **What was the expense for?**        Description    Month         Amount       (VOPDESC)      (VOPMOA)      (VOPEXPX) | IF ITEM = 3, 4, or 5 then goto VOPMOA ELSE goto VOPLABOR |
| 12A | VOPLABOR | **Did this expense include labor?**        Description    Month         Amount       (VOPDESC)      (VOPMOA)      (VOPEXPX)  1. Yes 2. No | Goto VOPMOA |
| 12A | VOPMOA | **In what month did you have this expense?**        Description    Month         Amount       (VOPDESC)      (VOPMOA)      (VOPEXPX)  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | Goto VOPEXPX |
| 12A | VOPEXPX | **What was the total cost?**          Description    Month         Amount         (VOPDESC)      (VOPMOA)      (VOPEXPX) | 1-99999: Goto VOPTAX  DK,RF: Goto VOPCMB\_C |
| 12A | VOPTAX | **Did this include sales tax?**        Description    Month         Amount       (VOPDESC)      (VOPMOA)      (VOPEXPX)  1. Yes 2. No | Goto VOPCMB\_C |
| 12A | VOPCMB\_C | Enter 'C' for combined expense | C: Goto VOPCMB  EMPTY: Goto VOPREIMB |
| 12A | VOPCMB | 30    ?[F1] **What expense was combined with the ^VOPCMB expense?**   Enter all that apply, separate with commas.         Description    Month         Amount       (VOPDESC)      (VOPMOA)      (VOPEXPX)  1. Oil change, lubrication, or oil filter 2. Motor tune-up 3. Battery purchases or installation 4. Tire purchases or mounting 5. Tire repair 6. Front end alignment, wheel balancing, or wheel rotation 7. Shock absorber replacement 8. Body work or painting 9. Any other vehicle or engine repairs 10. Vehicle accessories or customizing 11. Other vehicle services, parts, or equipment 12. Vehicle cleaning services including car washes 77. Misc combined (unable to specify/DK) | Goto VOPREIMB |
| 12A | VOPREIMB | **Has any of this expense been, or will any of it be, reimbursed?**        Description    Month         Amount       (VOPDESC)      (VOPMOA)      (VOPEXPX)  1. Yes 2. No | 1: Goto VOPRMBXA  2,DK,RF: Goto MOREVEOP |
| 12A | VOPRMBXA | **How much?**        Description    Month         Amount       (VOPDESC)      (VOPMOA)      (VOPEXPX) | Goto MOREVEOP |
| 12A | MORE | **Did you have any other expenses for (description)?**        Description    Month         Amount       (VOPDESC)      (VOPMOA)      (VOPEXPX)  1. Yes 2. No | 1: Goto VEQ\_ITEM, next row of the table  2,DK,RF: IF Row number = 26 then goto S12A\_END  ELSE goto VEQ\_ITEM, next row of the table |
| 12B | S12B\_INTRO | 31  Drivers licenses, vehicle inspection, vehicle registration, and personal property taxes for vehicles     collected in the previous interview:             Description    Month       Amount               (VREGDESC)     (VOPMO\_C)   (VOPREGX)  1. Enter 1 to Continue | Goto VLR\_ITEM |
| 12B | VLR\_ITEM | 31  ? [F1] **Since the first of (reference month), have (you/you or any members of your household) had any expenses for -**Read each item on list  1. Driver's licenses? 2. Vehicle inspection? 3. State vehicle registration? 4. Local vehicle registration? 5. Personal property taxes for vehicles? 99. None/No more entries 888. Delete line | 1-5: Goto VREGDESC  99: Goto S12B\_END  888: IF no more rows then goto S12B\_END  ELSE goto VLR\_ITEM - next row of the table |
| 12B | VREGDESC | **What was the expense for?**              Description    Month       Amount               (VREGDESC)     (VOPMO\_C)   (VOPREGX) | Goto VOPMO\_C |
| 12B | VOPMO\_C | **In what month did you have this expense?**              Description    Month       Amount               (VREGDESC)     (VOPMO\_C)   (VOPREGX)  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | Goto VOPREGX |
| 12B | VOPREGX | **What was the total amount of the expense?**              Description    Month       Amount               (VREGDESC)     (VOPMO\_C)   (VOPREGX) | Goto S12BCMB\_C |
| 12B | S12BCMB\_C | Enter 'C' for combined expense | C: Goto S12B\_CMB  EMPTY: Goto MOREREG |
| 12B | S12B\_CMB | 31    ? [F1] **What was combined with the (Description) expense?**Enter all that apply, separate with commas            Description    Month       Amount               (VREGDESC)     (VOPMO\_C)   (VOPREGX)  1. Driver's license 2. Vehicle inspection 3. State Vehicle registration 4. Local Vehicle registration 5. Personal property taxes for vehicles | Goto MOREREG |
| 12B | MOREREG | **Did you have any other (Description) expenses?**             Description    Month       Amount               (VREGDESC)    (VOPMO\_C)   (VOPREGX)  1. Yes 2. No | 1: Goto VLR\_ITEM, next row or the table  2,DK,RF: IF ROW number = 11 then goto S12B\_END  ELSE goto VLR\_ITEM, next row of the table |
| 12C | VOPGASX | ? [F1] **Since the first of (reference month) not including this month --  What has been (your/your household's) AVERAGE MONTHLY expense for gasoline and other fuels for all vehicles?** | 0,RF: Goto VOPOIL  1-9999: Goto VOPDIES  DK: Goto VOPDIES |
| 12C | VOPDIES | ? [F1] **Was any of this expense for diesel fuel?**  1. Yes 2. No | 1: Goto VOPDIESX  2,DK,RF: IF BCeintro.BUSCREEN = 2 AND INTNMBR = 4 AND (INTPER = 201607, 201608, 201609, 201406, 201407 or 201409) then goto GASLOC  ELSEIF BCeintro.BUSCREEN = 2 goto VOPOIL  ELSE goto VOPBSNS |
| 12C | VOPDIESX | **How much?** | 1-9999: IF (VOPDIESX lt 5 or gt 400) then goto ERR1\_VOPDIESX  ELSEIF (VOPDIESX gt VOPGASX) then goto CK\_VOPDIESX  ELSEIF BCeintro.BUSCREEN = 2 AND INTNMBR = 4 AND ((INTPER = 201607, 201608, 201609, 201406, 201407 or 201409) then goto GASLOC  ELSEIF BCeintro.BUSCREEN = 2 then goto VOPOIL  ELSE goto VOPBSNS  DK,RF: IF BCeintro.BUSCREEN = 2 AND INTNMBR = 4 AND (INTPER = 201607, 201608, 201609, 201406, 201407 or 201409) then goto GASLOC  ELSEIF BCeintro.BUSCREEN = 2 then goto VOPOIL  ELSE goto VOPBSNS |
| 12C | VOPBSNS | **Was any of the AVERAGE MONTHLY cost counted as a business expense?**  1. Yes 2. No | 1: Goto VOPBSPER  2,DK,RF: IF INTNMBR = 4 AND (INTPER = 201607, 201608, 201609, 201406, 201407 or 201409) then goto GASLOC   ELSE goto VOPOIL |
| 12C | VOPBSPER | **What percentage of the AVERAGE MONTHLY COST was counted as a business expense?** | 1-99,DK,RF: IF INTNMBR = 4 AND (INTPER = 201607, 201608, 201609, 201406, 201407 or 201409) then goto GASLOC  ELSE goto VOPOIL  100: Goto ERR2\_VOPBSPER |
| 12C | GASLOC | **From (reference month) through (last month), where did (you/your household) (last/most frequently) purchase gas?**   Enter city and state | Goto VOPOIL |
| 12C | VOPOIL | ? [F1]Since the first of (reference month) not including this month -- **Have (you/you or any members of your household) purchased any oil for operating vehicles?**  1. Yes 2. No | 1: Goto VOPOILX  2,DK,RF: Goto VOPFLUID |
| 12C | VOPOILX | ? [F1] **What was the total cost?** | Goto VOPFLUID |
| 12C | VOPFLUID | ? [F1]Since the first of (reference month), not including this month -- **Have (you/you or any members of your household) purchased any antifreeze, brake fluid, transmission fluid, windshield wiper fluid, or additives, except if purchased with a tune-up?**  1. Yes 2. No | 1: Goto VOPFLUDX  2,DK,RF: Goto VOPPARK |
| 12C | VOPFLUDX | **What was the total cost of these purchases?** | Goto VOPPARK |
| 12C | VOPPARK | ? [F1]Since the first of (reference month) not including this month -- **Have (you/you or any members of your household) had expenses for parking, such as parking garages, parking lot fees, or parking meters?  Do not include expenses that are part of your property ownership or rental costs, a business expense or expenses that will be totally reimbursed.**  1. Yes 2. No | 1: Goto VOPPARKX  2,DK,RF: Goto VOPTOLL |
| 12C | VOPPARKX | **How much was paid, not including any payments made this month?** | Goto VOPTOLL |
| 12C | VOPTOLL | ? [F1]Since the first of (reference month) not including this month, have (you/you or any members of your household) had expenses for -**Local tolls or electronic toll passes?**   1. Yes 2. No | 1: Goto VOPTOLLX  2,DK,RF: Goto VOPDOCK |
| 12C | VOPTOLLX | **How much was paid, not including any payments made this month?** | Goto VOPDOCK |
| 12C | VOPDOCK | ? [F1]Since the first of (reference month) not including this month, have (you/you or any members of your household) had expenses for - **Docking and landing fees for boats and planes?**  1. Yes 2. No | 1: Goto VOPDOCKX  2,DK,RF: Goto VOPPOLCY |
| 12C | VOPDOCKX | **How much was paid, not including any payments made this month?** | Goto VOPPOLCY |
| 12C | VOPPOLCY | ? [F1]Since the first of (reference month) not including this month, have (you/you or any members of your household) had any expenses for -- **Auto repair service policies such as extended warranties?   Do not include service policies for vehicles used entirely for business.**  1. Yes 2. No | 1: Goto VOPPLCYX  2,DK,RF: Goto VOPAUTO |
| 12C | VOPPLCYX | **How much?** | Goto VOPAUTO |
| 12C | VOPAUTO | ? [F1]Since the first of (reference month) not including this month, have (you/you or any members of your household) had any expenses for -- **Automobile service clubs, such as AAA or services such as OnStar or LoJack?**  1. Yes 2. No | 1: Goto VOPCLUBX  2,DK,RF: Goto VOPTOW |
| 12C | VOPCLUBX | **How much?** | Goto VOPTOW |
| 12C | VOPTOW | ? [F1]Since the first of (reference month) not including this month, have (you/you or any members of your household) had expenses for - **Towing charges, not already reported?**  1. Yes 2. No | 1: Goto VOPTOWX  2,DK,RF: Goto TANKGAS |
| 12C | VOPTOWX | **How much was paid, not including any payments made this month?** | Goto TANKGAS |
| 12C | TANKGAS | ? [F1]Since the first of (reference month) not including this month, have (you/you or any members of your household) had any expenses for -- **Bottled or tank gas for recreational vehicles, including         vans, campers, and boats?**   1. Yes 2. No | 1: Goto TANKGASX  2,DK,RF: Goto S12C\_END |
| 12C | TANKGASX | **How much?** | Goto S12C\_END |
| 13A | S13A1\_INTRO | 32 **Now I am going to ask about your non-health insurance policies. (Include policies paid by your household for someone outside your household./ )** Policy|Insurance  |    |Insurance|Paid|Payroll  |Payment|Paid |Paid Number|Description|Type| Company | By |Deduction|Period |Total|Month  1. Enter 1 to Continue | IF there are any active Policies listed on the inventory chart (8500.PLCYSTAB ne 1) then goto BSect13A Block  ELSE goto S13A\_END |
| 13A | PLCYSTIL | **Do (you/you or any members of your household) still have or make payments for the (long term care/life or disability/auto/homeowner's/tenants'/other type of non-health) insurance policy from (Insurance Company)?** Policy|Insurance  |    |Insurance|Paid|Payroll  |Paid |Paid Number|Description|Type| Company | By |Deduction|Total|Month  1. Yes 2. No | IF 8500.PREMYOU = 2 then goto S13A\_END ELSE goto INSEX3A |
| 13A | INSEX3A | **Since the first of (reference month) have you had any expenses for this policy?** Policy|Insurance  |    |Insurance|Paid|Payroll  |Paid |Paid Number|Description|Type| Company | By |Deduction|Total|Month 1. Yes 2. No | 1: Goto INSEX3AX  2,DK,RF: Goto S13A\_END |
| 13A | INSEX3AX | **How much was paid?** Policy|Insurance  |    |Insurance|Paid|Payroll  |Paid |Paid Number|Description|Type| Company | By |Deduction|Total|Month | 1-99999: Goto INSEXXA  DK,RF: Goto S13A\_END |
| 13A | INSEXXA | **How much was paid this month?** Policy|Insurance  |    |Insurance|Paid|Payroll  |Paid |Paid Number|Description|Type| Company | By |Deduction|Total|Month | Goto S13A\_END |
| 13B | INB\_ITEM | 32    ? [F1] **(Do ^YOU\_ANYMEM have any or pay for any -/Since the first of ^REF\_MONTH have ^YOU\_ANYMEM purchased o**Read each item on list  1. Long term care insurance? 2. Life insurance or other policies which provide benefits in case of death or disability? 3. Homeowners' insurance? 4. Renters' insurance? 5. Automobile or other vehicle insurance? 6. Other types of non-health insurance? 99. None/No more entries 888. Delete a line | 1-6: Goto INSCOMP  99: Goto S13B\_END  888: IF no more rows in the table then goto S13B\_END  ELSE goto INB\_ITEM - next row of the table |
| 13B | INSCOMP | **What is the name of the insurance company for your (long term care/life or disability/homeowners'/tenants'/vehicle/other type of insurance) policy?**  Enter name of insurance company, not the insurance agent. | Goto INSDESC |
| 13B | INSDESC | **Briefly describe the policy.** | IF ITEM = 3 then goto INSPROP ELSE goto PREMYOU |
| 13B | INSPROP | **Which property (ies) does this policy cover?**       Enter number of each property covered, separate with commas. 1. PROPDESC[1] 2. PROPDESC[2] 3. PROPDESC[3] 4. PROPDESC[4] 5. PROPDESC[5] 6. PROPDESC[6] 7. PROPDESC[7] 8. PROPDESC[8] 9. PROPDESC[9] 10. PROPDESC[10] 11. PROPDESC[11] 12. PROPDESC[12] 13. PROPDESC[13 14. PROPDESC[14] 15. PROPDESC[15] 16. PROPDESC[16] 17. PROPDESC[17] 18. PROPDESC[18] 19. PROPDESC[19] 20. PROPDESC[20] 99. Property not owned or rented by the household | Goto PREMYOU |
| 13B | PREMYOU | **(Do/Does) (you/your household) pay ANY portion of the premiums for this policy?**  1. Yes 2. No | 1, DK, RF: Goto PAYDEDPR  2: Goto PREMOUT |
| 13B | PREMOUT | **Who pays the policy premiums?**  1. An employer or union? 2. Another group or persons outside your household? | Goto S13\_S |
| 13B | PAYDEDPR | **Are any premiums paid through payroll deductions?**  1. Yes 2. No | Goto INSEXPBX |
| 13B | INSEXPBX | **Since the first of (reference month), what was (your/your household's) total expense for this insurance policy?**   Enter the actual amount the household paid.  Do not include any expenses paid for the household by others. | 1-99999: Goto INSNEXXB  0,DK,RF: Goto S13\_S |
| 13B | INSNEXXB | **How much was paid this month?** | Goto S13\_S |
| 13B | S13\_S | Enter "C" for a combined expense | C: Goto S13CMB  EMPTY: Goto INSMORE |
| 13B | S13CMB | 32    ? [F1] **What other type of policy is the (Insurance type) combined with?** Enter all that apply, separate with commas. 1. Long term care insurance 2. Life insurance or other policies which provide benefits in case of death or disability 3. Homeowners' insurance 4. Renters' insurance 5. Automobile or other vehicle insurance 6. Other types of non-health insurance 77. Misc. combined (unable to specify/DK) | IF 3 is selected then goto COMBPROP ELSE goto INSMORE |
| 13B | S13CMBPROP | **Which property (ies) did this policy cover?**       Enter number of each property covered, separate with commas. 1. PROPDESC[1] 2. PROPDESC[2] 3. PROPDESC[3] 4. PROPDESC[4] 5. PROPDESC[5] 6. PROPDESC[6] 7. PROPDESC[7] 8. PROPDESC[8] 9. PROPDESC[9] 10. PROPDESC[10] 11. PROPDESC[11] 12. PROPDESC[12] 13. PROPDESC[13 14. PROPDESC[14] 15. PROPDESC[15] 16. PROPDESC[16] 17. PROPDESC[17] 18. PROPDESC[18] 19. PROPDESC[19] 20. PROPDESC[20] 99. Property not owned or rented by the household | Goto INSMORE |
| 13B | INSMORE | **(Do ^You\_Anymem have any or make payments for any other ^inbdescription policy?/Did ^you\_Anymem purchase or begin paying for any other ^inbdescritpion**   1. Yes 2. No | 1: ELSE goto INB\_ITEM, next row of the table  2,DK,RF: IF Row number = 100 then goto S13B\_END  ELSE goto INB\_ITEM, next row of the table |
| 14A | S14A\_INTRO | 33 **Now I am going to ask about health Insurance.** Policy|Insurance  |    |Insurance|Payroll  |Time  |       |Paid |Paid #     |Description|Type| Company |Deduction|Period|Payment|Total|Non-CU  1. Enter 1 to Continue | IF there are any records on the SCIF with 8500.IHB\_STAT = 1 then goto BSect14ARow block  ELSE goto S14A\_END |
| 14A | HHISTILL | **(Do/Does) (you/your household) still have your (HMO/fee for service/commercial Medicare supplement /special purpose) policy from (insurance company name)?** Policy|Insurance  |    |Insurance|Payroll  |Time  |       |Paid |Paid #     |Description|Type| Company |Deduction|Period|Payment|Total|Non-CU  1. Yes 2. No | IF 8500.HHIPRYOU = 2 then goto S14A\_END ELSE goto HHIANYPD |
