

American Community Survey

Cognitive Test

Interviewer-administered Survey

Round 2: Weeks Worked and Income

September 28, 2016

Participant ID #:

DETAILED QUESTIONS—PERSON 1

	NAME _____
<p>29a. Now, I am going to ask a series of questions about employment...</p> <p>LAST WEEK, did you work for pay at a job or business?</p> <p><i>(Include any work even if you worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or were on active duty in the Armed Forces.)</i></p>	<p><input type="checkbox"/> Yes <i>go to 31</i></p> <p><input type="checkbox"/> No</p>
<p>29b. LAST WEEK, did you do ANY work for pay, even for as little as one hour?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No <i>go to 35a</i></p>
<p>31. LAST WEEK, how did you USUALLY get to work?</p> <p><i>(If you usually used more than one method of transportation during the trip, report the one used for most of the distance.)</i></p>	<p><input type="checkbox"/> Ferryboat</p> <p><input type="checkbox"/> Taxicab</p> <p><input type="checkbox"/> Motorcycle</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> Walked</p> <p><input type="checkbox"/> Worked at home <i>go to 39</i></p> <p><input type="checkbox"/> Other method</p>
<p>INSTRUCTION M</p> <p><i>IF RESPONSE TO QUESTION 31 IS “CAR, TRUCK, OR VAN”, GO TO QUESTION 32. OTHERWISE GO TO QUESTION 33.</i></p>	
<p>32. LAST WEEK, how many people including yourself usually rode to work together?</p>	
<p>33. LAST WEEK, what time did you usually leave for work?</p> <p><i>(What hour?)</i></p> <p><i>(How many minutes past the hour?)</i></p> <p><i>(Was that AM or PM?)</i></p>	<p>Hour Minute</p> <p>__ : __ <input type="checkbox"/> a.m.</p> <p><input type="checkbox"/> p.m.</p>

<p>34. LAST WEEK, how many minutes did it usually take you to get from home to work?</p> <p>Enter a ONE-WAY commute time for the person’s usual DAILY commute from home to work last week.</p>	
<p>INSTRUCTION N IF RESPONSE TO QUESTION 29B IS “NO” ASK QUESTION 35A. OTHERWISE, GO TO QUESTION 39.</p>	
<p>35a. LAST WEEK, were you on layoff from a job?</p>	<p><input type="checkbox"/> Yes <i>go to 35c</i> <input type="checkbox"/> No</p>
<p>35b. LAST WEEK, were you TEMPORARILY absent from a job or business because of vacation, temporary illness, maternity leave, other family or personal reasons, bad weather, etc.?</p>	<p><input type="checkbox"/> Yes <i>go to 38</i> <input type="checkbox"/> No <i>go to 36</i></p>
<p>35c. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?</p>	<p><input type="checkbox"/> Yes <i>go to 37a</i> <input type="checkbox"/> No</p>
<p>36. During the LAST 4 WEEKS, have you been ACTIVELY looking for work?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 38</i></p>
<p>37a. LAST WEEK, could you have started a job if offered one (or returned to work if recalled)?</p>	<p><input type="checkbox"/> Yes <i>go to 38</i> <input type="checkbox"/> No</p>
<p>37b. Why was that?</p>	<p><input type="checkbox"/> Own temporary illness <input type="checkbox"/> Going to school or some other reason</p>
<p>38. When did you last work, even for a few days?</p>	<p><input type="checkbox"/> Within the past 12 months <input type="checkbox"/> Between 1 and 5 years ago <input type="checkbox"/> Over 5 years ago or never worked <i>go to 47e</i></p>
<p>(WEEKS WORKED AND HOURS WORKED: 39 – 40c)</p> <p>*39. During the 52 weeks covering 2015, that is from January 1, 2015 to December 31, 2015, in the weeks you worked, how many hours did you usually work each week?</p>	<p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Usual hours each week</p>

