PG	И 2																			OMB No. 122	20-0050	):		
	Regional Office ode	2. Control nur					1	l a	<b>3a.</b> HH No.	<b>3b.</b> CU No		gment type		5a. Status of unit	<b>5b.</b> Letter :		2 🗌 No	7a. Extra unit	Original unit serial number	Original unit serial suffix	1	FORM <b>CE-802</b> (11-1-96)		
		PSU code	Segment	Segment number	Sample designati			Check er digit				$2 \square \text{ Permit}$	F	assigned by Wash.	6. Earliest				013	014	_	U.S. DEPARTMEN BUREAU OF 1		
		002		suffix			suffix		000	000		3 🗌 Area		2 Serial No.				7b. Sheet	Line No.					
001		002	1003 I	1004 I	005 I I D	1006 I	1007 I	10075 I	008	009		4 Group Quarters	;	assigned by R.O.	012	Month	Date	7c. Extra unit No	015	3+		ACTING AS COLLEC U.S. DEPARTME BUREAU OF LAB	NT OF LABOR	
9. /	ADDRES	S (Sheet	Line	)		<u> </u>						AREA	SEGM	IENTS ONLY			12. LAND U	JSE – Follow i	nstructions for box	that is marked				
9a.	What is	your (the) exa	ct address?						1	O. YEAR I	BUILT	11. (	COVER	AGE QUESTIONS			12a.					HOUSE	EHOLD	
	House N	lo., Street, Apt.	No., or other ide	entification							Ask first vi	sit		sk items that are marke O NOT ask	ed			Urban – <i>Go to</i> Rural	item 13			CHARACT		
											DO NOT as			re there any occupie r vacant living quarte	d Y 📈	N		– Regular coded 92	units and Group Qu –N or 93–N item 90	uarters units d – <i>Go to item 1</i> .	2b	QUESTIC	NNA	IRE
	Place				State		ZIF	P Code			icture Jinally bu	ilt?	b	esides your own in thuilding?		x		item 9d -	uarters units not co - Mark "No" in item to item 13.	oded 92–N or 93 12b without as	–N in <i>king,</i>	<b>CONSUMER E</b>	XPEND	ITURE
			mailing addres		Yes	No – Spec	ify belo	w∡			Before 4-1- Continue	90 b.		re there any occupie r vacant living quarte	d Y 📈	N	12b. Durin	0	2 months did sale er farm products	s of crops,		SUR\		
	Route N	o., PO Box, or c	ther identification	on							nterview		b	besides your own on this floor?			livest place	ock, and oth amount to \$	er farm products 1,000 or more?	from this				
	Place				State		ZIF	<sup>2</sup> Code			After 4-1-9 Complete i 11c when			there any other		N	1					DIARY S	URVEY	
9c.	Group Q	uarters name			9 01	<b>d.</b> Type code	96	e. Sample n	umber		required; e nterview	nd	fo ei	uilding on this prope or people to live in – ither occupied or acant?	Fill Fill Table		2	No				NOTICE – Your report to the Censu (title 13, U.S. Code). It may be seen and may be used only for statistical	only by sworn Cens	<b>ential</b> by law sus employees
<b>13.</b> C	LASSIFIC	ATION OF LIVI	NG QUARTERS	– Mark by obs	servation							I								14. UN	NITS IN	STRUCTURE		PROCESSING
13a.	FIELD RE	PRESENTATIVE	CHECK ITEM	13b. ACCES	SS		13c.	HOUSING u	nit							1	3d. Group	Quarters unit				t apparent.		USE ONLY
	Unit is ·	_		021 1 D	irect – <i>Go to</i>	n item 13c	023	1 🗌 House,	anartmo	nt flat		5	Mohi	ile home or trailer wit					in rooming or	H ai	ow ma re ther	ny housing units, both occupied e in this structure?	and vacant,	
	_				hrough ano			$2 \square$ HU, in			, motel, e			anent room added	II NO			arding house Ident quarters	in college	024 1	I 🗌 On	,		025
020	CE-	350.1 and mark	s – Refer to the the appropriate	N	lot a separa ombine witl	te HU;		з 🗌 НU, ре	rmanent			6		ile home or trailer wit permanent rooms ac			do	rmitory	-				5 – 9	
	_	t in either item Τ in a Group Qι	13c or item 13d.	th	hrough whic ained. (App	ch access is		motel, 4 🗌 HU, in		house		7	] HU n	ot specified above – L			10 🗌 Gr ab	oup Quarters ( ove – <i>Describe</i>	unit not specified in "NOTES."				☐ 10 – 19 ☐ 20 – 49	96
	2			ŭ	nit procedu ppropriate.)	res if		4 <u>—</u> 110, iii	rooning	nouoo			"NOT	IES."							5 🗌 2	10	50 or more	
15 V	/FFK 1 PI	LACEMENT	arliest date	,	· · ·	atest date			1		START D	ATES	20	FINAL INTERVIEW S	TATUS - En	tor the	annronriate	code (01_19)	for both placement	and nickun for	each w	Go to section 1, page 2	<b>21.</b> TENURE C	CODES
	ERIOD				-					J. DIAIT	WEEK 1		Coc					01-13	WEEK 1		cach w	WEEK 2		d <b>2</b> – Rented
			CONTACT AND							GM 4		rom	_	– Diary placed or con	npleted							DIARY PLACEMENT		cover page to be noninterviews
E	nter coa	e for reason of	telephone conta	ct from list. —		lephone call t lephone call t						te Year	-	NONINTERVIEW C	ODES		0				)17		TYPE A	
						her telephone				IVIO				Туре А				`	Code )1–05, enter month	-		Code code is 01–05, enter month and date.	Item 5a	applicable)
PGN					Field	Representat					I	I I		<ul> <li>No one home (unal – Temporarily absent</li> </ul>		-		If code is (	2–05, mark race ar household membe	nd enter	lf c	code is 02–05, mark race and enter imber of household members and	Item 11 (If	applicable)
Call	Rea (Enter	code)	Field Represer		Field	code	<b>R</b> -	- Reint. <b>O</b> -	- Obs.	005	 	1		reference week - Refused	· · · · · · · · · · · · · · · · · ·				le from item 21.			nure code from item 21.	Item 12 Item 13	
(a) 1	001	)	(c)		002	(d)		(e)			Thro	-		- Other - Specify			0	10	Month/d		)18	I I Month/date of	Item 14 Items 16b-	
2	003				004	L L				IVIO	ntn <sub>I</sub> Da <sup>.</sup> I	te ¦ Year		, ,				1 1 White		-	19 1	White	Items 17–1 Item 20	18
3	005				006						I I	1	06	<b>Type B</b> – Vacant (for rent)				2 🗌 Black				Black	Code Race	
	007				008					006	1		07	- Vacant (for sale)					ican Indian, Eskimo			American Indian, Eskimo, or Aleu	HH mem	bers
	009				010						WEEK 2			<ul> <li>Vacant (other)</li> <li>Occupied by persor</li> </ul>	ns with URF			_	or Pacific Islander			Asian or Pacific Islander	Tenure	
6	011				012						Fr	om		- Under construction			0	12	HH men	nbers	020	HH members	<b>TYPE B</b> Item 5a	
/	013 015				014					Mo	nth Da	te Year	11	- Other - Specify			0	3	Tenure	0	)21	Tenure		applicable) applicable)
	015				018						1	i		Туре С				D	IARY PICKUP			DIARY PICKUP	Items 13–1	14
	019				020						I		12	– Demolished			0	4(	Code	0	)22	Code	Items 16b- Items 17-1	
	021				022					007		1	13	- House or mobile ho					01–05, enter month	and date.	lf c	code is 01–05, enter month and date.	Item 20, co	
	023				024						Thro	<u> </u>		<ul> <li>Converted to perma</li> <li>Merged</li> </ul>	anent nonre	sidentia	al use	15	I I I Month/d		23	Month/date	Item 5a	
			E (See page 16)							Mo	nth Da	te <mark> </mark> Year	16	- Condemned				Mark (X) a	ppropriate box		Ma	ark (X) appropriate box	Item 10 (If	applicable)
<b>17.</b> h	. RECORD OF TRAVEL TIME (See page 16)							I	I		<ul> <li>Located on military</li> <li>CU moved</li> </ul>	base (post)		0		oleted by responde	nt 0		Completed by respondent	Items 16b-				
<b>18.</b> R	ECORD O	OF INTERVIEW	AND OFFICE AC	TIVITY TIME (S	See page 16	5)				008		1		- Other - Specify				2 🗌 Partia 3 🗌 Total			-	Partial recall Total recall	Items 17–1 Item 20, co	
																						—		

OMB No. 1220-0050:

|   | HOUSEHC<br>WEEK 2<br>PLACEMENT<br>ONLY<br>2. STATUS   | DLD RECORD – FILL ITEMS 2–7b<br><b>3.</b> HOUSEHOLD ROSTER<br>(last name first)<br>What are the names of  | FOR ALL PERSO<br>4. RELATIONS<br>PERSON   |  |   |   |  |  
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  |   |
|   | Enter code<br><b>1</b> – Deletion<br><b>2</b> – Addition<br>and date<br>change  | all persons living or<br>staying here? Start with<br>the name of the person<br>or one of the persons<br>who owns or rents this<br>home.<br>List all persons who usually<br>live here and all persons<br>who are temporarily<br>absort. Be sure to include | husband, w<br>daughter-ir<br>lodger's wi  | <b>.'s re</b><br>ce per<br>vife, so<br>i-law,<br>fe, etc   | latior<br>son)?<br>nce pe<br>on,<br>partne  | erson,<br>er, loc<br>We   | lger,<br>ek 2  | TO ITEM 5a   
  | 6. SE<br>Ask in<br>appar<br>Is<br>male<br>fema  | f not<br>rent  
   
   | Ask if no<br>apparer<br>Are any<br>these p<br>living a<br>college<br>If YES is<br>below fo<br>person, i<br>NO, in it  
   
