

Attachment J -- HU Failed Edit Follow Up Qts

AMERICAN COMMUNITY SURVEY

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

(Last Updated: 2/2/2024)

Paper Questionnaire Item Number: Roster7

FEFU Screen Name: DIAL1.DRIVING

Before I go any further, for safety purposes, are you driving?
◇ Even if the respondent is using a hands-free device while driving, you must end the call.
<input type="radio"/> 1. Yes
<input type="radio"/> 2. No

FEFU Screen Name: ADDVER

I'd like to verify that I have your correct address.
<input type="radio"/> 1. Yes, address 1 is correct
<input type="radio"/> 2. Yes, address 2 is correct
<input type="radio"/> 3. No

FEFU Screen Name: USTATVER

1On (RDATE), was there anyone living or staying at this address for more than two months?
--

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

FEFU Screen Name: CJIC2

1On (RDATE) was this housing unit....?
<input type="radio"/> 1. Temporarily Occupied
<input type="radio"/> 2. Vacant
<input type="radio"/> 3. a Group Quarters
<input type="radio"/> 4. for Commercial Use Only

FEFU Screen Name: CJIC3

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1On (RDATE) was this housing unit....?
<input type="radio"/> 1. For rent
<input type="radio"/> 2. Rented, not occupied
<input type="radio"/> 3. For sale only
<input type="radio"/> 4. Sold, not occupied
<input type="radio"/> 5. For seasonal, recreational or occasional use
<input type="radio"/> 6. For migrant workers
<input type="radio"/> 7. Other vacant

FEFU Screen Name: VACOTH

Why is this unit Vacant?
<input type="radio"/> 1. Foreclosure
<input type="radio"/> 2. Personal/family reasons
<input type="radio"/> 3. Legal proceedings
<input type="radio"/> 4. Preparing to rent/sell
<input type="radio"/> 5. Held for storage of household furniture
<input type="radio"/> 6. Needs repairs
<input type="radio"/> 7. Currently being repaired/renovated
<input type="radio"/> 8. Specific use housing
<input type="radio"/> 9. Extended absence
<input type="radio"/> 10. Abandoned/possibly to be demolished/possibly condemned
<input type="radio"/> 11. Other

FEFU Screen Name: CJIC4

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How many months has this unit been vacant?
<input type="radio"/> 1. Less than 1 month
<input type="radio"/> 2. 1 up to 2 months
<input type="radio"/> 3. 2 up to 4 months
<input type="radio"/> 4. 4 up to 6 months
<input type="radio"/> 5. 6 up to 12 months
<input type="radio"/> 6. 12 up to 24 months
<input type="radio"/> 7. 24 or more months

FEFU Screen Name: CoverageP

[I'd like to make sure that we've included everyone. I see that the household size (<was not indicated> / <was indicated as CURRENTSTATUS.CPER>) but we have data for <CURRENTSTATUS.ActualPop> persons.]			
I have listed: (<READ ROSTER >) How many people were here for more than two months on (<RDATE>)?			
01	Sally	P	Smith
02	John	D	Smith
03	Brandon	C	Smith
04			
05			
06			
07			
.			
.			
.			
20			

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FEFU Screen Name: LN_PG2, FN_PG2, MI_PG2

1(Last/First) Name (MI)

INCLUDE...

- ✓ anyone not related to you, like roommates and other families.
- ✓ babies and children, related or unrelated, including grandchildren and foster children.
- ✓ everyone staying there now who has no other place to stay.
- ✓ include anyone who has been there, or intends to be there, for more than two months as of ^RDATE (even if they have another place to live).
- ✓ include children in shared custody.
- ✓ include children at boarding school or summer camp.

DO NOT INCLUDE anyone living somewhere else, such as...

- × a college student living away.
- × someone in the Armed Forces on deployment.
- × Do NOT include people who stayed there less than two months and who do not intend to stay there for more than two months as of <RDATE>.

Paper Questionnaire Item Number: Demographic 2

FEFU Screen Name: RELSHIP

How is <Name> related to <HHOLDER>? <Name> is <HHOLDER>'s...

