FORM **CE-302** (4-1-99)

NOTE: Office st	aff should complete transcription items 1–4 below for interviewed CU's only.			
1. Regional	2. CONTROL NUMBER	3a. HH No.	3b. CU No.	4. Interview No.
Office code	PSU code Segment Segment number Sample Serial Serial Check number suffix designation number suffix digit	HH_NUM	CU_NUM	
REG_OFF	A REA CODE SEGMENTI SEG_SUFF SAMP_DES SERIAL CHECK			□3 □5

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U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS



QUESTIONNAIRE
QUARTERLY INTERVIEW SURVEY
CONSUMER EXPENDITURE SURVEYS

	ectio	n 1 – G	ENER	RAL SU	JRVEY IN	IFORI	/IATIO	N						FORM CE-302				U.S. DEPA	RTMENT OF COMMERCE BUREAU OF THE CENSUS			
F	art A	- Field	l Repr	ONE CONTACTS AND REASON FOR CONTACT – Enter code for reason of telephone contact from list of codes below. Call Reason (b) Reason (b) REASON FOR TELEPHONE CONTACT OTHER CONTACTS AND REASON FOR COME OF TELEPHONE CONTACT OTHER CONTACTS AND REASON FOR COME OF TELEPHONE CONTACT TELEPHONE CONTACT TELEPHONE CONTACT																	U.S. [AS COLLECTING AGENT FOR DEPARTMENT OF LABOR REAU OF LABOR STATISTICS
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S	ectior	1 - GEN	VERA	L SU	IRVEY IN	FORM	/IATION	ı								FORM CE-302		L	
P	art A	- Field R	epres	enta	ative Rec	ords		1 01 25	3 ↓							(4-1-55)			ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR
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E 5		AF TELEBUIO	NE OOA	IT A OT		2011 501	2.0001740	T								NOTICE – Your report to the C	Census Bureau is confid e	ential by law (title 13. U.	S. Code). It may be seen
Call	ECORD C		INE CON								' -				SE ONI V	only by sworn Census employ	ees and may be used on	ly for statistical purposes	S.
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4	0800			8	0160			12 0240				telephone				Field Representative review	a.m. p.m.	a.m. p.m	0630
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	Part A - Field Representative Records 1																		
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S	ectior	1 - GEN	VERA	L SU	IRVEY IN	FORM	/IATION	ı								FORM CE-302		L	
P	art A	- Field R	epres	enta	ative Rec	ords		1 01 25	3 ↓							(4-1-55)			ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR
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4	0800			8	0160			12 0240				telephone				Field Representative review	a.m. p.m.	a.m. p.m	0630
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																If the respondent did not com	plete the interview to its		THOCESSING USE UNLT
																the last section completed.			0960 1 9 9 9
	RECORD OF TELEPHONE CONTACTS AND REASON FOR CONTACT																		

S	ectior	1 - GEN	VERA	L SU	IRVEY IN	FORM	/IATION	ı								FORM CE-302		L	
P	art A	- Field R	epres	enta	ative Rec	ords		1 01 25	3 ↓							(4-1-55)			ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR
1. Re	gional fice code	2. Contro PSU code	I numbe Segme 	r nt No. 	Segment numl	oer suffix	 			rial suffix	Check digit I I I	3a. HH No.	3b. cu	J No.	No. □ 2 □	4	UARTERLY INTER	RVIEW SURVEY	BUREAU OF LABOR STATISTICS
E 5		AF TELEBUIO	NE OOA	IT A OT		2011 501	2.0001740	T								NOTICE – Your report to the C	Census Bureau is confid e	ential by law (title 13. U.	S. Code). It may be seen
Call	ECORD C		INE CON								' -				SE ONI V	only by sworn Census employ	ees and may be used on	ly for statistical purposes	S.
(a)	2000	(b)		(a)		(b)		(a)	(b)				0111	ICL OC	JE OILE	7. RECORD OF INTERVIEW AND	OFFICE ACTIVITY TIME		
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4	0800			8	0160			12 0240				telephone				Field Representative review	a.m. p.m.	a.m. p.m	0630
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																	0820 6 Contracts or a		PROCESSING LISE ONLY
																If the respondent did not com	plete the interview to its		THOCESSING USE UNLT
																the last section completed.			0960 1 9 9 9
	RECORD OF TELEPHONE CONTACTS AND REASON FOR CONTACT																		