  | LEGE<br>ot<br>ot.<br>y of<br>ersons<br>way at<br>?<br>marked<br>r a<br>mark<br>em 7b  | Mi<br>Does<br>usuall<br>live he  | DLD<br>EMBER<br>Y<br>ere?   | O ITEM 8a<br>Lit  | me consumer unit number   
  | What is<br>of birth<br>Verify ag<br>informa  | ge using<br>tion bookle<br>e: 01-20-19   | et.  | Show<br>information<br>booklet,<br>page 2.<br>What is<br>the race<br>of each<br>person in<br>this CU?<br>Enter<br>code<br>from  | 11. ORIGIN<br>Show<br>information<br>booklet,<br>page 3.<br>What is<br>'s<br>ethnic<br>origin<br>or<br>descent?<br>Enter<br>code  
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| FIELD REPRESENTATIVE CHECK ITEM         Sa. I have listed (Read names from item 3.)         Have I missed -         - any babies or small children?.         - any lodgers, boarders, or persons you employ         who live here ?         - any one else staying here?         - any one else staying here?         - ASK AT WEEK 2 PLACEMENT.         5b. I have listed (Read names from item 3.)         Are all of these persons still living or staying here?         - fill Table X (page 15) for the persons not living or eating with the reference person.         - fill 7 micem 2.         For each person who has left the household, enter a code "ir" in time 3.         - fill 7 micem 2.         For each person who has left the household, enter a including newborn babies?         - fill 7 micem 2.         - fill 7 micem 2.         - fill 7 micem 3.         - fill 7 micem 2.         - fill 7 micem 2.         - fill 7 micem 3.         - fill 7 micem 3. |   |   |   |  |   |   |  |  
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Be sure to include infants under 1 year of age.         Code       Mo.       Date         1 | 1       List all persons who usually<br>live here and all persons<br>who are temporarily<br>absent. Be sure to include<br>infants under 1 year of age.       husband, w<br>daughter-in-<br>lodger's wi         1       List all persons who usually<br>live here and all persons<br>who are temporarily<br>absent. Be sure to include<br>infants under 1 year of age.       Interpret<br>independence<br>infants under 1 year of age.         3       Image: Image infants under 1 year of age.       Image infants under 1 year of age.         3       Image infants under 1 year of age.       Image infants under 1 year of age.         4       Image infants under 1 year of age.       Image infants under 1 year of age.         5       Image infants under 1 year of age.       Image infants under 1 year of age.         6       Image infants under 1 year of age.       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Be sure to include infants under 1 year of age.         5       Image: temporarily absent. Be sure to include infants under 1 year of age.       Image: temporarily absent. Be sure to include absent. Be and complete items 4-14 for all sure to include absent. Be and complete items 4-14 for all sure to include absent. Be and the cord in roster above (item 3). | 2       Addition       List all persons who usually live here and all persons and percord in roster above (item 3).       Image: the the use here and all persons and persons and complete items 4-14 for all sons as appropriate. | 2       Johnson         2       Johnson         2       Johnson         and date<br>change<br>cocurred       List all persons who usually<br>where and all persons<br>absent. Be sure to include<br>infants under 1 year of age.         Code Mo. Date       Image: Imag | 2       Addition       List all persons who usually<br>live here and all persons<br>who are temporarily<br>absent. Be sure to include<br>infants under 1 year of age.       husband, wife, son,<br>daughter-in-law, partner, lodger,<br>lodger's wife, etc.       Week 1       Week 2         1       Image       Image       Image       Image       Image         Code Mo. Date       Image       Image       Image       Image       Image         2       Image       Image       Image       Image       Image       Image         3       Image       Ima | 2       Addition       List all persons who usually live here and all persons who usually live here and all persons who assent to include infants under 1 year of age.       Multiclessing       Multiclessing <td>2       Addition       List all persons who usually live here and all persons who are temporarily absent. Be sure to include courred infants under 1 year of age.       Week 1       Week 2       Week 2         Codel Mo. Date       Male Female       Image 2       <td< td=""><td>2       Addition       List all persons who usually live here and all persons who usually live here and all persons who are termporarily absent. Be sure to include infants under 1 year of age.       If YES is a function of the term of term</td><td>2 - Addition<br/>and date<br/>change<br/>occurred       List all persons who usually<br/>live here and all persons<br/>who are temporarily<br/>absont. Be sure to include<br/>infants under 1 year of age.       husband, wife, son,<br/>all years, mark<br/>week 1. Week 2.         Code Mo. Date<br/>(code Mo. Date)       Week 1 Week 2.       Week 2.         2       HH, CU, HH, CU,<br/>HH, CU, HH, CU,<br/>S       Male Female NPS         3       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.       Male Female YES         4       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.         5       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.         6       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.         7       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.         8       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.         9       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.         9       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.       Image: Son table of table of the spectral<br/>infants</td><td>2 - Addition       Instant Dersons who usually live here and all persons who usually live here and all persons who usually live here and all persons who are the person, mark wold and the code code code code code code code cod</td><td>2 - Addition       Isst all persons who usually live here and all persons who usually lives here but is away now - we house usually lives here but is away now - we listed (Read names from item 3.)       Week 1       Week 2       Week 2       Week 1       Week 2       Week 2</td><td>2 = Addition       List all persons who usually<br/>live here and all persons who usually lives here but is away now -<br/>love here and condition and and person and children ?<br/>live here and all persons who live and and complete items 4-14 for all all who all of the household, anter a<br/>live and and complete items 4-14 for all all who all of the not and complete items 4-14 for all all who all of the not and complete items 4-14 for all who all of the all who has left the household anter a<br/>live real topereta is appropriate.</td><td>2 - Addition       List all persons who usually       Investment       Investment</td><td>a - Addition Its all persons who usually issue all persons who</td><td>2 - Addition       List all parsons who usually for the and all persons who usually for the mere and all persons who usu</td><td>2       Addition       Instant under 1 year of age.       Instant under 1 war of age.</td><td>2       - Addition<br/>Lot all appropriative subsection<br/>and data<br/>and data<br/>body if with a con-<br/>body if with a c</td><td>2       - Addition<br/>that all persons who assault<br/>who are semporarity<br/>obcurred<br/>before the base<br/>who are semporarity<br/>who are semporarity<br/>obcurred<br/>before the base<br/>who are semporarity<br/>who are semporarity<br/>obcurred<br/>before the base<br/>who are semporarity<br/>who are semporarity<br/>obcurred<br/>before the base<br/>who are semporarity<br/>obcurred<br/>before the base<br/>obcurred<br/>before the base<br/>obcocurred<br/>before the base<br/>obcurred<br/>before the b</td></td<></td> | 2       Addition       List all persons who usually live here and all persons who are temporarily absent. Be sure to include courred infants under 1 year of age.       Week 1       Week 2       Week 2         Codel Mo. Date       Male Female       Image 2       Image 2 <td< td=""><td>2       Addition       List all persons who usually live here and all persons who usually live here and all persons who are termporarily absent. Be sure to include infants under 1 year of age.       If YES is a function of the term of term</td><td>2 - Addition<br/>and date<br/>change<br/>occurred       List all persons who usually<br/>live here and all persons<br/>who are temporarily<br/>absont. Be sure to include<br/>infants under 1 year of age.       husband, wife, son,<br/>all years, mark<br/>week 1. Week 2.         Code Mo. Date<br/>(code Mo. Date)       Week 1 Week 2.       Week 2.         2       HH, CU, HH, CU,<br/>HH, CU, HH, CU,<br/>S       Male Female NPS         3       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.       Male Female YES         4       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.         5       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.         6       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.         7       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.         8       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.         9       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.         9       Image: Son,<br/>and table of the spectral<br/>infants under 1 year of age.       Image: Son table of table of the spectral<br/>infants</td><td>2 - Addition       Instant Dersons who usually live here and all persons who usually live here and all persons who usually live here and all persons who are the person, mark wold and the code code code code code code code cod</td><td>2 - Addition       Isst all persons who usually live here and all persons who usually lives here but is away now - we house usually lives here but is away now - we listed (Read names from item 3.)       Week 1       Week 2       Week 2       Week 1       Week 2       Week 2</td><td>2 = Addition       List all persons who usually<br/>live here and all persons who usually lives here but is away now -<br/>love here and condition and and person and children ?<br/>live here and all persons who live and and complete items 4-14 for all all who all of the household, anter a<br/>live and and complete items 4-14 for all all who all of the not and complete items 4-14 for all all who all of the not and complete items 4-14 for all who all of the all who has left the household anter a<br/>live real topereta is appropriate.</td><td>2 - Addition       List all persons who usually       Investment       Investment</td><td>a - Addition Its all persons who usually issue all persons who</td><td>2 - Addition       List all parsons who usually for the and all persons who usually for the mere and all persons who usu</td><td>2       Addition       Instant under 1 year of age.       Instant under 1 war of age.</td><td>2       - Addition<br/>Lot all appropriative subsection<br/>and data<br/>and data<br/>body if with a con-<br/>body if with a c</td><td>2       - Addition<br/>that all persons who assault<br/>who are semporarity<br/>obcurred<br/>before the base<br/>who are semporarity<br/>who are semporarity<br/>obcurred<br/>before the base<br/>who are semporarity<br/>who are semporarity<br/>obcurred<br/>before the base<br/>who are semporarity<br/>who are semporarity<br/>obcurred<br/>before the base<br/>who are semporarity<br/>obcurred<br/>before the base<br/>obcurred<br/>before the base<br/>obcocurred<br/>before the base<br/>obcurred<br/>before the b</td></td<> | 2       Addition       List all persons who usually live here and all persons who usually live here and all persons who are termporarily absent. Be sure to include infants under 1 year of age.       If YES is a function of the term of term | 2 - Addition<br>and date<br>change<br>occurred       List all persons who usually<br>live here and all persons<br>who are temporarily<br>absont. Be sure to include<br>infants under 1 year of age.       husband, wife, son,<br>all years, mark<br>week 1. Week 2.         Code Mo. Date<br>(code Mo. Date)       Week 1 Week 2.       Week 2.         2       HH, CU, HH, CU,<br>HH, CU, HH, CU,<br>S       Male Female NPS         3       Image: Son,<br>and table of the spectral<br>infants under 1 year of age.       Male Female YES         4       Image: Son,<br>and table of the spectral<br>infants under 1 year of age.       Image: Son,<br>and table of the spectral<br>infants under 1 year of age.         5       Image: Son,<br>and table of the spectral<br>infants under 1 year of age.       Image: Son,<br>and table of the spectral<br>infants under 1 year of age.         6       Image: Son,<br>and table of the spectral<br>infants under 1 year of age.       Image: Son,<br>and table of the spectral<br>infants under 1 year of age.         7       Image: Son,<br>and table of the spectral<br>infants under 1 year of age.       Image: Son,<br>and table of the spectral<br>infants under 1 year of age.         8       Image: Son,<br>and table of the spectral<br>infants under 1 year of age.       Image: Son,<br>and table of the spectral<br>infants under 1 year of age.         9       Image: Son,<br>and table of the spectral<br>infants under 1 year of age.       Image: Son,<br>and table of the spectral<br>infants under 1 year of age.         9       Image: Son,<br>and table of the spectral<br>infants under 1 year of age.       Image: Son table of table of the spectral<br>infants | 2 - Addition       Instant Dersons who usually live here and all persons who usually live here and all persons who usually live here and all persons who are the person, mark wold and the code code code code code code code cod | 2 - Addition       Isst all persons who usually live here and all persons who usually lives here but is away now - we house usually lives here but is away now - we listed (Read names from item 3.)       Week 1       Week 2       Week 2       Week 1       Week 2       Week 2 | 2 = Addition       List all persons who usually<br>live here and all persons who usually lives here but is away now -<br>love here and condition and and person and children ?<br>live here and all persons who live and and complete items 4-14 for all all who all of the household, anter a<br>live and and complete items 4-14 for all all who all of the not and complete items 4-14 for all all who all of the not and complete items 4-14 for all who all of the all who has left the household anter a<br>live real topereta is appropriate. | 2 - Addition       List all persons who usually       Investment       Investment | a - Addition Its all persons who usually issue all persons who | 2 - Addition       List all parsons who usually for the and all persons who usually for the mere and all persons who usu | 2       Addition       Instant under 1 year of age.       Instant under 1 war of age. | 2       - Addition<br>Lot all appropriative subsection<br>and data<br>and data<br>body if with a con-<br>body if with a c | 2       - Addition<br>that all persons who assault<br>who are semporarity<br>obcurred<br>before the base<br>who are semporarity<br>who are semporarity<br>obcurred<br>before the base<br>who are semporarity<br>who are semporarity<br>obcurred<br>before the base<br>who are semporarity<br>who are semporarity<br>obcurred<br>before the base<br>who are semporarity<br>obcurred<br>before the base<br>obcurred<br>before the base<br>obcocurred<br>before the base<br>obcurred<br>before the b |