- 20. Householder
- 21. Opposite-sex husband/wife/spouse
- 22. Opposite-sex unmarried partner
- 23. Same-sex husband/wife/spouse
- 24. Same-sex unmarried partner
- 25. Biological son or daughter
- 26. Adopted son or daughter
- 27. Stepson or stepdaughter
- 28. Brother or sister
- 29. Father or mother
- 30. Grandchild
- 31. Parent-in-law
- 32. Son-in-law or daughter-in-law
- 33. Other relative
- 34. Roommate or housemate
- 35. Foster child
- 36. Other nonrelative

Paper Questionnaire Item Number: Demographic 3

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FEFU Screen Name: SEX

(Are you /Is <Name>) male or female?
<input type="radio"/> 1. Male <input type="radio"/> 2. Female

Paper Questionnaire Item Number: Demographic 4

FEFU Screen Name: P2DOB

1What is (<Name>'s/your) date of birth?
◇ Enter the month/day/4-digit year

FEFU Screen Name: AGE_P

So that makes (<Name>/you) <AGE_CALC> as of <RDATE>? Is that correct?
<input type="radio"/> 1. Yes <input type="radio"/> 2. No

FEFU Screen Name: AGEVER

When I calculate {<Name>'s/your} age from the 1birth date provided, that makes {<Name>/you} <AGE_CALC> as of <RDATE>, but the age given on the survey was <InputAGE>. Which is correct as of <RDATE>?
<input type="radio"/> 1. <AGE_CALC>

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<p><input type="radio"/> 2. <InputAGE></p> <p><input type="radio"/> 3. Neither</p>
--

FEFU Screen Name: AGEASK

<p>1How old {was<Name>/were you} as of <RDATE>?</p>
--

Paper Questionnaire Item Number: Demographic 5

FEFU Screen Name: HISA

<p>1 {Is/Are} {<Name>/you} of Hispanic, Latino, or Spanish origin?</p>
<p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 2. No</p>

FEFU Screen Name: HISB

<p>1 {Is/Are} {<Name>/you} Mexican, Mexican American, or Chicano; Puerto Rican; Cuban; or some other Hispanic, Latino, or Spanish origin; for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.?</p> <p>◆ Do not encourage more than one response but enter more than response if offered.</p> <p>◆ Enter all that apply, separate with commas.</p>
<ul style="list-style-type: none">• 1. Mexican, Mexican American, or Chicano• 2. Puerto Rican• 3. Cuban• 4. Another Hispanic, Latino, or Spanish origin – For example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.

FEFU Screen Name: HISW

<p>1What is that origin? For example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.</p>

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Paper Questionnaire Item Number: Demographic 6

FEFU Screen Name: RAC

1 I'm going to read a list of race categories. You may choose one or more races. For this survey, Hispanic origin is not a race.

{Is/Are} {<Name>/you} White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; or Some other race?

◆ Enter all that apply, separate with commas.

- 11. White
- 12. Black or African American
- 13. American Indian or Alaska Native
- 14. Asian
- 15. Native Hawaiian or Other Pacific Islander
- 16. Some other race

FEFU Screen Name: RAC_WI_WHT

What are {his/her/your/<Name>'s} White origin or origins? For example, German, Irish, English, Italian, Lebanese, Egyptian, etc.1

FEFU Screen Name: RAC_WI_BLK

What are {his/her/your/<Name>'s} Black or African American origin or origins? For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. 1

FEFU Screen Name: RAC_WI_AIAN

What are {his/her/your/<Name>'s} American Indian or Alaska Native enrolled or principal tribe or tribes? For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. 1

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FEFU Screen Name: RCWAG

You may choose one or more Asian groups.

{Is <Name>/Are you} Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, or of some other Asian origin?1

- 1. Chinese
- 2. Filipino
- 3. Asian Indian
- 4. Vietnamese
- 5. Korean
- 6. Japanese
- 7. Other Asian

FEFU Screen Name: RAC_WI_ASN

What are those other Asian origin or origins? For example, Pakistani, Cambodian, Hmong, etc. 1

FEFU Screen Name: RCWPG

You may choose one or more Pacific Islander groups.

{Is <Name>/Are you} Native Hawaiian, Samoan, Chamorro, or of some other Pacific Islander origin?1

- 1. Native Hawaiian
- 2. Samoan
- 3. Chamorro
- 4. Other Pacific Islander

FEFU Screen Name: RAC_WI_NHPI

What are those other Pacific Islander origin or origins? For example, Tongan, Fijian, Marshallese, etc. 1

FEFU Screen Name: RAC_WI_SOR

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

Paper Questionnaire Item Number: Housing 2

FEFU Screen Name: BLD

Which best describes this building?

1(Include all apartments, flats, etc., even if vacant.)