S	ection	1 – GEI	NER/	AL SU	IRVEY IN	IFORN	IATION	I								FORM CE-302 U.S. DEPARTMENT OF COMMERC
Р	art A	- Field R	epre	senta	ative Rec	ords		1 01 25	3 ↓							ACTING AS COLLECTING AGENT FO U.S. DEPARTMENT OF LABO
1. Re O	egional ffice code	2. Contro	l numb Segm 	oer nent No. 	Segment numl	oer suffix	Sample des			rial suffix	Check digit I I I	3a. HH No.	3b. cu	J No.	4. Interview No.	QUARTERLY INTERVIEW SURVEY
5 R	ECORD (OF TELEPHO	ONE CO	ONTACT	S AND REAS	SON FOI	R CONTAC	T – Enter co	de for rea	son of tel	enhone cor	ntact from list	of codes h	nelow		NOTICE - Your report to the Census Bureau is confidential by law (title 13, U.S. Code). It may be seen
Call	LCOND	Reason	JIVE CO	Call		eason	С	Call	Reasor		REAS	SON FOR			SE ONLY	only by sworn Census employees and may be used only for statistical purposes.
(a)	0020	(b)		(a)	0100	(b)		(a) 0180	(b)			NE CONTACT				7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME
1	0040			5	0120			3				hone call lect data	0250			Activity TIME OFFICE USE ONLY
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	6 Other personal visit 8. QUESTIONNAIRE DEBRIEFING – Complete at the conclusion of interview.															
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(4)	Bega	n	.m. [0270	0280	(a)	Began	a.m.	0390	0400	(u)	Began	a.m.	0510	0520	Line number of main respondent
1			.m.			5		p.m.			9		p.m.			b. Enter the line number(s) of all other respondents – Enter code 99 for non CU member.
•	Ende	a	.m.				Ended	a.m. p.m.				Ended	a.m. p.m.			0670 0730
	Bega	n .		0300	0310		Began	· · · · · ·	0420	0430		Began		0540	0550	
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2	Ende	a	.m.				Ended	a.m. p.m.			'0	Ended	a.m. p.m.			0690 0720 0750
	Bega	n .		0330	0340		Began	a.m.	0450	0460		Began	a.m.	0570	0580	C. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records?
3	C -s al a	<u> </u>	.m.			7	Foods at	p.m.			11	Foodsal	p.m.			Mark (X) one.
	Ende	a	.m.				Ended	a.m. p.m.				Ended	a.m. p.m.			0760 1 ☐ Always 3 ☐ Mostly 5 ☐ Almost never
	Bega	а	.111.	0360	0370		Began	a.m.	0480	0490		Began	a.m.	0600	0610	2 Almost always 4 Occasionally 6 Never d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?
4	Ende	d	o.m.			8	Ended	p.m.	-		12	Ended	p.m.			Mark (X) all that apply.
			.m.					a.m. p.m.					a.m. p.m.			0770 1 ☐ Bills 0800 4 ☐ Receipts of purchase (sales slips) 0830 7 ☐ Bank statements 0780 2 ☐ Checkbook ledger or stubs 5 ☐ Home file (provided by Census Bureau) 8 ☐ Other
								NOTES								or stubs Census Bureau) 0790 3 Canceled checks 0820 6 Contracts or agreements
																9. LAST SECTION COMPLETED PROCESSING USE ONLY
																If the respondent did not complete the interview to its conclusion, enter the last section completed.
																0850 Section number

Section 1 – GENERAL SURVEY INFORM	ATION – Continued	
Part A.1 – Consumer Unit and Reference	e Period Explanations	
FIELD REPRESENTATIVE NOTE: Read the following paragr	raphs (control card items 23f and 35b) ONLY if you have NOT	read them already.
1. Consumer Unit During this interview, I will use the words	2. Reference Period Most guestions that I will be asking refer to a	NOTES
During this interview, I will use the words consumer unit or CU. A consumer unit is the (person/group of persons) in this household who (is/are) independent of all other persons in this household for payment of their major expenses.	Most questions that I will be asking refer to a specific time period. During this interview, the time period, unless I state otherwise, is for the past three months, that is, from the first day of (Month, three months previous to this month) to	
The person(s) I'm including in your CU (is/are): (READ NAMES OF ALL PERSONS LISTED IN CONTROL CARD ITEM 18 WITH THE SAME CU MARKED IN	today.	
CARD ITEM 18 WITH THE SAME CU MARKED IN CONTROL CARD ITEM 23g.)		

Page 2

Section 1 – GENERAL SURVEY INFORMATION – Continued

FIELD

	Part B – General Hous	ing Characteristics – <i>For New Consum</i>	er Units Only (For Returning	Consumer Units, Go to Section	n 2) 1 01 26 1 ↓	
1a.	Ask if not apparent. Is this house in a public housing project, that is, is it owned by a local housing authority or other local public agency?	0010 1 Yes – Go to item 2 2 No PUBLHOUS	5. How many rooms are there in this unit, including all finished living areas and excluding all bathrooms?	0060 Number ROOMSQ	Information Booklet, page 5 9. Does this unit have any of the following? Mark (X) all that apply.	0130 01 ☐ Swimming pool 0140 02 ☐ Off street parking 0150 03 ☐ Porch, terrace, patio, or balcony
b	If NO Are your housing costs lower because the Federal, State, or local government is paying part of the cost?	0020 1 Yes 2 No GOVTCOST	6. How many bedrooms are there in this unit? Count all rooms used MAINLY for sleeping, even if also used for other purposes.	0070 Number 0 \square None BEDROOMQ		 0160 04 ☐ Apartment or guest house 0170 05 ☐ Central air conditioning 0180 06 ☐ Window air conditioning
2.	Ask if not apparent. Are these living quarters presently used as student housing by a college or university?	0030 1 Yes 2 No ST_HOUS	7a. How many complete bathrooms are there in this unit? A COMPLETE BATHROOM has a flush toilet, a bathtub or	0080 Number		SWIMPOOL OFSTPARK PORCH APTMENT
	Ask if not apparent by observation. Information Booklet,	0040 on Single family detached (detached structure with only one primary residence; however, the structure could	shower, and a wash basin with piped water.	BA THRMQ		CNTRA LA C WINDOWA C
3.	page 5 Which best describes this building?	include a rental unit(s) in the basement, attic, etc.) 12 Row or townhouse – inner unit (2, 3, or 4 story structure with 2 walls in common with other units and a private ground	b. How many half bathrooms are there in this unit? A HALF BATHROOM has at least a flush toilet OR bathtub or shower, but does not have	0090 Number		
		level entrance; it may have a rental unit as part of the structure) 13 End row or end townhouse (one common	all the facilities of a complete bathroom.	HLFBA THQ	10. About when was this building originally built? Do not consider later	0450 01 ☐ 1990 or later 02 ☐ 1985–1989
		wall) 04 Duplex (detached two unit structure with one common wall between the units) 05 3-plex or 4-plex (3 or 4 unit structure with all units occupying the same level or levels) – Go to item 5	8. What fuel is used most for – a. Heating this unit?	0100 01 ☐ Gas (underground piping) 02 ☐ Electricity 03 ☐ Fuel oil 04 ☐ Other – Specify	remodelings.	03
		of ☐ Garden (a multi-unit structure, usually wider than it is high, having 2, 3, or possibly 4 floors; characteristically the units not only have common walls but are also stacked on top of one another) – Go to item 5		05 □ No fuel used x □ Don't know HEATFUEL		08 □ 1955–1959 09 □ 1950–1954 BUILT 10 □ 1945–1949 11 □ 1940–1944
		 High-rise (a multi-unit structure which has 4 or more floors) – Go to item 5 Apartment or flat (a unit not described above; could be located in the basement, attic, second floor, or over the garage of one of the units described above) – 	b. Heating water in this unit?	0110 01 ☐ Gas (underground piping) 02 ☐ Electricity 03 ☐ Fuel oil 04 ☐ Other – Specify		12
		Go to item 5 09 \square Mobile home or trailer – Go to item 5 10 \square College dormitory – Go to section 1, part C 11 \square Other – Specify and go to item 4 $_{\swarrow}$		05 ☐ No fuel used x ☐ Don't know WA TERHT		x □ Don't know NOTES
		BUILDING	C. Cooking?	0120 01 Gas (underground piping)		
4.	What is the approximate size of the lot on which this unit is located?	Lot size (approximate acreage) 0050 o1 \square 1 acre or less – 43,560 sq. ft. o2 \square 2 acres – 87,120 sq. ft. o3 \square 3 to 5 acres		02 □ Electricity 03 □ Fuel oil 04 □ Other – <i>Specify</i> ⊋		
		04 ☐ 6 to 10 acres LOT_SIZE 05 ☐ Greater than 10 acres 06 ☐ No lot x ☐ Don't know		No fuel used x \sum Don't know COOK ING		