# Page 2

MA	RITAL	EDUCA	TION – Fill for a	all CU m	embers 14 and over.	14. ARMED
ST. if	ATUS	13a.	ATTAINMENT		13b. ATTENDING	FORCES MEMBER
	nt		information		COLLEGE Ask if code 39–46,	Ask if
are: <b>r</b>	now –		et page 3a.		in item 13a.	16–65 years old.
	rried, lowed,	level	is the highes of school	st has	Is currently enrolled in a	İs now in
	orced, arated,		est degree	. has	college or university	the Armed
OR					either – 1 – Full-time	Forces?
Nev mai	/er ried	Enter from	code below		2 – Part-time	<b>1</b> – Yes <b>2</b> – No
er c	ode				OR 3 – Not at all	Enter
k 1	Week 2			Update	Enter code	code
			TEM 10, 11, A	AND 13	EDUCATION	
~	-	DRIGIN		00	· · · · · · · · · · · / [·	eschool,
-	ierman alian	16	Central or South	01-11	kindergarten 1st grade through 1	
	anan ish	47	American Other	38	12th grade NO DI	PLOMA
	rench	17	Other Spanish	39	HIGH SCHOOL GR. high school DIPLO	MA, or the
-	olish	20	Afro-	40	equivalent (for exa	mple: GED)
R	ussian		American (Black or	41	Associate degree i	n college –
E	nglish	20	Negro) Dutob	42	Occupational/voca Associate degree i	n college –
S	26 Dutc Scottish		Dutch Swedish	43	Academic program Bachelor's degree	า
	27 Swedish Mexican American 28 Hungarian			BA, AB, BS)		
	hicano	30	Another	44	Master's degree (F MA, MS, MEng, M	
	lexican		group not listed	45		
	Puerto <b>39</b> Don't know		example: MD, DDS, DVM, LI			
Rican			46	Doctorate degree		
С	Cuban				example: PhD, Ec	

Section 1 – HOUSEHOLD CHARACTERISTIC	PGM 4									
8e. FINANCIAL RESPONSIBILITY	311 <b>01</b>		311	02	311	03	311	04	311	05
Ask first for reference person and all others related to reference person by blood, marriage, adoption or other legal	Line No.(s)		Line No.(s)		Line No.(s)		Line No.(s)		Line No.(s)	
arrangement. Then ask for each other person or group of	312		312		312		312		312	
related persons.	314		314		314		314		314	
(1) Do(es) pay for all housing expenses with own money?	317 1 🗌 Yes 2 🗌 No		317 1 ☐ Yes 2 ☐ No		317 1 🗌 Yes 2 🗌 No		317 1 🗌 Yes 2 🗌 No		317 1 🗌 Yes 2 🗌 No	
(2) Do(es) pay for all food expenses with own money?	318 1 🗌 Yes 2 🗌 No		318 1 🗌 Yes 2 🗌 No		318 1 🗌 Yes 2 🗌 No		318 1 🗌 Yes 2 🗌 No		318 1 🗌 Yes 2 🗌 No	
<ul> <li>(3) Do(es) pay for all other living expenses such as clothing, transportation, etc., with own money?</li> </ul>	319 1 □ Yes 2 □ No		319 1 🗌 Yes 2 🗌 No		319 1 🗌 Yes 2 🗌 No		319 1 🗌 Yes 2 🗌 No		319 1 🗌 Yes 2 🗌 No	
FIELD REPRESENTATIVE CHECK ITEM Are two or more "YES" boxes marked in items 8e, 1–3?	320 1 □ Yes – Assign C in item 8 2 □ No – Ask item	g	320 1 □ Yes – As CU 2 □ No – Ask	Ňo. in item 8g	2 320 1 □ Yes – Ass CU 2 □ No – Ask	sign next available No. in item 8g t item 8e (4)		sign next available No. in item 8g item 8e (4)	320 1 □ Yes – Assign next available CU No. in item 8g 2 □ No – Ask item 8e (4)	
<b>8e. (4) Does all or part of the money to pay for</b> (Specify expenses with NO marked in items 8e, 1–3) <b>come from someone in this household?</b>	321] 1 □ Yes – Ask item 2 □ No – Assign C in item 8g	U No. 1	321 1 □ Yes – As 2 □ No – Ass CU 1	k item 8e (5) ign next available No. in item 8g	321 1 □ Yes – Asi 2 □ No – Ass CU I	k item 8e (5) ign next available No. in item 8g	321 1 🗌 Yes – Ask 2 🗌 No – Ass CU I	k item 8e (5) ign next available Vo. in item 8g	321 1 🗌 Yes – Ask item 8e (5) 2 🗌 No – Assign next available CU No. in item 8g	
(5) Who is (are) that (these) person(s)?	Line No.(s)		Line No.(s)	· · · ·	Line No.(s)		Line No.(s)		Line No.(s)	
	322		322		322		322		322	
	323		323		323		323		323	
	Assign to same CL	l in item 8g.		me CU in item 8g.		me CU in item 8g.		ne CU in item 8g.		me CU in item 8g.
NOTE – If more than 4 CU's, stop interview. List the CU's on an II <b>8f.</b> FIELD REPRESENTATIVE INSTRUCTION – Consumer Unit	NTER-COMM and call you	ır office.								
Read to respondent: During this interview, I will use the w household who (is/are) independent of all other persons The person(s) I'm including in your CU (is/are) – Read name	in this household for p	payment of the	ir major expenses		-			NOTES		
FIELD REPRESENTATIVE CHECK ITEM		b. Does one	person usually m	ake the purchas	es?					
Does this household contain more than one CU? 1		331 1								
$2 \square$ No – Go to item 16a			No – Go to item 16a <b>Nho?</b> Enter line r							
15a. Does more than one person in this household regularly expense of items such as food, cleaning supplies, or pa	contribute to the per products?	332								
330 1 □ Yes – Go to item 15b 2 □ No – Go to item 16a		NOTE – If purchases	"YES", ask the perso to record the exper	on who usually ma uses for the shared	kes the ' items.					
16a. Are these living quarters used partly for business or ren	ted to others?	b. What percent	cent of the expens	ses is counted as	a business	-				
333 1 🗌 No – Go to section 2		expense:								
2 □ Part business 3 □ Rented to others		334	.00 Percent							
$4 \square$ Both business and rented to others										
ASK AT WEEK 1 AND WEEK 2 PICK-UP	PGM 4	WEEK	1	WE	EK 2					
17a. Were any CU members away overnight for one day or m last week (during the diary reference period)?	ore         335         1         Yes           2         No		345	] 1 🗌 Yes 2 🗌 No						
If "YES" – Which persons?	336 x 🗆 All		346	x 🗆 All						
Enter line numbers	337	338	339 347		349					
b. Did anyone else, such as visitors, stay here overnight for one day or more last week (during the diary reference period)?	2 🗌 No	I I I	353	1						
If "YES" – <b>How many such persons?</b>			◀	7	<b></b>					
Enter the number of persons.	344	Persons	354	Pers	ons					

	Section 2 – CONSUMER UNIT CHARACTERISTICS (FIELD REA	PRESENTATIVE – Ask items 1–7 at Week 1 placeme	ent.)		
	Ask if not apparent from observation.	PGM 4		Ask only if presc	hool or school age children; otherwise ma
1a	. Are these living quarters presently used as student housing by a college or university?	401 1 □ Yes – <i>Go to item 3a</i> 2 □ No		meals at schoo	rious 30 days, have you (or members o l or in a preschool program for presch are the names of all CU members who s at school in column a, line number in co
b	Are your living quarters owned or being bought by you (or any members of your CU)?	402 1 □ Yes – Go to item 1c 2 □ No – Go to item 1d		PGM 6	a
С	<ul> <li>Are these quarters owned by regular ownership or as a condominium or cooperative?</li> <li>Probe:</li> <li>In this survey, we consider a cooperative to be property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean? (FIELD REPRESENTATIVE: If the respondent answers "No" to the probe, try to determine whether the ownership is "regular" or "condominium" and mark the appropriate box.)</li> </ul>	<pre>403 1 □ Regular ownership 2 □ Condominium 3 □ Cooperative - Read probe and then skip to item 2</pre>		PROCESSING USE ON	Name
d	Are your living quarters rented for cash rent or occupied without payment of cash rent?	404 1 CRented for cash 2 Cocupied without payment of cash rent		427	
2.	Ask if "Yes" in item 1b. Do you have a mortgage on this property?	405 1 □ Yes 2 □ No		428	
За	Since the 1st of (Month, 3 months ago), what was your usual weekly expense at the grocery store or supermarket?	406 <b>§00</b> ₀ □ None - <i>Go to item 3c</i>		429	
b	About how much of this amount was for nonfood items, such as paper products, detergents, home cleaning supplies, pet foods and alcoholic beverages?	407 <b>\$00</b>			lephone number? t time of day to call or visit?
	Have you (or any member of your CU) purchased any food or nonalcoholic beverages from places other than grocery stores, such as home delivery, specialty stores, bakeries, convenience stores, dairy stores, vegetable stands, or farmers markets? Include any large purchases made for freezing or canning.	408 1 □ Yes 2 □ No – <i>Go to item 4a</i>		FIELD REPRESEN	ITATIVE – Explain to the respondent how a
d	. What was your usual weekly expense at these places?	409 \$00			
<b>4</b> a	<ul> <li>Do you own an automobile, truck, or other vehicle?</li> <li>Do not include any vehicle which is used entirely for business purposes.</li> </ul>	410 1 □ Yes 2 □ No – <i>Go to item 5a</i>			
b	. How many?	411 Number			
С	Is this (are any of these) vehicle(s) used partially for business?	412 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i>			
d	Ask if "Yes" in item 4c. What percent of your total vehicle expense is counted as a business expense? Enter to nearest whole percent.	41300 Percent			

Page 4

1.		1	- 11
κ	1	V	o".

of your CU) purchased any lool or school age children?