<p>*40a. During the 52 weeks covering 2015, did you work EVERY week? Count paid vacation, paid sick leave, and military service as work.</p>	<p><input type="checkbox"/> Yes <i>go to 41a</i> <input type="checkbox"/> No</p>
<p>*40b. During the 52 weeks covering 2015, how many WEEKS did you work? Include paid time off and include weeks when you only worked for a few hours. If you would rather give your answer in months, please say so.</p>	<p>□□□□ Weeks = <i>go to 41a</i> □□□□ Would rather answer in months</p>
<p>*40c. How many months did you work in 2015?</p>	<p>□□□□ Months</p>
<p>41a. The next series of questions are about the type of business you worked for and the type of work that you did last. If you had more than one job, describe the one at which the most hours were worked. Let's start with the first question. I am going to read 5 categories. Please pick the one that best describes who you worked for - a private organization or company, government, U.S. Armed Forces (active duty), self-employed, or working without pay in a family business.</p>	<p><input type="checkbox"/> Private organization or company <input type="checkbox"/> Government <i>go to 41c</i> <input type="checkbox"/> U.S. Armed Forces (active duty) <i>go to 42b</i> <input type="checkbox"/> Self-employed <i>go to 41d</i> <input type="checkbox"/> Working without pay in a family business <i>go to 42a</i></p>
<p>41b. Was this a non-profit organization or for-profit company?</p>	<p><input type="checkbox"/> Non-profit organization <i>go to 42a</i> <input type="checkbox"/> For profit company <i>go to 42a</i></p>
<p>41c. Was this for local, state, or the federal government?</p>	<p><input type="checkbox"/> Local <i>go to 42a</i> <input type="checkbox"/> State <i>go to 42a</i> <input type="checkbox"/> Federal <i>go to 42a</i></p>
<p>41d. Was this self-employment incorporated or not incorporated?</p>	<p><input type="checkbox"/> Incorporated <input type="checkbox"/> Not incorporated</p>
<p>42a. What was the name of your company, business or other employer?</p>	<p>_____ <i>go to 43</i></p>

<p>42b. Which branch of the Armed Forces do you work for?</p>	<p><input type="checkbox"/> U.S. Army <i> go to 45</i> <input type="checkbox"/> U.S. Navy <i> go to 45</i> <input type="checkbox"/> U.S. Air Force <i> go to 45</i> <input type="checkbox"/> U.S. Marine Corps <i> go to 45</i> <input type="checkbox"/> U.S. Coast Guard <i> go to 45</i></p>
<p>43. What kind of business or industry was this? For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank.</p>	<p>_____</p>
<p>44. Is this business mainly -- manufacturing, wholesale trade, retail trade or some other kind of business?</p>	<p><input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Retail trade <input type="checkbox"/> Other (agriculture, construction, service, government, etc.)</p>
<p>45. What kind of work were you doing at this job? For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant.</p>	<p>_____</p>
<p>46. What were your most important activities or duties at this job? For example, patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records.</p>	<p>_____ _____ _____</p>
<p>(INCOME: 46a - 47)</p> <p>The next few questions are about income received in 2015, that is from January 1, 2015 to December 31, 2015...</p> <p>*47a. Did you receive any wages or salary?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>IF “Yes” TO 47a, READ:</p> <p>*47b. Did you receive any additional tips, bonuses or commissions in 2015?</p> <p>IF “No” TO 47a, READ:</p> <p>*47b. Did you receive any tips, bonuses or commissions in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47c. Did you receive any self-employment income in 2015? Consider income from own businesses (farm or non-farm) including proprietorships and partnerships.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i> go to 47e</i></p>