Section 1 - GENERAL SURVEY INFORMATION - Continued Part C - Major Household Appliances - For New Consumer Units Only 3 01 28 3 → **NOTES** Information Booklet, page 6 If YES -Was this (Were any of these) -Does your CU have any of the How following appliances? many? 1. Purchased for own use? 2. Included with own house? 3. Received as a gift? 4. Included with rental unit? 5. Rented separately? FIELD REPRESENTATIVE -Mark (X) first box that applies. Yes No A PPLSTA T MA JA PPLQ Electric cooking stove, 0010 1 🗌 2 🔲 range, or oven Gas cooking stove, range, 0020 1 🗌 2 🔲 or oven 0030 1 🗌 | 2 🔲 Microwave oven Other cooking stove, range, 0040 1 🗌 2 🔲 or oven 0050 1 🗌 2 🔲 Refrigerator 0060 1 🗌 2 🔲 Home-freezer 0070 1 🗌 2 🔲 **Built-in dishwasher** 0080 Portable dishwasher 1 🗌 | 2 🔲 0090 1 🗌 2 🔲 **Garbage disposal** 0100 1 🗌 2 🔲 **Clothes washer** 0110 1 🗌 2 🔲 **Clothes dryer** 0120 1 2 2 **Color television** Computer, not solely for 0130 1 2 2 games Sound components, component system, or 1 2 2 compact disc sound system Video tape recorder, video disc player, or video cassette recorder (VCR) 1 🗌 2 🔲 GO TO SECTION 2

Page 5		Page 5
	NOTES	

•	Section 2 – RENTED LIVING QU	ARTERS			
F	Part A – CU Tenure, Rental Payı	ments, Facilities, and Se	rvices for the Sample Unit	1 02 01 2 ↓	
	FIELD REPRESENTATIVE CHECK ITEM Mark (X) appropriate box based upon section 1, part B, item 2 for first interview or new consumer units. For subsequent interviews, this item will be prefilled.	0010 1 Student housing – Go to item 6 2 Not student housing	4a. Did you (or any members of your CU) receive any reduced or free rent for this unit as a form of pay since the 1st of (month, 3 months ago)?	0300 1 Yes RTASPAY 2 No – Go to item 5a	NOTES
b.	Are these living quarters owned or being bought by you (or any members of your CU)?	1 Yes - Go to item 6 2 No OWNED	b. What is the rental charge to another tenant for a similar unit?	8 RTCOMPX .00 x Don't know	
C	ASK IF NOT PREVIOUSLY ANSWERED – IF PREVIOUSLY ANSWERED MARK (X) APPROPRIATE BOX. Do you (or any members of your CU)	0030 1 ☐ Yes 2 ☐ No – <i>Go to item 4a</i>	C. What period of time does this cover?	0320 4 ☐ Month 9 ☐ Other – Specify ✓	
0.	pay rent for these living quarters?	RENTED		RTCMPPD	
2a.	RENTAL OF THE SAMPLE UNIT What is the rental charge to your CU for this unit, including any extra	0040 \$ RTREGX .00		x □ Don't know	
L	charge for garage or parking facilities? Do not include direct payments by local, state, or federal agencies.		5a. Is any portion of this unit used for your own business?	1 Yes RTBSNS 2 No − Go to item 6	
D.	What period of time does this cover?	0050 4 ☐ Month 9 ☐ Other – Specify → RNTLPRD	b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.	0550 RTBSNSZ .00 Percent	
C.	Since the 1st of (month, 3 months ago), how many payments have been made?	0060 RTPM TQ Number	6. Since the 1st of (month, 3 months ago), have you (or any members of your		
d.	Were all the payments in the amount of (rental charge reported in item 2a)?	1 ☐ Yes – Go to item 2f 2 ☐ No RTPM TRG	CU) rented any other houses, apartments, or temporary living quarters not used for business or	0620 1 ☐ Yes – Complete part B for other rental property 2 ☐ No – Go to next	
e.	If NO – What was the amount of each payment and how many payments were made at that amount?	Payment Number RTIREGX RTIREGC	vacation? Do not include college or university regulated housing.	section	
		0100 \$.00			
		0120 \$.00 0130			
		0140 \$.00 0150			
f.	Were any payments made during the current month?	0200 1 Yes RTCREX P 2 No - Go to item 3			
g.	If YES – How much?	0210 \$ RTCREXX .00			
3.	Does the rental payment include the cost of –	Yes No			
_	Electricity?	0220 1 2 RTELECT			
	Gas?	0230 1			
_	Heating?	0250 1			
	Trash/Garbage collection?	0260 1 2 RTTRASH			
f.	Garage or parking facilities	0270 1 □ 2 □ RT P A R K			

Section 2 - RENTED LIVING QUARTERS - Continued,

FIELD REPRESENTATIVE – Complete a separate page for each rented unit other than the sample unit.