414 1 Yes

2 🗌 No – Go to item 6

**purchased meals at school?** Enter the name of each CU member olumn b, then ask columns c through d for each name entered.

b	C	d					
Enter line number from section 1, item 1	What is the usual weekly expense for the meals purchased at school?	How many weeks did purchase meals? Enter number of weeks					
	\$.00						
	\$.00						
	\$.00						
	\$.00						
	\$.00						
Area code	Number						
		a.m. p.m.					

to complete the diary, then leave diary for week 1.

NOTES

Section 3 – DIARY CHECK

(FIELD REPRESENTATIVE – Complete this section **unless** the entire CE-801 diary was completed by total recall for that week. In this case, go to Field Representative instruction at the bottom of page 7 for week 1 or week 2 pickup.)

(or members of hich you may h	Part 1 – FOOD FOR HOME CONSUM f your CU) purchase any food, nonalcoholic or alcoho ave forgotten to enter in the Diary?	PTION								
hich you may h	ave forgetten to enter in the Diary?	olio hove		for oo		tion at		Did va	u (or momboro o	Part 1 – FOOD FOR HO f your CU) purchase any food, nonalc
	ave longollen to enter in the Diary?		erayes		nsumpt	lion at		home	which you may h	ave forgotten to enter in the Diary?
1 1 Yes	2 🗌 No – <i>Go to part 2</i>	3 🗌 Do	on't kno	ow – Go	o to part	2		PGM 9	<b>2</b> 1 🗌 Yes	2 🗌 No – Go to part 2
	b			С			d	а		b
PROCESSING USE	Describe item purchased		ls thi <i>Mark</i>	k (X) one	9	Do includ	not le sales	Line No.	PROCESSING USE	Describe item purchas
PGM 10		Fresh	Froze	n or	Other	Dollars	Cents		PGM 10	
		1	2	3	4		 	101		
		1	2	3	4		1	102		
		1	2	3	4		I I	103		
		1	2	3	4		1 1	104		
		1	2	3	4		I I	105		
		1	2	3	4		   	106		
		1	2	3	4		-   	107		
		1	2	3	4		   	108		
		1	2	3	4		1	109		
		1	2	3	4		   	110		
		1	2	3	4		 	111		
		1	2	3	4			112		
		1	2	3	4		1	113		
		1	2	3	4	1		114		
		1	2	3	4		1 1 1	115		
		1	2	3	4	1		116		
		1	2	3	4		-	117		
		1	2	3	4		I	118		
		1	2	3	4	1		119		
		1	2	3	4		I	120		
	USE	PROCESSING USSE       Describe item purchased         PGM 10	PROCESSING USE         Describe item purchased         Fresh           PGM 10         Fresh           Image: I	Processing Describe item purchased         Is it Mark           PGM 10         Freek         Freek	Processing Describe item purchased         Justification mark it X orn Mark X orn Mark X orn Mark X orn Annotatio Annotatio Annotation Annotation Annotation Annotation Annotatio	Processing         Describe item purchased         Mark (X) ore fresh         Bottled canned         Other canned           PGM 10         1         2         3         4           Image: Single Constraint of the second	PROCESSING Describe item purchased         Juit Stills item Junchased         Juit Stills item Junchased	PROCESSING         Describe item purchased         List its item to the form form form for form form for the form form form for the form form form form for the form form form for the form form form for the form form form form for the form form form form for the form form form for the form form form form form form form form	PROCESSING Describe item purchased         Jubic Jub	PROCESSING Describe item purchased         Image: Subsection of the particular solution of the particular soluticar soluticar solution of the particular solution of the partis of

# 2 PICKUP

#### **HOME CONSUMPTION**

Icoholic or alcoholic beverages for consumption at

з 🗌 Don't know – *Go to part 2* 

		(	C	ł					
ased		ls this			Total cost Do not include sales tax				
	Fresh	Frozen	or	Other	Dollars	Cents			
	1	2	3	4		 			
	1	2	3	4	1				
	1	2	3	4		   			
	1	2	3	4					
	1	2	3	4		   			
	1	2	3	4		   			
	1	2	3	4	l	   			
	1	2	3	4					
	1	2	3	4					
	1	2	3	4		   			
	1	2	3	4		1			
	1	2	3	4		   			
	1	2	3	4		I			
	1	2	3	4		1			
	1	2	3	4		1			
	1	2	3	4	I	1			
	1	2	3	4					
	1	2	3	4	l	1			
	1	2	3	4		   			
	1	2	3	4					
						_			

Sec	ction 3 – DIA	RY CHECK (Continued)										
		WEEK 1 F	PICKUP									WEEK 2
		Part 2 – FOOD AND BEVERAG	ES PURCHASED	AS GI	FTS							Part 2 – FOOD AND BEVER
Did yo outsid	u (or members o e your CU which	f your CU) purchase any food, nonalco you may have forgotten to enter in th	oholic or alcoholi ne Diary?	ic beve	rages	for soi	neone			Did yo outsid	ou (or members o le your CU which	of your CU) purchase any food, nona n you may have forgotten to enter in
PGM 9	1 Yes	2 🗌 No – Go to part 3 🛛 3 🗌	] Don't know – <i>Go</i>	to part .	3					PGM 9	2 1 ☐ Yes	2 🗌 No – <i>Go to part 3</i> 3
а		b				С		d		а		b
Line No.	PROCESSING USE	Describe item purchase	ed			item – (X) one	<b>;</b>	Total Do include ta	not e sales	Line No.	PROCESSING USE	Describe item purch
	PGM 11			Fresh	Frozer	Bottled or canne	Other	Dollars	Cents	-	PGM 11	
201				1	2	3	4			201		
202				1	2	3	4			202		
203				1	2	3	4			203		
204				1	2	3	4			204		
205				1	2	3	4	1		205		
		Part 3 – FOOD AW	AY FROM HOM	E								Part 3 – FOOD A
Did yo which	u (or members o vou may have fo	f your CU) purchase any meals, snack orgotten to enter in the Diary?	s or alcoholic be	verage	s at a r	estau	ant or	carry-out		Did yo which	ou (or members o vou may have fo	of your CU) purchase any meals, snac orgotten to enter in the Diary?
PGM 9		• •	Don't know – <i>Go</i>	to part -	4						2 1 4 Yes	$2 \square \text{No} - Go \text{ to part } 4$ 3
а	PROCESSING	b	С			d			e	а	PROCESSING	b
Line No.	PGM 12	List all meals, snacks, and beverages purchased	Total cost Include tax and tip	inclu	<b>ded in</b> Mari	olic be total o k (X) or		How n	nuch?	Line No.	PGM 12	List all meals, snacks, and beverages purchased
301			Dollars Cents	1	Yes	2	No	Dollars	Cents	301		
301				1		2				302		
302				1		2				303		
304				1		2				304		
305				1		2		_	l	305		
306			1	1		2			i I	306		
307			1	1		2			l I	307		
308			1	1		2			 	308		
309			1	1		2			1	309		
310			1	1		2			 	310		
311			I	1		2				311		
312			1	1		2			I	312		
313				1		2			I	313		
314				1		2			I	314		
315				1		2			I	315		
316				1		2		_	I I	316		
317				1		2			I I	317		

### **PICKUP**

#### AGES PURCHASED AS GIFTS

# Icoholic or alcoholic beverages for someone the Diary?

B  $\Box$  Don't know – *Go to part 3* 

		(	>		C	k
nased		ls this <i>Mark (</i>			includ	cost not e sales ax
	Fresh	Frozen	Bottled or canned	Other	Dollars	Cents
	1	2	3	4		
	1	2	3	4		
	1	2	3	4		
	1	2	3	4		
	1	2	3	4		

### WAY FROM HOME

#### cks or alcoholic beverages at a restaurant or carry-out

 $\square$  Don't know – *Go to part 4* 

(	; ;	C	kk	е				
Includ	cost de tax l tip	included in to Mark	<b>ic beverages otal cost?</b> (X) one	lf "Yes, How m	" nuch?			
Dollars	Cents	Yes	No	Dollars	Cents			
1	1	1	2	1				
	<u> </u>	1	2					
		1	2					
		1	2					
		1	2					
		1	2					
		1	2	1				
		1	2					
		1	2					
		1	2					
1		1	2	1				
		1	2					
I		1	2	I				
		1	2	l				
   		1	2	-				
I		1	2	I				
		1	2					