<p>*47d. Was this income a loss?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47e. IF “OVER 5 YEARS AGO OR NEVER WORKED” TO 38 READ: The next few questions are about income received in 2015, that is from January 1, 2015 to December 31, 2015...</p> <p>Did you receive any interest or dividends? Consider even small amounts credited to an account.</p> <p>OTHERWISE, READ: Did you receive any interest or dividends in 2015? Consider even small amounts credited to an account.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47f. Did you receive any net rental income in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 47h</i></p>
<p>*47g. Was this income a loss?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47h. Did you receive any royalty income or income from estates and trusts in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47i. Did you receive any Social Security or Railroad Retirement benefits in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47j. Did you receive any Supplemental Security Income (SSI) payments in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47k. Did you receive any public assistance or public welfare payments from the state or local welfare office in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47l. Did you receive any retirement, survivor, or disability pensions in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47m. Did you receive income on a REGULAR basis from any other sources such as Department of Veterans Affairs (VA) payments, unemployment compensation, child support or alimony in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>*48. IF “YES” TO 47A OR 47B, READ: What was your TOTAL income in 2015 from all sources? Include amount from all jobs before taxes and other deductions.</p> <p>IF “YES” TO 46C, READ: What was your TOTAL income in 2015 from all sources? For self-employment income, include net income after operating expenses. Report earnings as a tenant farmer or sharecropper.</p> <p>IF “YES” TO (47A OR 47B) AND 46C, READ: What was your TOTAL income in 2015 from all sources? Include amount from all jobs before taxes and other deductions. For self-employment income, include net income after operating expenses. Report earnings as a tenant farmer or sharecropper.</p> <p>OTHERWISE, READ: What was your TOTAL income in 2015 from all sources?</p>	<p>\$ _____</p> <p>Total Income</p> <p>If net income was a loss precede amount with a '-'</p>
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DETAILED QUESTIONS—PERSON 2

	NAME _____
<p>29a. Now, I am going to ask a series of questions about <Name's> employment...</p> <p>LAST WEEK, did <Name> work for pay at a job or business?</p> <p><i>(Include any work even if <Name> worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or were on active duty in the Armed Forces.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> <i>go to 31</i></p> <p><input type="checkbox"/> No</p>
<p>29b. LAST WEEK, did <Name> do ANY work for pay, even for as little as one hour?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No <input type="checkbox"/> <i>go to 35a</i></p>
<p>31. LAST WEEK, how did <Name> USUALLY get to work?</p> <p><i>(If <Name> usually used more than one method of transportation during the trip, report the one used for most of the distance.)</i></p>	<p><input type="checkbox"/> Ferryboat</p> <p><input type="checkbox"/> Taxicab</p> <p><input type="checkbox"/> Motorcycle</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> Walked</p> <p><input type="checkbox"/> Worked at home <input type="checkbox"/> <i>go to 39</i></p> <p><input type="checkbox"/> Other method</p>
<p>INSTRUCTION M</p> <p>IF RESPONSE TO QUESTION 31 IS “CAR, TRUCK, OR VAN”, GO TO QUESTION 32.</p> <p>OTHERWISE GO TO QUESTION 33.</p>	
<p>32. LAST WEEK, how many people including <Name> usually rode to work together?</p>	
<p>33. LAST WEEK, what time did <Name> usually leave for work?</p> <p><i>(What hour?)</i></p> <p><i>(How many minutes past the hour?)</i></p> <p><i>(Was that AM or PM?)</i></p>	<p>Hour Minute</p> <p>__ : __ <input type="checkbox"/> a.m.</p> <p><input type="checkbox"/> p.m.</p>

<p>34. LAST WEEK, how many minutes did it usually take <Name> to get from home to work?</p> <p>Enter a ONE-WAY commute time for the person’s usual DAILY commute from home to work last week.</p>	
<p>INSTRUCTION N IF RESPONSE TO QUESTION 29B IS “NO” ASK QUESTION 35A. OTHERWISE, GO TO QUESTION 39.</p>	
<p>35a. LAST WEEK, was <Name> on layoff from a job?</p>	<p><input type="checkbox"/> Yes <i>go to 35c</i> <input type="checkbox"/> No</p>
<p>35b. LAST WEEK, was <Name> TEMPORARILY absent from a job or business because of vacation, temporary illness, maternity leave, other family or personal reasons, bad weather, etc.?</p>	<p><input type="checkbox"/> Yes <i>go to 38</i> <input type="checkbox"/> No <i>go to 36</i></p>
<p>35c. Has <Name> been informed that she/he will be recalled to work within the next 6 months OR been given a date to return to work?</p>	<p><input type="checkbox"/> Yes <i>go to 37a</i> <input type="checkbox"/> No</p>
<p>36. During the LAST 4 WEEKS, has <Name> been ACTIVELY looking for work?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 38</i></p>
<p>37a. LAST WEEK, could <Name> have started a job if offered one (or returned to work if recalled)?</p>	<p><input type="checkbox"/> Yes <i>go to 38</i> <input type="checkbox"/> No</p>
<p>37b. Why was that?</p>	<p><input type="checkbox"/> Own temporary illness <input type="checkbox"/> Going to school or some other reason</p>
<p>38. When did <Name> last work, even for a few days?</p>	<p><input type="checkbox"/> Within the past 12 months <input type="checkbox"/> Between 1 and 5 years ago <input type="checkbox"/> Over 5 years ago or never worked <i>go to 47e</i></p>