| 14A | HHIANYPD | **Since the first of (reference month), have (you/you or any members of your household) made any payments on this policy (including payroll deductions/ )?** Policy|Insurance  |    |Insurance|Payroll  |Time  |       |Paid |Paid #     |Description|Type| Company |Deduction|Period|Payment|Total|Non-CU  1. Yes 2. No | 1: IF 8500.HHIRPMPD = 1-9 then goto HHILSTTM  ELSE goto HHIRPMPA  2,DK,RF: Goto S14A\_END |
| 14A | HHILSTTM | **Last time, I recorded that payments are made (periodicity).  Is this still correct?** Policy|Insurance  |    |Insurance|Payroll  |Time  |       |Paid |Paid #     |Description|Type| Company |Deduction|Period|Payment|Total|Non-CU  1. Yes 2. No | 1: Goto HHIREGXA  2, DK, RF: Goto HHIRPMPA |
| 14A | HHIRPMPA | **How often are payments made (including payroll deductions/ )?** Policy|Insurance  |    |Insurance|Payroll  |Time  |       |Paid |Paid #     |Description|Type| Company |Deduction|Period|Payment|Total|Non-CU  1. Once a week 2. Once every 2 weeks 3. Twice a month 4. Once a month 5. Every 2 months 6. Quarterly (every 3 months) 7. Once every 4 months 8. Twice a year (every 6 months) 9. Once a year 10. Other | 1-9: Goto HHIREGXA  10, DK, RF: Goto HHIPDAMT |
| 14A | HHIREGXA | **What is the amount currently paid (periodicity)?** Policy|Insurance  |    |Insurance|Payroll  |Time  |       |Paid |Paid #     |Description|Type| Company |Deduction|Period|Payment|Total|Non-CU | Goto S14A\_END |
| 14A | HHIPDAMT | **How much was paid since the first of (reference month)?** Policy|Insurance  |    |Insurance|Payroll  |Time  |       |Paid |Paid #     |Description|Type| Company |Deduction|Period|Payment|Total|Non-CU | 1-99999: Goto HHICMXXA  DK,RF: Goto S14A\_END |
| 14A | HHICMXXA | **How much of that ($(amount from HHIPDAMT) / ) was paid this month?** Policy|Insurance  |    |Insurance|Payroll  |Time  |       |Paid |Paid #     |Description|Type| Company |Deduction|Period|Payment|Total|Non-CU | Goto S14A\_END |
| 14B | IHB\_ITEM | 33      ? [F1] **^IHBITEM**  Do not report Medicare Prescription Drug plans (Medicare Part D) here.      Medicare Prescription Drug plans are collected in Section 14C.  1. Hospitalization or health insurance plans 99. None/No More Entries 888. Delete the Line | 1: Goto HINSCMP  99: Goto S14B\_END  888: IF no more grid lines then goto S14B\_END  ELSE goto IHB\_ITEM - next line of grid |
| 14B | HINSCMP | **What is the name of the insurance company for this policy?**Enter name of insurance company, not the insurance agent | Goto HHIBCBS |
| 14B | HHIBCBS | Do not read to respondent.     Is the insurance company Blue Cross/Blue Shield?   1. Yes 2. No | 1: Goto HHICOVQ  2: Goto TRICARE |
| 14B | TRICARE | Do not read to respondent.      Is the insurance company Tricare?  1. Yes 2. No | Goto HHICOVQ |
| 14B | HHICOVQ | **How many household members are/were covered by this policy?** | IF TRICARE = 1 goto HHIGROUP ELSE goto HHICODE |
| 14B | HHICODE | 33    ? [F1] **What type of insurance plan is it?** Do not include Medicare prescription drug plans in Commercial               Medicare Supplements.  Medicare prescription drug plans are               collected in Part C.  1. Health Maintenance Organization 2. Fee for Service Plan 3. Commercial Medicare Supplement 4. Other special purpose plan | 1: Goto HHIPOS  2-3,DK,RF: Goto HHIGROUP  4: Goto HHISPECT |
| 14B | 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. Yes 2. No | Goto HHIGROUP |
| 14B | HHISPECT | ? [F1] **Is this special purpose insurance plan -**  1. Dental insurance? 2. Vision insurance? 3. Prescription drug insurance? 4. Other type of special purpose health insurance? - Specify | 1-3,DK,RF: Goto HHIGROUP  4: Goto OTHINTYP |
| 14B | OTHINTYP | Specify: | Goto HHIGROUP |
| 14B | HHIGROUP | **Was the policy obtained on an individual or group basis?**  1. Individually obtained 2. Group through place of employment 3. Group through other organization | 1, 3, DK, RF: IF TRICARE = 1 goto HHIPRYOU  ELSE goto PORTAL  2: goto HHIPRYOU |
| 14B | PORTAL | **Was the policy obtained through ^ST\_PORTAL Healthcare.gov?**  1. Yes 2. No | 1: goto PORTPLAN  2, DK, RF: goto HHIPRYOU |
| 14B | PORTPLAN | **Is this policy a platinum, gold, silver, bronze, or catastrophic plan?**  1. Platinum plan 2. Gold plan 3. Silver plan 4. Bronze plan 5. Catastrophic plan | Goto HHIPRYOU |
| 14B | HHIPRYOU | **(Do/Does) (you/your household) pay ANY portion of the premiums for this policy?**  1. Yes 2. No | 1,DK,RF: Goto HHIPRDED  2: Goto HHIPROUT |
| 14B | HHIPROUT | **Who pays the policy premiums?**  1. An employer or union? 2. Another group or persons outside your household? | IF PORTAL = 1 goto PREMSUBS ELSE goto HHIMORE |
| 14B | HHIPRDED | **Are any premiums paid through payroll deductions?**  1. Yes 2. No | Goto HHIRPMXB |
| 14B | HHIRPMXB | **How much (do/does) (you/your household) currently spend for (entry for HINSCMP/this plan ) (including payroll deductions/ )?** Enter dollar amount for premium payments.     Select time period in next question. | Goto HHIRPMPD |
| 14B | HHIRPMPD | Enter time period for premium payments. 1. Once a week 2. Once every 2 weeks 3. Twice a month 4. Once a month 5. Every 2 months 6. Quarterly (every 3 months) 7. Once every 4 months 8. Twice a year (every 6 months) 9. Once a year 10. Other | 1-9: IF PORTAL = 1 goto PREMSUBS  ELSE goto HHIMORE  10,DK,RF: Goto HHIIRGXB |
| 14B | HHIIRGXB | **What was the total expense paid for this policy since (reference month)?** | Goto HHICMXXB |
| 14B | HHICMXXB | **How much was paid this month?** | IF PORTAL = 1 goto PREMSUBS ELSE goto HHIMORE |
| 14B | PREMSUBS | **Is the cost of the premium subsidized based on (your/your household's) income?** Subsidized health coverage is insurance with a reduced premium.  Low     and middle income families are eligible to receive tax credits that allow     them to pay lower premiums for insurance bought through healthcare     exchanges or marketplaces.  1. Yes 2. No | 1: goto HHISUBPD  2, DK, RF: goto HHIMORE |
| 14B | HHISUBPD | **Is the subsidy paid directly to the health insurance company?**  1. Yes 2. No | Goto HHIMORE |
| 14B | HHIMORE | **Did you have any other hospitalization or health insurance plans?**  1. Yes 2. No | 1: IF ROW number = 12 then goto ERR\_MAX  ELSE goto IHB\_ITEM, next line of grid  2,DK,RF: Goto IHB\_ITEM, next line of grid |
| 14C | CHGHHMCR | **(Last time you said that you were enrolled in Medicare. Has that changed?/Last time you said that ^8500HHMCRCOV ^MEMBARE2 enrolled in Medicare. Has**   1. Yes 2. No | 1: IF NUMHOUSE gt then goto HHMCRCOV  ELSEIF 8500.HHPARD = 1 goto BUPDATEDPblock  ELSE goto RETPARTD   2,DK,RF: IF 8500.HHPARTD = 1 then goto BUPDATEDP block  ELSE goto RETPARTD |
| 14C | HHMCRENR | **Are (you/you or any members of your household) presently enrolled in Medicare?  Medicare is the Federal Health Insurance Plan.**  1. Yes 2. No | 1: If NUMHOUSE = 1 and ((INTNMBR = 2 and RT25.DESIGN = 00) or (INTNMBR = 1) or new CU) goto HHPARTD  Elseif NUMHOUSE = 1 and 8500.HHPARTD = 1 goto BUPDATEDPblock  Elseif NUMHOUSE = 1 goto RETPARTD  Elseif NUMHOUSE gt 1 goto HHMCRCOV  2,DK,RF: IF 8500.MDCDENR = 1 then goto CHGMDCDE  ELSE goto MDCDENR |
| 14C | HHMCRCOV | **How many members of your household are covered by Medicare?** | IF (INTNMBR = 2 and RT25.DESIGN = 00) OR (INTNMBR = 1) OR new CU   then goto HHPARTD ELSEIF 8500.HHPARTD = 1 then goto BUPDATEDP block ELSE goto RETPARTD |
| 14C | STILDRUG | **Is ^NAME still enrolled in a Medicare Prescription Drug plan?** Enter 'YES' if the member changed to a different Medicare Prescription Drug plan. 1. Yes 2. No | 1: Goto PREMCHG  2,DK,RF: IF no more members AND there exist values of MEMBNO that do not match any value of 8500.PRTDMBNO then goto RETPARTD  ELSEIF no more members AND 8500.MDCDENR ne 1 then goto MDCDENR  ELSEIF no more members goto CHGMDCDE  ELSE goto next member on 14C\_UPDATE |
| 14C | PREMCHG | **Is (your/ Name's) premium still (the same/$(DRGPREMX) )?**  1. Yes 2. No | 1,DK,RF: IF no more members AND there exist values of MEMBNO that do not match any value of 8500.PRTDMBNO, then goto RETPARTD  ELSEIF no more members AND 8500.MDCDENR ne 1 thengoto MDCDENR  ELSEIF no more members then goto CHGMDCDE  ELSE goto STILDRUG for next member  2: Goto PREMCHGX |
| 14C | PREMCHGX | **What is (your/ Name's) current premium amount for the Medicare Prescription Drug Plan?** | IF no more members AND there exist values of MEMBNO that do not match any value of 8500.PRTDMBNO then goto RETPARTD  ELSEIF no more members AND 8500.MDCDENR ne 1 then goto MDCDENR  ELSEIF no more members goto CHGMDCDE  ELSE goto STILDRUG for next member |
| 14C | RETPARTD | **Have (you/you or any members of your household) enrolled in a Medicare Prescription Drug plan since the first of (reference month)?** The Medicare Prescription Drug plan is also known as Medicare Part D 1. Yes 2. No | 1: IF NUMHOUSE = 1 goto BNEWEDP block  ELSE goto DRUGPLAN  2,DK,RF: IF 8500.MDCDENR = 1 then goto CHGMDCDE  ELSEIF 8500.MDCDENR ne 1 then goto MDCDENR |
| 14C | HHPARTD | **Are (you/you or any members of your household) presently enrolled in a Medicare Prescription Drug plan?** The Medicare Prescription Drug plan is also known as Medicare Part D 1. Yes 2. No | 1: IF NUMHOUSE = 1 then goto BNEWDP block  ELSE goto DRUGPLAN  2,DK,RF: Goto MDCDENR |
| 14C | DRUGPLAN | **Who (is enrolled/enrolled) in a Medicare Prescription Drug plan?**   Enter line numbers for all that apply, separate with commas.  1. Person 1 2. Person 2 3. Person 3 4. Person 4 5. Person 5 6. Person 6 7. Person 7 8. Person 8 9. Person 9 10. Person 10 11. Person 11 12. Person 12 13. Person 13 14. Person 14 15. Person 15 16. Person 16 17. Person 17 18. Person 18 19. Person 19 20. Person 20 21. Person 21 22. Person 22 23. Person 23 24. Person 24 25. Person 25 26. Person 26  27. Person 27 28. Person 28 29. Person 29 30. Person 30 | 1-30: Goto BNEWDP block  DK,RF: Goto MDCDENR |
| 14C | ENROLLYR | **In what year did (you/ Name) enroll in the prescription drug plan?** Enter year of enrollment | IF ENROLLYR gt (current year + 3) then goto CK\_ENROLLYR ELSEIF ENTRY = current year through current year + 2, goto ENROLLMO ELSEIF ENTRY = previous year AND (CUR\_MONTH = 1 (January), 2 (February) or 3 (March)) goto ENROLLMO ELSE goto DRGPREMX |
| 14C | ENROLLMO | **In what month did (you/ Name) enroll in the prescription drug plan?**   Enter month of enrollment | Goto DRGPREMX |
| 14C | DRGPREMX | **What is the monthly premium for (your/ Name's) Medicare Prescription Drug plan?**   Do not include any monthly co-payments paid by the household. | Goto HHDRGSS |
| 14C | HHDRGSS | **Is the monthly premium deducted from a Social Security payment?**  1. Yes 2. No | IF no more line numbers AND 8500.MDCDENR ne 1 then goto MDCDENR  ELSEIF no more line numbers then goto CHGMDCDE  ELSE goto ENROLLMO for the next line number entered in DRUGPLAN |
| 14C | CHGMDCDE | **(Last time you said that you were enrolled in Medicaid. Has that changed?/Last time you said that ^8500MDCDCOV ^MEMBARE enrolled in Medicaid. Has th**  1. Yes 2. No | 1: IF NUMHOUSE gt 1 then goto MDCDCOV  ELSEIF 8500.OTHMED = 1 then goto STLOTHMD  ELSE goto OTHMED  2,DK,RF: IF 8500.OTHMED = 1 then goto STLOTHMD  ELSE goto OTHMED |
| 14C | MDCDENR | **Are (you/you or any members of your household) enrolled in Medicaid^MDCDSTfill?**  1. Yes 2. No | 1: IF NUMHOUSE gt 1 then goto MDCDCOV  ELSEIF 8500.OTHMED = 1 then goto STLOTHMD  ELSE goto OTHMED  2,DK,RF: IF 8500.OTHMED = 1 then goto STLOTHMD  ELSE goto OTHMED |
| 14C | MDCDCOV | **How many members of your household are covered by Medicaid^MDCDSTfill?** | ELSEIF 8500.OTHMED = 1 then goto STLOTHMD  ELSE goto OTHMED |
| 14C | STLOTHMD | 33   ? [F1] **Are (you/you or any members of your household) still covered by a plan such as VA Medical, CHAMPVA, CHIP^ST\_CHIP, or Indian Health Service (IHS)?**  1. Yes 2. No | Goto S14C\_END |
| 14C | OTHMED | 33    ? [F1] **Are (you/you or any members of your household) covered by a plan such as VA Medical, CHAMPVA, CHIP^ST\_CHIP, or Indian Health Service (IHS)?**  1. Yes 2. No | 1: IF NUMHOUSE gt 1 goto OTHMDCOV  ELSE goto S14C\_END  2, DK, RF: Goto S14C\_END |
| 14C | OTHMDCOV | **How many members of your household are covered by these plans?** | Goto S14C\_END |
| 15A | S15A\_INTRO | 34-35 **Now I am going to ask some questions about medical payments and reimbursements.  I will begin with your payments.  By payments I mean any co-pays and out-of-pocket expenses.   Include all payments, even those for persons who are outside of your household.**                   Description   Amount    Month                                     (MEDPDESC)    (MEDPMTX) (MEDPMTMO)  1. Enter 1 to Continue | Goto MDB\_ITEM |
| 15A | MDB\_ITEM | **SCREEN 1--------------------------------------------------------------**  34   ? [F1] **Since the first of (reference month), have (you/you or any members of your household) made any payments for the following?** Read each item on list **SCREEN 2 -------------------------------------------------------------------------** 35? [F1] **Have (you/you or any members of your household) made any payments for --**  Read each item on list  1. Eye examinations, treatment, or surgery 2. Purchase of eye glasses or contact lenses 3. Dental care 4. Hospital room or hospital services 5. Services by medical professionals other than physicians 6. Physician services 7. Lab tests or x-rays 8. Care in convalescent or nursing homes 9. Care for invalids, convalescents, handicapped, or elderly persons in the home 10. Adult day care centers 11. Other medical care and services 12. Hearing aids 13. Prescription drugs 14. Purchase or rental of supportive or rehabilitative equipment 15. Purchase or rental of medical or surgical equipment for general use 95. Continue List 99. None/No more entries 888. Delete a line | 1-15: Goto MEDPDESC  95: Goto next ROW  99: Goto S15A\_END  888: IF no more rows then goto S15A\_END  ELSE goto MDB\_ITEM - next row of the table |
| 15A | MEDPDESC | Ask if not apparent **Describe the care/service/item.**                   Description   Amount    Month                                     (MEDPDESC)    (MEDPMTX) (MEDPMTMO) | IF MDB\_ITEM = 14 or 15 then goto MEDPPRNT ELSE goto MEDPGFTC |
| 15A | MEDPPRNT | Ask if not apparent **Was this for a purchase or rental?**                   Description    Amount    Month                     (MEDPDESC)    (MEDPMTX) (MEDPMTMO)  1. Purchase 2. Rental | Goto MEDPGFTC |
| 15A | MEDPGFTC | Ask if not apparent **(Was/Were) the (description) for a member of your household or someone outside of your household?**                   Description   Amount    Month                                     (MEDPDESC)    (MEDPMTX) (MEDPMTMO)  1. Household member 2. Non-household member | Goto MEDPMTMO |
| 15A | MEDPMTMO | **In what month was(were) the payment(s) made?     ( \* Enter 13 for same amount each month of the reference period./ )**                   Description   Amount    Month                                     (MEDPDESC)    (MEDPMTX) (MEDPMTMO)  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December 13. ^S15\_13Option | Goto MEDPMTX |
| 15A | MEDPMTX | **(What was the total amount paid in (month)?/What was the total amount paid?/What is your monthly expense?)**                    Description   Amount    Month                                     (MEDPDESC)    (MEDPMTX) (MEDPMTMO) | Goto MEDPCB\_S |
| 15A | MEDPCB\_S | Enter 'C' for a combined expense | C: Goto MEDPCMB  EMPTY: Goto MEDPMORE |