Se	ction 3 – DIA	RY CHECK (Continued)												
		WEEK 1 P	ICKUP						WEEK 2 P	ICKUP				
		Part 4 – CLOTHING, SHO	DES, AND JEWELRY						Part 4 – CLOTHING, SH	OES, AND JEWELR	Y			
	Did you (or memb enter in the Diary	pers of your CU) purchase any clothing ?	, shoes, or jewelry w	vhich you may have	e forgotten	to		Did you (or memb enter in the Diary	bers of your CU) purchase any clothing /?	, shoes, or jewelry	which yo	ou may hav	e forgotten	to
PGM 9	1 1 Yes	2 🗌 No – <i>Go to part 5</i> 3 🗌	Don't know – <i>Go to pa</i>	art 5			PGM S	<b>2</b> 1 🗌 Yes	2 🗌 No – Go to part 5 3 🗌	Don't know – <i>Go to j</i>	part 5			
<b>a</b> Line No.	PROCESSING USE	<b>b</b> Describe item purchased	Total cost	outside your consumer unit?	e For whom w item purcha 1 – Male 16 c 2 – Female 1 3 – Male 2 th 4 – Female 2	vas this ased? or over 6 or over	<b>a</b> Line No.	PROCESSING USE	<b>b</b> Describe item purchased	c Total cost Do not include sales tax	Was thi for som outside consum	d s bought neone your ner unit? (X) one	For whom v item purch 1 – Male 16 2 – Female 1 3 – Male 2 tt 4 – Female 2	was this ased? or over l6 or over nrough 15 2 through 15
	PGM 13		Dollars Cents	Yes No	5 – Under 2 y Enter cod	years		PGM 13		Dollars Cents	Yes	No	5 – Under 2 Enter cod	years
401			1	2			401			1	1	2		
402			1	2			402				1	2		
403			1	2			403				1	2		
404			1	2			404				1	2		
405			1	2			405			1	1	2		
406			ı 1	2			406			1	1	2		
407			I 1	2			407			1	1	2		
408			I 1	2			408			1	1	2		
		Part 5 – ALL OTHER PURCH	ASES AND EXPENS	SES					Part 5 – ALL OTHER PURCH	ASES AND EXPEN	VSES			
Did yo you m	ou (or members o ay have forgotte	f your CU) purchase any other items su n to enter in the Diary?	ich as tobacco, gasc	oline, or postage sta	amps, whic	h	Did yo you m	ou (or members o lay have forgotte	of your CU) purchase any other items su on to enter in the Diary?	uch as tobacco, ga	soline, or	postage st	amps, whic	ch
PGM 9	1 1 Yes	2 🗌 No – Go to Field Representative instructions at bottom of p	e 3 🗌 DK – 6 page	Go to Field Represent instructions at botton	tative n of page		PGM S	<b>2</b> 1 🗌 Yes	2 🗌 No – Go to Field Representative instructions at bottom of	e 3 🗌 DK - page	- Go to Fie instructic	ld Represen ons at bottoi	tative n of page	
а		b		с		d	a	-	b			C		d
Line No.	PROCESSING USE	Describe item purchas	sed	Total cost Do not include sales tax	for some outside consum	your	Line No.	PROCESSING USE	Describe item purcha	sed	Do	otal cost not include sales tax	for som outside consum	s bought eone your her unit? (X) one
	PGM 14			Dollars Cents	Yes	No		PGM 14			Dolla	ars ¦ Cents	Yes	No
501				I I	1	2	501					 	1	2
502			I I	1	2	502					I 	1	2	
503		I I	1	2	503					I 	1	2		
504						2	504					1	1	2
505						2	505					1	1	2
<b>506</b> 1 1 2						2	506					I 	1	2
507					1	2	507					 	1	2
<b>508</b> FORM CE-802	(11-1-96)					2	508					1		Page 7

	Section 4 — WORK EX	PERIENCE A	ND INCOME										
	Part A		PGM 4 FIELD REPRESEN	ΤΑΤΙν	/E – Complete at Week 2 pickup. Ask a	separate page in Part A for	each	CU member 14 years old or over.					
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY <b>a.</b> NAME	601 <b>1</b>	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was			During the past 12 months, did receive – A. Any Supplemental Security Income checks from the U.S. Government?	624	1 🗌 Yes 2 🗌 No			
2.	In the last 12 months, how ma did work either full-time o not counting work around the Include paid vacation and pai	or part-time, e house?	602 603 Weeks 0 □ Did not work - <i>Go to item 5</i>		CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify <sub>↓</sub>	609Code	L L	<ul> <li>Any Supplemental Security Income checks from the State or local Government?</li> <li>Ask if items 8a and/or 8b are marked "Yes" –</li> <li>How much did receive in Supplemental Security Income</li> </ul>	625	1 🗌 Yes 2 🗌 No			
3.	In the weeks that worked hours did usually work p		604 Hours per week					checks altogether?	626	\$		.00	
4a.	Show Information Booklet, page The job in which received earnings during the past 12 i fits best in the following cat Enter one code.	e 44 d the most months	605 Code		During the past 12 months, did receive any money in – Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	610 1 □ Yes 2 □ No - Go to item 6b 611 \$00	9.	Ask items 9–12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did this cover?	627 628	\$	eeks e hth	00 5	
	Manager, professional 01 – Administrator, manager 02 – Teacher			L .		· · · · · · · · · · · · · · · · · · ·	10.	Was there any money deducted from	Ye	s I	No	Amount	:
	03 – Professional Administrative support, technica 04 – Administrative support,			D.	Income or loss from's own nonfarm business, partnership, or professional practice?	612 1 🗆 Yes 2 🗌 No – Go to item 6c	a	's last pay for – <i>If YES</i> – How much was deducted? <b>Federal income tax</b> ?	629		2 [6:	30 \$	.00
	clerical 05 – Sales, retail 06 – Sales, business goods a 07 – Technician	nd services			What was the amount of income or loss after expenses?	613 \$ .00 614 1 Loss	b	D. State and local income tax?	631		2 6	32 \$	.00
	Service 08 – Protective service			c.	Income or loss from's own farm?	615 1 🗌 Yes	C	C. Social Security including Medicare?	633	1 2	2 🗆 🖊		
	09 – Private household servie 10 – Other service	ce				2 🗌 No – Go to item 7	d	Railroad Retirement?	634	1 🗌   2	6;	35 \$	.00
	Operator, assembler, laborer 11 – Machine operator, asser inspector 12 – Transportation operator				What was the amount of income or loss after expenses?	616     \$     .00       617     1     Loss	e	e. Government Retirement?	636		2 63		.00
	<ul> <li>13 - Handler, helper, laborer</li> <li>Precision production, craft, repa</li> <li>14 - Mechanic, repairer, precipion</li> <li>15 - Construction, mining</li> <li>Farming, forestry, fishing</li> </ul>	iir			During the past 12 months, did receive from the U.S. Government any money – From Social Security checks?	618] 1 □ Yes 2 □ No		<ul> <li>F. Private pension fund?</li> <li>J. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?</li> <li>Ask if item 10c or 10g is marked "Yes" –</li> </ul>	638			<sup>39</sup> \$	.00
	16 – Farming 17 – Forestry, fishing, ground Armed forces 18 – Armed forces	dskeeping		b.	From Railroad Retirement checks?	619 1 🗌 Yes 2 🗌 No	11.	Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641	1 🗌 Yes 2 🗌 No			
b.	• Was CODE				FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b?	620] 1 □ Yes – Go to item 7d 2 □ No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan thatwas enrolled in?	642	1 🗌 Yes 2 🗌 No			
	<ul> <li>1 - An employee of a PRIVAT company, business, or in working for wages or sala</li> <li>2 - A FEDERAL government of 3 - A STATE government em</li> </ul>	dividual ary? employee?	607 Code Ask if code 5 and not a farm – <b>Is the business</b>		What was the amount of the last Social Security or Railroad Retirement payment received? Is this amount AFTER the deduction	621 <b>\$</b> 00	13a	<ul> <li>plan that was enrolled in?</li> <li>During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account</li> </ul>	643	1 🗌 Yes			
	4 – A LOCAL government em 5 – Self-employed in OWN bu professional practice, or	ployee? isiness, farm?	incorporated?		for a Medicare premium?	622 1 🗆 Yes 2 🗌 No	b	(IRA & Keogh)? Exclude rollovers. Ask if item 13a is marked "Yes" – How much?	644	2 🗌 No \$		.00	
	6 – Working WITHOUT PÁY i business or farm?	n family	2 🗌 No		During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	623 Number	14.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.		1 🗌 Recc 2 🗌 No r			

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	Section 4 — WORK EXPERIENCE A	AND INCOME – Contin	nued								
F	Part A	PGM 4 FIELD REPRESEN	ΤΑΤΙΝ	/E – Complete at Week 2 pickup. Ask a s	separate page in Part A for	each	CU member 14 years old or over.				
1.	FIELD REPRESENTATIVE ITEMPROCESSING USE ONLYEnter the first name and line number of each CU member 14 years old and over.a. NAME	601 <b>2</b>	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was		8. i	During the past 12 months, did receive – a. Any Supplemental Security Income checks from the U.S. Government?	624	1 🗌 Y 2 🗌 N		
2.	b. LINE NUMBER In the last 12 months, how many weeks did work either full-time or part-time, not counting work around the house?	602 603 Weeks 0 🗌 Did not work –		CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – III, disabled, unable to work?	609Code		b. Any Supplemental Security Income checks from the State or local Government? Ask if items 8a and/or 8b are marked "Yes" –	625	1 🗌 Y 2 🗌 N		
3.	Include paid vacation and paid sick leave.	Go to item 5 Go to item 5 Go4 Go4 Go4		5 - Unable to find work? 6 - Doing something else? - Specify			How much did receive in Supplemental Security Income checks altogether?	626	\$		.00
4a.	hours did usually work per week? Show Information Booklet, page 44 The job in which received the most earnings during the past 12 months fits best in the following category: Enter one code.		б. а.	During the past 12 months, did receive any money in – Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income	610 1 ☐ Yes 2 ☐ No – Go to item 6b	9.	Ask items 9–12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did this cover?	627 628	з 🗌 🛚	Veek 2 Weeks Month Quarter	.00 5 □ Year 6 □ Other – <i>Specify</i> <sub>✔</sub> 7 □ Twice a month
	Manager, professional <b>01 – Administrator, manager</b> <b>02 – Teacher</b> <b>03 – Professional</b> Administrative support, technical, sales	605 Code	b.	Income or loss from's own nonfarm business, partnership, or professional practice?	612 1 🗌 Yes 2 🗌 No – Go to item 6c		Was there any money deducted from 's last pay for – If YES – How much was deducted? <b>a. Federal income tax</b> ?	629	∕ <mark>es</mark> 1□	2	Amount 630 \$00
	04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician			What was the amount of income or loss after expenses?	613 \$00 614 1 🗌 Loss		b. State and local income tax?	631			632 \$00
	Service <b>08 – Protective service</b> <b>09 – Private household service</b> <b>10 – Other service</b> Operator, assembler, laborer <b>11 – Machine operator, assembler,</b>		C.	Income or loss from's own farm? What was the amount of income or loss after expenses?	615       1 □ Yes         2 □ No − Go to item 7         616       \$00		<ul> <li>c. Social Security including Medicare?</li> <li>d. Railroad Retirement?</li> <li>e. Government Retirement?</li> </ul>	634 636	1 🛄 1 🔲 1 🗌	2	635       \$       .00         637       \$       .00
	inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining		7.		617 1 🗆 Loss		<ul> <li>f. Private pension fund?</li> <li>g. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?</li> </ul>	638			639 \$
	Farming, forestry, fishing <b>16 – Farming</b> <b>17 – Forestry, fishing, groundskeeping</b> Armed forces <b>18 – Armed forces</b>			From Social Security checks? From Railroad Retirement checks?	2 🗌 No 619 1 🗌 Yes 2 🗌 No	11.	Ask if item 10c or 10g is marked "Yes" – Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641	1 🗌 Y 2 🗌 N		
b.	Was CODE 1 – An employee of a PRIVATE	607 Code		FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b? What was the amount of the last	620 1 🗌 Yes – Go to item 7d 2 🗌 No – Go to item 8a		Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	642	1 🗌 Y 2 🗌 N		
	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 in OWN business,	Ask if code 5 and not a farm – Is the business incorporated?		Social Security or Railroad Retirement payment received? Is this amount AFTER the deduction for a Medicare premium?	621 \$00		<ul> <li>During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA &amp; Keogh)? Exclude rollovers.</li> </ul>	643	1 🗌 Y 2 🗌 N		
	professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?	608 1 ∐ Yes 2 ☐ No	f.	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	623 Number		<ul> <li><b>b.</b> Ask if item 13a is marked "Yes" – How much?</li> <li>FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</li> </ul>	644		Records No record	ds used