◆ Self-propelling RVs or motorhomes should be includes in the category "Boat, RV, van, etc."
Towable RVs, such as travel trailers or fifth-wheel trailers, should be included in the category "Mobile home."

- 1. mobile home
- 2. 1-family detached
- 3. 1-family attached
- 4. building 2 apartments
- 5. building 3-4 apartments
- 6. building 5-9 apartments
- 7. building 10-19 apartments
- 8. building 20-49 apartments
- 6. building 50+ apartments
- 7. boat, RV, van, etc.

FEFU Screen Name: YRBLT

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

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

◆ If the building was built in the year 2020 or later, enter <1> and enter the specific year on the following screen.

- 1. 2020 or later
- 2. 2010 to 2019
- 3. 2000 to 2009
- 4. 1990 to 1999
- 5. 1980 to 1989
- 6. 1970 to 1979

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7. 1960 to 1969
 8. 1950 to 1959
 9. 1940 to 1949
 10. 1939 or earlier

FEFU Screen Name: YRBLTW

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

Paper Questionnaire Item Number: Housing 3

FEFU Screen Name: MVM

1When did (you/<HHOLDER>) move into this <mobile home/ house/ apartment/ unit>?
◇ Select month

1. January
 2. February
 3. March
 4. April
 5. May
 6. June
 7. July
 8. August
 9. September
 10. October
 11. November
 12. December

FEFU Screen Name: MVY

1When did (you/<HHOLDER>) move into this <mobile home/ house/ apartment/ unit>?
1 ◇ Enter the year the household moved into this (mobile home/ house/ apartment/ unit).

Paper Questionnaire Item Number: Housing 7a

FEFU Screen Name: RWATPR (Puerto Rico Only)

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

Paper Questionnaire Item Number: Housing 7b

FEFU Screen Name: HOTWAT (Puerto Rico Only)

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

Paper Questionnaire Item Number: Housing 8

FEFU Screen Name: SEWERA

Is this <mobile home/ house/ apartment/ unit> connected to a public sewer?

- 1. Yes
- 2. No

FEFU Screen Name: SEWERB

Is it connected to a septic tank?

- 1. Yes
- 2. No

Paper Questionnaire Item Number: Housing 9

FEFU Screen Name: TEL

Can you or any member of this household both make and receive phone calls when at this <house/apartment/mobile home>? Include calls using cell phones, land lines, or other phone devices.

- 1. Yes
- 2. No

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Paper Questionnaire Item Number: Housing 10a

FEFU Screen Name: LAPTOP

At this <mobile home/ house/ apartment/ unit>, do you or any member of this household own or use a desktop, or laptop computer?

Paper Questionnaire Item Number: Housing 10b

FEFU Screen Name: SMARTPHONE

At this <mobile home/house/ apartment/ unit>, do you or any member of this household own or use a smartphone?

Paper Questionnaire Item Number: Housing 10c

FEFU Screen Name: TABLET

At this <mobile home/house/apartment/unit>, do you or any member of this household own or use a tablet or other portable wireless computer?

Paper Questionnaire Item Number: Housing 10d

FEFU Screen Name: COMPOTH

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

FEFU Screen Name: COMPOTHW

What is this other type of computer?

Paper Questionnaire Item Number: Housing 11

FEFU Screen Name: WEB

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

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access the Internet?

FEFU Screen Name: SUBSCRIBE

At this <mobile home/ house/ apartment/ unit>, do you or any member of this household pay a cell phone company or Internet service provider to access the Internet?

Paper Questionnaire Item Number: Housing 12a

FEFU Screen Name: BROADBND

Do you or any member of this household access the internet using a cellular data plan for a smartphone or other mobile device?

Paper Questionnaire Item Number: Housing 12b

FEFU Screen Name: HISPEED

Do you or any member of this household access the Internet using broadband or high speed Internet service such as cable, fiber optic, or DSL service installed in this <house/apartment/mobile home/unit>?

Paper Questionnaire Item Number: Housing 12c

FEFU Screen Name: SATELLITE

Do you or any member of this household access the Internet using a satellite Internet service installed in this <house/apartment/mobile home/unit>?

Paper Questionnaire Item Number: Housing 12d

FEFU Screen Name: DIALUP

Do you or any member of this household access the Internet using dial-up Internet serviced installed in this <house/apartment/mobile home/unit>?

Paper Questionnaire Item Number: Housing 12e

FEFU Screen Name: OTHSVCE

Do you or any member of this household access the Internet using some other service?