| 15A | MEDPCMB | 34-35   ? [F1] **What is (description) combined with?**         Enter all that apply, separate with commas          Description    Amount    Month           (MEDPDESC)    (MEDPMTX) (MEDPMTMO)  1. Eye examinations, treatments, or surgery 2. Purchase of eye glasses or contact lenses 3. Dental care 4. Hospital room or hospital services 5. Services by medical professionals other than physicians 6. Physician services 7. Lab tests or x-rays 8. Care in convalescent or nursing homes 9. Care for invalids, convalescents, handicapped, or elderly persons in the home 10. Adult day care centers 11. Other medical care and services 12. Hearing aids 13. Prescription drugs 14. Purchase or rental of supportive or rehabilitative equipment 15. Purchase or rental of medical or surgical equipment for general use 77. Misc. combined (unable to specify/DK) | Goto MEDPMORE |
| 15A | MEDPMORE | **Did (you/you or any members of your household) make any other payments for (description)?**                 Description   Amount    Month               (MEDPDESC)    (MEDPMTX) (MEDPMTMO) 1. Yes 2. No | 1: IF ROW number = 40 then goto ERR\_MAX  ELSE goto MDB\_ITEM, next line on the grid  2,DK,RF: IF ROW number = 40 then goto S15A\_END  ELSE goto MDB\_ITEM, next line on the grid |
| 15B | S15B\_INTRO | 34-35 **Now I am going to ask some questions about your reimbursements.  By reimbursements I mean any money received for any members of your household from an insurance company, medical care provider or non-household member for medical expenses which you previously paid or will pay.   Do not include reimbursements from any consumer-driven health plans such as Flexible Spending Accounts (FSA), Health Reimbursement Accounts (HRA), Health Savings Accounts (HSA), High Deductible Health Plans (HDHP), or Medical Savings Accounts (MSA).**                        Description  Amount    Month                            (MEDRDESC)   (MEDRMBX) (MEDRMBMO)  1. Enter 1 to Continue | Goto MDC\_ITEM |
| 15B | MDC\_ITEM | **SCREEN 1 ---------------------------------------------------------------------------------------** 34-35    ? [F1] **Since the first of (reference month), have (you/you or any members of your household) received any medical reimbursements for the items I just asked about?** IF YES - **What did you get reimbursed for?**   Read each item on list **SCREEN 2 ----------------------------------------------------------------------------------------** 35? [F1] **Have you received any reimbursements for --**                         Read each item on list  1. Eye examinations, treatment, or surgery 2. Purchase of eye glasses or contact lenses 3. Dental care 4. Hospital room or hospital services 5. Services by medical professionals other than physicians 6. Physician services 7. Lab tests or x-rays 8. Care in convalescent or nursing homes 9. Care for invalids, convalescents, handicapped, or elderly persons in the home 10. Adult day care centers 11. Other medical care and services 12. Hearing aids 13. Prescription drugs 14. Purchase or rental of supportive or rehabilitative equipment 15. Purchase or rental of medical or surgical equipment for general use 95. Continue List 99. None/No more entries 888. Delete a line | 1-15: Goto MEDRDESC  95: Goto next ROW  99: Goto S15B\_END  888: IF no more grid lines then goto S15B\_END  ELSE goto MDC\_ITEM - next line of grid |
| 15B | MEDRDESC | Ask if not apparent **Describe the care/service/item.**                        Description  Amount    Month                            (MEDRDESC)   (MEDRMBX) (MEDRMBMO) | IF ITEM = 14 or 15 then goto MEDRPRNT ELSE goto MEDRGFTC |
| 15B | MEDRPRNT | Ask if not apparent **Was this for a purchase or rental?**                 Description  Amount    Month                       (MEDRDESC)   (MEDRMBX) (MEDRMBMO)  1. Purchase 2. Rental | Goto MEDRGFTC |
| 15B | MEDRGFTC | Ask if not apparent **(Was/Were) the (description) for a member of your household or someone outside of your household?**                    Description  Amount    Month                        (MEDRDESC)   (MEDRMBX) (MEDRMBMO)  1. Household member 2. Non-household member | Goto MEDRMBMO |
| 15B | MEDRMBMO | **In what month was(were) the reimbursement(s) received?**                    Description  Amount    Month                        (MEDRDESC)   (MEDRMBX) (MEDRMBMO) 1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | Goto MEDRMBX |
| 15B | MEDRMBX | **What was the total amount received (in month)?**                    Description  Amount    Month                        (MEDRDESC)   (MEDRMBX) (MEDRMBMO) | Goto MEDRCB\_S |
| 15B | MEDRCB\_S | Enter 'C' for a combined reimbursement | C: Goto MEDRCMB  EMPTY: Goto MEDRMORE |
| 15B | MEDRCMB | 34-35   ? [F1] **What other medical reimbursement is (description) combined with?**        Enter all that apply, separate with commas                     Description  Amount    Month                        (MEDRDESC)   (MEDRMBX) (MEDRMBMO)  1. Eye examinations, treatments, or surgery 2. Purchase of eye glasses or contact lenses 3. Dental care 4. Hospital room or hospital services 5. Services by medical professionals other than physicians 6. Physician services 7. Lab tests or x-rays 8. Care in convalescent or nursing homes 9. Care for invalids, convalescents, handicapped, or elderly persons in the home 10. Adult day care centers 11. Other medical care and services 12. Hearing aids 13. Prescription drugs 14. Purchase or rental of supportive or rehabilitative equipment 15. Purchase or rental of medical or surgical equipment for general use 77. Misc. combined (unable to specify/DK) | Goto MEDRMORE |
| 15B | MEDRMORE | **Did (you/you or any members of your household) receive any other reimbursements for (description)?**                    Description  Amount    Month                        (MEDRDESC)   (MEDRMBX) (MEDRMBMO)  1. Yes 2. No | 1: IF ROW number = 22 then goto ERR\_MAX  ELSE goto MDC\_ITEM, next line of grid  2,DK,RF: IF ROW number = 22 then goto S15B\_END  ELSE goto MDC\_ITEM, next line of grid |
| 16 | EDA\_INTRO | 36 **Now I am going to ask about education expenses.  Please include any direct payments made for any members of your household or for anyone outside your household and any payments you made online or had automatically deducted.** Do NOT include payments made on student loans            Description  Type      Month      Amount               (EDUDESC)   (EDSHL\_A) (EDMONTHA) (EDEXOXA)  1. Enter 1 to Continue | Goto EDA\_ITEM |
| 16 | EDA\_ITEM | 36    ? [F1] **Since the first of (reference month), have (you/you or any members of your household) paid for any -** Read each item on list.Baby sitting and in home day care are collected in Section 19A         Do not include payments on student loans.  They are collected in Section 22.  1. Recreational lessons or other instructions? 2. Preschool or child day care centers? 3. Tuition, including pre-paid tuition? 4. Housing while attending school? 5. Food or board while attending school? 6. Private school bus service? 7. Test preparation or tutoring services? 8. Purchase of any school books, supplies, or equipment which has not already been reported? 9. Other school related expenses not already reported? 99. None/No more entries 888. Delete the line | 1-9: Goto EDUDESC  99: Goto S16\_END  888: IF no more grid lines then goto S16\_END  ELSE goto EDA\_ITEM - next line of grid |
| 16 | EDUDESC | **What was the expense for?**             Description  Type      Month      Amount               (EDUDESC)   (EDSHL\_A) (EDMONTHA) (EDEXOXA) | Goto EDUCGFTC |
| 16 | EDUCGFTC | **Was this expense for?**             Description  Type      Month      Amount               (EDUDESC)   (EDSHL\_A) (EDMONTHA) (EDEXOXA) 1. Someone inside the household? 2. Someone outside the household? | IF ITEM = 3 or 8 then goto EDSCHL\_A ELSE goto EDMONTHA |
| 16 | EDSCHL\_A | Ask if not apparent. **What kind of school or facility was it?**             Description  Type      Month      Amount               (EDUDESC)   (EDSHL\_A) (EDMONTHA) (EDEXOXA)  1. College or university 2. Elementary through high school 3. Child day care center 4. Nursery school or preschool 5. Vocational or technical school 6. Other | Goto EDMONTHA |
| 16 | EDMONTHA | **In what month was the payment made?**Enter 13 for same amount each month of the reference period.            Description  Type      Month      Amount                (EDUDESC)   (EDSHL\_A) (EDMONTHA) (EDEXOXA) 1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December 13. Same amount each month. | Goto EDEXOXA |
| 16 | EDEXOXA | **(How much was paid?/How much is paid monthly?)**             Description  Type      Month      Amount               (EDUDESC)   (EDSHL\_A) (EDMONTHA) (EDEXOXA) | Goto EDUCMB\_S |
| 16 | EDUCMB\_S | Enter 'C' for a combined expense | C: Goto EDUCMB  EMPTY: Goto EDREIMB |
| 16 | EDUCMB | 36    ? [F1] **What was combined with (Description)?** Enter all that apply, separate with commas            Description  Type      Month      Amount               (EDUDESC)   (EDSHL\_A) (EDMONTHA) (EDEXOXA)  1. Recreational lessons or other instructions 2. Preschool or child day care centers 3. Tuition, including pre-paid tuition 4. Housing while attending school 5. Food or board while attending school 6. Private school bus service 7. Test preparation or tutoring services 8. Purchase of any school books, supplies, or equipment which has not already been reported 9. Other school related expenses not already reported 77. Misc. combined (unable to specify/DK) | Goto EDREIMB |
| 16 | EDREIMB | **Has any of this amount been or will any of it be reimbursed by an employer, agency, or other person?**Do not include reimbursements from dependent flexible spending accounts (FSA).            Description  Type      Month      Amount               (EDUDESC)   (EDSHL\_A) (EDMONTHA) (EDEXOXA)1. Yes 2. No | 1: Goto EDREIMBX  2,DK,RF: Goto EDUMORE |
| 16 | EDREIMBX | **How much was or will be reimbursed?**        Do not include reimbursements from dependent flexible spending accounts (FSA).             Description Type      Month      Amount               (EDUDESC)   (EDSHL\_A) (EDMONTHA) (EDEXOXA) | Goto EDUMORE |
| 16 | EDUMORE | **Did you make any other payments for (Description)?**             Description  Type      Month      Amount               (EDUDESC)   (EDSHL\_A) (EDMONTHA) (EDEXOXA) 1. Yes 2. No | 1: IF ROW number = 34 then goto ERR\_MAX  ELSE goto EDA\_ITEM, next line of grid  2,DK,RF: IF ROW number = 34 then goto S16\_END  ELSE goto EDA\_ITEM, next line of grid |
| 17 | SUB\_INTRO | 37-38 **Now I am going to ask about expenses for subscriptions, memberships, books, and entertainment.  Please remember to include any payments you made online or had automatically deducted.  Also, include any shipping and handling charges with the cost of any item that was shipped.**        Description  Month     Amount        (SUBDESC)    (SUBMO)   (SUBEXPX) 1. Enter 1 to Continue | Goto SUB\_ITEM |
| 17A | SUB\_ITEM | **SCREEN 1 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -** 37    ? [F1] **Since the first of (reference month) have (you/you or any members of your household) had any membership costs or other expenses related to any of the following?  Do not include contributions to or membership in religious, professional, business, or other tax deductible organizations.**Read each item on list. **SCREEN 2 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -** 37    ? [F1] **Since the first of (reference month), have (you/you or any members of your household) purchased any of the following items for your household or for someone outside your household?** Read each item on list **SCREEN 3 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -** 38    ? [F1] **Have you purchased any -** Read each item on list        Report blank tapes, CDs, and DVDs in Section 6B under item code 11  1. Golf courses or country clubs 2. Health clubs, fitness centers, swimming pools, weight loss centers, or other sports or recreational organizations 3. Fees for participating in sports such as golf, bowling, biking, hockey, football, or swimming 4. Vacation clubs 5. Civic, service, fraternal, or other social organizations 6. Credit card membership fees 7. Shopping club memberships including warehouse clubs like Sam's Club and discount memberships like Amazon Prime 8. Direct or online dating services 9. Single or season tickets to spectator sports events such as football, baseball, hockey racing, or track events 10. Single or season tickets to plays, operas, or concerts 11. Tickets to movies, parks, or museums 12. Single copies of newspapers, magazines, or periodicals, including digital 13. Subscriptions to newspapers, magazines, or periodicals, including digital 14. Books purchased through a book club 15. Books or digital books not purchased through a book club. Do not include school books or reference books. 16. Photographic film or disposable cameras 17. Photo printing or processing 18. Purchased music files, CDs, or records 19. Subscription music services such as Rhapsody or Pandora 20. Purchased video files, Blu-Ray discs, or DVDs 21. Rented video files or DVDs 22. Streaming video subscription 23. Purchased video games, not including computer games 24. Rented video games 25. Applications, games, or ringtones for a cellphone or mobile device not already reported 26. Online games or other internet entertainment sites 95. Continue list 99. None/No more entries 888. Delete the line | 1-26: Goto SUBDESC  95: Goto next row  99: Goto S17A\_END  888: IF no more grid lines goto S17A\_END  ELSE goto SUB\_ITEM - next line of grid |
| 17A | SUBDESC | **(Description)** fill for SUBDESC       Description  Month     Amount        (SUBDESC)    (SUBMO)   (SUBEXPX) | Goto S17GFTCA |
| 17A | S17GFTCA | **Was this purchase for your household or someone outside your household?**        Description  Month     Amount        (SUBDESC)    (SUBMO)   (SUBEXPX) 1. For household 2. For someone outside your household | Goto SUBMO |
| 17A | SUBMO | **In what month did you have this expense?  (\* Enter 13 for same amount each month of the reference period/ )**        Description  Month     Amount        (SUBDESC)    (SUBMO)   (SUBEXPX)  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December 13. ^S17\_13Option | Goto SUBEXPX |
| 17A | SUBEXPX | **(What was the total amount of this expense?/What is ^YR\_YRCUS monthly expense?) ((Include shipping and handling fees./ ))** (Include ticket/admission service fees and surcharges/ )       Description  Month     Amount        (SUBDESC)    (SUBMO)   (SUBEXPX) | IF ITEM = 18, 20, 21, 22, or 25, goto C  ELSEIF INTNMBR = 4 AND (ITEM = 11) AND (INTPER = 201607,   201608, 201609, 201406, 201407 or 201409)   then goto TICSTORE  ELSE goto MORE |
| 17A | S17ACM\_S | Enter a 'C' for a combined expense.         Description  Month     Amount        (SUBDESC)    (SUBMO)   (SUBEXPX) | C: goto S17ACMB empty: goto S17AOTHR |
| 17A | S17ACMB | 38    ? [F1] **What other expense is the (description) combined with?**          Enter all that apply, separate with commas.         Description  Month     Amount        (SUBDESC)    (SUBMO)   (SUBEXPX)  18. Purchased music files, CDs, or records 20. Purchased video files, Blu-Ray discs, or DVDs 21. Rented video files or DVDs 22. Streaming video subscriptions 25. Applications, games, or ringtones for a cellphone or mobile device not already reported | Goto S17AOTHR |
| 17A | TICSTORE | **Where did you purchase these tickets?**   Enter store, website, or company name  If purchased from a private individual, enter "private individual." | IF ENTRY contains ".com", ".Com", ".cOm", ".coM", ".COm", ".CoM", ".cOM", or ".COM", then goto MORE  ELSEIF ENTRY = DK or RF then goto MORE  ELSE goto TICPURCH |
| 17A | TICPURCH | Ask if not apparent  **Was this purchased online or in-person?** 1. Online 2. In person | 1,DK,RF: Goto MORE  2: Goto TICLOC |
| 17A | TICLOC | **Where is ^TICSTORE\_fill located?**   Enter city and state | Goto MORE |