	ction 4 — WORK EXPERIENCE AND INCOME - Continued         rt A       PGM 4       FIELD REPRESENTATIVE - Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.										
P	Part A	PGM 4 FIELD REPRESENT	ΤΑΤΙν	/E – Complete at Week 2 pickup. Ask a s	eparate page in Part A for	each (	CU member 14 years old or over.	_			
1.	FIELD REPRESENTATIVE ITEMPROCESSING USE ONLYEnter the first name and line number of each CU member 14 years old and over.a. NAMEII	601 <b>3</b>	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was CODE			During the past 12 months, did receive – Any Supplemental Security Income checks from the U.S. Government? Any Supplemental Security Income	624	1 🗌 Ye 2 🗌 Ne	0	
2.	<b>b.</b> LINE NUMBER In the last 12 months, how many weeks did work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.	603 Weeks 0 🗌 Did not work – <i>Go to item 5</i>		<ol> <li>1 - Retired?</li> <li>2 - Taking care of home/family?</li> <li>3 - Going to school?</li> <li>4 - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify  </li> </ol>	609Code		checks from the State or local Government? Ask if items 8a and/or 8b are marked "Yes" – How much did receive in Supplemental Security Income	625	2 🗌 N		.00
3.	In the weeks that worked, how many hours did usually work per week?	604 Hours per week					checks altogether?	626	\$		.00
4a.	Show Information Booklet, page 44 <b>The job in which received the most</b> <b>earnings during the past 12 months</b> <b>fits best in the following category:</b> <i>Enter one code.</i> Manager, professional	605 Code		During the past 12 months, did receive any money in – Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	610 1 ☐ Yes 2 ☐ No – <i>Go to item 6b</i> 611 \$00	9.	Ask items 9–12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did this cover?	627	1 🗌 W	Weeks Ionth	.00 5 □ Year 6 □ Other – <i>Specify</i> <sub>✔</sub> 7 □ Twice a month
	01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including	0000	b.		612 1 🗌 Yes 2 🗌 No – <i>Go to item 6c</i>	10. а	Was there any money deducted from 's last pay for – If YES – How much was deducted? I. Federal income tax?	629	′es   1 □	No 2 🗌	Amount           630         \$
	clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician			What was the amount of income or loss after expenses?	613 \$00 614 1 🗌 Loss		5. State and local income tax?	631			632 <b>\$</b> 00
	Service <b>08 – Protective service</b> <b>09 – Private household service</b> <b>10 – Other service</b> Operator, assembler, laborer		C.	Income or loss from's own farm? What was the amount of income or	615 1		<ul> <li>Social Security including Medicare?</li> <li>Railroad Retirement?</li> </ul>	634			<u>635</u> <u>\$</u> .00
	11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer			loss after expenses?	616       \$		<ul> <li>Government Retirement?</li> <li>Private pension fund?</li> </ul>	636 638			637       \$       .00         639       \$       .00
	Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining		7.	During the past 12 months, did receive from the U.S. Government any money – From Social Security checks?	618 1 2 Yes	g	Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?	640	1 🗌	2 🗌	
	Farming, forestry, fishing <b>16 – Farming</b> <b>17 – Forestry, fishing, groundskeeping</b> Armed forces <b>18 – Armed forces</b>				619 1 🗌 Yes 2 🗌 No	11.	Ask if item 10c or 10g is marked "Yes" – Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641	1 🗌 Ye 2 🗌 N		
b.	Was CODE 1 – An employee of a PRIVATE	607 Code		FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b?	620 1 🗌 Yes – Go to item 7d 2 🗌 No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	642	1 🗌 Ye 2 🗌 N		
	company, business, or individual working for wages or salary? 2 – A FEDERAL government employee? 3 – A STATE government employee? 4 – A LOCAL government employee?	Ask if code 5 and not a farm – <b>Is the business</b> incorporated?		What was the amount of the last Social Security or Railroad Retirement payment received? Is this amount AFTER the deduction for a Medicare premium?	621 \$	13a	<ul> <li>During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA &amp; Keogh)? Exclude rollovers.</li> </ul>	643	1 🗌 Ye 2 🗌 N		
	<ul> <li>5 - Self-employed in OWN business, professional practice, or farm?</li> <li>6 - Working WITHOUT PAY in family business or farm?</li> </ul>	608 1 ☐ Yes 2 ☐ No	f.	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	623 Number		<ul> <li>Ask if item 13a is marked "Yes" – How much?</li> <li>FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</li> </ul>	644	1 🗌 Re	ecords o record	.00 ds used

	Section 4 — WORK EXPERIENCE A		NCOME – Contin	ued									
F	Part A	PGM	4 FIELD REPRESEN	ΤΑΤΙν	/E – Complete at Week 2 pickup. Ask a s	separate page in Part A fo	or ea	ch Cl	U member 14 years old or over.				
1.	FIELD REPRESENTATIVE ITEMPROCESSING USE ONLYEnter the first name and line number of each CU member 14 years old and over.a. NAME	601	4	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was		8	a.	During the past 12 months, did receive – Any Supplemental Security Income checks from the U.S. Government?	624	1 🗌 Y 2 🗌 N		
2.	<b>b.</b> LINE NUMBER In the last 12 months, how many weeks did work either full-time or part-time,	602 603	Weeks		CODE <b>1 – Retired?</b> <b>2 – Taking care of home/family?</b> <b>3 – Going to school?</b>	609Cod	le		Any Supplemental Security Income checks from the State or local Government? Ask if items 8a and/or 8b are marked	625	1 🗌 Y 2 🗌 N		
3.	not counting work around the house? Include paid vacation and paid sick leave. In the weeks that worked, how many		0 □ Did not work – <i>Go to item 5</i> Hours per		<ul> <li>4 - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify z</li> </ul>				"Yes" – How much did receive in Supplemental Security Income checks altogether?	626	\$		.00
	hours did usually work per week? Show Information Booklet, page 44 The job in which received the most earnings during the past 12 months fits best in the following category: Enter one code. Manager, professional	604	week	6.	During the past 12 months, did receive any money in – Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	610 1 □ Yes 2 □ No - <i>Go to item 6</i> 611 \$00	-	) <b>.</b>	Ask items 9–12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did this cover?	627 628	з 🗆 🛚		.00 5 □ Year 6 □ Other – <i>Specify</i> <sub>¥</sub> 7 □ Twice a month
	01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including		0000	b.	Income or loss from's own nonfarm business, partnership, or professional practice?	612 1 🗆 Yes 2 🗌 No – Go to item 6			Was there any money deducted from 's last pay for – If YES – How much was deducted? Federal income tax?	9 629	<mark>′es</mark> 1 □	2 🗌	Amount           630         \$
	clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service				What was the amount of income or loss after expenses?	613     \$00       614     1 □ Loss	)		State and local income tax? Social Security including Medicare?	631	1 🗌		632 \$
	08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector			C.	Income or loss from's own farm? What was the amount of income or loss after expenses?	615 1 □ Yes 2 □ No - Go to item 7 616 \$00		d.	Railroad Retirement? Government Retirement?	634	1		635       \$       .00         637       \$       .00
	<ul> <li>12 - Transportation operator</li> <li>13 - Handler, helper, laborer</li> <li>Precision production, craft, repair</li> <li>14 - Mechanic, repairer, precision production</li> <li>15 - Construction, mining</li> <li>Farming, forestry, fishing</li> </ul>				During the past 12 months, did receive from the U.S. Government any money – From Social Security checks?	618 1 🗌 Yes 2 🗌 No		g.	Private pension fund? Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck? Ask if item 10c or 10g is marked "Yes" –	638		2          2      2	639 \$00
	16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces			b.	From Railroad Retirement checks?	619 1 🗆 Yes 2 🗌 No	1	1.	Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641	1 🗌 Y 2 🗌 N		
b.	Was CODE 1 – An employee of a PRIVATE	607			FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b?	620 1 🗌 Yes – Go to item 2 2 🗌 No – Go to item 8	/d		Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	642	1 🗌 Y 2 🗌 N		
	<ul> <li>company, business, or individual working for wages or salary?</li> <li>2 - A FEDERAL government employee?</li> <li>3 - A STATE government employee?</li> <li>4 - A LOCAL government employee?</li> <li>5 - Self-employed in OWN business,</li> </ul>		Code Code 5 and not a arm – Is the business ncorporated?		What was the amount of the last Social Security or Railroad Retirement payment received? Is this amount AFTER the deduction for a Medicare premium?	621 \$00       622 1 □ Yes       2 □ No	<sup>)</sup> 1	3a.	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	643	1 🗌 Y 2 🗌 N		
	professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?		1		During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	623 Numb	per 1	4.	Ask if item 13a is marked "Yes" – <b>How much?</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	644		lecords lo record	ds used