F	Part B – Rental Paym	ents, Facil	ities, and S	ervice	es for Ot	ther Than Sample Unit			
1a.	RENTAL OF OTHER THAN SAMPLE UNIT What is the rental charge	PROCESSING USE ONLY		2 02 0 ·		3a. Did you or any members of receive any free or reduced the unit as a form of pay sin 1st of (month, 3 months ago)	l rent for nce the	0250 1 ☐ Yes RTASPAY 2 ☐ No – Go to item 4	NOTES
	for the other unit, including charge for garage or park facilities?	ng any extra	Ψ	TREGX n't know		b. What is the rental charge to tenant for a similar unit?		0260 \$ RTCOMPX .00	
b.	What period of time does	this cover?		onth ner – <i>Spe</i> RNTL _t F		C. What period of time does the	his cover?	x □ Don't know 0270	
								RTCMPPD	
C.	Since the 1st of (month, 3 how many payments have	months ago), be been made?	0030 RTPM	TQ _{Nur}	mber	4a. Is any portion of the unit us your own business?	sed for	0280 1 Yes RTBSNS	
d.	Were all the payments in to of (rental charge reported in	the amount item 1a)?	0040 1 ☐ Yes 2 ☐ No			l. ———		2 □ No – Go to item 5	
				KIP	MTRG	b. What percent of the rental counted as a business expeto the nearest whole percent.	payment is ense? Enter	0290 RTBSNSZ .00 Percent	
e.	If NO – What was the amore payment and how many p were made at that amoun	ayments		ment EGX	Number RTIREGO	· · · · · · · · · · · · · · · · · · ·	nonths ago).		
	were made at that amoun	Lf.	0050 \$.00	0060	CU) rented any other house	of your es.	0300 1 \(\sum \) Yes – Complete part B for other rental	
			0070 \$.00	0080	apartments, or temporary l quarters not used for busin vacation? Do not include co university regulated housin	ess or ollege or	property 2 □ No – Go to next section	
			0090 \$.00	0100				
			0110 \$.00	0120				
f.	Were any payments made current month?	during the		S RTC					
g.	If YES – How much?		0180 \$ R	TCREX	X .00				
2.	Does the rental payment i cost of –	include the	Yes	No					
a.	Electricity?		0190 1		RTELECT				
b.	Gas?		0200 1	2 🗆	RTGAS				
C.	Piped-in water?		0210 1 🗆	2 R	TWATE	R			
d.	Heating?		0220 1 🗆		RTHEAT				
e.	Trash/Garbage collection	?	0230 1		RTTRASI				
f.	Garage or parking facilities	es?	0240 1	2	RTPARK				

▶ Part A.1 – Screening Questions (If New Consumer Unit, Go to Part A.2)

☐ If this box is marked – Go to item 3a (no owned properties reported in previous interviews).

FIELD REPRESENTATIVE INSTRUCTIONS

- After completing all screening items (Part A.1) fill the appropriate parts of section 3 for each property owned.
- For each property previously recorded and still owned ("Yes" in item 1, column g), complete part I.
- For each property previously recorded and disposed of within the last 3 months ("No" in item 1, column g), complete parts D and
- •
- •
- 1. Ask column g for each property listed, except if property has been disposed of previously ("YES" in column b). If mortgage information (amount poid), solumn is recorded for a property, solven by the solumn b.

int	ormat	on (amoun	cn property liste t paid), column	ea, except it pr j is recorded fo	operty nas be or a property,	ask co	sposea column	ot pr k. If c	evious olumn	lis "Y	ES" in d ES," as															
8 0 3		b		d	Ι .		f				h	PF	ROPERTY INVI	ENTORY C	HART			1	k	1		m				
PROCESSING USE ONLY		Property disposed of (part D completed)	Property description (part B, item 1c)	Property type	PROPERTY CODE from part B, item 1b.	Cod ti sh (pa iter	de 300 cime hare art B, em 13, ox 2)	still I (prop descrition)? If "No to col	nave erty ip- ," go	Are (any c expe for tl propo dedu as busir farm renta expe If "No col	nis erty cted ness, , or il nses?	What percent of the expenses for this property are (were) deducted?		reported in	previo	PE PE PE PE PE PE PE PE	Amount paid from part F, item 11 or part G, item 11	Has y mort (lump home loan) paym (amo paid) chan	your gage sum e equity nent of unt	Home Loan (If "No next p	Equity	Line of Credit Home Equity Loan number (Part H, item 1d)	1st of (//	u (or) y ts line t quity	o If "Yes" - What was the amount of the last payment? PD2 A MTX	Prior to the last payment, what was the total amount owed? PR RN N N N N N N N N N N N N N N N N
PR	Pro	YES NO			2)			YES	NO	YES	NO	Σ			Mo	Home		YES	NO	YES	NO		YES N	10		
0001	PROP_	1				I		1 🗌	 2		¥ 0 1 1 □	₩ > Percent			1 🗆	 2	\$00	1 🗆	 2		i 			2 🗆	\$	\$00
0021	NO2	1			1 1 1 1 1 1	I		1 🗆	 2 _	1 🗆	 2	Percent			1 🗆	 2	\$00	1 🗆	 2		 				\$	\$00
0041		1				1		1 🗌	 2	1 🗆	 2	Percent			1 🗆	 2	\$	1 🗆	 2		 		1 🗆	2 🗌	\$	\$00
0061		1						1 🗌	 2 	1 🗆	 2 	Percent			1 🗆	 2 	\$	1 🗆	 2		 		1 1	2 🗌	\$	\$00
0081		1				1		1 🗌	 2	1 🗆	 2	Percent			1 🗆	 2	\$00	1 🗆	 2				1 1	2 🗌	\$	\$00
0101		1			1 1			1 🗌	 2 	1 🗆	 2	Percent			1 🗆	 2	\$	1 🗆	 2		 		1 🗆	2 🗌	\$	\$00
0121		1						1 🗆	 - 2	1 🗆	 2	Percent			1 🗆	 2	\$00	1 🗆	 2		 - -		1 🗆	2 🗌	\$	\$00
0141		1			1 1			1 🔲	 2	1 🗆	 2	Percent			1 🗆	 2	\$00	1 🗆	 2		 		1 🗆 ¦	2 🗌	\$00	\$00