| 17A | S17AOTHR | **Did  you (purchase/pay for renting/pay for) any other (description)?**        Description  Month     Amount        (SUBDESC)    (SUBMO)   (SUBEXPX) 1. Yes 2. No | 1: IF ROW number = 40 then goto ERR\_MAX  ELSE goto SUB\_ITEM, next line of grid  2,DK,RF: Goto SUB\_ITEM, next line of grid |
| 18A | ANYOUTSD | **Now I am going to ask about trips and vacations.   Since the first of (reference month) have (you/you or any members of your household) taken any trips entirely  paid for by anyone outside your household,  such as a business, employer, or relative?**  1. Yes 2. No | 1: Goto NUMOUTSD  2,DK,RF: IF I\_18Acoun gt 0 then goto TBLSECT18A\_1  ELSE goto ANYTRIPS |
| 18A | NUMOUTSD | **How many?** | Goto ANYYUPD |
| 18A | ANYYUPD | **Even on trips entirely paid for by someone outside of your household there are sometimes  miscellaneous expenses which are not paid for.   Did (you/your household) have any expenses  on (this trip/these trips) that will not be covered by a business, employer or other non-household member?**  1. Yes 2. No | 1: Goto FOODYUPD  2,DK,RF: Goto CHKUNTRP |
| 18A | FOODYUPD | **Did these expenses include anything for . . .       . . . Food and beverages?**  1. Yes 2. No | Goto LODGYUPD |
| 18A | LODGYUPD | Did these expenses include anything for . . . **. . . Lodging?**  1. Yes 2. No | Goto TRANYUPD |
| 18A | TRANYUPD | Did these expenses include anything for . . . **. . . Transportation?**  1. Yes 2. No | Goto ELSEYUPD |
| 18A | ELSEYUPD | Did these expenses include . . . **. . . Anything else?**  1. Yes 2. No | 1: Goto S18AELSE  2,DK,RF: Goto TOTYUPDX |
| 18A | S18AELSE | Specify: | Goto TOTYUPDX |
| 18A | TOTYUPDX | **What was the total amount of these expenses?** | 1Goto CHKUNTRP |
| 18A1 | ENDTRP1 | **(Last interview you reported (# of unfinished trips) (trip/trips) which had not yet ended. I'd like to ask about (that trip/those trips) now. / )   In what month did your trip to (place word for 8500.TRIPPLAC) end?**     Destination  Ended     How paid   Number of trips     (TRPPLACE)   (ENDTRP2) (ANYBOTH2) (NUMTRIPS) 0. Trip not ended 1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | 0: IF no more unended trips then exit block and goto ANYTRIPS  ELSE goto next line on grid    REF\_MONTH - CUR\_MONTH: Goto ANYBOTH1  DK,RF: Goto ANYBOTH1 |
| 18A1 | ANYBOTH1 | **Did a business, employer, or any other non-household member pay any of  the costs for this trip?**  1. Yes 2. No | IF no more unended trips then exit the block and   goto ANYTRIPS  ELSE goto ENDTRP1, next line of grid |
| 18A2 | ANYTRIPS | 39    ? [F1] **Since the first of (reference month), have (you/you or any members of your household) taken (any trips/any other trips) for reasons such as:      \* Visiting relatives or friends?     \* Business?     \* Recreational trips?     \* Other trips overnight or longer?     \* Day trips of at least 75 miles away from home?**  1. Yes 2. No | 1: Goto TRPPLACE  2,DK,RF: Goto S18A\_END |
| 18A2 | TRIPPLAC | **Where did (you/your household)  go?**Enter 888 to delete the trip      Destination   Ended    How paid   Number of trips       (TRPPLACE)   (ENDTRP2) (ANYBOTH2) (NUMTRIPS) | 30 characters: Goto DESTCODE  888: Goto S18MORE |
| 18A2 | DESTCODE | ? [F1]Type state abbreviation for a U.S. destination or X for foreign country destination        Destination   Ended    How paid   Number of trips       (TRPPLACE)   (ENDTRP2) (ANYBOTH2) (NUMTRIPS) | 2 character state abbrev.,DK,RF: Goto ENDTRP2  X: Goto FOREIGN |
| 18A2 | FOREIGN | Select the country or region. 1. Africa 2. Asia 3. Australia 4. Canada 5. Caribbean 6. Central America 7. Europe 8. Mexico 9. Middle East 10. South America 11. South Pacific | Goto ENDTRP2 |
| 18A2 | ENDTRP2 | **In what month did this trip end?** (0) Trip not ended      Destination   Ended    How paid   Number of trips       (TRPPLACE)   (ENDTRP2) (ANYBOTH2) (NUMTRIPS) 0. Trip not ended 1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December | 0: Goto S18MORE  REF\_MONTH-CUR\_MONTH: Goto MORTHONE  DK,RF: Goto MORTHONE |
| 18A2 | MORTHONE | **Did you take more than one trip to (trip destination) in (month trip ended)?**       Destination   Ended    How paid   Number of trips       (TRPPLACE)   (ENDTRP2) (ANYBOTH2) (NUMTRIPS) 1. Yes 2. No | 1: Goto NUMTRIPS  2,DK,RF: Goto ANYBOTH2 |
| 18A2 | NUMTRIPS | **How many times did you go to (trip destination)    in (month trip ended)?**       Destination   Ended    How paid   Number of trips       (TRPPLACE)   (ENDTRP2) (ANYBOTH2) (NUMTRIPS) | Goto ANYBOTH2 |
| 18A2 | ANYBOTH2 | **Were any of the expenses for (this trip/these trips) paid for by anyone outside of your household?**       Destination   Ended    How paid   Number of trips       (TRPPLACE)   (ENDTRP2) (ANYBOTH2) (NUMTRIPS)  1. Yes 2. No | Goto S18MORE |
| 18A2 | S18MORE | 40    ? [F1] **Since the first of  (reference month) , have you taken any other trips for reasons such as:      \* Visiting relatives or friends?     \* Business?     \* Recreational trips?     \* Other trips overnight or longer?     \* Day trips of at least 75 miles away from home?**   1. Yes 2. No | 1: Goto TRIPPLAC, next line on the grid  2,DK,RF: Goto S18A\_END |
| 18BC | NUMNIGHT | **(Now I'm going to ask you about the ^TRIP that ^YOU\_YRCU took to ^TRPPLACE ending in ^NUMNIGHTC/You    (Since (you/your CU) took a set of similar trips to (Trip destination) in (month trip ended) , I wil   How many nights did (you/you or any members of your household) spend away from home on (these trips/this trip)?**Enter 0 for none        Enter 888 to delete this trip | 0-800: Goto PKGTRIP  DK,RF: Goto PKGTRIP  888: Goto S18BC\_END |
| 18BC | PKGTRIP | **(Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs./ )       Was all or part of (these trips/this trip) covered by a package deal?**  1. Yes 2. No | 1: Goto FOODDEAL  2,DK,RF: Goto TRPTRNS |
| 18BC | FOODDEAL | **Did the package deal include . . .    . . . Food and beverages?**  1. Yes 2. No | Goto LODGDEAL |
| 18BC | LODGDEAL | Did the package deal include . . . **. . . Lodging?**  1. Yes 2. No | Goto TRANDEAL |
| 18BC | TRANDEAL | Did the package deal include  . . . **. . . Transportation?**  1. Yes 2. No | Goto ELSEDEAL |
| 18BC | ELSEDEAL | Did the package deal include . . . **. . . Anything else?**  1. Yes 2. No | 1: Goto S18BELSE  2,DK,RF: Goto PKGTRIPX |
| 18BC | S18BELSE | Specify: | Goto PKGTRIPX |
| 18BC | PKGTRIPX | **How much did (you/your household) pay for the package deal?** | Goto TRPTRNS |
| 18BC | TRPTRNS | 39    ?  [F1] **Starting at the beginning of this trip, please tell me all the kinds of transportation  (you/you or any members of your household) used from the time you (they) left home to the time you (they) got back home.**  Enter all that apply, separate with commas  1. Local (taxi, etc.) 2. Airplane 3. Train 4. Bus 5. Ship 6. Automobile, truck, van (Rented) 7. Motorcycle, moped (Rented) 8. Private plane (Rented) 9. Boat, trailer (Rented) 10. Camper (Rented) 11. Other vehicles (Rented) 12. Automobiles or other vehicles privately owned or leased by household 13. Vehicle owned by someone else (Private) 14. Other transport (Private) | 1-14: IF 1 is selected then goto CMLOCALX  ELSEIF 2 is selected then goto CMPLANEX  ELSEIF 3 is selected then goto CMTRAINX  ELSEIF 4 is selected then goto CMBUSX  ELSEIF 5 is selected then goto CMSHIPX  ELSEIF 6 is selected then goto RTCARX  ELSEIF 7 is selected then goto RTMOPEDX  ELSEIF 8 is selected then goto RTPLANEX  ELSEIF 9 is selected then goto RTBOATX  ELSEIF 10 is selected then goto RTCAMPX  ELSEIF 11 is selected then goto RTOTHERX  ELSEIF 12-14 is selected then goto ANYGAS  DK,RF: Goto LODGING |
| 18BC | CMLOCALX | **How much did (you/you or any members of your household) spend for local transportation (taxi, etc.) (other than what the package deal covered/ )?** | IF 2 is selected in TRPTRNS then goto CMPLANEX ELSEIF 3 is selected in TRPTRNS then goto CMTRAINX ELSEIF 4 is selected in TRPTRNS then goto CMBUSX ELSEIF 5 is selected in TRPTRNS then goto CMSHIPX ELSEIF 6 is selected in TRPTRNS then goto RTCARX ELSEIF 7 is selected in TRPTRNS then goto RTMOPEDX ELSEIF 8 is selected in TRPTRNS then goto RTPLANEX ELSEIF 9 is selected in TRPTRNS then goto RTBOATX ELSEIF 10 is selected in TRPTRNS then goto RTCAMPX ELSEIF 11 is selected in TRPTRNS then goto RTOTHERX ELSEIF 12-14 are selected in TRPTRNS then goto ANYGAS ELSE goto LODGING |
| 18BC | CMPLANEX | **How much did (you/you or any members of your household) spend for airfare (other than what the package deal covered/ )?** | IF 3 is selected in TRPTRNS then goto CMTRAINX ELSEIF 4 is selected in TRPTRNS then goto CMBUSX ELSEIF 5 is selected in TRPTRNS then goto CMSHIPX ELSEIF 6 is selected in TRPTRNS then goto RTCARX ELSEIF 7 is selected in TRPTRNS then goto RTMOPEDX ELSEIF 8 is selected in TRPTRNS then goto RTPLANEX ELSEIF 9 is selected in TRPTRNS then goto RTBOATX ELSEIF 10 is selected in TRPTRNS then goto RTCAMPX ELSEIF 11 is selected in TRPTRNS then goto RTOTHERX ELSEIF 12-14 are selected in TRPTRNS then goto ANYGAS ELSE goto LODGING |
| 18BC | CMTRAINX | **How much did (you/you or any members of your household) spend for train fare (other than what the package deal covered/ )?** | IF 4 is selected in TRPTRNS then goto CMBUSX ELSEIF 5 is selected in TRPTRNS then goto CMSHIPX ELSEIF 6 is selected in TRPTRNS then goto RTCARX ELSEIF 7 is selected in TRPTRNS then goto RTMOPEDX ELSEIF 8 is selected in TRPTRNS then goto RTPLANEX ELSEIF 9 is selected in TRPTRNS then goto RTBOATX ELSEIF 10 is selected in TRPTRNS then goto RTCAMPX ELSEIF 11 is selected in TRPTRNS then goto RTOTHERX ELSEIF 12-14 are selected in TRPTRNS then goto ANYGAS ELSE goto LODGING |
| 18BC | CMBUSX | **How much did (you/you or any members of your household) spend for bus fare (other than what the package deal covered/ )?** | IF 5 is selected in TRPTRNS then goto CMSHIPX ELSEIF 6 is selected in TRPTRNS then goto RTCARX ELSEIF 7 is selected in TRPTRNS then goto RTMOPEDX ELSEIF 8 is selected in TRPTRNS then goto RTPLANEX ELSEIF 9 is selected in TRPTRNS then goto RTBOATX ELSEIF 10 is selected in TRPTRNS then goto RTCAMPX ELSEIF 11 is selected in TRPTRNS then goto RTOTHERX ELSEIF 12-14 are selected in TRPTRNS then goto ANYGAS ELSE goto LODGING |
| 18BC | CMSHIPX | **How much did (you/you or any members of your household) spend for ship fare (other than what the package deal covered/ )?** | IF 6 is selected in TRPTRNS then goto RTCARX ELSEIF 7 is selected in TRPTRNS then goto RTMOPEDX ELSEIF 8 is selected in TRPTRNS then goto RTPLANEX ELSEIF 9 is selected in TRPTRNS then goto RTBOATX ELSEIF 10 is selected in TRPTRNS then goto RTCAMPX ELSEIF 11 is selected in TRPTRNS then goto RTOTHERX ELSEIF 12-14 are selected in TRPTRNS then goto ANYGAS ELSE goto LODGING |
| 18BC | RTCARX | **How much did (you/you or any members of your household) spend for rented automobiles, trucks or vans, not including gas (you/you or any members of your household) bought (other than what the package deal covered/ )?**        (\* Do not include any rental costs already collected in Section 10 / ) | IF 7 is selected in TRPTRNS then goto RTMOPEDX ELSEIF 8 is selected in TRPTRNS then goto RTPLANEX ELSEIF 9 is selected in TRPTRNS then goto RTBOATX ELSEIF 10 is selected in TRPTRNS then goto RTCAMPX ELSEIF 11 is selected in TRPTRNS then goto RTOTHERX ELSE goto ANYGAS |
| 18BC | RTMOPEDX | **How much did (you/you or any members of your household) spend for rented motorcycles or mopeds, not including gas (you/you or any members of your household) bought (other than what the package deal covered/ )?** (\* Do not include any rental costs already collected in Section 10 / ) | IF 8 is selected in TRPTRNS then goto RTPLANEX ELSEIF 9 is selected in TRPTRNS then goto RTBOATX ELSEIF 10 is selected in TRPTRNS then goto RTCAMPX ELSEIF 11 is selected in TRPTRNS then goto RTOTHERX ELSE goto ANYGAS |
| 18BC | RTPLANEX | **How much did (you/you or any members of your household) spend for rented private planes, not including gas (you/you or any members of your household) bought (other than what the package deal covered/ )?** (\*Do not include any rental costs already collected in Section 10 / ) | IF 9 is selected in TRPTRNS then goto RTBOATX ELSEIF 10 is selected in TRPTRNS then goto RTCAMPX ELSEIF 11 is selected in TRPTRNS then goto RTOTHERX ELSE goto ANYGAS |
| 18BC | RTBOATX | **How much did (you/you or any members of your household) spend for rented boats or trailers, not including gas (you/you or any members of your household) bought (other than what the package deal covered/ )?** (\* Do not include any rental costs already collected in Section 10 / ) | IF 10 is selected in TRPTRNS then goto RTCAMPX ELSEIF 11 is selected in TRPTRNS then goto RTOTHERX ELSE goto ANYGAS |
| 18BC | RTCAMPX | **How much did (you/you or any members of your household) spend for rented campers, not including gas (you/you or any members of your household) bought (other than what the package deal covered/ )?** (\* Do not include any rental costs already collected in Section 10 / ) | IF 11 is selected in TRPTRNS then goto RTOTHERX ELSE goto ANYGAS |
| 18BC | RTOTHERX | **How much did (you/you or any members of your household) spend for other rented vehicle transportation, not including gas (you/you or any members of your household) bought (other than what the package deal covered/ )?** (\* Do not include any rental costs already collected in Section 10 / ) | Goto ANYGAS |
| 18BC | ANYGAS | **While on the trip did (you/you or any members of your household) stop to buy any gasoline, diesel fuel, or any other fuels?**   1. Yes 2. No | 1: Goto GASOILX  2,DK,RF: Goto ANYTOLL |
| 18BC | GASOILX | **(How much did ^YOU\_ANYMEM spend for that?/What costs for gasoline or other fuels won't be reimbursed?)** | Goto ANYTOLL |
| 18BC | ANYTOLL | **While on the trip, did (you/you or any members of your household) spend anything for tolls, not already reported?**  1. Yes 2. No | 1: Goto TRPTOLLX  2,DK,RF Goto ANYPARK |
| 18BC | TRPTOLLX | **(How much did ^YOU\_ANYMEM spend for tolls?/What costs for tolls won't be reimbursed?)** | Goto ANYPARK |
| 18BC | ANYPARK | **Did (you/you or any members of your household) have any parking fees?**  1. Yes 2. No | 1: Goto PARKINGX  2,DK,RF: Goto LODGING |
| 18BC | PARKINGX | **(How much were they?/What cost for parking fees won't be reimbursed?)** | IF entry gt 100 and (ne DK or RF) then goto ERR1\_PARKINGX ELSE goto LODGING |
| 18BC | LODGING | **Did (you/you or any members of your household) spend anything for hotels, cottages, trailer camps, or other lodging (not counting what the package deal covered/ )? (Do not include expenses previously reported for vacation clubs.)**   1. Yes 2. No | 1: Goto LDGCOSTX  2,DK,RF: Goto TRPFOOD |
| 18BC | LDGCOSTX | **(What was the cost, including taxes and tips?/What costs for lodging, including taxes and tips, won't be reimbursed?)** | Goto TRPFOOD |
| 18BC | TRPFOOD | **Did (you/you or any members of your household) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered/ )?**  1. Yes 2. No | 1: Goto TRPFOODX  2,DK,RF: Goto ANYGROC |
| 18BC | TRPFOODX | **(What was the cost, including taxes and tips?/What costs for these things won't be reimbursed?)** | Goto TRPALCIN |
| 18BC | TRPALCIN | **Was any of the (amount/$ (entry in TRPFOODX) for alcoholic beverages?**  1. Yes 2. No | 1: Goto TRPALCHX  2,DK,RF: Goto ANYGROC |
| 18BC | TRPALCHX | **(What was the cost for alcoholic beverages, including taxes and trips?/What costs for alcoholic beverages, including taxes and tips, won't be reimburs** | Goto ANYGROC |
| 18BC | ANYGROC | **Did (you/you or any members of your household) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?**  1. Yes 2. No | 1: Goto TRPGROCX  2,DK,RF: Goto ANYSPEQP |