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FEFU Screen Name: OTHSVCEW

What is this other type of Internet service?

Paper Questionnaire Item Number: Housing 15

FEFU Screen Name: HFL

Which FUEL is used MOST for heating this ^BLD_FILL?

- 1. Gas: Natural gas from underground pipes serving the neighborhood
- 2. Gas: Bottled or tank (propane, butane, etc.)
- 3. Electricity
- 4. Fuel oil, kerosene, etc.
- 5. Coal or coke
- 6. Wood
- 7. Solar energy
- 8. Other fuel
- 9. No fuel used

Paper Questionnaire Item Number: Housing 16

FEFU Screen Name: SOLAR

Does this <house/apartment/mobile home/unit> use solar panels that generate electricity?

- 1. Yes
- 2. No

Paper Questionnaire Item Number: Housing 17a

FEFU Screen Name: ELE

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LAST MONTH, what was the cost of electricity for this 1<mobile home/ house/ apartment/ unit>?

◇ Estimate last month's cost in dollars.

FEFU Screen Name: ELEX

1Was the electricity -- Included in rent or condominium fee, or No charge for electricity or electricity not used?

1. Included in rent or condominium fee

2. No charge or electricity not used

Paper Questionnaire Item Number: Housing 17b

FEFU Screen Name: GAS

LAST MONTH, what was the cost of gas for this 1<mobile home/ house/ apartment/ unit>?

◇ Estimate last month's cost in dollars.

FEFU Screen Name: GASX

1Was the gas -- Included in rent or condominium fee, Included in electricity payment, or No charge or gas not used?

1. Included in rent or condominium fee

2. Included in electricity payment

3. No charge or gas not used

Paper Questionnaire Item Number: Housing 17c

FEFU Screen Name: WAT

IN THE PAST 12 MONTHS, what was the cost of water and sewer for this 1<mobile home/ house/ apartment/ unit>?

◇ Estimate past 12 months' cost in dollars.

FEFU Screen Name: WATX

1Was the water and sewer -- Included in rent or condominium fee, or

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No charge for water or sewer?
<input type="radio"/> 1. Included in rent or condominium fee
<input type="radio"/> 2. No charge

Paper Questionnaire Item Number: Housing 17d

FEFU Screen Name: FUL

1IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this <mobile home/house/apartment/unit>?
◇ Estimate past 12 months' cost in dollars.

FEFU Screen Name: FULX

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

Paper Questionnaire Item Number: Housing 19

FEFU Screen Name: CONX

Is this <mobile home/ house/ apartment/ unit> part of a homeowners association or condominium?

FEFU Screen Name: CON

What is the required monthly homeowners association fee and/or condominium fee?
◇ Estimate monthly amount in dollars. Include both homeowners association fee and condominium fee in amount.
◇ NOTE: Renters only answer if fee is NOT part of the rent. That is, the fee is paid in addition to the rent.

FEFU Screen Name: CONN

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◇ Enter a 1 if there is no monthly homeowners association fee and/or condominium fee paid.

Paper Questionnaire Item Number: Housing 21a

FEFU Screen Name: 1RenterRN

What is the monthly rent?
◇ Estimate monthly rent in dollars.

Paper Questionnaire Item Number: Housing 22

FEFU Screen Name: 1VALW

About how much do you think this <housing and lot/mobile home and lot, if owned/ apartment/unit> would sell for if it were for sale?
◇ Estimate value of property in dollars.
◇ Property includes house and lot, mobile home and lot, or apartment.
◇ If resp says any value less than \$1,000 ('50' or '50K'), probe to verify the amount (for example, \$50,000).
◇ If resp doesn't know exact values, ask for a range and then pick a midpoint.

Paper Questionnaire Item Number: Person 7

FEFU Screen Name: PBX1

1Where (was <Name>/were you) born?
 1. In the United States
 2. Outside the United States

FEFU Screen Name: PBW2 (if PBX1 = 1)

1In what state was that?

FEFU Screen Name: PBW3 (if PBX1 = 2)

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1In what country (were you/was <Name>)born?

Paper Questionnaire Item Number: Person 8

FEFU Screen Name: CIT

1(Is <Name>/Are you) a CITIZEN of the United States?
(How was the citizenship obtained?)

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

FEFU Screen Name: CITW

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

Paper Questionnaire Item Number: Person 9

FEFU Screen Name: YOE

When did {<Name>/you} come to live in {the United States / Puerto Rico}? If {<Name>/you} came to live in {the United States / Puerto Rico} more than once, give the latest year.