	Section 4 — WORK EXPERIENCE AND	<b>INCOME – Continued</b>								
	Part A	PGM 4 FIELD REPRESENT	ΤΑΤΙν	/E – Complete at Week 2 pickup. Ask a s	separate page in Part A for	each	CU member 14 years old or over.			
1.	FIELD REPRESENTATIVE ITEMPROCESSING USE ONLYEnter the first name and line number of each CU member 14 years old and over.a. NAME	<u>601</u> <b>5</b>	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was			During the past 12 months, did receive – A. Any Supplemental Security Income checks from the U.S. Government?	624	1 □ Yes 2 □ No	
2.	b. LINE NUMBER In the last 12 months, how many weeks did work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.	602 603 Weeks 0 □ Did not work - <i>Go to item 5</i>		CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify Z	609Code	0	<ul> <li>Any Supplemental Security Income checks from the State or local Government?</li> <li>Ask if items 8a and/or 8b are marked "Yes" –</li> <li>How much did receive in Supplemental Security Income</li> </ul>	625	1 🗌 Yes 2 🗌 No	
3.	In the weeks that worked, how many hours did usually work per week?	604 Hours per week					checks altogether?	626	\$	.00
4a	Show Information Booklet, page 44 The job in which received the most earnings during the past 12 months fits best in the following category: Enter one code. Manager, professional	605 Code	б. а.	During the past 12 months, did receive any money in – Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	610 1 ☐ Yes 2 ☐ No – <i>Go to item 6b</i> 611 \$00	9.	Ask items 9–12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did this cover?	627	\$ 1	.00 5 □ Year 6 □ Other – <i>Specify</i> 7 □ Twice a month
	01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including	0000	b.	Income or loss from's own nonfarm business, partnership, or professional practice?	612 1 🗌 Yes 2 🗌 No – Go to item 6c	10. a	Was there any money deducted from 's last pay for – If YES – How much was deducted? A. Federal income tax?	629	2 D	Amount 630 \$00
	clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician			What was the amount of income or loss after expenses?	613     \$     .00       614     1     Loss		<ul> <li>State and local income tax?</li> <li>Social Security including Medicare?</li> </ul>	631		632 \$00
	Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer		C.	Income or loss from's own farm? What was the amount of income or	615 1   Yes 2   No - <i>Go to item 7</i> 616 \$00		Railroad Retirement?			635 \$00
	<ul> <li>11 – Machine operator, assembler, inspector</li> <li>12 – Transportation operator</li> <li>13 – Handler, helper, laborer</li> </ul>		7		617 1 Loss		<ul> <li>Government Retirement?</li> <li>f. Private pension fund?</li> </ul>	638		637       \$       .00         639       \$       .00
	Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining		/.   a.	During the past 12 months, did receive from the U.S. Government any money – From Social Security checks?	618] 1 🗌 Yes 2 🗌 No	g	J. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?	640		
	Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces			From Railroad Retirement checks?	619 1 🗌 Yes 2 🗌 No	11.	Ask if item 10c or 10g is marked "Yes" – Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641	1 □ Yes 2 □ No	
k	D. Was CODE 1 – An employee of a PRIVATE	607 Code		FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b? What was the amount of the last	620 1 🗌 Yes – Go to item 7d 2 🗌 No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	642	1 □ Yes 2 □ No	
	company, business, or individual working for wages or salary? 2 – A FEDERAL government employee? 3 – A STATE government employee? 4 – A LOCAL government employee?	Ask if code 5 and not a farm – Is the business incorporated?		Social Security or Railroad Retirement payment received? Is this amount AFTER the deduction for a Medicare premium?	621 \$	13a	<ol> <li>During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA &amp; Keogh)? Exclude rollovers.</li> </ol>	643	1 🗌 Yes 2 🗌 No	
	5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family	608 1 🗌 Yes 2 🗌 No	f	During the past 12 months, how	2 110	b	Ask if item 13a is marked "Yes" – How much?	644	\$	.00
	business or farm?			many Social Security or Railroad Retirement payments did receive?	623 Number	14.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	645	1 🗌 Records 2 🗌 No reco	

5	ection 4 — WORK EXPERIENCE AND INCOME – Continued art A PGM 4 FIELD REPRESENTATIVE – Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.													
P	Part A		PGM 4	FIELD REPRESEN	ΤΑΤΙν	E – Complete at Week 2 pickup. Ask a s	separate p	bage in Part A for	each	CU member 14 years old or over.				
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY <b>a.</b> NAME	601	6		Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was			8. á	During the past 12 months, did receive – a. Any Supplemental Security Income checks from the U.S. Government?	624 1 □ Yes 2 □ No			
2.		or part-time, e house?	602	Weeks □ □ Did not work – <i>Go to item 5</i>		CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – III, disabled, unable to work? 5 – Unable to find work?	609	Code	k	<ul> <li>Any Supplemental Security Income checks from the State or local Government?</li> <li>Ask if items 8a and/or 8b are marked "Yes" –</li> <li>How much did receive in</li> </ul>	625 1 □ Yes 2 □ No			
3.	In the weeks that worked hours did usually work pe	d, how many	604	Hours per week		6 - Doing something else? - Specify 				Supplemental Security Income checks altogether?	626 \$		.00	
4a.	Show Information Booklet, page <b>The job in which received</b> <b>earnings during the past 12 r</b> <b>fits best in the following cate</b> <i>Enter one code.</i>	e 44 d the most months	605		a.	tips, Armed Forces pay and allowances. What was the amount of income	610 1 1 1 2 1 r	Yes No – <i>Go to item 6b</i> .00	9.	Ask items 9–12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did this cover?	627 \$ 628 1 □ Weeł 2 □ 2 We 3 □ Mont 4 □ Quar	5 🗌 eks 6 🗌 h	.00 Year Other – <i>Specify</i> <sub>✔</sub> Twice a month	
	Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technica 04 – Administrative support,	al, sales	005	Code	b.	received before any deductions? Income or loss from's own nonfarm business, partnership, or professional practice?	612 1 🗆 \		10. 6	<ul> <li>Was there any money deducted from         <ul> <li>'s last pay for –</li> <li>If YES – How much was deducted?</li> </ul> </li> <li>Federal income tax?</li> </ul>	Yes N 629 1□ 2	0	Amount \$	.00
	clerical 05 – Sales, retail 06 – Sales, business goods an 07 – Technician	-				What was the amount of income or loss after expenses?	613 \$ 614 1 🗌 L	.00 _0SS		<b>b.</b> State and local income tax?	631 1 2 633 1 2	////	\$	.00
	Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer					Income or loss from's own farm? What was the amount of income or loss after expenses?	615 1 1 N 2 1 N 616 \$	Yes No – <i>Go to item 7</i> .00	C	<ul> <li>c. Social Security including Medicare?</li> <li>d. Railroad Retirement?</li> </ul>	633     1     2       634     1     2       636     1     2	635	\$	.00
	<ul> <li>11 - Machine operator, asser inspector</li> <li>12 - Transportation operator</li> <li>13 - Handler, helper, laborer</li> <li>Precision production, craft, repa</li> <li>14 - Mechanic, repairer, precision</li> </ul>	r iir				During the past 12 months, did receive from the U.S. Government	617 1 🗌 L	_0\$\$	. 1	<ul> <li>e. Government Retirement?</li> <li>f. Private pension fund?</li> <li>g. Ask if item 10c is marked "No" –</li> </ul>		□ 639 ////	\$ \$	.00
	production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, ground Armed forces	dskeeping				any money – From Social Security checks? From Railroad Retirement checks?		No Yes	11.	Security cover only the Medicare	640 1 2		'//////////////////////////////////////	
b.	18 – Armed forces Was CODE					FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b?		No Yes – Go to item 7d No – Go to item 8a	12.	employer or union that worked for during the last 12 months contribute to a pension or retirement	642 1 🗌 Yes 2 🗌 No			
	<ol> <li>An employee of a PRIVAT company, business, or ind working for wages or sala</li> <li>A FEDERAL government em 4 - A LOCAL government em 5 - Statement employed in OWN business</li> </ol>	dividual ary? employee? ployee? ployee?	fai in	code <i>sk if code 5 and not a</i> <i>rm</i> – <b>Is the business</b> <b>corporated?</b>	e.	What was the amount of the last Social Security or Railroad Retirement payment received? Is this amount AFTER the deduction for a Medicare premium?	621 \$ 622 1 2 N	.00 Yes No	13a	<ul> <li>plan that was enrolled in?</li> <li>a. During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA &amp; Keogh)? Exclude rollovers.</li> </ul>	643 1 □ Yes 2 □ No			
	<ul> <li>5 - Self-employed in OWN bu professional practice, or f</li> <li>6 - Working WITHOUT PAY in business or farm?</li> </ul>	farm?		☐ Yes ⊡ No		During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	623	Number		<ul> <li>b. Ask if item 13a is marked "Yes" – How much?</li> <li>FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</li> </ul>	644         \$           645         1 □ Reco           2 □ No re		<b>.00</b>	