| 18BC | TRPGROCX | **(What were the expenses, including taxes?/What costs, including taxes, won't be reimbursed?)** | Goto ANYALC |
| 18BC | ANYALC | **Was any of the (amount/$ (entry in TRPGROCX) ) for alcoholic beverages?**  1. Yes 2. No | 1: Goto TRPALCGX  2,DK,RF: Goto ANYSPEQP |
| 18BC | TRPALCGX | **(What was the cost for alcoholic beverages, including taxes?/What costs for alcoholic beverages, including taxes, won't be reimbursed?)** | Goto ANYSPEQP |
| 18BC | ANYSPEQP | 40    ? [F1] **Did (you/you or any members of your household) pay any fees to play sports, exercise, or rent an sports equipment (not counting what the package deal covered/ )?**   1. Yes 2. No | 1: Goto TRPSPRTX  2,DK,RF: Goto ANYENTER |
| 18BC | TRPSPRTX | 40 **(How much did (you/you or any member of your CU) pay?/What costs for playing sports or renting sports equipment won't be reimbursed?)** | Goto ANYENTER |
| 18BC | ANYENTER | 40    ? [F1] **Did (you/you or any members of your household) spend anything on this trip for entertainment or admissions  (not counting what the package deal covered/ )?** 1. Yes 2. No | 1: Goto TRPETRTX  2,DK,RF: Goto ANYMISC |
| 18BC | TRPETRTX | **(How much did (you/you or any member of your CU) spend?/What costs for entertainment and admissions won't be reimbursed?)** | Goto ANYMISC |
| 18BC | ANYMISC | **Did (you/you or any members of your household) have any expenses for this trip such as for souvenirs, tourist booklets, and so on?**  1. Yes 2. No | 1: Goto TRMISCX  2,DK,RF: Exit block and goto CHKTCOMB |
| 18BC | TRMISCX | **(How much were these expenses?/What costs for these things won't be reimbursed?)** | Exit block and goto CHKTCOMB |
| 18BC | CHKTCOMB | Are there combined expenses for this trip the respondent     was not able to separate? 1. Yes 2. No | 1: Goto TCOMBEST  2: Goto TRPGFTC |
| 18BC | TCOMBEST | (Only those expenses the respondent could not provide individual expenses for should be combined and entered here./ | Goto FOODCOMB |
| 18BC | FOODCOMB | **Does this ($ (entry in TCOMBEST) ) include anything for . . .      . . . Food?**  1. Yes 2. No | Goto LODGCOMB |
| 18BC | LODGCOMB | Does this ($ (entry in TCOMBEST) ) include anything for . . . **. . . Lodging**   1. Yes 2. No | Goto TRANCOMB |
| 18BC | TRANCOMB | Does this ($ (entry in TCOMBEST) )  include anything for . . . **. . .Transportation?**  1. Yes 2. No | Goto ELSECOMB |
| 18BC | ELSECOMB | Does this ($ (entry in TCOMBEST) )  include anything for . . . **. . .  Other expenses?**  1. Yes 2. No | Goto OTHRCOMB |
| 18BC | OTHRCOMB | Does this ($ (entry in TCOMBEST) )  include . . .  **. . . Any expenses for others?**   1. Yes 2. No | Goto TRPGFTC |
| 18BC | TRPGFTC | **(You've told me about many expenses (you/you or your CU) had on this trip. Were any of these expens**   1. Yes 2. No | 1: Goto TRPGTCX  2,DK,RF: Goto S18BC\_END |
| 18BC | TRPGFTCX | **(How much of the total expenses for this trip were for persons outside your CU?/How much of the tota** | Goto S18BC\_END |
| 18E | ANYNONCU | **Sometimes people in a household don't take a trip themselves, but pay for  part or all of a trip that someone else takes.  Since the first of  (reference month), have (you/you or any members of your household) paid for part or all of  such a trip for any non-household members?**  1. Yes 2. No | 1: Goto FOODNOCU  2,DK,RF: Goto S18E\_END |
| 18E | FOODNOCU | **Did these expenses include anything for...            . . . Food and beverages?**  1. Yes 2. No | Goto LODGNOCU |
| 18E | LODGNOCU | Did these expenses include anything for... **. . . Lodging?**  1. Yes 2. No | Goto TRANNOCU |
| 18E | TRANNOCU | Did these expenses include anything for... **. . . Transportation?**  1. Yes 2. No | Goto ELSENOCU |
| 18E | ELSENOCU | Did these expenses include ... **. . . Anything else?**  1. Yes 2. No | Goto TRNONCUX |
| 18E | TRNONCUX | **What was the total amount that (you/your household) paid for those trips?** | Goto S18E\_END |
| 18F | ANYLOC | **Sometimes people stay overnight in a local hotel or motel during holidays, family  getaways, moves, or home repair.  Since the first of (reference month), have  (you/you or any members of your household) stayed overnight in a local hotel or motel?**  1. Yes 2. No | 1: Goto NUMLOC  2,DK,RF: Goto S18F\_END |
| 18F | NUMLOC | **How many nights did (you/you or any members of your household) spend away from home on this stay?** | Goto ANYLOCDL |
| 18F | ANYLOCDL | **Sometimes when people stay away from home overnight they have some  sort of package deal that covers some or all of the costs.  Was all  or part of this stay covered by anything like that?**  1. Yes 2. No | 1: Goto FOODLCDL  2,DK,RF: Goto ANYLODGE |
| 18F | FOODLCDL | **Did the package deal include anything for. . .       . . . Food and beverages?**  1. Yes 2. No | Goto LODGLCDL |
| 18F | LODGLCDL | Did the package deal include anything for. . . **. . .Lodging?**  1. Yes 2. No | Goto ENTRLCDL |
| 18F | ENTRLCDL | Did the package deal include anything for. . . **. . . Entertainment?**  1. Yes 2. No | Goto ELSELCDL |
| 18F | ELSELCDL | Did the package deal include . . . **. . . Anything else?**  1. Yes 2. No | 1: Goto S18FELSE  2,DK,RF: Goto LOCDEALX |
| 18F | S18FELSE | Specify: | Goto LOCDEALX |
| 18F | LOCDEALX | **How much did (you/you or any members of your household) pay for the package deal?** | Goto ANYLODGE |
| 18F | ANYLODGE | **Did (you/you or any members of your household) spend anything for hotels, motels,  cottages, trailer camps, or other lodging (not counting what the package deal covered/ )?**  1. Yes 2. No | 1: Goto LOCLODGX  2,DK,RF: Goto ANYMEAL |
| 18F | LOCLODGX | **What was the cost, including taxes and tips?** | Goto ANYMEAL |
| 18F | ANYMEAL | **Did (you/you or any members of your household) spend anything for meals, snacks, or drinks  at restaurants, bars, or fast food places (not counting what the package deal covered/ )?**  1. Yes 2. No | 1: Goto LOCMEALX  2,DK,RF: Goto ANYLCGR |
| 18F | LOCMEALX | **What was the cost, including taxes and tips?** | Goto ANYALCML |
| 18F | ANYALCML | **Was any of the (amount/(entry in LOCMEALX)) for alcoholic beverages?**  1. Yes 2. No | 1: Goto ALCMEALX  2,DK,RF: Goto ANYLCGR |
| 18F | ALCMEALX | **What was the cost for alcoholic beverages, including taxes and tips?** | Goto ANYLCGR |
| 18F | ANYLCGR | **Did (you/you or any members of your household) spend anything for food or beverages at  grocery stores, convenience stores, or liquor stores?**  1. Yes 2. No | 1: Goto LOCGROCX  2,DK,RF: Goto ANYADMIS |
| 18F | LOCGROCX | **What were the expenses, including taxes?** | Goto ANYALCGR |
| 18F | ANYALCGR | **Was any of the (amount/ entry in LOCGROCX) for alcoholic beverages?**  1. Yes 2. No | 1: Goto ALCGROCX  2,DK,RF: Goto ANYADMIS |
| 18F | ALCGROCX | **What was the cost for alcoholic beverages, including taxes?** | Goto ANYADMIS |
| 18F | ANYADMIS | 40    ? [F1]**Did (you/you or any members of your household) spend anything on this stay for  entertainment or admissions (not counting what the package deal covered/ )?**  1. Yes 2. No | 1: Goto LOCADMSX  2,DK,RF: Goto LOCCOMBX |
| 18F | LOCADMSX | **How much did (you/you or any members of your household) pay?** | Goto LOCCOMBX |
| 18F | CHKFCOMB | Are there combined expenses for food/beverages, lodging,     transportation, or other things? 1. Yes 2. No | 1: Goto LOCCOMBX  2: Goto DIDYOU |
| 18F | LOCCOMBX | Only those things the respondent could not provide individual expenses       for should be combined and entered here. | 1-99999999: Goto FOODLCCM  D,R: Goto FOODLCCM |
| 18F | FOODLCCM | **Does this include anything for. . .              . . . Food and beverages?**  1. Yes 2. No | Goto LODGLCCM |
| 18F | LODGLCCM | Does this include anything for . .  **. . . Lodging?**   1. Yes 2. No | Goto ENTRLCCM |
| 18F | ENTRLCCM | Does this include anything for . .  **. . . Entertainment?**  1. Yes 2. No | Goto ELSELCCM |
| 18F | ELSELCCM | Does this include any . . . **. . . Other expenses?**  1. Yes 2. No | Goto DIDYOU |
| 18F | DIDYOU | **Did (you/you or any members of your household) have any other stays at local hotels or motels?**  1. Yes 2. No | 1: Goto NUMLOC, next row  2,DK,RF: Exit block and goto S18F\_END |
| 19A | S19A\_INTRO | 41-42 **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.  Also, please include any shipping and handling charges with the cost of any item that was shipped.**            Description    Amount       Month                (MISCDESC)     (MISCEXPX)   (MISCMO)      1. Enter 1 to Continue | Goto MIS\_ITEM |
| 19A |  | **Screen 1 ------------------------------------------------------------** 41    ? [F1] **Since the first of (reference month), have (you/you or any members of your household) had expenses for any of the following, either for (you/your household) or for someone outside your household?**Read each item on list. **SCREEN 2 ------------------------------------------------------------------**   42    ? [F1] **Have (you/you or any members of your household) had expenses for --**  Read each item on list.             Do not include pet food.  It is a Diary-only item.  1. Fresh flowers or potted plants? 2. Professional photography? 3. Services of lawyers or other legal professionals? 4. Accounting fees? 5. Occupational expenses, such as union dues or professional licenses? 6. Gardening or lawn care services? 7. Housekeeping services? 8. Home security system service fees? 9. Other home services or small repair jobs around the house, not previously reported? 10. Moving, storage, or freight? 11. Stamp or coin collecting? 12. Lotteries or games of chance? 13. Babysitting, nanny services, or other child care inside or outside of your home? 14. Toys or games? 15. Arts or crafts kits? 16. Sewing, knitting, or quilting materials and items? 17. Purchase of pets, pet supplies, or medicine for pets? 18. Pet services? 19. Veterinarian expenses for pets? 20. Catering? 21. Arrangement of live entertainment for special occasions? 22. Rental of party supplies? 23. Purchase or upkeep of cemetery lots or vaults? 24. Funerals, burials, or cremation? 95. Continue List 99. None/No more entries 888. Delete the line | 1-24: Goto MISCDESC  95: Goto MIS\_ITEM - next line of grid  99: Goto S19A\_END  888: IF no more grid lines then goto S19A\_END  ELSE goto MIS\_ITEM - next line of grid |
| 19A | MISCDESC | **What was the expense for?**             Description     Amount      Month              (MISCDESC)     (MISCEXPX)  (MISCMO) | Goto MISCMO |
| 19A | MISCMO | **In what month did you have this expense?** (\* Enter 13 for same amount each month of the reference period)            Description    Amount       Month                (MISCDESC)     (MISCEXPX)   (MISCMO)      1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December 13. ^S19\_13Option | Goto MISCGFTC |
| 19A | MISCGFTC | **Was this expense for someone inside or outside your household?**             Description    Amount       Month                (MISCDESC)     (MISCEXPX)   (MISCMO)     1. For household 2. For someone outside your household | Goto MISCEXPX |
| 19A | MISCEXPX | **(What was the total amount of this expense?/What is your monthly expense?)  (\* Do not include legal fees related to real estate closing costs reported in Section 3./ )**             Description    Amount       Month                (MISCDESC)     (MISCEXPX)   (MISCMO) | IF ITEM = 14-24 then goto S19ACM\_S ELSE goto MISCMORE |
| 19A | S19ACM\_S | Enter a 'C' for a combined expense. | C: Goto S19ACMB  EMPTY: Goto MISCMORE |
| 19A | S19ACMB | 42    ? [F1] **What other expense is the (description) combined with?** Enter all that apply, separate with commas.              Description    Amount       Month                (MISCDESC)     (MISCEXPX)   (MISCMO)      14. Toys or games 15. Arts or craft kits 16. Sewing, knitting, or quilting materials and items 17. Purchase of pets, pet supplies, or medicine for pets 18. Pet services 19. Veterinary expenses for pets 20. Catering 21. Arrangement of live entertainment for special occasions 22. Rental of party supplies 23. Purchase or upkeep of cemetery lots or vaults 24. Funerals, burials, or cremations | Goto MISCMORE |
| 19A | MISCMORE | **Did you have any other expenses for (description)?**             Description    Amount       Month                (MISCDESC)     (MISCEXPX)   (MISCMO)      1. Yes 2. No | 1: IF ROW number = 43 then goto ERR\_MAX  ELSE goto ITEM, next line of grid  2,DK,RF: IF ROW number = 43 then goto S19A\_END  ELSE goto MIS\_ITEM, next line of grid |
| 19B | S19B\_INTRO | 43 **Now I am going to ask about payments and contributions to persons outside of your household.**        Description   Month     Amount            (CONTDESC)    (CONTMO)  (CONTEXPX)  1. Enter 1 to Continue | Goto CNT\_ITEM |
| 19B | CNT\_ITEM | 43    ? [F1] **SCREEN 1 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  Since the first of (reference month), have (you/you or any members of your household) given any money by cash, checks, or given any gift cards to . . .** Read each item on list **SCREEN 2 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  Since the first of (reference month), have (you/you or any members of your household) paid any of the following . . .**Read each item on list **SCREEN 3 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  Since the first of (reference month), have (you/you or any members of your household) given any money by cash, checks, money orders, or credit cards to benefit . . .**Read each item on list   **SCREEN 4 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  Since the first of (reference month), have (you/you or any members of your household) given any . . .**        Read item on list  1. College students living away from home? 2. Any other people not in your household, such as friends, co-workers, or homeless persons? 3. Child support? 4. Alimony? 5. Educational institutions? 6. Political organizations? 7. Religious organizations, including churches, temples and mosques? 8. Charities or other organizations? 9. Stocks, bonds, or mutual funds to persons or organizations outside of your household? 95. Continue list 99. None/No more entries 888. Delete the line | 1-9: Goto CONTDESC  95: Goto next row  99: Goto S19B\_END  888: IF no more grid lines then goto S19B\_END  ELSE goto CNT\_ITEM - next line of grid |
| 19B | CONTDESC | **What was the (payment/contribution) for?**         Description   Month    Amount        (CONTDESC)    (CONTMO) (CONTEXPX) | Goto CONTMO |
| 19B | CONTMO | **In what month did you make the (payment/contribution)?**  Enter 13 for same (payment/contribution) each month of the reference period.           Description   Month    Amount        (CONTDESC)    (CONTMO) (CONTEXPX)  1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December 13. Same amount each month. | Goto CONTEXPX |
| 19B | CONTEXPX | **(What was the total amount of the (payment/contribution)./What is the monthly (payment/contribution).)**         Description   Month    Amount        (CONTDESC)    (CONTMO) (CONTEXPX) | Goto CONTMORE |
| 19B | CONTMORE | **Did you make any other (payment/contribution).**         Description   Month    Amount        (CONTDESC)    (CONTMO) (CONTEXPX)  1. Yes 2. No | 1: IF Row number = 43 then goto ERR\_MAX  ELSE goto CNT\_ITEM, next line in grid  2,DK,RF: IF Row number = 43 then goto S19B\_END  ELSE goto CNT\_ITEM, next line in grid |
| 20A | GROCWEKX | 44 **Now I am going to ask about expenses for food, beverages and other items (you/your household) (have/has) purchased since the first of (reference month).  What has been (you/your household) usual WEEKLY expense for grocery shopping?** Include grocery home delivery service fees and drinking water delivery fees. | 0,DK,RF: Goto OTHSTOR  1-9999: Goto OTHSTUFX |