Part A.1 – Screening Questions – Continued	1 03 01 0	↓	
2a. Since the 1st of (month, 3 months ago), have you obtained any additional mortgages, including second mortgages or home equity loans for any property you own?	0010 1 \(\text{Yes} \) 2 \(\text{No} - \text{Go to item 3} \)	a a	4. FIELD REPRESENTATIVE INSTRUCTION – Refer to the chart below. Complete all appropriate parts for each new property disposed of in the reference period and for each new property currently owned before moving on to the next property.
b. If YES – For which property was this additional mortgage or home equity loan obtained?	Enter the appropriate and property code(s) from the property inv 1a and 1e).	in item 2g below	PROPERTY STATUS Currently owned Disposed of ("Yes" in item 3b) ("No" in item 3b)
Ask for each property. C. Was this a mortgage or a home equity loan?	colur	(X) "Yes" in mortgage nn in item 2g n – Continue with item 2d	B, E, I B, D, E, I
d. There are two basic types of home equity loans. I'll describe both types. Please tell me which type more closely describes your loan. O1 A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or O2 A line of credit loan where you (your CU) can increase the amount borrowed by simply writing a			(NOTE: Do not fill any parts for property code 600.) NOTES
check or using a special credit card? C. Is this new loan a lump sum home equity loan?	equity loan	es" in lump sum home column in item 2g	
Ask or verify. f. Is this new loan a line of credit home equity loan?		th item 2f (es" in line of credit home column in item 2g	
g. Complete the chart below for each additional mortgage/home equi	ty loan.		
Property number Property code Mortgage (Complete a p	Lump sum home Line of credit home equity loan equity loan (Complete a part G)		
Yes	□Yes	□Yes	
	□Yes	□Yes	
3a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or otherwise acquired any property or real estate?	1 Yes – Ask items 3 2 No – Go to next p		
b. Please look at (page 7, Information Booklet). What kind of	Property code	Still owned	
property was it (were they)? ENTER PROPERTY CODE(S) FROM BELOW 100 The home in which you (your CU) currently live(s) 200 A home in which you (your CU) used to live	0060	0070 1 ☐ Yes 2 ☐ No	
600 Property for business or investment purposes only 300 A second home, vacation home or recreational property	0080	0090 1 ☐ Yes 2 ☐ No	
400 Unimproved land with no buildings on it 500 Other property – Specify		0110 1 ☐ Yes	
C. Do you still have this property? Mark (X) the appropriate box in "still owned" column.	0100	2 No	

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE

FIELD REPRESENTATIVE – Ask part A.2 questions 1 through 7 and then complete parts B through I as instructed.

F	Part A.2 – Screening Questions – <i>For Ne</i>	w Con	sumer Units C	Only		
_				1 03 02 8	→	NOTES
1.	asking separately about each of these types of	Property code	YES	I I NO	If YES ask – How many such properties do you (does your CU) own?	
	property. (Hand respondent Information Booklet, page 7.) Do you (any members of your CU) own the home in which you (your CU) currently live(s)? (Treat land contracts as ownership.)	100	0010 1 🗆	 		
2.	Since the first of (month, 3 months ago), have you (has anyone in your CU) lived in any other home that you (any member of your CU) still own(s)?	200	0020 1	l 2	0030 Number	
3.	Do you (Does your CU) own any property only for business or investment purposes?	600	0035 1	o l l 2 Go to item 4		
	READ IF "YES" IN ITEM 3 – In the following questions, please do not include any of the properties you (your CU) own(s) only for business or investment purposes.					
4.	Other than property you have already mentioned, do you (does your CU) own a second home, vacation home, or recreational property?	300	0040 1 🗆	/////////////////////////////////////	0050 Number	
5.	Other than property you have already mentioned, do you (does your CU) own any unimproved land, that is, land without buildings on it?	400	0060 1 🗆	Go to item 6	0070 Number	•
6.	Do you (Does your CU) own any other real estate? – $Specify_{\overrightarrow{k}}$			 		
		500	0080 1 🗆	│ 2 □ Go to item 7a	0090 Number	
7a.	Since the first of (month, 3 months ago), did you (you own any real estate or land that you (your CU) no loown(s)?	ır CU) onger	0100 1 ☐ Yes	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		
b.	If YES – How many different properties?		0110	Number		
C.	Please look at page 7 in the Information Booklet. With the property (ies) was it (were they)? Enter property code(s) from below.	/hat	0120	0130	0140	
	 100 - The home in which you (your CU) currently live(s) 200 - A home in which you (your CU) used to live 600 - Property for business or investment purposes only 		0150	0160	0170	
	300 - A second home, vacation home, or recreational pr400 - Unimproved land with no buildings on it		0180	0190	0200	
	500 – Other property – <i>Specify</i> ✓		0210	0220	0230	
8.	FIELD REPRESENTATIVE INSTRUCTIONS - Refer to the					
	chart to the right. Complete all appropriate parts for each property disposed of in the reference period and			PROPERTY STA	ATUS	
	for each property currently owned before moving on to next property.		Cur ("YES	rrently owned S" in items 1–6) ("Y	Disposed of (ES" in item 7a)	
	Note – Do not fill any parts for property code 600.			В, Е, І	B, D, E, I	

FIELD REPRESENTATIVE – Complete a column in part B for this property and continue with all appropriate parts for this property before going to next property.