<p>(WEEKS WORKED AND HOURS WORKED: 39 – 40c)</p> <p>*39. During the 52 weeks covering 2015, that is from January 1, 2015 to December 31, 2015, in the weeks <Name> worked, how many hours did <Name> usually work each week?</p>	<p><input type="text"/> Usual hours each week</p>
<p>*40a. During the 52 weeks covering 2015, did <Name> work EVERY week? Count paid vacation, paid sick leave, and military service as work.</p>	<p><input type="checkbox"/> Yes <i>go to 41a</i> <input type="checkbox"/> No</p>
<p>*40b. During the 52 weeks covering 2015, how many WEEKS did <Name> work? Include paid time off and include weeks when <Name> only worked for a few hours. If you would rather give your answer in months, please say so.</p>	<p><input type="text"/> Weeks = <i>go to 41a</i> <input type="text"/> Would rather answer in months</p>
<p>*40c. How many months did <Name> work in 2015?</p>	<p><input type="text"/> Months</p>
<p>41a. The next series of questions are about the type of business <Name> worked for and the type of work that <Name> did last. If <Name> had more than one job, describe the one at which the most hours were worked.</p> <p>Let's start with the first question. I am going to read 5 categories. Please pick the one that best describes who <Name> worked for - a private organization or company, government, U.S. Armed Forces (active duty), self-employed, or working without pay in a family business.</p>	<p><input type="checkbox"/> Private organization or company <input type="checkbox"/> Government <i>go to 41c</i> <input type="checkbox"/> U.S. Armed Forces (active duty) <i>go to 42b</i> <input type="checkbox"/> Self-employed <i>go to 41d</i> <input type="checkbox"/> Working without pay in a family business <i>go to 42a</i></p>
<p>41b. Was this a non-profit organization or for-profit company?</p>	<p><input type="checkbox"/> Non-profit organization <i>go to 42a</i> <input type="checkbox"/> For profit company <i>go to 42a</i></p>
<p>41c. Was this for local, state, or the federal government?</p>	<p><input type="checkbox"/> Local <i>go to 42a</i> <input type="checkbox"/> State <i>go to 42a</i> <input type="checkbox"/> Federal <i>go to 42a</i></p>
<p>41d. Was this self-employment incorporated or not incorporated?</p>	<p><input type="checkbox"/> Incorporated <input type="checkbox"/> Not incorporated</p>