Paper Questionnaire Item Number: Person 10b

FEFU Screen Name: SCHG

1What grade or level (was <he/she>/ were you) attending?

- 1. 1Nursery school, preschool
- 2. 1Kindergarten
- 3. 1Grade 1 through 12
- 4. 1College undergraduate years (freshman to senior)

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- 5. 1Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

FEFU Screen Name: SCHGW

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

Paper Questionnaire Item Number: Person 11

FEFU Screen Name: SCHLA

- 1What is the highest degree or level of school (<Name> has/you have) COMPLETED?**
- 1. 1Less than grade 1
 - 2. 1Grade 1 through 11
 - 3. 112th grade - NO DIPLOMA
 - 4. 1Regular high school diploma
 - 5. 1GED or alternative credential
 - 6. 1Some college credit, but less than 1 year of college credit
 - 7. 11 or more years of college credit, no degree
 - 8. 1Associate's degree (for example: AA, AS)
 - 9. 1Bachelor's degree (for example: BA, BS)
 - 10. 1Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
 - 11. 1Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
 - 12. 1Doctorate degree (for example: PhD, EdD)

FEFU Screen Name: SCHLAW (if SCHLA = 2)

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

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Paper Questionnaire Item Number: Person 15

FEFU Screen Name: MIG

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

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

FEFU Screen Name: MGW1 (if MIG = 3)

What was that country?

FEFU Screen Name: MGW2 (if MIG = 4)

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

FEFU Screen Name: MGW3 (if MIG = 4)

What was the city, town, or post office?

FEFU Screen Name: MGW4 (if MIG = 4)

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

FEFU Screen Name: MGW5 (if MIG = 4)

1What was the U.S. state, or was that in Puerto Rico?

FEFU Screen Name: MGW6 (if MIG = 4)

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What was the ZIP code?

Paper Questionnaire Item Number: Person 16

FEFU Screen Name: HI_MARKALL

I am going to read you a list of different types of health insurance and health coverage. You may choose one or more types. Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.

(Are you/Is <Name >) currently covered by any of the following types of health insurance or health coverage plans?

- 11. Insurance through a current or former employer, union, or professional association (of this person or another family member)
- 12. Medicare, for people 65 and older, or people with certain disabilities
- 13. Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability
- 14. Insurance purchased directly from an insurance company, a broker, or a State or Federal Marketplace, such as HealthCare.gov
- 15. Veteran's health care (enrolled for VA)
- 16. TRICARE or other military health care
- 17. Indian Health Service
- 18. Any other type of health insurance or health coverage plan
- 19. No health insurance or health coverage plan

FEFU Screen Name: HI_OTHW

What is the name of the health care plan?

Paper Questionnaire Item Number: Person 17a

FEFU Screen Name: HIPREM

Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

Paper Questionnaire Item Number: Person 17b

FEFU Screen Name: HISUB

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[Do you/Does <Name>] or another family member receive a tax credit or subsidy based on family income to help pay the premium?

Paper Questionnaire Item Number: Person 21

FEFU Screen Name: MAR

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

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

Paper Questionnaire Item Number: Person 22

FEFU Screen Name: MARHM

1In the past 12 months, did (<Name>/you) get married?

FEFU Screen Name: 1MARHW

1In the past 12 months, did (<Name>/you) become a (<widow/widower>)?

FEFU Screen Name: MARHD

1In the past 12 months, did (<Name>/you) get divorced?

Paper Questionnaire Item Number: Person 23

FEFU Screen Name: 1MARHT

1How many times (has <Name>/have you) been married? Is that --

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

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Paper Questionnaire Item Number: Person 27

FEFU Screen Name: VET

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

FEFU Screen Name: TRAINING

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

FEFU Screen Name: ACTIVE

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

FEFU Screen Name: RESERVES

{Has <Name>/ Have you} ever been in the Reserves or National Guard?