		appropriate parts for this property before going to next property.								
P	art B – Detailed Property Des	cription								
1.	FIELD REPRESENTATIVE CHECK ITEM	PROCESSING USE ONLY	1 03 03 6 ↓	1 03 04 4 ↓	1 03 05 1 ↓					
	New Consumer Units – Assign a property number to each property in	a. PROPERTY NUMBER	0010Number PROP_NOB	0010 Number	0010 Number					
	consecutive order starting with 1. Enter the property number in item	b. PROPERTY CODE from part A.1, item 3b or part A.2, items 1–7	0020 Code OWNYB	0020 Code	0020 Code					
	1a, the property code in item 1b, a brief description of the property (such as "own home") in item 1c,	C. DESCRIPTION	Description	Description	Description					
	and appropriate ownership status in item 1d. d. CURRENT OWNERSHIP STATUS from part A.1 or part A.2		1 Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 Disposed of (from part A.1, item 3c or part A.2, item 7	1 Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 Disposed of (from part A.1, item 3c or part A.2, item 7)	1 Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 Disposed of (from part A.1, item 3c or part A.2, item 7)					
2a	Now I'm going to ask you some questice. Are (Were) any of the expenses for the business, farm, or rental expenses?	ons about (property description). nis property deducted as	0040 1 ☐ Yes BSN SEX P 2 ☐ No - Go to item 3	0040 1 ☐ Yes 2 ☐ No – Go to item 3	0040 1 ☐ Yes 2 ☐ No – Go to item 3					
b	What percent of the expenses for thi deducted?	s property are (were)	0060 OBSNSZB .00 Percent – If 100%, delete this propert	Percent – If 100%, delete this property	. 0060 Percent – If 100%, delete this property.					
3a	In what month and year did you (you property? If land contract – In what mo contract begin?	r CU) close or settle on this onth and year did the land	ACQUIRMO AQUIRYR 0080 Month Year	0080 Month 0090 Year	0080 Month 0090 Year					
b	 FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box for each pr skip pattern. 	operty and follow appropriate	0100 1 ltem 3a is after the 1st of the month 3 months ago – Go to item 4 2 ltem 3a is before the 1st of the month 3 months ago – Go to item 8	0100 1 ltem 3a is after the 1st of the month 3 months ago – Go to item 4 2 ltem 3a is before the 1st of the month 3 months ago – Go to item 8	1 ☐ Item 3a is after the 1st of the month 3 months ago – Go to item 4 2 ☐ Item 3a is before the 1st of the month 3 months ago – Go to item 8					
4.	How did you (your CU) acquire this p Mark (X) the FIRST answer that applies.	roperty?	1 A purchase, a contract with a builder, or a trade-in 2 A gift or inheritance? 3 Other - Specify ACQMETH ACQMETH	1 A purchase, a contract with a builder, or a trade-in? 2 A gift or inheritance? 3 Other – Specify	1 A purchase, a contract with a builder, or a trade-in? 2 A gift or inheritance? 3 Other – Specify					
5.	Hand the respondent Information Bookle Closing costs include these kinds of costs, what was the total price paid	. •	0130 \$ OWN_PURX .00	0130 \$.00	0130 \$					
6.	What was the amount of the down pa	ayment?	0140 _{\$} OWNDPMTX .00	0140 \$.00	0140 \$					
7.	About how much were the closing co	osts?	0160 \$ CLOSECST .00	0160 \$.00	0160 \$.00					
8.	About how much do you think this p today's market?	roperty would sell for on	0190 \$ PROPVALX .00	0190 \$.00	0190 \$.00					
9.	What are your (your CU's) annual prodescription)?	perty taxes for (property	0200 \$ ANPROPTX .00	0200 \$.00	0200 \$.00					
10.	Ask if not apparent. Do not ask for unimples this property a condominium, cool		0210 1 ☐ A condominium 3 ☐ Something else 2 ☐ A cooperative PROPTYPE	0210 1 ☐ A condominium 3 ☐ Something else 2 ☐ A cooperative	0210 1 ☐ A condominium 3 ☐ Something else 2 ☐ A cooperative					
	If vacation property/second home (code other properties, go to part D or E as app	300), ask questions 11–13. All propriate.	City or place VPROPLOC State	City or place State	City or place State					
11.			Foreign country	Foreign country	Foreign country					
12		OFFICE USE ONLY	0220	0220	0220					
12.	Do you (Does your CU) share owners property with anyone else outside you	our CU? VSHARED	0230 1 ☐ Yes 2 ☐ No – Go to part D or E as appropriate	0230 1 ☐ Yes 2 ☐ No – Go to part D or E as appropriate	0230 1 ☐ Yes 2 ☐ No – Go to part D or E as appropriate					
13.	Do you (Does your CU) share ownershi a time-sharing arrangement where you of the property only for a specified tim	have (vour CU has) ownership	1 Share ownership for entire year or E as appropriate	1 ☐ Share ownership for entire year or E as appropriate	1 ☐ Share ownership for entire year or E as appropriate					

NOTE: As of Ap	NOTE: As of April 1999, Section 3 Part C no longer exists.								
		NOTES							
Dogg 12		Continue 2 Post C	Dogo 10						

FIELD REPRESENTATIVE – Complete a column in part D for this property reported as disposed of in part A.1, item 1g, or part A.2, item 7, and continue with all appropriate parts for this property before going to next property.