| 20A | OTHSTUFX | **About how much of this amount was for nonfood items, such as paper products, detergents, home cleaning supplies, pet foods, and alcoholic beverages?** | Goto OTHSTOR |
| 20A | OTHSTOR | 44   **Other than your regular grocery shopping already reported, have (you/you or any members of your household) purchased any food or nonalcoholic beverages from places such as grocery stores, convenience stores, specialty stores, home delivery, or farmer's markets?**   1. Yes 2. No | 1: Goto OSTORWKX  2,DK,RF: Goto DINE\_WKX |
| 20A | OSTORWKX | **What was your usual WEEKLY expense at these places?** | Goto DINE\_WKX |
| 20A | DINE\_WKX | 44 **What has been (you/your household) usual WEEKLY expense for meals or snacks from restaurants, fast food places, cafeterias, carryouts or other such places?  (Do not include meals purchased at school./ )** | Goto CIGARETT |
| 20A | CIGARETT | 44     **Since the first of (reference month), have (you/you or any members of your household) purchased cigarettes?**   1. Yes 2. No | 1: Goto CIGARETX  2,DK,RF: Goto OTHTOBAC |
| 20A | CIGARETX | **What is the usual WEEKLY expense for cigarettes?** | Goto OTHTOBAC |
| 20A | OTHTOBAC | 44    ? [F1] **Have (you/you or any members of your household) purchased other tobacco products such as cigars, pipe tobacco, or chewing tobacco?**  1. Yes 2. No | 1: Goto OTHTBACX  2,DK,RF: Goto ALC\_HOMX |
| 20A | OTHTBACX | 44    ? [F1] **What is the usual WEEKLY expense?** | Goto ALC\_HOMX |
| 20A | ALC\_HOMX | **What has been (you/your household) usual MONTHLY expense for alcohol, including beer and wine to be served at home?** | Goto ALC\_OUTX |
| 20A | ALC\_OUTX | **What has been your usual MONTHLY expense for alcohol, including beer and wine at restaurants, bars and recreational events?** | IF any “active” CU member has AGE lt 22 then goto ANYMEALS ELSE goto S20A\_END |
| 20A | ANYMEALS | 44   **Since the first of (reference month), not including (current month), have (you/you or any members of your household) purchased any meals at school for preschool through high school age children?**   1. Yes 2. No | 1: Goto FBPERSN  2,DK,RF: Goto 20A\_END |
| 20A | FBPERSON | **What are the names of all household members who purchased meals at school?** Enter line numbers for all that apply, separate with commas.  1. Person 1 2. Person 2 3. Person 3 4. Person 4 5. Person 5 6. Person 6 7. Person 7 8. Person 8 9. Person 9 10. Person 10 11. Person 11 12. Person 12 13. Person 13 14. Person 14 15. Person 15 16. Person 16 17. Person 17 18. Person 18 19. Person 19 20. Person 20 21. Person 21 22. Person 22 23. Person 23 24. Person 24 25. Person 25 26. Person 26  27. Person 27 28. Person 28 29. Person 29 30. Person 30 | 1-30: Goto TblSCHMEAL   DK,RF: Goto 20A\_END |
| 20A | SCHLMLX | **Since the first of (reference month), not including (current month), what has been the usual expense for the meals ^NAME purchased at school?**   Select time period on the next screen. | Goto SCHMLPD |
| 20A | SCHLMLPD | Specify time period  1. Day 2. Week 3. Two Weeks 4. Month 5. Other, specify | 1: Goto SCHMLWKQ  2: Goto SCHMLWKQ  3: Goto SCHMLWKQ  4: Goto SCHMLWKQ  5: Goto SCHLMLSP   DK,RF: Goto SCHMLWKQ |
| 20A | SCHLMSP | Specify: | Goto SCHMLWKQ |
| 20A | SCHMLWKQ | **How many WEEKS did ^NAME purchase meals?** | IF no more persons then goto S20\_END ELSE goto SCHLMLX for next person |
| 20B | LNDROMAT | 44    ? [F1] **Since the first of (reference month), not including (current month) have (you/you or any members of your household) had any expenses for self-service laundry machines?**   1. Yes 2. No | 1: Goto LNDRYX  2,DK,RF: Goto DRYCLEAN |
| 20B | LNDRYX | 44    ? [F1] **What was the total cost?** | Goto OTHLNDRY |
| 20B | OTHLNDRY | 44    ? [F1] **Was any of this amount for items other than clothes, such as linens or drapes?**   1. Yes 2. No | 1: Goto OTHLNDRX  2,DK,RF: Goto DRYCLEAN |
| 20B | OTHLNDRX | 44     ? [F1] **How much?** | Goto DRYCLEAN |
| 20B | DRYCLEAN | 44    ? [F1]    **Have (you/you or any members of your household) had any expenses for dry cleaning or laundry service?**  1. Yes 2. No | 1: Goto DRYCLNX  2,DK,RF: Goto SALONS |
| 20B | DRYCLNX | 44    ? [F1] **What was the total cost?** | Goto OTHDRCLN |
| 20B | OTHDRCLN | 44    ? [F1] **Was any of this amount for items other than clothes, such as linens, drapes, or rugs?**   1. Yes 2. No | 1: Goto OTHDCLNX  2,DK,RF: Goto SALONS |
| 20B | OTHDCLNX | 44    ? [F1] **How much?** | Goto SALONS |
| 20B | SALONS | 44? [F1] **Since the first of (reference month), not including (current month) have (you/you or any members of your household) had any expenses for haircutting, styling, attached hair pieces, manicures, massages or other salon services?**  1. Yes 2. No | 1: Goto SALONX  2,DK,RF: Goto WIGS |
| 20B | SALONX | 44     ?   [F1] **What was the total expense for these services since the first of (reference month), not including (current month)?** | Goto WIGS |
| 20B | WIGS | 44    ? [F1] **Since the first of (reference month), not including (current month) have (you/you or any members of your household) had any expenses for removable hairpieces, wigs or toupees?**   1. Yes 2. No | 1: Goto WIGSX  2,DK,RF: Goto SAFEDPST |
| 20B | WIGSX | 44   ? [F1] **What was the total expense for these items since the first of (reference month), not including (current month)?** | Goto SAFEDPST |
| 20B | SAFEDPST | 44   **Have (you/you or any members of your household) had any expenses for the rental of a safe deposit box located in a bank or similar financial institution?**   1. Yes 2. No | 1: Goto SAFDPSTX  2,DK,RF: Goto BANKSRVC |
| 20B | SAFDPSTX | **What was the total rental expense for the safe deposit box since the first of (reference month), not including (current month)?** | Goto BANKSRVC |
| 20B | BANKSRVC | 44    ? [F1] **Have (you/you or any members of your household) paid any charges or fees for bank services such as ATM or overdraft fees or account service charges from a bank or similar financial institution?**  1. Yes 2. No | 1: Goto BANKMOX  2,DK,RF: Goto TXLIMSRV |
| 20B | BANKMOX | 44   ? [F1] **What is the usual MONTHLY charge?** | Goto TXLIMSRV |
| 20B | TXLIMSRV | 44    ? [F1] **Since the first of (reference month) not including (current month), have (you/you or any members of your household) had expenses for taxis or limousine service?  Do not include expenses entirely reimbursed for business purposes or expenses incurred on a trip.**  1. Yes 2. No | 1: Goto TXLIMX  2,DK,RF: Goto MASSTRAN |
| 20B | TXLIMX | 44    ? [F1] **What was the total expense?** | Goto MASSTRAN |
| 20B | MASSTRAN | 44    ? [F1] **Do (you/you or any members of your household) use mass transportation services such as a bus, subway, mini-bus or train?  Include all commuter services.  Do not include expenses covered by employer-provided transit subsidies.**   Include commuter rail, light rail, and trolleys as mass transit  1. Yes 2. No | 1: Goto TRANWRKX  2,DK,RF: Goto S20B\_END |
| 20B | TRANWRKX | 44  ? [F1] **What is the usual MONTHLY cost to use mass transit to go to -          Work?** | 1-9999: Goto TRANSUB  0,DK,RF: Goto TRANSCHX |
| 20B | TRANSUB | **Did you receive a transit subsidy?**  1. Yes 2. No | 1: Goto TRANSUBX  2,DK,RF: Goto TRANSCHX |
| 20B | TRANSUBX | **What is the usual monthly amount?** | Goto TRANSCHX |
| 20B | TRANSCHX | **What is the usual MONTHLY cost  to use mass transit to go to -         School?** | Goto TRANOTHX |
| 20B | TRANOTHX | **What is the usual MONTHLY cost to use mass transit to go to -       Other places?** | Goto S20B\_END |
| 21A | ANYWORK | **Since the first of (reference month), did (You/NAME) earn any income from wages or salary?**  1. Yes 2. No | 1: Goto 21A\_INTRO  2,DK,RF: Goto S21A\_CHECK |
| 21A | S21A\_INTRO | **The next few questions are about income.  We know people aren't used to discussing their income, but please be assured that, like all other information you have provided, these answers will be kept strictly confidential.**  1. Enter 1 to Continue | Goto INCWEEKQ |
| 21A | INCWEEKQ | **(Now I am going to ask about (Your/Name's) work experience and income/ )  In the past 12 months, including paid vacation and sick leave, how many weeks did (You/NAME) work?**   If household member did not work, enter zero. | 0: Goto INCNONWK   1-52,DK,RF: Goto INC\_HRSQ |
| 21A | INC\_HRSQ | **In the weeks that (You/NAME) worked, how many hours did (you/he/she) usually work per week?** | Goto OCCUCODE |
| 21A | OCCUCODE | 45   ? [F1] **Which of the following categories best describes the job in which (You/NAME) received the most earnings during the past 12 months?**  1. Administrator, manager 2. Teacher 3. Professional 4. Administrative support, including clerical 5. Sales, retail 6. Sales, business goods and services 7. Technician 8. Protective service 9. Private household service 10. Other service 11. Machine or transportation operator, laborer 12. Construction workers, mechanics 13. Farming 14. Forestry, fishing, groundskeeping 15. Armed Forces | Goto INCOMEY |
| 21A | INCOMEY | **(Were/Was) (You/NAME):**  1. An employee of a PRIVATE company, business, or individual working for wages or salary? 2. A Federal government employee? 3. A State government employee? 4. A local government employee? 5. Self-employed ^YourHisHer OWN business, partnership, professional practice, or farm? 6. Working WITHOUT PAY in a family business or farm? | Goto SALARYST |
| 21A | INCNONWK | **What was the main reason (You/NAME) did not work during the past 12 months?    (Were/Was) (you/he/she) -**  1. Retired? 2. Taking care of home/family? 3. Going to school? 4. Ill, disabled, unable to work? 5. Unable to find work? 6. Doing something else? | Goto SALARYST |
| 21A | SALARYST | ? [F1] **The next few questions are about income DURING THE PAST 12 MONTHS, that is from (Date - one year ago) to (Yesterdays date)...  Did (You/NAME) receive any wages, salary, tips, bonuses, or commissions?**   1. Yes 2. No | 1: Goto SALARYX  2,DK,RF: Goto SEMPFRM |
| 21A | SALARYX | ? [F1] **How much did (You/NAME) receive before taxes?** | 1-99999999: Goto GROSPAYX  DK,RF: Goto SALARYB |
| 21A | SALARYB | 46    ? [F1] **Could you tell me which range on CARD A best reflects (your/NAME's) total wages and salaries for ALL JOBS during the PAST 12 MONTHS?**  1. $0-$4,999 2. $5,000-$9,999 3. $10,000-$14,999 4. $15,000-$19,999 5. $20,000-$29,999 6. $30,000-$39,999 7. $40,000-$49,999 8. $50,000-$69,999 9. $70,000-$89,999 10. $90,000-$119,999 11. $120,000 and over | Goto GROSPAYX |
| 21A | GROSPAYX | **What was the amount of (your/NAME's) last pay before any deductions?** | Goto PAYPERD |
| 21A | 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: Goto PAYSTUB  2: Goto PAYSTUB  3: Goto PAYSTUB  4: Goto PAYSTUB  5: Goto PAYSTUB  6: Goto PAYSTUB  7: Goto PAYPRDOT  DK,RF: Goto PAYSTUB |
| 21A | PAYPRDOT | Specify: | Goto PAYSTUB |
| 21A | PAYSTUB | Does the respondent have a paper or electronic pay check record present for (his / her / his/her) last paycheck?  1. Yes 2. No | Goto PRIVPENS |
| 21A | PRIVPENS | **Was there any money deducted from (your/NAME's) pay for -  Private pension fund?**  1. Yes 2. No | 1: Goto PRIVPENX  2,DK,RF: Goto GOVRET |
| 21A | PRIVPENX | **How much?** | 1-99999999: ELSE goto GOVRET  DK,RF: Goto GOVRET |
| 21A | GOVRET | **Was there any money deducted from (your/NAME's) pay for -  Government retirement?** 1. Yes 2. No | 1: Goto GOVRETX  2,DK,RF: Goto RRRDED |
| 21A | GOVRETX | **How much?** | Goto RRRDED |
| 21A | RRRDED | **Was there any money deducted from (your/NAME's) pay for -  Railroad retirement?** 1. Yes 2. No | 1: Goto RRRDEDX  2,DK,RF: Goto SSDED |
| 21A | RRRDEDX | **How much?** | Goto SSDED |
| 21A | SSDED | **Was there any money deducted from (your/NAME's) pay for -  Social Security including Medicare?** 1. Yes 2. No | 1: Goto MEDICOV  2,DK,RF: Goto SSNORM |
| 21A | SSNORM | **Are Social Security payments NORMALLY deducted from (your/NAME's) pay?** 1. Yes 2. No | 1: Goto MEDICOV  2,DK,RF: Goto EMPLCONT |
| 21A | MEDICOV | **Does the money deducted for Social Security cover only the Medicare portion of Social Security?** 1. Yes 2. No | Goto EMPLCONT |
| 21A | EMPLCONT | **Other than Social Security, did any employer or union contribute to (your/NAME's) pension or retirement plan in the past 12 months?** 1. Yes 2. No | Goto SEMPFRM |
| 21A | SEMPFRM | ? [F1] **DURING THE PAST 12 MONTHS -  Did (You/NAME) receive any self-employment income or have a loss?** (Report income from own businesses (farm or non-farm) including proprietorships and partnerships)  1. Yes 2. No | 1: Goto SEMPFRMX  2,DK,RF: Goto SOCSRRET |
| 21A | SEMPFRMX | ? [F1] **What was the amount?** (Report net income after operating expenses.  Include earning as a tenant farmer or sharecropper.)If net income was a loss, precede amount with a '-'            Breakeven = 1 | -999999999-999999999: Goto SOCSRRET  DK,RF: Goto SEMPFRMB |
| 21A | SEMPFRMB | 46? [F1] **Could you tell me which range on CARD A best reflects (your/NAME's) income or loss from self-employment during the PAST 12 MONTHS?**  0. Loss 1. $0-$4,999 2. $5,000-$9,999 3. $10,000-$14,999 4. $15,000-$19,999 5. $20,000-$29,999 6. $30,000-$39,999 7. $40,000-$49,999 8. $50,000-$69,999 9. $70,000-$89,999 10. $90,000-$119,999 11. $120,000 and over | Goto SOCSRRET |
| 21A | SOCSRRET | ? [F1] **DURING THE PAST 12 MONTHS -  Did (You/NAME) receive any Social Security or Railroad Retirement benefits?**   1. Yes 2. No | 1: Goto RRRETIRX  2,DK,RF: Goto SUPPLINC |
| 21A | RRRETIRX | ? [F1] **What was the amount of the last Social Security or Railroad Retirement payment received?** | 1-99999999: Goto INCMEDCR  DK,RF: Goto RRRETIRB |
| 21A | RRRETIRB | 47? [F1] **Could you tell me which range on CARD B best reflects the amount of (your/NAME's) last Social Security or Railroad Retirement payment during the PAST 12 MONTHS?**  1. Less than $500 2. $500-$699 3. $700-$999 4. $1,000-$1,299 5. $1,300-$1,699 6. $1,700 and over | Goto INCMEDCR |
| 21A | INCMEDCR | **Is this amount AFTER the deduction for a Medicare premium?**   1. Yes 2. No | Goto SS\_RRQ |
| 21A | SS\_RRQ | **During the past 12 months, how many Social Security or Railroad Retirement payments did (You/NAME) receive?** | Goto SUPPLINC |
| 21A | SUPPLINC | ? [F1] **DURING THE PAST 12 MONTHS -  Did (You/NAME) receive any -  Supplemental Security Income (SSI) payments?**   1. Yes 2. No | 1: Goto SSIX  2,DK,RF: Goto INDRETAC |
| 21A | SSIX | ? [F1] **What was the amount?** | 1-99999999: Goto INDRETAC  DK,RF: Goto SSIB |
| 21A | SSIB | 48? [F1] **Could you tell me which range on CARD C best reflects the amount (You/NAME) received in Supplemental Security income during the past 12 months?**  1. $0-$999 2. $1,000-$1,999 3. $2,000-$2,999 4. $3,000-$3,999 5. $4,000-$4,999 6. $5,000-$9,999 7. $10,000-$14,999 8. $15,000-$19,999 9. $20,000-$29,999 10. $30,000-$39,999 11. $40,000-$49,999 12. $50,000 and over | Goto INDRETAC |
| 21A | INDRETAC | **DURING THE PAST 12 MONTHS -  Did (You/NAME) place any money in a retirement plan such as an Individual Retirement Account (IRA) or Keogh?   Do not include rollovers.**  1. Yes 2. No | 1: Goto INDRETX  2,DK,RF: Goto S21A\_CHECK |
| 21A | INDRETX | **How much?** | Goto S21A\_CHECK |
| 21B | INTERDIV | ? [F1] **fill for INTERDIV  DURING THE PAST 12 MONTHS -  Did (you/you or any members of your household) receive any interest or dividends?  Report even small amounts credited to an account.**  1. Yes 2. No | 1: Goto INTRDVX  2,DK,RF: Goto NETRENT |
| 21B | INTRDVX | ? [F1] **What was the amount?** | 1-99999999: Goto NETRENT  DK,RF: Goto INTRDVB |
| 21B | INTRDVB | 48    ? [F1] **Could you tell me which range on CARD C best reflects the amount (you/you or any members of your household) received in interest or dividends during the PAST 12 MONTHS?**  1. $0-$999 2. $1,000-$1,999 3. $2,000-$2,999 4. $3,000-$3,999 5. $4,000-$4,999 6. $5,000-$9,999 7. $10,000-$14,999 8. $15,000-$19,999 9. $20,000-$29,999 10. $30,000-$39,999 11. $40,000-$49,999 12. $50,000 and over | Goto NETRENT |