	Section 4 — WORK EXPERIENCE A	ND INCOME – Contin	nued					
	Part B – Ask for entire CU as a group	PGM 4 FIELD REPRESEN	TATIVE – Complete at Week 2 pickup. Ask these ite	ems for the entire CU as a g	roup.	).		-
1.	During the past 12 months, did you (or any members of your CU) receive income from any of the following –	701 1 🗌 Yes	i. Income from regular contributions from – (1) Alimony?	723 1  Yes 2  No	4.	During the past 12 months, did of your CU) pay any – If YES – What was the total amound		744 1 🗌 Yes
é	1. Income from unemployment compensation? If YES – What was the total amount	2 🗌 No – Go to item 1b	(2) Other sources such as from persons outside the CU?	724 1 🗌 Yes 2 🗌 No	a.	<ul> <li>members?</li> <li>Federal income tax in addition to earnings?</li> </ul>		744 1 163 2 No 745 \$00
k	received by ALL CU members? D. Income from worker's compensation or veteran's benefits including education benefits, but excluding military retirement?	702 \$	If YES – for item i(1) or i(2) – Altogether what was the total amount received by ALL CU members?	725 \$00	b.	State and local income tax in ad withheld from earnings?	dition to that	746     1     Yes       2     No       747     \$
	If YES – What was the total amount received by ALL CU members?	704 \$00	2. During the past 12 months, did you (or any members of your CU) receive any –					748 1 Yes 2 No
C	Income from public assistance or welfare including money received from job training grants such as Jobs Corps?	705 1 □ Yes 2 □ No - Go to item 1d	a. Lump sum payments from estates, trusts, royalties, alimony, prizes or games of chance, or from persons outside of the CU?	726 1 🗌 Yes 2 🗌 No – <i>Go to item 2b</i>	c.	Personal property taxes not rep	orted elsewhere?	749 \$00       750 1 □ Yes - Specify in Notes
	If VEC What was the total amount	706 \$00	If YES – What was the total amount received by ALL CU members?	727 \$00	d.	• Other taxes not reported elsewh Social Security tax for the self-emp	ere? Do not include	2 □ No 751 \$00
C	I. Income from interest on savings accounts or bonds?	707 1 🗌 Yes 2 🗌 No – Go to item 1e	<ul> <li>Money from the sale of household furnishings, equipment, clothing, jewelry, pets or other belongings, excluding the</li> </ul>	728 1 □ Yes 2 □ No – <i>Go to item 2c</i>	5.	During the past 12 months, did your CU have any occupational	you or any member of	<u> </u>
	If YES – What was the total amount received by ALL CU members?	708 \$00	sale of vehicles or property? If YES – What was the total amount received by ALL CU members?	729 \$ .00		union dues, tools, uniforms, bus association dues, licenses, or pe	iness or professional rmits?	752 1 🗌 Yes 2 🗌 No
e	<ul> <li>Regular income from dividends, royalties, estates, or trusts?</li> <li>If YES – What was the total amount</li> </ul>	2 🗌 No – <i>Go to item 1f</i>	<ul> <li>C. Other money income, including money received from cash scholarships and</li> </ul>		6a	If YES – What was the total amou occupational expenses? During the past 12 months, have a		753 \$ .00
f	received by ALL CU members?	710 \$00	fellowships, stipends not based on working, or from the care of foster children?	730 1 □ Yes 2 □ No – <i>Go to item 3</i>		<ul> <li>About what was the weekly doll</li> </ul>	part of their pay?	2 🗌 No – Go to item 7a
	private companies, military, or Government, IRA, or Keogh? /f YES – What was the total amount	711 1 🗌 Yes 2 🗌 No – Go to item 1g	If YES – What was the total amount received by ALL CU members?	731 \$00		meals? . How many weeks did members of	of your CU receive	755 \$00
	received by ALL CU members? J. Net income or loss from any type of rental	712 \$ .00	<ol> <li>During the past 12 months, did you (or any members of your CU) receive any refunds from the following –</li> </ol>		70	such meals during the past 12 n If CU owns this unit – Go to item 8a		756 Number of weeks
	of rooms or living units?	2 🗌 No – Go to item 1h	If YES – What was the total amount received by ALL CU members?	732     1 □     Yes       2 □     No       733     \$ .00	/a.	Did you or any members of your reduced rent for this unit as a fo past 12 months?	rm of pay during the	757 1 □ Yes 2 □ No – <i>Go to item 8a</i>
	<ul> <li>(1) How much net income or loss was received from roomers or boarders?</li> </ul>	714     \$00       715     0 □ None	a. Federal income tax?	734 1 Yes	b.	What is the rental charge to ano similar unit?	ther tenant for a	758 \$00
	(2) How much net income or loss was	1 Loss	<b>b.</b> State and local income tax?	2 🗌 No [735] \$00	c.	What period of time does this co	over?	759 1 🗌 Week 2 🗌 2 Weeks
	received from payments from other rental units?	716 \$00 717 0 □ None 1 □ Loss		736     1 □ Yes       2 □ No       737       \$ .00				3 🗌 Month 4 🗌 Other – <i>Specify <sub>k</sub></i>
ł	n. Income from child support?	718 1 🗌 Yes 2 🗌 No – Go to item 1i	C. Overpayment on Social Security?	738 1 🗆 Yes	8a.	. During the past 12 months, have CU received any Food Stamps?	e any members of your	760 1 □ Yes 2 □ No – End interview
	If YES – (1) Did you receive a one time lump sum payment for child support?	719 1	d. Insurance policies?	2 No 739 \$	b.	In how many of the past 12 mon received?	ths were Food Stamps	761   Number of months
	If YES – What was the total amount received by ALL CU members in last 12 months?	720 \$00	e. Property taxes?	740       1 □ Yes         2 □ No       .00		In the past month, have any mer received any Food Stamps?	nbers of your CU	762 1 🗌 Yes 2 🗌 No – End interview
	(2) Did you receive any child support payments in other than a lump sum amount?	721 1 □ Yes <sup>2</sup> □ No - <i>Go to</i> <i>item 1i</i>	f. Other sources, including any other taxes?	742 1 □ Yes – <i>Specify</i> <sub>₹</sub>	D.	• When were Food Stamps received? List all dates on which stamps were received during the past month.	b       Month     Day       Year       763       Month     Day       Year	<b>c</b> 766 \$00
	If YES – What was the total amount received by ALL CU members in last 12 months?	722 \$00		2 🗌 No [743] \$00	C.	• What is the dollar value of the Food Stamps received on (Date in 9b)?	764IMonthDayYear765	767 \$     .00       768 \$     .00

# Page 14

	AREA SE	GMENTS	PERMIT SEGMENTS	UNIT SE	GMENTS	SEPARA	TENESS	NUMBER OF EXTRA UNITS
Start Here				Single Unit	Multi-Unit			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
heck the listing heet. Is the address f the additional living uarter already listed?	Are the additional living quarters within the area segment boundaries?	Are the additional living quarters in a group quarters?	Are the additional living quarters within the same structure and within the same space (See Footnote 1) occupied by the original sample unit?	Are the additional living quarters within the basic address (house number and street name) of the original sample unit?	Are the additional living quarters within the same space (See Footnote 1) occupied by the original sample unit? and Are the additinal living quarters the result of a split apartment?	Do the occupants or intended occupants of the additional living quarters live and eat separately from all other persons on the property?	Do the occupants or intended occupants of the additional living quarters have direct access from the outside or through a common hall?	Have you found more than 3 EXTRA units?
		Yes – Stop Table X; do not interview.		Yes - Go to column (7). No - Stop Table X; do not interview. No − Stop Table X; do <td><ul> <li>Yes to both questions – Go to column (7).</li> <li>No to either question – Stop Table X; do not interview.</li> </ul></td> <td>☐ Yes - Go to column (8). ☐ No - Not a separate unit. Stop Table X. Include additional living quarters with the originial unit and continue interview. sting sheet listing each unit at</td> <td>Yes – An EXTRA unit. Go to column (9). No – Not a separate unit. Stop Table X. Include additional living quarters with the originial unit and continue interview.</td> <td><ul> <li>Yes – Call your RO for instructions on which units to interview. The enter the basic address and unit designation (any) of the EXTRA un onto the listing sheet and fill out new Contre Cards and questionnaires for the units. (See Footnote 2)</li> <li>No – Enter the basic address and unit designation (if any) of the EXTRA units onto the listing sheet and fout new Control Cards and questionnaires for the fout new Control Cards and questionnaires for the se units. (See Footnote 2)</li> </ul></td>	<ul> <li>Yes to both questions – Go to column (7).</li> <li>No to either question – Stop Table X; do not interview.</li> </ul>	☐ Yes - Go to column (8). ☐ No - Not a separate unit. Stop Table X. Include additional living quarters with the originial unit and continue interview. sting sheet listing each unit at	Yes – An EXTRA unit. Go to column (9). No – Not a separate unit. Stop Table X. Include additional living quarters with the originial unit and continue interview.	<ul> <li>Yes – Call your RO for instructions on which units to interview. The enter the basic address and unit designation (any) of the EXTRA un onto the listing sheet and fill out new Contre Cards and questionnaires for the units. (See Footnote 2)</li> <li>No – Enter the basic address and unit designation (if any) of the EXTRA units onto the listing sheet and fout new Control Cards and questionnaires for the fout new Control Cards and questionnaires for the se units. (See Footnote 2)</li> </ul>
				NOTES				

rip	Time	Reason	OFFICE US	E Trip	Time	Reason C	FFICE USE ONLY	Trip	Time	Reason	OFFICE USE	
а)	(b)	(c)	ONLY	(a)	(b)	(c)	ONLY	(a)	(b)	(c)	ONLY	
	Began a.m. p.m.	832	833		Began a.m. p.m.		341		Began a.m. p.m.	848	849	
1	Ended a.m. p.m.			5	Ended a.m. p.m			9	Ended a.m. p.m.			1
	Began a.m. p.m.	834	835		Began a.m. p.m		843		Began a.m. p.m.	850	851	Week 1
2	Ended a.m. p.m.			6	Ended a.m. p.m			10	Ended a.m. p.m.			Field Represe
	Began a.m. p.m.	836	837		Began a.m. p.m		845		Began a.m. p.m.	852	853	NOTES
3	Ended a.m. p.m.			7	Ended a.m. p.m			11 -	Ended a.m. p.m.			
	Began a.m. p.m.	838	839		Began a.m. p.m		847		Began a.m. p.m.		855	
1	Ended a.m. p.m.			8	Ended a.m. p.m.			12 -	Ended a.m. p.m.			
8.	RECORD OF INTER	VIEW AND O			ME	· · · · · ·						
					Ti	me				OFFICE	USE ONLY	
	Activity		1st		2	nd			3rd			
		Began	End	led	Began	Ended	Beg	an	Ended	Total	minutes	
									_	856		
	Interviewing		m. m.	a.m p.m		a.ı p.ı		a.ı p.	m. a.m m. p.m			
										857		
	Field Representative review		m. m.	a.m p.m		a.ı p.i		a.ı p.	m. a.m m. p.m			
					///////////////////////////////////////		X/////	////				
						V//////////	×/////	111	///////////////////////////////////////	858		
		a	m.	a.m			X/////					

PERSONAL CONTA <b>4</b> – Personal visit to collect <b>5</b> – Personal visit to scheo <b>6</b> – Other personal visit	ct data	
DIARY PICKUP APPO	DINTMENTS	
hth/Date	Time	a.m. p.m. a.m. p.m.
ive name	Field	d Representative
	<u>.</u>	