	Part D – Disposed o	f Property					
1.	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 03 33 3 ↓	1 03 34 1 ↓	1 03 35 8 ↓	1 03 36 6 ↓	
	Complete at the 1st interview in which the property is reported as	a. PROPERTY NUMBER	0010Number PROP_NOD	0010 Number	0010 Number	0010 Number	
	being disposed of. Enter the property number in item 1a, the property	b. PROPERTY CODE	0020 Code OWNYD	0020 Code	0020 Code	0020 Code	
	code in item 1b, and a brief description of the property in item 1c.	C. DESCRIPTION	Description	Description	Description	Description	
2. Did you (your CU) sell this property, give it to someone else (outside your CU), or do something else with it?		s property, give it to ur CU), or do	1 ☐ Sold the property 2 ☐ Gave it to someone else 3 ☐ Something else – Specify ✓ DISPMTHD	1 ☐ Sold the property 2 ☐ Gave it to someone else 3 ☐ Something else – Specify ✓	1 ☐ Sold the property 2 ☐ Gave it to someone else 3 ☐ Something else – Specify ✓	1 ☐ Sold the property 2 ☐ Gave it to someone else 3 ☐ Something else – Specify ———————————————————————————————————	
			Mark property traded-in as "sold."	Mark property traded-in as "sold."	Mark property traded-in as "sold."	Mark property traded-in as "sold."	
3. In what month and year did you (your CU) (sell/response to item 2) this property?		did you (your CU) his property?	Month Year 0040 0050 01SPYR If "sold" in item 2, go to item 4; otherwise	Month Year 0040 If "sold" in item 2, go to item 4; otherwise	Month Year 0040 If "sold" in item 2, go to item 4; otherwise	Month Year 0040 If "sold" in item 2, go to item 4; otherwise	
			go to part E.	go to part E.	go to part E.	go to part E.	
4. What was the selling price (trade-in value)?		ce (trade-in value)?	0060 \$ DISPX .00	0060 \$.00	0060 \$	0060 \$	
5. Hand the respondent Information Booklet, page 9. Here is a list of some of the costs people may have when selling (trading) property. Looking at the list may help you remember what your (your CU's) expenses were. What were the total expenses in selling (trading) this property?		the costs people may ng) property. Looking remember what es were. What were	0070 \$ DISPEXPX .00	0070 \$.00	0070 \$.00	0070 \$.00	
6a	Did you (your CU) finance sale (trade) for the buye	ce any part of the r?	0080 1 ☐ Yes 2 ☐ No – Go to part E MORTHOLD	0080 1 ☐ Yes 2 ☐ No – Go to part E	0080 1 ☐ Yes 2 ☐ No – Go to part E	0080 1 □ Yes 2 □ No – Go to part E	
b). What was the amount of that you (your CU) finan	f the mortgage ced?	0090 \$ TRUSTX .00	0090 \$.00	0090 \$	0090 \$	
				NOTES			

I	Part E – Mortgage/Home Equity Loan S	Screening Questions						
1.	1. FIELD REPRESENTATIVE ITEM Number Number			7. FIELD REPRESENTATIVE INSTRUCTIONS				
	Enter the property number in item 1a, the property code in item 1b, and a brief description of	Code			mortgages/loans	each loan/mortgage		
	the property in item 1c. c. DESCRIPTION	Description		a. Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b)		-		
2.	I want to ask next about any mortgages you (your CU) had in the last three months on (property description).	1 ☐ Co-op property – <i>Go to</i> 2 ☐ Not co-op	item 4a	b. Enter number of lump sum home equity loans for this property (from item 6a)		G		
	FIELD REPRESENTATIVE CHECK ITEM Mark (X) appropriate box based upon part B, item 10.	2 <u>□ Not co-op</u>		C. Enter number of line of credit home equity loans for this property (from item 6b)		н		
3a.	Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?		If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?	 After completing the appropriate parts F, G, and/or H, continue with part I If no mortgages nor home equity loans on this property, go to part I 				
		☐ Yes ☐ No – Go to item 3b	- Go to item 5 Number	NOTES				
b.	Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)?	☐ Yes ☐ No - Go to item 5	– Go to item 5 Number					
4a.	In addition to your (your CU's) share of the cooperative's total costs, do you (does your CU) make payments on a mortgage that was obtained from an outside lender for your (your CU's) shares in the cooperative?	☐ Yes ☐ No - Go to item 4b	– Go to item 5 Number					
b.	Since the lst of (month, 3 months ago), have you (has your CU) made any payments on a mortgage that was obtained from an outside lender for your (your CU's) shares in the cooperative?	☐ Yes ☐ No – Go to item 5	– Go to item 5 Number					
5.	Do you (Does your CU) have a home equity loan or any other loan which gives the lender claim on this property in case the loan is not repaid?		If YES ask – How many loans like this have you (has your CU) had on this property since the 1st of (month, three months ago)?					
		☐ Yes ☐ No – Go to item 7	Number					
6.	Now let's talk about your (your CU's) (loan description). There are two basic types of home equity loans. I'll describe both types. Please tell							
	me which more closely describes your loan. • A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took							
	out the loan; or • A line of credit loan where you (your CU) can increase the amount borrowed by simply							
a.	writing a check or using a special credit card. Do you (Does your CU) have a lump sum home equity loan?	☐ Yes ☐ No - <i>Go to item 6b</i>	Number					
b.	Do you (Does your CU) have a line of credit home equity loan?	□Yes						
		□ No – <i>Go to item 7</i>	Number					

FIELD REPRESENTATIVE – Ask part E questions 1 through 6 and then complete parts F, G, and/or H as instructed.