| 21B | NETRENT | ? [F1] **DURING THE PAST 12 MONTHS -  Did (you/you or any members of your household) receive any net rental income or loss?** Net rental income is the total amount after expenses.  1. Yes 2. No | 1: Goto NETRENTX  2,DK,RF: Goto ROYEST |
| 21B | NETRENTX | ? [F1] **What was the amount?** The net amount is the total amount after expenses.      If income was a loss, precede amount with a '-'.     Breakeven = 1. | -999999999-999999999: Goto ROYEST  DK,RF: Goto NETRENTB |
| 21B | NETRENTB | 48    ? [F1] **Could you tell me which range on CARD C best reflects the total net rental income or loss during the PAST 12 MONTHS?**  0. Loss 1. $0-$999 2. $1,000-$1,999 3. $2,000-$2,999 4. $3,000-$3,999 5. $4,000-$4,999 6. $5,000-$9,999 7. $10,000-$14,999 8. $15,999-$19,999 9. $20,000-$29,999 10. $30,000-$39,999 11. $40,000-$49,999 12. $50,000 and over | Goto ROYEST |
| 21B | ROYEST | ? [F1] **DURING THE PAST 12 MONTHS -  Did (you/you or any members of your household) receive any royalty income or income from estates and trusts?**  1. Yes 2. No | 1: Goto ROYESTX  2,DK,RF: Goto RETSURV |
| 21B | ROYESTX | ? [F1] **What was the amount?** | 1-99999999: Goto RETSURV  DK,RF: Goto ROYESTB |
| 21B | ROYESTB | 48? [F1] **Could you tell me which range on CARD C best reflects the total amount received in royalty income or income from estates and trusts during the PAST 12 MONTHS?**  1. $0-$999 2. $1,000-$1,999 3. $2,000-$2,999 4. $3,000-$3,999 5. $4,000-$4,999 6. $5,000-$9,999 7. $10,000-$14,999 8. $15,000-$19,999 9. $20,000-$29,999 10. $30,000-$39,999 11. $40,000-$49,999 12. $50,000 and over | Goto RETSURV |
| 21B | RETSURV | ? [F1] **DURING THE PAST 12 MONTHS -  Did (you/you or any members of your household) receive any retirement, survivor, or disability pensions?**  1. Yes 2. No | 1: Goto RETSURVX  2,DK,RF: Goto OTHREG |
| 21B | RETSURVX | ? [F1] **What was the amount?** (Do not include Social Security.) | 1-99999999: Goto OTHREG  DK,RF: Goto RETSURVB |
| 21B | RETSURVB | 48? [F1] **Could you tell me which range on CARD C best reflects the total amount received in retirement, survivor, or disability pensions during the PAST 12 MONTHS?**  1. $0-$999 2. $1,000-$1,999 3. $2,000-$2,999 4. $3,000-$3,999 5. $4,000-$4,999 6. $5,000-$9,999 7. $10,000-$14,999 8. $15,000-$19,999 9. $20,000-$29,999 10. $30,000-$39,999 11. $40,000-$49,999 12. $50,000 and over | Goto OTHREG |
| 21B | OTHREG | ? [F1] **DURING THE PAST 12 MONTHS -  Did (you/you or any members of your household) receive income on a REGULAR basis from any other source such as Veteran's Administration (VA) payments, unemployment compensation, child support, or alimony?**  1. Yes 2. No | 1: Goto OTHREGX  2,DK,RF: Goto LUMPSUM |
| 21B | OTHREGX | ? [F1] **What was the amount from all sources?** (Do not include lump sum payments such as money from an inheritance or sale of a home.) | 1-99999999: Goto LUMPSUM  DK,RF: Goto OTHREGB |
| 21B | OTHREGB | 48    ? [F1] **Could you tell me which range on CARD C best reflects the total amount received in Veteran's Administration (VA) payments, unemployment compensation, child support, or alimony during the PAST 12 MONTHS?**  1. $0-$999 2. $1,000-$1,999 3. $2,000-$2,999 4. $3,000-$3,999 5. $4,000-$4,999 6. $5,000-$9,999 7. $10,000-$14,999 8. $15,000-$19,999 9. $20,000-$29,999 10. $30,000-$39,999 11. $40,000-$49,999 12. $50,000 and over | Goto LUMPSUM |
| 21B | LUMPSUM | ? [F1] **DURING THE PAST 12 MONTHS -   Did (you/you or any members of your household) receive any lump sum payments from insurance, estates, trusts, royalties, child support, alimony, prizes or games of chance, or from persons outside your household?**  1. Yes 2. No | 1: Goto LUMPSUMX  2,DK,RF: Goto OTHERINC |
| 21B | LUMPSUMX | ? [F1] **What was the total amount received (by all household members/ )?** | 1-99999999: Goto OTHERINC  DK,RF: Goto LUMPSUMB |
| 21B | LUMPSUMB | 48? [F1] **Could you tell me which range on CARD C best reflects the total lump sum payments during the PAST 12 MONTHS?**  1. $0-$999 2. $1,000-$1,999 3. $2,000-$2,999 4. $3,000-$3,999 5. $4,000-$4,999 6. $5,000-$9,999 7. $10,000-$14,999 8. $15,000-$19,999 9. $20,000-$29,999 10. $30,000-$39,999 11. $40,000-$49,999 12. $50,000 and over | Goto OTHERINC |
| 21B | OTHERINC | ? [F1] **DURING THE PAST 12 MONTHS -   Did (you/you or any members of your household) receive any other money income, including money received from cash scholarship and fellowships, stipends not based on working, or from the care of foster children, not already reported?**  1. Yes 2. No | 1: Goto OTHRINCX  2,DK,RF: Goto EITC |
| 21B | OTHRINCX | ? [F1] **What was the total amount received (by all household members/ )?** | 1-99999999: Goto EITC  DK,RF: Goto OTHRINCB |
| 21B | OTHRINCB | 48    ? [F1] **Could you tell me which range on CARD C best reflects the total amount of other money income received during the PAST 12 MONTHS?**  1. $0-$999 2. $1,000-$1,999 3. $2,000-$2,999 4. $3,000-$3,999 5. $4,000-$4,999 6. $5,000-$9,999 7. $10,000-$14,999 8. $15,000-$19,999 9. $20,000-$29,999 10. $30,000-$39,999 11. $40,000-$49,999 12. $50,000 and over | Goto EITC |
| 21B | EITC | ? [F1] **The Earned Income Tax Credit is a benefit for certain people who work and have low to moderate wages.  A tax credit means more money in your pocket.  It reduces the amount of tax you owe and may also give you a refund.  During the past 12 months, did (you/you or any members of your household) claim an Earned Income Tax Credit on your federal income tax return?**  1. Yes 2. No | Goto MISCTAX |
| 21B | MISCTAX | DURING THE PAST 12 MONTHS -  **Did  (you/you or any members of your household) PAY any inheritance or estate tax?** 1. Yes 2. No | 1: Goto MISCTAXX  2,DK,RF: Goto FOODSMP |
| 21B | MISCTAXX | **What was the total amount PAID (by all household members/ )?** | Goto FOODSMP |
| 21B | FOODSMP | **DURING THE PAST 12 MONTHS -   Did anyone in this household receive Food Stamps or a Food Stamp benefit card?  Include government benefits from the Supplemental Nutritional Assistance Program (SNAP).  Do NOT include WIC or the National School Lunch Program.**  1. Yes 2. No | 1: Goto FS\_MTHI  2,DK,RF: Goto WELFARE |
| 21B | FS\_MTHI | **In how many of the past 12 months were food stamps or EBTs received?** | Goto FS\_AMT |
| 21B | FS\_AMT | **What was the dollar value of the last food stamps or EBT received?** | Goto WELFARE |
| 21B | WELFARE | ? [F1] **DURING THE PAST 12 MONTHS -  Did (you/you or any members of this household, including children,) receive any welfare payments or cash assistance from the state or local welfare office?  Please include even if only for one month.  Do NOT include benefits from food, energy, or rental assistance programs.**   1. Yes 2. No | 1: Goto WELFAREX  2,DK,RF: Goto MEALSPAY |
| 21B | WELFAREX | ? [F1] **What was the amount for the PAST 12 MONTHS?** | 1-99999999: Goto MEALSPAY  DK,RF: Goto WELFAREB |
| 21B | WELFAREB | 48? [F1] **Could you tell me which range on CARD C best reflects the total amount of income from cash assistance from state or local government welfare programs during the PAST 12 MONTHS?**  1. $0-$999 2. $1,000-$1,999 3. $2,000-$2,999 4. $3,000-$3,999 5. $4,000-$4,999 6. $5,000-$9,999 7. $10,000-$14,999 8. $15,000-$19,999 9. $20,000-$29,999 10. $30,000-$39,999 11. $40,000-$49,999 12. $50,000 and over | Goto MEALSPAY |
| 21B | MEALSPAY | **DURING THE PAST 12 MONTHS -  Have (you/you or any members of your household) received any free meals at work as part of your pay?**  1. Yes 2. No | 1: Goto MLPAYWKX  2,DK,RF: Goto S21B\_END |
| 21B | MLPAYWKX | **About what was the WEEKLY dollar value of these meals?** | Goto MLPYQWKS |
| 21B | MLPYQWKS | **How many weeks did (you/you or any members of your household) receive such meals during the past 12 months?** | Goto S21B\_END |
| 22 | LIAINTRO | **The next few questions are about financial assets, credit, and loans.  We know people aren't used to discussing their debt and financial assets, but we use this information to get a picture of how spending relates to changes in debt and savings.  Be assured that, like all other information you have provided, these answers will be kept strictly confidential.**  1. Enter 1 to Continue | Goto IRAX |
| 22 | IRAX | ? [F1] **As of TODAY --   What is the total value of all retirement accounts such as 401(k)s, IRAs, Thrift Savings Plans that (you/your household) (own/owns)?**     If no retirement accounts, enter 0 | 0-999999999999: Goto IRAYRX  DK,RF: Goto IRAB |
| 22 | IRAB | 49? [F1] **Could you tell me which range on CARD D best reflects the total value of all retirement accounts such as 401(k)s, IRAs, and Thrift Savings Plans?**   1. $0-$1,999 2. $2,000-$9,999 3. $10,000-$49,999 4. $50,000-$199,999 5. $200,000-$449,999 6. $450,000 and over | 1-6: Goto IRAYRX  DK,RF: Goto DEFBENRP |
| 22 | IRAYRX | ? [F1] **What was the total value of all retirement accounts ONE YEAR AGO TODAY?** | 0-999999999999: Goto DEFBENRP  DK,RF: Goto IRAYRB |
| 22 | IRAYRB | 49    ? [F1] **Could you tell me which range on CARD D best reflects the total value of all retirement accounts ONE YEAR AGO TODAY?**  1. $0-$1,999 2. $2,000-$9,999 3. $10,000-$49,999 4. $50,000-$199,999 5. $200,000-$449,999 6. $450,000 and over | Goto DEFBENRP |
| 22 | DEFBENRP | ? [F1] **Do (you/you or any members of your household) have a defined benefit retirement plan, such as a pension from an employer?**  1. Yes 2. No | Goto STOCK |
| 22 | STOCK | ? [F1] **Do (you/you or any members of your household) have any directly-held stocks, bonds, or mutual funds (Not in Retirement accounts/ )?** Include U.S. savings bonds  1. Yes 2. No | 1: Goto STOCKX  2,DK,RF: Goto LIQUIDX |
| 22 | STOCKX | ? [F1] **As of TODAY --   What is the total value of all directly-held stocks, bonds, and mutual funds (Not in Retirement accounts/ ) that (you/your household) (own/owns)?** Include US savings bonds | 1-999999999999: Goto STOCKYRX  DK,RF: Goto STOCKB |
| 22 | STOCKB | 49    ? [F1] **Could you tell me which range on CARD D best reflects the total value of all directly-held stocks, bonds, and mutual funds (Not in Retirement accounts/ )?** Include US savings bonds  1. $0-$1,999 2. $2,000-$9,999 3. $10,000-$49,999 4. $50,000-$199,999 5. $200,000-$449,999 6. $450,000 and over | 1-6: Goto STOCKYRX  DK,RF: Goto LIQUIDX |
| 22 | STOCKYRX | ? [F1] **What was the total value of all directly-held stocks, bonds, and mutual funds (Not in Retirement accounts/ ) ONE YEAR AGO TODAY?**         Include US savings bonds | 0-999999999999: Goto LIQUIDX  DK,RF: Goto STOCKYRB |
| 22 | STOCKYRB | 49    ? [F1] **Could you tell me which range on CARD D best reflects the total value of all directly-held stocks, bonds, and mutual funds (Not in Retirement accounts/ ) ONE YEAR AGO TODAY?** Include US savings bonds  1. $0-$1,999 2. $2,000-$9,999 3. $10,000-$49,999 4. $50,000-$199,999 5. $200,000-$449,999 6. $450,000 and over | Goto LIQUIDX |
| 22 | LIQUIDX | ? [F1] **As of TODAY --  What is the total value of all checking, savings, money market accounts, and certificates of deposit or CDs (you/your household) (have/has)?** | 0-999999999999: Goto LIQUDYRX  DK, RF: Goto LIQUIDB |
| 22 | LIQUIDB | 50? [F1] **Could you tell me which range on CARD E best reflects the total value of checking, savings, money market accounts, and certificates of deposit or CDs?**  1. $0-$499 2. $500-$999 3. $1,000-$2,499 4. $2,500-$9,999 5. $10,000-$34,999 6. $35,000 and over | 1-6: Goto LIQUDYRX  DK, RF: Goto WHOLIF |
| 22 | LIQUDYRX | ? [F1] **What was the total value of all checking, savings, money market accounts, and certificates of deposit or CDs ONE YEAR AGO TODAY?** | 0-999999999999: Goto WHOLIF  DK, RF: Goto LIQUDYRB |
| 22 | LIQUDYRB | 50    ? [F1] **Could you tell me which range on CARD E best reflects the total value of all checking, savings, money market accounts, and certificates of deposit or CDs ONE YEAR AGO TODAY?**  1. $0-$499 2. $500-$999 3. $1,000-$2,499 4. $2,500-$9,999 5. $10,000-$34,999 6. $35,000 and over | Goto WHOLIF |
| 22 | WHOLIF | ? [F1] **(Do/Does) (you/your household) own any whole life insurance or other life insurance policies that can be surrendered for cash or borrowed against prior to the death of the person insured?** Also include universal life and variable life insurance         Do NOT include term life insurance or other policies that only have a benefit upon death or disability  1. Yes 2. No | 1: Goto WHOLIFX  2,DK,RF: Goto OTHAST |
| 22 | WHOLIFX | ? [F1] **As of TODAY --  What is the total surrender value of these policies?** Surrender value is also known as the cash value          Enter the amount that can be borrowed or withdrawn prior to death, NOT the benefit upon            death of the insured | 1-999999999999: Goto WHLFYRX  DK,RF: Goto WHOLIFB |
| 22 | WHOLIFB | 50    ? [F1] **Could you tell me which range on CARD E best reflects the total surrender value of these policies?**          Surrender value is also known as the cash value          Enter the amount that can be borrowed or withdrawn prior to death, NOT the benefit upon            death of the insured   1. $0-$499 2. $500-$999 3. $1,000-$2,499 4. $2,500-$9,999 5. $10,000-$34,999 6. $35,000 and over | 1-6: Goto WHLFYRX  DK,RF: Goto OTHAST |
| 22 | WHLFYRX | ? [F1] **What was the total surrender value of these policies ONE YEAR AGO TODAY?**          Surrender value is also known as the cash value           Enter the amount that can be borrowed or withdrawn prior to death, NOT the benefit upon            death of the insured | 0-999999999999: Goto OTHAST  DK,RF: Goto WHLFYRB |
| 22 | WHLFYRB | 50    ? [F1] **Could you tell me which range on CARD E best reflects the total surrender value of these policies ONE YEAR AGO TODAY?** Surrender value is also known as the cash value Enter the amount that can be borrowed or withdrawn prior to death, NOT the benefit upon             death of the insured  1. $0-$499 2. $500-$999 3. $1,000-$2,499 4. $2,500-$9,999 5. $10,000-$34,999 6. $35,000 and over | Goto OTHAST |
| 22 | OTHAST | **(Do/Does) (you/your household) have any other financial assets, such as annuities, trusts, and royalties?**  1. Yes 2. No | 1: Goto OTHASTX  2,DK,RF: Goto CREDIT |
| 22 | OTHASTX | **As of TODAY --  What is the total value of these other financial assets?** | 1-999999999999: Goto OTHSTYRX  DK, RF: Goto OTHASTB |
| 22 | OTHASTB | 49 **Could you tell me which range on CARD D best reflects the total value of these other financial assets?**   1. $0-$1,999 2. $2,000-$9,999 3. $10,000-$49,999 4. $50,000-$199,999 5. $200,000-$449,999 6. $450,000 and over | 1-6: Goto OTHSTYRX  DK, RF: Goto CREDIT |
| 22 | OTHSTYRX | **What was the total value of these other financial assets ONES YEAR AGO TODAY?** | 0-999999999999: Goto CREDIT  DK,RF: Goto OTHSTYRB |
| 22 | OTHSTYRB | 49 **Could you tell me which range on CARD D best reflects the total value of these other financial assets ONE YEAR AGO TODAY?**  1. $0-$1,999 2. $2,000-$9,999 3. $10,000-$49,999 4. $50,000-$199,999 5. $200,000-$449,999 6. $450,000 and over | Goto CREDIT |
| 22 | CREDIT | ? [F1] **As of TODAY --  (Do/Does) (you/your household) have a balance on any major credit cards including store cards and gas cards?**  1. Yes 2. No | 1: Goto CREDITX  2,DK,RF: Goto STUDNT |
| 22 | CREDITX | ? [F1] **What is the total amount owed on all cards?** | 1-999999999999: Goto CREDTYRX  DK, RF: Goto CREDITB |
| 22 | CREDITB | 50? [F1] **Could you tell me which range on CARD E best reflects the total amount owed on all major credit cards including store cards and gas cards?**   1. $0-$499 2. $500-$999 3. $1,000-$2,499 4. $2,500-$9,999 5. $10,000-$34,999 6. $35,000 and over | 1-6: Goto CREDTYRX  DK,RF: Goto CREDFINX |