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Paper Questionnaire Item Number: Person 28

FEFU Screen Name: MILP

<p>Did ^NAME_FILL serve on active duty at any time during the following periods:</p> <p>◇ Read all answer categories. Enter all that apply, even if the person served for only part of the period. Seperate with commas.</p>
<p><input type="radio"/> 11. September 2001 or later (Post 9/11)</p> <p><input type="radio"/> 12. August 1990 through August 2001 (including the Persian Gulf War)</p> <p><input type="radio"/> 13. June 1975 through July 1990</p> <p><input type="radio"/> 14. August 1964 through May 1975 (including the Vietnam War)</p> <p><input type="radio"/> 15. February 1955 through July 1964</p> <p><input type="radio"/> 16. June 1950 through January 1955 (including the Korean War)</p> <p><input type="radio"/> 17. January 1947 through May 1950</p> <p><input type="radio"/> 18. December 1941 through December 1946 (including World War II)</p> <p><input type="radio"/> 19. November 1941 or earlier</p>

Paper Questionnaire Item Number: Person 30a

FEFU Screen Name: WRK

<p>1During the week of (<RDATE-7>), did (<Name>/you), (did/do) any work for pay at a job or business?</p> <p>(Include any work even if (<he/she>/you) worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or (was/were) on active duty in the Armed Forces.)</p>
<p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 2. No - Did not work (or retired)</p>

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Paper Questionnaire Item Number: Person 30b

FEFU Screen Name: WRKJ

1During the week of (<RDATE-7>), did (<Name>/you) do ANY work for pay, even for as little as one hour?

Paper Questionnaire Item Number: Person 31a

FEFU Screen Name: PWW1

1During the week of (<RDATE-7>), at what location did (<Name>/you) work?
(What is the street number and street name of the location?)

Paper Questionnaire Item Number: Person 31b

FEFU Screen Name: PWW2

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

Paper Questionnaire Item Number: Person 31d

FEFU Screen Name: PWW4

1What is the name of the county where (<Name>/you) worked during the week of (<RDATE-7>)?

Paper Questionnaire Item Number: Person 31e

FEFU Screen Name: PWW5

1What is the state or foreign country where (<Name>/you) worked during the week of (<RDATE-7>)?

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Paper Questionnaire Item Number: Person 31f

FEFU Screen Name: PWW6

1What is the ZIP Code where (<Name>/you) worked during the week of (<RDATE-7>)?

Paper Questionnaire Item Number: Person 32

FEFU Screen Name: JWTRNS

LAST WEEK, how did <Name>/you) USUALLY get to work?

(If he/she/<Name>/you) usually used more than one method of transportation during the trip, report the one used for most of the distance.)

- 1. Car, truck, or van
- 2. Bus
- 3. Subway or elevated rail
- 4. Long-distance train or commuter rail
- 5. Light rail, streetcar, or trolley
- 6. Ferryboat
- 7. Taxi or ride-hailing services
- 8. Motorcycle
- 9. Bicycle
- 10. Walked
- 11. Worked from home
- 12. Other method

Paper Questionnaire Item Number: Person 33

FEFU Screen Name: JWRI

1During the week of (<RDATE-7>), how many people, including (<Name>/you) usually rode to work in the car, truck or van?

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Paper Questionnaire Item Number: Person 34

FEFU Screen Name: JWLH

1 During the week of (<RDATE-7>),, what time did <Name>'s/your> trip to work usually begin -- (what hour)?

FEFU Screen Name: JWLM

(-- minutes past that hour?)

FEFU Screen Name: JWAM

(-- was that AM or PM?)

- 1. AM
- 2. PM

Paper Questionnaire Item Number: Person 35

FEFU Screen Name: JWMN

1During the week of (<RDATE-7>), how many minutes did it usually take (<Name>/you) to get from home to work?
◇ Enter a ONE-WAY commute time for the person's usual DAILY commute from home to work last week.

Paper Questionnaire Item Number: Person 36a

FEFU Screen Name: NWLA

1During the week of (<RDATE-7>), (was <Name>/were you) on layoff from a job?

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Paper Questionnaire Item Number: Person 36b

FEFU Screen Name: NWAB

1During the week of (<RDATE-7>), (was <Name>/were you) TEMPORARILY absent from a job or business?

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

Paper Questionnaire Item Number: Person 36c

FEFU Screen Name: NWRE

1As of the week of (<RDATE-7>), had (<Name>/you) been informed that (<he/she>/you) would be recalled to work within the next six months OR been given a date to return to work?

Paper Questionnaire Item Number: Person 37

FEFU Screen Name: NWLK

1As of the week of (<RDATE-7>), during the LAST 4 WEEKS, had (<Name>/you) been ACTIVELY looking for work?

Paper Questionnaire Item Number: Person 38

FEFU Screen Name: NWAV

1During the week of (<RDATE-7>), could (<Name>/you) have started a job if offered one, or returned to work if recalled?