<p>42a. What was the name of <Name's> company, business or other employer?</p>	<p>_____ <i>go to 43</i></p>
<p>42b. Which branch of the Armed Forces does <Name> work for?</p>	<p><input type="checkbox"/> U.S. Army <i>go to 45</i> <input type="checkbox"/> U.S. Navy <i>go to 45</i> <input type="checkbox"/> U.S. Air Force <i>go to 45</i> <input type="checkbox"/> U.S. Marine Corps <i>go to 45</i> <input type="checkbox"/> U.S. Coast Guard <i>go to 45</i></p>
<p>43. What kind of business or industry was this? For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank.</p>	<p>_____</p>
<p>44. Is this business mainly -- manufacturing, wholesale trade, retail trade or some other kind of business?</p>	<p><input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Retail trade <input type="checkbox"/> Other (agriculture, construction, service, government, etc.)</p>
<p>45. What kind of work was <Name> doing at this job? For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant.</p>	<p>_____</p>
<p>46. What was <Name's> most important activities or duties at this job? For example, patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records.</p>	<p>_____ _____ _____</p>
<p><i>(INCOME: 46a - 47)</i></p> <p>The next few questions are about income received in 2015, that is from January 1, 2015 to December 31, 2015...</p> <p>*47a. Did <Name> receive any wages or salary?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>IF "Yes" TO 47a, READ:</i></p> <p>*47b. Did <Name> receive any additional tips, bonuses or commissions in 2015?</p> <p><i>IF "No" TO 47a, READ:</i></p> <p>*47b. Did <Name> receive any tips, bonuses or commissions in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>*47c. Did <Name> receive any self-employment income in 2015? Consider income from own businesses (farm or non-farm) including proprietorships and partnerships.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 47e</i></p>
<p>*47d. Was this income a loss?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47e. IF “OVER 5 YEARS AGO OR NEVER WORKED” TO 38 READ: The next few questions are about income received in 2015, that is from January 1, 2015 to December 31, 2015...</p> <p>Did <Name> receive any interest or dividends? Consider even small amounts credited to an account.</p> <p>OTHERWISE, READ: Did <Name> receive any interest or dividends in 2015? Consider even small amounts credited to an account.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47f. Did <Name> receive any net rental income in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 47h</i></p>
<p>*47g. Was this income a loss?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47h. Did <Name> receive any royalty income or income from estates and trusts in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47i. Did <Name> receive any Social Security or Railroad Retirement benefits in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47j. Did <Name> receive any Supplemental Security Income (SSI) payments in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47k. Did <Name> receive any public assistance or public welfare payments from the state or local welfare office in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47l. Did <Name> receive any retirement, survivor, or disability pensions in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>*47m. Did <Name> receive income on a REGULAR basis from any other sources such as Department of Veterans Affairs (VA) payments, unemployment compensation, child support or alimony in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*48. IF “YES” TO 47A OR 47B, READ: What was <Name’s> TOTAL income in 2015 from all sources? Include amount from all jobs before taxes and other deductions.</p> <p>IF “YES” TO 46C, READ: What was <Name’s> TOTAL income in 2015 from all sources? For self-employment income, include net income after operating expenses. Report earnings as a tenant farmer or sharecropper.</p> <p>IF “YES” TO (47A OR 47B) AND 46C, READ: What was <Name’s> TOTAL income in 2015 from all sources? Include amount from all jobs before taxes and other deductions. For self-employment income, include net income after operating expenses. Report earnings as a tenant farmer or sharecropper.</p> <p>OTHERWISE, READ: What was <Name’s> TOTAL income in 2015 from all sources?</p>	<p>\$ _____</p> <p>Total Income</p> <p>If net income was a loss precede amount with a '-'</p>

DETAILED QUESTIONS—PERSON 3

	NAME _____
<p>29a. Now, I am going to ask a series of questions about <Name's> employment...</p> <p>LAST WEEK, did <Name> work for pay at a job or business?</p> <p><i>(Include any work even if <Name> worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or were on active duty in the Armed Forces.)</i></p>	<p><input type="checkbox"/> Yes <i>go to 31</i></p> <p><input type="checkbox"/> No</p>
<p>29b. LAST WEEK, did <Name> do ANY work for pay, even for as little as one hour?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No <i>go to 35a</i></p>
<p>31. LAST WEEK, how did <Name> USUALLY get to work?</p> <p><i>(If <Name> usually used more than one method of transportation during the trip, report the one used for most of the distance.)</i></p>	<p><input type="checkbox"/> Ferryboat</p> <p><input type="checkbox"/> Taxicab</p> <p><input type="checkbox"/> Motorcycle</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> Walked</p> <p><input type="checkbox"/> Worked at home <i>go to 39</i></p> <p><input type="checkbox"/> Other method</p>
<p>INSTRUCTION M</p> <p><i>IF RESPONSE TO QUESTION 31 IS “CAR, TRUCK, OR VAN”, GO TO QUESTION 32. OTHERWISE GO TO QUESTION 33.</i></p>	
<p>32. LAST WEEK, how many people including <Name> usually rode to work together?</p>	
<p>33. LAST WEEK, what time did <Name> usually leave for work?</p> <p><i>(What hour?)</i></p> <p><i>(How many minutes past the hour?)</i></p> <p><i>(Was that AM or PM?)</i></p>	<p>Hour Minute</p> <p>__ : __ <input type="checkbox"/> a.m.</p> <p><input type="checkbox"/> p.m.</p>