| 22 | CREDTYRX | ? [F1] **What was the total amount owed on all cards ONE YEAR AGO TODAY?** | 0-999999999999: Goto CREDFINX  DK, RF: Goto CREDYRB |
| 22 | CREDYRB | 50    ? [F1] **Could you tell me which range on CARD E best reflects the total amount owed on all major credit cards including store cards and gas cards ONE YEAR AGO TODAY?**  1. $0-$499 2. $500-$999 3. $1,000-$2,499 4. $2,500-$9,999 5. $10,000-$34,999 6. $35,000 and over | Goto CREDFINX |
| 22 | CREDFINX | **What was the total amount paid in finance, late charges, and interest for all cards in (last month)?** | Goto STUDNT |
| 22 | STUDNT | ? [F1] **As of TODAY --  (Do/Does) (you/your household) have any student loans?**   1. Yes 2. No | 1: Goto STUDNTX  2, DK, RF: Goto OTHLOAN |
| 22 | STUDNTX | ? [F1] **What is the total amount owed on all student loans?** | 1-999999999999: Goto STDNTYRX  DK, RF: Goto STUDNTB |
| 22 | STUDNTB | 50    ? [F1] **Could you tell me which range on CARD E best reflects the total amount owed on all student loans?**  1. $0-$499 2. $500-$999 3. $1,000-$2,499 4. $2,500-$9,999 5. $10,000-$34,999 6. $35,000 and over | 1-6: Goto STDNTYRX  DK, RF: Goto STUDFINX |
| 22 | STDNTYRX | ? [F1] **What was the total amount owed on all student loans ONE YEAR AGO TODAY?** | 0-999999999999: Goto STUDFINX  DK, RF: Goto STDNTYRB |
| 22 | STDNTYRB | 50    ? [F1] **Could you tell me which range on CARD E best reflects the total amount owed on all student loans ONE YEAR AGO TODAY?**  1. $0-$499 2. $500-$999 3. $1,000-$2,499 4. $2,500-$9,999 5. $10,000-$34,999 6. $35,000 and over | Goto STUDFINX |
| 22 | STUDFINX | **What was the total amount paid in finance, late charges, and interest for all student loans in (last month)?** | Goto OTHLOAN |
| 22 | OTHLOAN | ? [F1] **As of TODAY --  (Do/Does) (you/your household) have any other debt such as medical loans or personal loans?** Do not include mortgages, home equity loans, or vehicle loans  1. Yes 2. No | 1: Goto OTHLONX  2,DK,RF: Goto S22\_END |
| 22 | OTHLONX | ? [F1] **What is the total amount owed on all other loans?** Do not include mortgages, home equity loans, or vehicle loans | 1-999999999999: Goto OTHLNYRX  DK,RF: Goto OTHLONB |
| 22 | OTHLONB | 50    ? [F1] **Could you tell me which range on CARD E best reflects the total amount owed on all other loans?** Do not include mortgages, home equity loans, or vehicle loans  1. $0-$499 2. $500-$999 3. $1,000-$2,499 4. $2,500-$9,999 5. $10,000-$34,999 6. $35,000 and over | 1-6: Goto OTHLNYRX  DK,RF: Goto OTHFINX |
| 22 | OTHLNYRX | ? [F1] **What was the total amount owed on all other loans ONE YEAR AGO TODAY?** Do not include mortgages, home equity loans, or vehicle loans | 0-999999999999: Goto OTHFINX  DK,RF: Goto OTHLNYRB |
| 22 | OTHLNYRB | 50    ? [F1] **Could you tell me which range on CARD E best reflects the total amount owed on all other loans ONE YEAR AGO TODAY?** Do not include mortgages, home equity loans, or vehicle loans  1. $0-$499 2. $500-$999 3. $1,000-$2,499 4. $2,500-$9,999 5. $10,000-$34,999 6. $35,000 and over | Goto OTHFINX |
| 22 | OTHFINX | **What was the total amount paid in finance, late charges, and interest for all other loans in (last month)?** Do not include mortgages, home equity loans, or vehicle loans | Goto S22\_END |
| BACK | SKIP\_CHECK | **Some Sections have been skipped. Is there anyone in the household now that would be able to provide information on:** Press Shift-F5 to view the status table 1. Yes 2. No 3. Battery problem | 1: Goto SK\_RESP  2: Goto APPTOTH  3: Goto DONE |
| BACK | SK\_RESP | Ask if necessary:  **With whom am I speaking?**ENTER LINE NUMBER  or 95. For proxy respondent  1. ^NAME[1] 2. ^NAME[2] 3. ^NAME[3] 4. ^NAME[4] 5. ^NAME[5] 6. ^NAME[6] 7. ^NAME[7] 8. ^NAME[8] 9. ^NAME[9] 10. ^NAME[10] 11. ^NAME[11] 12. ^NAME[12] 13. ^NAME[13] 14. ^NAME[14] 15. ^NAME[15] 16. ^NAME[16] 17. ^NAME[17] 18. ^NAME[18] 19. ^NAME[19] 20. ^NAME[20] 21. ^NAME[21] 22. ^NAME[22] 23. ^NAME[23] 24. ^NAME[24] 25. ^NAME[25] 26. ^NAME[26] 27. ^NAME[27] 28. ^NAME[28] 29. ^NAME[29] 30. ^NAME[30] 95. Proxy Respondent | Goto SK\_RESP2 |
| BACK | APPTOTH | **I'd like to schedule a DATE to (conduct/complete) the interview. What DATE AND TIME would be best to visit again?**Today is: (current date)                           B.   Battery problem           Missing Sections:  Press shift-F5 to view the status table | 25 characters: Goto THANKCB  B: Goto DONE  RF: IF outcome = 202 then goto CBREF  ELSE goto VERIFY\_INFO |
| BACK | CBREF | Exit this case now.     Call the case up again and make it a TYPE A non-interview before transmitting.  1. Enter 1 to Continue | Goto VERIFY\_INFO |
| BACK | THANKCB | **Thank you.  I will come back at the time suggested** Revisit   (Appointment information)  1. Enter 1 to Continue | Goto VERIFY\_INFO |
| BACK | CARDPIN | **The letter we mailed you indicated that we would provide you with the PIN number for the debit card upon completion of the interview. Since we have now completed the interview, I can inform you that the PIN number is the last 4 digits of the card number.** 1. Enter 1 to Continue | IF RT25.QTYPE = 1 or 2 then goto R\_USE  ELSE goto DK\_CHECK |
| BACK | R\_USE | Did the respondent(s) refer to at least one record or receipt - either paper or digital - during the interview? 1. Yes 2. No | 1: Goto CARDNAME  2: Goto DK\_CHECK |
| BACK | CARDNAME | **The letter we mailed you indicated that you would receive an additional $20 debit card for using any records during this interview. We will mail this debit card to (you/your household) within the next month. Who would you like this addressed to?** | Goto DK\_CHECK |
| BACK | DK\_CHECK | Are there any Don't Know items that you need to callback for?                Press Ctrl-M to review all Don't Knows 1. Yes 2. No | 1: Goto DK\_APPT  2: Goto THANKYOU |
| BACK | DK\_APPT | **I'd like to schedule a DATE to complete the missing items. What DATE AND TIME would be best to visit you again?** Today is (current date)    DK Items:  Press Ctrl-M to review all Don't Knows | Goto DK\_THANK |
| BACK | DK\_THANK | **Thank you.  I will come back at the time suggested.**   Revisit:  (Appointment information)  1. Enter 1 to Continue | Goto VERIFY\_INFO |
| BACK | THANKYOU | **This concludes the interview.  Thank you for your patience, and for taking the time to answer our questions.  Let me remind you that the information you provide is very valuable because it is used to update the Consumer Price Index, which is one of our nation's leading economic indicators.  That is why we sincerely appreciate your participation in this survey (and look forward to your continued support when we contact you again in 3 months.)**  Interview number: (1/2/3/4/5)  NOTE:  Inform the respondent that a supervisor may call them to conduct re-interview.        Explain re-interview as needed.  1. Enter 1 to Continue | IF (RT25.DESIGN = 00 and INTNMBR = 1-4) or (RT25.DESIGN = 10 and INTNMBR = 1-3) then goto QTRAPPT ELSE goto HOW\_INTV |
| BACK | QTRAPPT | **Today is (current date). I would like to return during the first week of (month) to conduct your next interview. What day and time works best with your schedule?**  Enter date and time of the next quarter appointment.   Give respondent an appointment card with the filled-in date and time with Regional Office or Field Representative contact information.NOTE : If you are not making an appointment for the next interview, press Enter. | Goto HOW\_INTV |
| BACK | THANK2 | **Thank you for your time.  You've been very helpful.**NOTE:  Inform the respondent that a supervisor                       may call them to conduct re-interview.                       Explain re-interview as needed.                                                  Interview number:  (1/2/3/4/5) 1. Enter 1 to Continue | IF BCNAME ne blank then goto VERIFY\_INFO  ELSEIF NONTYP = 1-3 then goto TELPV  ELSE goto DONE |
| BACK | TRANS | Are you ready to transmit this case? 1. Yes 2. No | 1: Goto MISS\_SEC  2: Goto VERIFY\_INFO |
| BACK | MISS\_SEC | No survey data were collected for a required section(s) in a 302 interview.                   Press F5 to view status table           Enter the reason that best describes why survey data was not collected. | Goto TELPV |
| BACK | HOW\_INTV | How did you collect the data for this (first/second/third/fourth/fifth) interview for this household?  1. Personal visit for all sections 2. Personal visit for all sections, but telephone followup for some questions 3. Personal visit for more than half of the sections, the rest by telephone 4. Equally split between personal visit and telephone 5. Telephone for more than half of the sections, the rest by personal visit 6. Telephone for all sections | 1,6: Goto SNGL\_INT  2: Goto TEL\_RESN  3,4,5: Goto TEL\_SECT |
| BACK | SNGL\_INT | Were you able to conduct the interview in a single (visit/call)?  1. Yes 2. No | IF HOW\_INTV = 6 then goto TEL\_RESN ELSE goto CONVREF |
| BACK | TEL\_SECT | Which of these sections did you collect entirely by telephone?                Enter all that apply, separate with commas.                   Do not select 6 or 7 if any part of the section was collected in person.  1. Sections 2 and 3 Housing - rent, mortgage, home equity loans. 2. Section 4 Utilities/Communications (electricity, heating, telephone, cable, internet). 3. Section 6 Appliances 4. Section 8 Home Furnishings 5. Section 9 Clothing 6. Sections 10, 11, and 12 Vehicle Expenses 7. Sections 13 and 14 Insurance 8. Section 15 Medical/Health Expenses 9. Section 18 Trips and Vacations 10. Section 21 Work Experience and Income | Goto TEL\_RSN |
| BACK | TEL\_RESN | What was the main reason for collecting data by telephone?  1. Barriers to reaching the sample unit (i.e., doorman, security, dog). 2. Collecting data from additional respondent(s) in household 3. Excessive distance or travel time to sample unit. 4. Respondent called FR to do interview. 5. Respondent only available by telephone (scheduling issues). 6. Respondent refused personal visit. 7. Respondent requested telephone interview. 8. Other (Specify). | 1-7: Goto CONVREF  8: Goto OTHTLRSN |
| BACK | OTHTLRSN | Specify | Goto CONVREF |
| BACK | TELPV | How did you collect MOST of the data for this case?               (Include follow-ups) 1. By personal visit 2. By phone | IF Bcoverage.NONTYP = 1 AND SECTCOMP[2 or 3] = 1 AND   NOCONTACT = 0 then goto RESPON  ELSE goto DONE |
| BACK | CONVREF | ? [F1] Was this a converted refusal? 1. Yes 2. No | Goto RESPON |
| BACK | RESPON | Enter the line number of the MAIN respondent.        1. ^NAME[1] 2. ^NAME[2] 3. ^NAME[3] 4. ^NAME[4] 5. ^NAME[5] 6. ^NAME[6] 7. ^NAME[7] 8. ^NAME[8] 9. ^NAME[9] 10. ^NAME[10] 11. ^NAME[11] 12. ^NAME[12] 13. ^NAME[13] 14. ^NAME[14] 15. ^NAME[15] 16. ^NAME[16] 17. ^NAME[17] 18. ^NAME[18] 19. ^NAME[19] 20. ^NAME[20] 21. ^NAME[21] 22. ^NAME[22] 23. ^NAME[23] 24. ^NAME[24] 25. ^NAME[25] 26. ^NAME[26] 27. ^NAME[27] 28. ^NAME[28] 29. ^NAME[29] 30. ^NAME[30] 95. Proxy Respondent | Goto OTHRSP |
| BACK | OTHRSP | Enter the line number of ALL OTHER respondents.                                  Enter  0  For None                                                 (Display Names of persons in the household)  0. None 1. ^NAMEonly(1) 2. ^NAMEonly(2) 3. ^NAMEonly(3) 4. ^NAMEonly(4) 5. ^NAMEonly(5) 6. ^NAMEonly(6) 7. ^NAMEonly(7) 8. ^NAMEonly(8) 9. ^NAMEonly(9) 10. ^NAMEonly(10) 11. ^NAMEonly(11) 12. ^NAMEonly(12) 13. ^NAMEonly(13) 14. ^NAMEonly(14) 15. ^NAMEonly(15) 16. ^NAMEonly(16) 17. ^NAMEonly(17) 18. ^NAMEonly(18) 19. ^NAMEonly(19) 20. ^NAMEonly(20) 21. ^NAMEonly(21) 22. ^NAMEonly(22) 23. ^NAMEonly(23) 24. ^NAMEonly(24) 25. ^NAMEonly(25) 26. ^NAMEonly(26) 27. ^NAMEonly(27) 28. ^NAMEonly(28) 29. ^NAMEonly(29) 30. ^NAMEonly(30) 95. Proxy respondent | Goto USERECS |
| BACK | USERECS | In this interview, how often did the respondent consult records?1. Always or almost always 2. Most of the time  3. Occasionally or used at least one record 4. Never, no records used | 1-3: Goto TYPERECS  4: Goto HOMEFILE |
| BACK | TYPERECS | What types of bills, receipts, or records did the respondent(s) use to answer expenditure questions?   Enter all that apply, separate with commas. 1. Bills 2. Checkbook ledger or check stubs 3. Personal finance or budgeting software records 4. Receipts or e-mail receipts 5. Home file (provided by Census Bureau) 6. Contracts or agreements 7. Credit card, bank, or online bill-paying statements 8. Pay stub 9. Other- specify | 1-8: Goto RSECTN  9: Goto SPECRECS |
| BACK | SPECRECS | Specify | Goto RSECTN |
| BACK | RSECTN | Which of these sections did the respondent(s) use bills, receipts, or other resources to answer  expenditure questions?     Enter all that apply, separate with commas.  1. Section 1 - General Housing Characteristics 2. Section 2 - Rental Living Quarters 3. Sections 3 - Owned Living Quarters & Other Owned Real Estate 4. Section 4 - Utilities and Fuels 5. Section 5 - Construction, Repairs, Alterations, and Maintenance of Property 6. Section 6 - Appliances, Household Equipment, and Other Selected Items 7. Section 7 - Household Item Repairs, Service Contracts, and Extended Warranties 8. Section 8 - Home Furnishings and Related Household Items 9. Section 9 - Clothing and Clothing Services 10. Section 10 - Rented and Leased Vehicles  11. Section 11 - Owned vehicles 12. Section 12 - Vehicle Operating Expenses 13. Section 13 - Insurance Other than Health 14. Section 14 - Health Insurance 15. Section 15 - Medical and Health Expenses 16. Section 16 - Educational Expenses 17. Section 17 - Subscriptions, Memberships, Books, and Entertainment Expenses 18. Section 18 - Trips and Vacations 19. Section 19 - Miscellaneous Expenses 20. Section 20 - Expense Patterns for Selected Goods and Services 21. Section 21 - Work Experience and Income 22. Section 22 - Assets and Liabilities | Goto HOMEFILE |
| BACK | HOMEFILE | Did you give the respondent a Home File this quarter? 1. Yes 2. No | Goto INFOBOOK |
| BACK | INFOBOOK | In the interview, how often did the respondent consult the information booklet?         If reading the book to the respondent, enter 5. 1. Almost always (90% of the time or more)  2. Most of the time (50% to 89% of the time) 3. Occasionally (10% to 49% of the time) 4. Never or almost never (less than 10% of the time) 5. The respondent did not have access to the information booklet. | Goto LANGUAGE |
| BACK | LANGUAGE | In what language was the interview conducted?  1. English 2. Spanish 3. Other - specify | 1,2: Goto VERIFY\_INFO  3: Goto LANG\_SP |
| BACK | LANG\_SP | Specify | Goto VERIFY\_INFO |
| BACK | VERIFY\_INFO | Verify/change any of the information listed below          Telephone number:    ((area)) (phone number)   (Extension)      Second phone: (2nd phone number)   (2nd phone extension)       Best time to call :  (Bestime code description)     Specific best time:  (best time specify)                 No Sunday:  ((No Sunday Interview/Sunday interview okay))  1. Enter 1 to Continue 2. Change something | 1: Goto DONE  2: Goto V\_PHONE |
| BACK | V\_PHONE | **What is your telephone number?** Enter 0 for none. | Goto V\_BSTTI |
| BACK | V\_BSTTI | Best time to contact                                               1. Morning (9am-12noon)  2. Noon/lunchtime (11am-1pm)  3. Afternoon (12noon-4pm) 4. Suppertime/early evening/dinnertime(4pm-7pm)  5. Evening (6pm-9pm)  6. Anytime (9am-9pm) 7. Late evening/night (7pm-9pm) 8. Daytime (9am-4pm) 9. After 5pm 10. Battery problem | 1-9, Empty: Goto V\_BSTTI2  10: Goto DONE |
| BACK | V\_BSTTI2 | Enter specific best time to contact | Goto V\_NOSUN |
| BACK | V\_NOSUN | **Would a Sunday interview be acceptable?**  1. Yes 2. No 3. battery problem | Goto DONE |