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

Paper Questionnaire Item Number: Person 39

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FEFU Screen Name: WKL

1When did {<Name>/you} last work, even for a few days?
<input type="radio"/> 1. 1Within the past 12 months <input type="radio"/> 2. 1Between 1 to 5 years ago <input type="radio"/> 3. 1Over 5 years ago or never worked

Paper Questionnaire Item Number: Person 40a

FEFU Screen Name: WKWX

1 During the PAST 12 MONTHS or 52 weeks, did {<Name>/ you} work EVERY week? Count paid vacation, paid sick leave, and military service as work.
<input type="radio"/> 1. 1Yes <input type="radio"/> 2. 1No

Paper Questionnaire Item Number: Person 40b

FEFU Screen Name: WKW

1During the PAST 12 MONTHS or 52 weeks, how many WEEKS did {<Name>/ you} work? Include paid time off and include weeks when {<Name>/ you} only worked for a few hours.

Paper Questionnaire Item Number: Person 41

FEFU Screen Name: WKH

During THE PAST 12 MONTHS, in the week WORKED, how many hours did {<Name>/you} usually work each week?1
--

Paper Questionnaire Item Number: Person 42

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FEFU Screen Name: COWA

<p>The next series of questions is about the type of employment {<Name>/ you} had <last week/most recently in the past 5 years.</p> <p>If {<Name>/ you} had more than one job, describe the one at which the most hours were worked.</p> <p>I am going to read 5 categories. Please choose the one that best describes {<Name>'s/ your} employment - a private company or organization, government, active duty U.S. Armed Forces or Commissioned Corps, self-employed, or worked without pay in a for-profit family business or farm.</p>
<p><input type="radio"/> 1. Private company or organization</p> <p><input type="radio"/> 2. Government</p> <p><input type="radio"/> 3. Active duty U.S. Armed Forces or Commissioned Corps</p> <p><input type="radio"/> 4. Self-employed</p> <p><input type="radio"/> 5. Working without pay in a for-profit family business or farm</p>

FEFU Screen Name: COWB

<p>Did {<Name>/ you} work for a for-profit company or non-profit organization?</p>
<p><input type="radio"/> 1. For- profit company</p> <p><input type="radio"/> 2. Non-profit organization</p>

FEFU Screen Name: COWC

<p>Did {<Name>/ you} work for a local, state, or federal government?</p>
<p><input type="radio"/> 1. Local</p> <p><input type="radio"/> 2. State</p> <p><input type="radio"/> 3. Federal</p>

FEFU Screen Name: COWD

<p>Was {<Name>'s/ your} self-employed business, professional practice, or farm incorporated or not incorporated?</p>
<p><input type="radio"/> 1. Incorporated</p> <p><input type="radio"/> 2. Not incorporated</p>

FEFU Screen Name: COWE

<p>Did {<Name>/ you} work without pay in this for-profit family business or farm for 15 hours or more per week?</p>
--

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<p><input type="radio"/> 1. Yes <input type="radio"/> 2. No</p>

FEFU Screen Name: INW2

<p>1 What was the name of the company, business or other employer?</p>

FEFU Screen Name: INMIL

<p>Which branch of the Armed Forces or Commissioned Corps {did <Name>/ do you} work for?</p>
<p><input type="radio"/> 1. U.S. Army <input type="radio"/> 2. U.S. Navy <input type="radio"/> 3. U.S. Air Force <input type="radio"/> 4. U.S. Marine Corps <input type="radio"/> 5. U.S. Coast Guard <input type="radio"/> 6. U.S. Public Health Service <input type="radio"/> 7. National Oceanic and Atmospheric Administration (NOAA)</p>

FEFU Screen Name: INW3

<p>1What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. For example: elementary school, residential construction, or another kind of business.</p>

FEFU Screen Name: INX4

<p>Was this mainly --</p>
<p><input type="radio"/> 1. Manufacturing <input type="radio"/> 2. Wholesale trade <input type="radio"/> 3. Retail trade <input type="radio"/> 4. Other (agriculture, construction, service, government, etc.)</p>

Paper Questionnaire Item Number: Person 37

FEFU Screen Name: OCW1

<p>What was {<Name>'s/ your} main occupation? For example: 4th grade teacher,</p>
--

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entry-level plumber, or another occupation.

Paper Questionnaire Item Number: Person 37

FEFU Screen Name: OCW2

Describe <Name>'s/your most important activities or duties. For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details, or other duties.