<p>34. LAST WEEK, how many minutes did it usually take <Name> to get from home to work?</p> <p>Enter a ONE-WAY commute time for the person’s usual DAILY commute from home to work last week.</p>	
<p>INSTRUCTION N IF RESPONSE TO QUESTION 29B IS “NO” ASK QUESTION 35A. OTHERWISE, GO TO QUESTION 39.</p>	
<p>35a. LAST WEEK, was <Name> on layoff from a job?</p>	<p><input type="checkbox"/> Yes <i>go to 35c</i> <input type="checkbox"/> No</p>
<p>35b. LAST WEEK, was <Name> TEMPORARILY absent from a job or business because of vacation, temporary illness, maternity leave, other family or personal reasons, bad weather, etc.?</p>	<p><input type="checkbox"/> Yes <i>go to 38</i> <input type="checkbox"/> No <i>go to 36</i></p>
<p>35c. Has <Name> been informed that she/he will be recalled to work within the next 6 months OR been given a date to return to work?</p>	<p><input type="checkbox"/> Yes <i>go to 37a</i> <input type="checkbox"/> No</p>
<p>36. During the LAST 4 WEEKS, has <Name> been ACTIVELY looking for work?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 38</i></p>
<p>37a. LAST WEEK, could <Name> have started a job if offered one (or returned to work if recalled)?</p>	<p><input type="checkbox"/> Yes <i>go to 38</i> <input type="checkbox"/> No</p>
<p>37b. Why was that?</p>	<p><input type="checkbox"/> Own temporary illness <input type="checkbox"/> Going to school or some other reason</p>
<p>38. When did <Name> last work, even for a few days?</p>	<p><input type="checkbox"/> Within the past 12 months <input type="checkbox"/> Between 1 and 5 years ago <input type="checkbox"/> Over 5 years ago or never worked <i>go to 47e</i></p>

<p>(WEEKS WORKED AND HOURS WORKED: 39 – 40c)</p> <p>*39. During the 52 weeks covering 2015, that is from January 1, 2015 to December 31, 2015, in the weeks <Name> worked, how many hours did <Name> usually work each week?</p>	<p><input type="text"/> Usual hours each week</p>
<p>*40a. During the 52 weeks covering 2015, did <Name> work EVERY week? Count paid vacation, paid sick leave, and military service as work.</p>	<p><input type="checkbox"/> Yes <i>go to 41a</i> <input type="checkbox"/> No</p>
<p>*40b. During the 52 weeks covering 2015, how many WEEKS did <Name> work? Include paid time off and include weeks when <Name> only worked for a few hours. If you would rather give your answer in months, please say so.</p>	<p><input type="text"/> Weeks = <i>go to 41a</i> <input type="text"/> Would rather answer in months</p>
<p>*40c. How many months did <Name> work in 2015?</p>	<p><input type="text"/> Months</p>
<p>41a. The next series of questions are about the type of business <Name> worked for and the type of work that <Name> did last. If <Name> had more than one job, describe the one at which the most hours were worked.</p> <p>Let’s start with the first question. I am going to read 5 categories. Please pick the one that best describes who <Name> worked for - a private organization or company, government, U.S. Armed Forces (active duty), self-employed, or working without pay in a family business.</p>	<p><input type="checkbox"/> Private organization or company <input type="checkbox"/> Government <i>go to 41c</i> <input type="checkbox"/> U.S. Armed Forces (active duty) <i>go to 42b</i> <input type="checkbox"/> Self-employed <i>go to 41d</i> <input type="checkbox"/> Working without pay in a family business <i>go to 42a</i></p>
<p>41b. Was this a non-profit organization or for-profit company?</p>	<p><input type="checkbox"/> Non-profit organization <i>go to 42a</i> <input type="checkbox"/> For profit company <i>go to 42a</i></p>
<p>41c. Was this for local, state, or the federal government?</p>	<p><input type="checkbox"/> Local <i>go to 42a</i> <input type="checkbox"/> State <i>go to 42a</i> <input type="checkbox"/> Federal <i>go to 42a</i></p>
<p>41d. Was this self-employment incorporated or not incorporated?</p>	<p><input type="checkbox"/> Incorporated <input type="checkbox"/> Not incorporated</p>

