

Part A - HOUSEHOLD CHARACTERISTICS

● ASK OF ALL UNITS

1a. Are these living quarters -

- (B01) 1 Owned or being bought by someone in this unit... 2 A cooperative or condominium... 3 Rented for cash rent? 4 Occupied without payment of cash rent?

● Ask if code 1 or 2 in item 1a

b. Do you have a mortgage on this property?

- (B02) 1 YES 2 NO

c. Are these living quarters used partly for business or rented to others?

- (B03) 1 No - Skip to 1e 2 Part business 3 Rented to others 4 Both business and rented to others

d. What percent of the expenses is counted as a business expense?

(B04) %

e. When did you move to this address?

(B05) Month Year

● ASK IF MARKED

2a. Does this place have 10 acres or more?

- (B06) 1 YES - Ask 2b(1) 2 NO - Ask 2b(2)

b. During the past 12 months, did sales of crops, livestock, and other farm products from this place amount to -

- (B07) (1) \$50 or more? 1 YES 2 NO (2) \$250 or more? 3 YES 4 NO

3. LIVING QUARTERS - ASK IF NOT APPARENT BY OBSERVATION

a. Do you have complete kitchen facilities?

If NO, mark "None." If YES - Are they for this household's exclusive use?

- (B08) 1 Exclusive use 2 Shared 3 None

b. Do you have direct access from the outside or through a common hall?

- 4 Yes, direct access 5 No, through another unit

c. Housing unit

- (B09) 1 House, apt., flat 2 HU in Special Place 3 Trailer not in Special Place 4 HU not specified above - Describe

d. Other unit

- 5 Quarters not HU in rooming or boarding house 6 Tent or trailer site 7 Other, not HU - Describe

HOUSEHOLD RECORD

CONSUMER UNIT RECORD

Table with columns for Household Record (4-14) and Consumer Unit Record (17-18). Includes rows for processing use only (C01-C10) and consumer unit numbers (D01-D10).

● ASK AT WEEK 1 PLACEMENT

15a. I have listed ... (read names from item 6). Have I missed -

- Any babies or small children? - Any lodgers, boarders, or persons in your employ who live here? - Anyone who usually lives here but is temporarily absent at present - traveling, at school, or in a hospital? - Anyone else staying here?

FILL ITEMS 6-8 FOR EACH PERSON ADDED. IF "YES" IN ITEM 8, FILL ITEMS 9-14 FOR THE PERSON After completing item 15a, continue with item 16 below.

● ASK AT WEEK 2 PLACEMENT

15b. I have listed ... (read names from item 6). Are all of these persons still living or staying here?

If NO - Which persons have left the household? For each person who has left the household, draw a line through item 6 and fill item 18, then ask item 15c.

If the entire household has moved, ask: When did the ... family move?

Prepare a new questionnaire if the unit is now occupied. Raise the household number (item 4 on the cover) by 1.

15c. Is anyone else living or staying here now, including newborn babies?

For each added person, complete items 6-8. If YES in item 8, fill items 9-14. Determine CU No. from item 16a and fill item 4 on the original questionnaire and items 17 and 18 on the questionnaire for the appropriate CU.

● ASK AT WEEK 1 AND WEEK 2 PICK-UP

15d. Were any household members away overnight for one day or more last week (during the diary reference period)?

If YES - Which persons? Enter line numbers

15e. Did anyone else, such as visitors stay here overnight for one day or more last week (during the diary reference period)?

If YES - How many such persons? Enter the number of persons

Table with columns for WEEK 1 and WEEK 2, containing items E01-E04 for tracking household changes.