Paper Questionnaire Item Number: Person 43

FEFU Screen Name: P8_INTRO

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

1. Continue

Paper Questionnaire Item Number: Person 43a

**If respondent has provided a monetary response in 43a of the paper form, (s)he is asked WAGX.*

FEFU Screen Name: WAGX

Did {<Name>/you} receive any wages, salary, commissions, bonuses or tips?

**If respondent has not provided a monetary response in 43a of the paper form, (s)he is asked the following four questions, in lieu of WAGX.*

FEFU Screen Name: EARNX

Did <Name>/you receive any wages or salary?

FEFU Screen Name: EARN

How much did {<Name>/you} receive in wages and salary from all jobs before taxes and deduction

FEFU Screen Name: TIPSX

Did {<Name>/you} receive any [if EARNX=yes, fill with "additional"] tips, bonuses or

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commissions?

FEFU Screen Name: TIPS

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

Paper Questionnaire Item Number: Person 43b

FEFU Screen Name: SEMX

1Did (<Name>/you) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships?

FEFU Screen Name: SEM

1What was the amount of the self-employment income that (<Name>/you) received?

FEFU Screen Name: SEML

1Was that self-employment income a loss?

Paper Questionnaire Item Number: Person 43c

**If respondent has provided a monetary response in 43a of the paper form, (s)he is asked INTRESTX.*

FEFU Screen Name: INTRESTX

1Did (<Name>/you) 1receive any interest, dividends, net rental income, royalty income or income from estates and trusts?

**If respondent has not provided a monetary response in 43a of the paper form, (s)he is asked the following six questions, in lieu of INTRESTX.*

FEFU Screen Name: INTRX

Did <Name/you> receive any interest or dividends? Report even small amounts credited to an account.

FEFU Screen Name: INTR

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What was the amount of interest or dividends that {<Name>/you} received?

FEFU Screen Name: RENTX

Did {<Name>/you} receive any rental income?

FEFU Screen Name: RENT

What was the net amount?

FEFU Screen Name: ROYALX

Did <Name/you> receive any royalty income or income from estates and trusts?

FEFU Screen Name: ROYAL

1What was the amount?

Paper Questionnaire Item Number: Person 43d

FEFU Screen Name: SSX

1Did (<Name>/you) 1receive any1 Social Security or Railroad Retirement income?

FEFU Screen Name: SS

1What was the amount of the Social Security or Railroad Retirement income that (<Name>/you) received?

Paper Questionnaire Item Number: Person 43e

FEFU Screen Name: SSIX

1Did (<Name>/you) 1receive any1 1Supplemental Security Income (SSI)?

FEFU Screen Name: SSI

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1What was the amount of the Supplemental Security Income (SSI) that (<Name>/you) received?

Paper Questionnaire Item Number: Person 43f

FEFU Screen Name: PAX

D1id (<Name>/you) 1receive any1 1public assistance or public welfare income?

FEFU Screen Name: PA

1What was the amount of the public assistance or public welfare income that (<Name>/you) received?

Paper Questionnaire Item Number: Person 43g

FEFU Screen Name: SURVDISX

D1id (<Name>/you) receive any survivor or disability income?

FEFU Screen Name: SURVDIS

**1What was the amount of the survivor or disability income that (<Name>/you) received?
Do not include Social Security.**

FEFU Screen Name: PENSIONX

1Did (<Name>/you) receive a pension or any retirement income from a previous employer or union, or any regular withdrawals or distributions from retirement accounts such as 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement?

FEFU Screen Name: PENSION

**1What was the amount of the pension or retirement income that (<Name>/you) received?
Do not include Social Security.**

Paper Questionnaire Item Number: Person 43h

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FEFU Screen Name: OIX

Did {<Name>/you} receive any other income on a REGULAR basis, such as - - Veterans' (VA) payments, unemployment compensation, child support or alimony? (1Include all reoccurring income. Do not include one-time lump sum payments such as refunds, inheritances, withdrawals from savings or IRAs, etc.)

FEFU Screen Name: OI

1What was the amount of the other income that (<Name>/you) received?

Paper Questionnaire Item Number: Person 44

FEFU Screen Name: TI

1What was the total income for (<Name>/you)?

FEFU Screen Name: TIN

I have recorded that {<Name>/you} received no income. Is that correct?

FEFU Screen Name: TIL

1Was that income a loss?