<p>42a. What was the name of <Name's> company, business or other employer?</p>	<p>_____ <i>go to 43</i></p>
<p>42b. Which branch of the Armed Forces does <Name> work for?</p>	<p><input type="checkbox"/> U.S. Army <i>go to 45</i> <input type="checkbox"/> U.S. Navy <i>go to 45</i> <input type="checkbox"/> U.S. Air Force <i>go to 45</i> <input type="checkbox"/> U.S. Marine Corps <i>go to 45</i> <input type="checkbox"/> U.S. Coast Guard <i>go to 45</i></p>
<p>43. What kind of business or industry was this? For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank.</p>	<p>_____</p>
<p>44. Is this business mainly -- manufacturing, wholesale trade, retail trade or some other kind of business?</p>	<p><input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Retail trade <input type="checkbox"/> Other (agriculture, construction, service, government, etc.)</p>
<p>45. What kind of work was <Name> doing at this job? For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant.</p>	<p>_____</p>
<p>46. What was <Name's> most important activities or duties at this job? For example, patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records.</p>	<p>_____ _____ _____</p>
<p>(INCOME: 46a - 47)</p> <p>The next few questions are about income received in 2015, that is from January 1, 2015 to December 31, 2015...</p> <p>*47a. Did <Name> receive any wages or salary?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>IF "Yes" TO 47a, READ:</p> <p>*47b. Did <Name> receive any additional tips, bonuses or commissions in 2015?</p> <p>IF "No" TO 47a, READ:</p> <p>*47b. Did <Name> receive any tips, bonuses or commissions in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>*47c. Did <Name> receive any self-employment income in 2015? Consider income from own businesses (farm or non-farm) including proprietorships and partnerships.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 47e</i></p>
<p>*47d. Was this income a loss?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47e. IF “OVER 5 YEARS AGO OR NEVER WORKED” TO 38 READ: The next few questions are about income received in 2015, that is from January 1, 2015 to December 31, 2015...</p> <p>Did <Name> receive any interest or dividends? Consider even small amounts credited to an account.</p> <p>OTHERWISE, READ: Did <Name> receive any interest or dividends in 2015? Consider even small amounts credited to an account.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47f. Did <Name> receive any net rental income in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 47h</i></p>
<p>*47g. Was this income a loss?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47h. Did <Name> receive any royalty income or income from estates and trusts in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47i. Did <Name> receive any Social Security or Railroad Retirement benefits in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47j. Did <Name> receive any Supplemental Security Income (SSI) payments in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47k. Did <Name> receive any public assistance or public welfare payments from the state or local welfare office in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*47l. Did <Name> receive any retirement, survivor, or disability pensions in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>*47m. Did <Name> receive income on a REGULAR basis from any other sources such as Department of Veterans Affairs (VA) payments, unemployment compensation, child support or alimony in 2015?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*48. IF “YES” TO 47A OR 47B, READ: What was <Name’s> TOTAL income in 2015 from all sources? Include amount from all jobs before taxes and other deductions.</p> <p>IF “YES” TO 46C, READ: What was <Name’s> TOTAL income in 2015 from all sources? For self-employment income, include net income after operating expenses. Report earnings as a tenant farmer or sharecropper.</p> <p>IF “YES” TO (47A OR 47B) AND 46C, READ: What was <Name’s> TOTAL income in 2015 from all sources? Include amount from all jobs before taxes and other deductions. For self-employment income, include net income after operating expenses. Report earnings as a tenant farmer or sharecropper.</p> <p>OTHERWISE, READ: What was <Name’s> TOTAL income in 2015 from all sources?</p>	<p>\$ _____</p> <p>Total Income</p> <p>If net income was a loss precede amount with a '-'</p>