Part C - INCOME - Ask at Week 2 Pick-up

	~ 14 019 ↓	~ 14 027 ↓	~ 14 035 ↓	~ 14 043 ↓	~ 14 050 ↓
● Ask items 1-4 for each person 14 years old or over in this CU	(G01) Line No.	(G01) Line No.	(G01) Line No.	(G01) Line No.	(G01) Line No.
1. How many weeks during the past 12 months did ... work, either full-time or part-time, not counting work around the house?	(G02) _____ Weeks OR o <input type="checkbox"/> Did not work - SKIP to 3	(G02) _____ Weeks OR o <input type="checkbox"/> Did not work - SKIP to 3	(G02) _____ Weeks OR o <input type="checkbox"/> Did not work - SKIP to 3	(G02) _____ Weeks OR o <input type="checkbox"/> Did not work - SKIP to 3	(G02) _____ Weeks OR o <input type="checkbox"/> Did not work - SKIP to 3
2a. In the job in which ... received the most earnings during the past 12 months, for whom did he work?					
b. What kind of business or industry was it?	(G03)	(G03)	(G03)	(G03)	(G03)
c. What kind of work did he do?	(G04)	(G04)	(G04)	(G04)	(G04)
d. Was ...	(G05) _____ Code	(G05) _____ Code	(G05) _____ Code	(G05) _____ Code	(G05) _____ Code
1 - An employee of a PRIVATE company, business, or individual working for wages or salary?					
2 - A Government employee? (Federal, State, local)					
3 - Self-employed in OWN business, professional practice, or farm?					
4 - Working WITHOUT PAY in family business or farm?					
● If "Did not work" during the past 12 months and over 50 years old, ask -					
3. Is ... retired?	(G07) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NA	(G07) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NA	(G07) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NA	(G07) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NA	(G07) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NA
4. During the past 12 months, how much did ... earn in -					
a. Wages or salary before deductions? (Include commissions, tips, Armed Forces pay and allowances.)	(G08) \$ _____ .00 OR o <input type="checkbox"/> None	(G08) \$ _____ .00 OR o <input type="checkbox"/> None	(G08) \$ _____ .00 OR o <input type="checkbox"/> None	(G08) \$ _____ .00 OR o <input type="checkbox"/> None	(G08) \$ _____ .00 OR o <input type="checkbox"/> None
b. NET income from own business or professional practice?	(G09) \$ _____ .00 OR o <input type="checkbox"/> None	(G09) \$ _____ .00 OR o <input type="checkbox"/> None	(G09) \$ _____ .00 OR o <input type="checkbox"/> None	(G09) \$ _____ .00 OR o <input type="checkbox"/> None	(G09) \$ _____ .00 OR o <input type="checkbox"/> None
c. NET income from own farm?	(G10) \$ _____ .00 OR o <input type="checkbox"/> None	(G10) \$ _____ .00 OR o <input type="checkbox"/> None	(G10) \$ _____ .00 OR o <input type="checkbox"/> None	(G10) \$ _____ .00 OR o <input type="checkbox"/> None	(G10) \$ _____ .00 OR o <input type="checkbox"/> None

Part D - DIARY CHECK - Ask at Week 2 Pick-up

	~ 15 016 → ↓	~ 15 024 ↓
● Ask item 5 for the entire CU		INTERVIEWER - Review the completed diary for the items listed in col. a. If expenditures of \$1.00 or more are reported, mark the box in col. a. After reviewing the entire diary, ask the questions in col. b for each box that is NOT marked in col. a. If all boxes are marked, complete Part A, items 15d and 15e, then continue with Part C.
5. During the past 12 months did any members of this CU receive any money from -	YES NO	Mark the box if expenditures of \$1.00 or more are reported. (a)
a. Social Security or Railroad Retirement checks from the U.S. Government?	(H01) 1 <input type="checkbox"/> 2 <input type="checkbox"/> (H02) \$ _____ .00	● Ask questions a, b, and c if box in col. a is NOT marked. We have found that certain types of expenses are often forgotten. I would like to ask a few questions concerning these items. (b)
b. Estates, trusts, or dividends? Interest on savings accounts or bonds? Net rental income?	(H03) * 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> (H04) \$ _____ .00	1. a. Does anyone in the family eat out - lunches, dinners, snacks, etc. - even occasionally? <input type="checkbox"/> YES <input type="checkbox"/> NO - SKIP to next item b. Did anyone in the family eat out at all during the past week? <input type="checkbox"/> YES <input type="checkbox"/> NO - SKIP to next item c. How much was spent for meals eaten out during this past week? (J01) \$ _____ .00
c. Welfare payments or other public assistance (aid to families with dependent children, old age assistance, or aid to the blind or totally disabled)?	(H05) 1 <input type="checkbox"/> 2 <input type="checkbox"/> (H06) \$ _____ .00	2. a. Does anyone in the family smoke - cigarettes, cigars, pipes - even occasionally? <input type="checkbox"/> YES <input type="checkbox"/> NO - SKIP to next item b. Did anyone in the family buy any cigarettes, cigars, or tobacco during this past week? <input type="checkbox"/> YES <input type="checkbox"/> NO - SKIP to next item c. How much was spent during this past week? (J02) \$ _____ .00
d. Unemployment compensation? Workmen's compensation? Government employee pensions? Veteran's payments?	(H07) * 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> (H08) \$ _____ .00	3. a. Does anyone in the family buy alcoholic beverages - beer, wine, liquor, etc. - for HOME USE, even occasionally? <input type="checkbox"/> YES <input type="checkbox"/> NO - SKIP to next item b. Did anyone buy any alcoholic beverages for HOME USE during this past week? <input type="checkbox"/> YES <input type="checkbox"/> NO - SKIP to next item c. How much was spent during this past week? (J03) \$ _____ .00
e. Private pensions or annuities? Alimony? Regular contributions from persons not living in this household? Anything else?	(H09) * 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> (H10) \$ _____ .00	4. a. Does anyone in the family buy alcoholic drinks at a bar, café, etc., even occasionally? <input type="checkbox"/> YES <input type="checkbox"/> NO - Go to Part A, item 15d b. Did anyone buy any alcoholic drinks during this past week? <input type="checkbox"/> YES <input type="checkbox"/> NO - Go to Part A, item 15d c. How much was spent during this past week? (J04) \$ _____ .00

Continue with Part A, items 15d and 15e AND Part C.