	Part E – Mortgage/I	Home Equity Loan S	Screening Questions - Co	ntinued				
1.	FIELD REPRESENTATIVE ITEM Enter the property	a. PROPERTY NUMBER	Number		7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage	
	number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.	b. PROPERTY CODE	Code				F	
	the property in item 16.	C. DESCRIPTION			a. Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b)			
2. I want to ask next about any mortgages you (your CU) had in the last three months on (property description). FIELD REPRESENTATIVE CHECK ITEM		t three months on	1 ☐ Co-op property – <i>Go to</i> 2 ☐ Not co-op	item 4a	b. Enter number of lump sum home equity loans for this property (from item 6a)		G	
		based upon part B, item 10.			C. Enter number of line of credit home equity loans for this property (from item 6b)		н	
3a. Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?			If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?	 After completing the appropriate parts F, G, and/or H, continue with part I If no mortgages nor home equity loans on this property, go to part I 				
			☐ Yes ☐ No – Go to item 3b	– Go to item 5 Number	NOTES			
b	. Have you (Has your CU) property since the 1st o	had a mortgage on this of (month, 3 months ago)?	☐ Yes ☐ No - Go to item 5	– Go to item 5 Number				
4 a	In addition to your (you cooperative's total cost CU) make payments on obtained from an outsic (your CU's) shares in th	a mortgage that was de lender for your	☐ Yes ☐ No – Go to item 4b	– Go to item 5 Number				
b	Since the lst of (month, (has your CU) made any mortgage that was obtilender for your (your Cl cooperative?	/ payments on a ained from an outside	☐ Yes ☐ No - Go to item 5	– Go to item 5 Number				
5.	Do you (Does your CU) loan or any other loan v claim on this property i repaid?	which gives the lender		If YES ask – How many loans like this have you (has your CU) had on this property since the 1st of (month,				
			□Yes	three months ago)?				
			□ No – Go to item 7	Number				
6.	Now let's talk about yo description). There are to equity loans. I'll describ me which more closely	wo basic types of home be both types. Please tell						
	 A loan where you (you lump-sum borrowed w 	ur CU) received the entire when you (your CU) took						
	out the loan; or • A line of credit loan w	here you (your CU) can						
а	writing a check or using the control of the control	porrowed by simply ng a special credit card. have a lump sum home	☐ Yes ☐ No - Go to item 6b	Number				
b	Do you (Does your CU) home equity loan?	have a line of credit	□Yes					
			☐ No – Go to item 7	Number				

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued Part E - Mortgage/Home Equity Loan Screening Questions - Continued FIELD REPRESENTATIVE 7. FIELD REPRESENTATIVE INSTRUCTIONS Complete the a. PROPERTY NUMBER Number Number of ITEM appropriate part for mortgages/loans each loan/mortgage Enter the property number in item 1a, the **b.** PROPERTY CODE Code property code in item 1b, and a brief description of F Description the property in item 1c. **a.** Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b) C. DESCRIPTION I want to ask next about any mortgages you G **b.** Enter number of lump sum home equity loans for this property (your CU) had in the last three months on (from item 6a) 1 ☐ Co-op property – Go to item 4a (property description). 2 Not co-op FIELD REPRESENTATIVE CHECK ITEM н **C.** Enter number of line of credit home equity loans for this property Mark (X) appropriate box based upon part B, item 10. (from item 6b) If YES ask -3a. Excluding home equity loans, do you (does How many mortgages have you (has your CU) had on this • After completing the appropriate parts F, G, and/or H, continue with part I your CU) presently have a mortgage on this property? property since the 1st of • If no mortgages nor home equity loans on this property, go to part I (month, three months ago)? NOTES - Go to item 5 \square No – Go to item 3b Number **b.** Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)? - Go to item 5 □ No – Go to item 5 Number 4a. In addition to your (your CU's) share of the cooperative's total costs, do you (does your CU) make payments on a mortgage that was Go to item 5 obtained from an outside lender for your \square No – Go to item 4b Number (your CU's) shares in the cooperative? **b.** Since the lst of (month, 3 months ago), have you (has your CU) made any payments on a mortgage that was obtained from an outside - Go to item 5 lender for your (your CU's) shares in the □ No – Go to item 5 cooperative? Number If YES ask -Do you (Does your CU) have a home equity How many loans like this have loan or any other loan which gives the lender you (has your CU) had on this claim on this property in case the loan is not property since the 1st of (month) repaid? three months ago)? □ No – Go to item 7 Number Now let's talk about your (your CU's) (loan description). There are two basic types of home equity loans. I'll describe both types. Please tell me which more closely describes your loan. • A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or • A line of credit loan where you (your CU) can increase the amount borrowed by simply writing a check or using a special credit card. a. Do you (Does your CU) have a lump sum home ☐ No – Go to item 6b equity loan? Number **b.** Do you (Does your CU) have a line of credit home equity loan? □ No – Go to item 7 Number

FIELD REPRESENTATIVE – Complete a separate column for each mortgage at the first interview in which the mortgage is reported.

Pa	art F – Mortgages				
1.	FIELD REPRESENTATIVE PROCESSING USE ONLY ITEM	1 03 43 2 ↓	1 03 44 0 ↓	1 03 45 7 ↓	
	Enter the property number in item 1a, the a. PROPERTY NUMBER	0010Number PROP_NOF	0010 Number	0010 Number	
	property code in item 1b, a brief description of the property in item 1c. b. PROPERTY CODE	0020 Code OWNYF	0020 Code	0020 Code	
	Enter the 3-digit loan number in item 1d, beginning with 101 and c. DESCRIPTION	Description	Description	Description	
	assigning loan numbers consecutively, regardless of property number. d. LOAN NUMBER	0030 1 Number LOAN_NOF	0030 1 Number	0030 1 Number	
2.	I'd like to ask some additional questions about your mortgage. In what month and year did you (your CU's) first payment on this mortgage?	FRSTPYM O FRSTPYYR Year 00045	Month Year 0035	Month Year 0035	
3.	ls this a 30-year mortgage, a 15-year mortgage, or something else?	0055 1 □ 30-year 3 □ Something else – Specify – 2 □ 15-year M T E R M Number of years	0055 1 □ 30-year 3 □ Something else – Specify – 2 □ 15-year 0065 Number of years	0055 1 ☐ 30-year 3 ☐ Something else – Specify – 2 ☐ 15-year 0065 Number of years	
4.	What was the rate of interest at the time the mortgage was obtained? Enter in two decimal places, such as 9.50% for 9 1/2%. (Include all FHA guarantee insurance if applicable.)	OLDM RRT Percent	0075 Percent	0075 Percent	
5.	What is the current interest rate on your (your CU's) mortgage? (Convert fractions to decimals.)	0080 NEW MRRT If same as item 4, go to item 6b.	If same as item 4, go to item 6b.	If same as item 4, go to item 6b.	
6a.	Is this a fixed rate mortgage?	0085 1 ☐ Yes – Go to item 7 2 ☐ No FIXEDRTE	0085 1 ☐ Yes – Go to item 7 2 ☐ No	0085 1 ☐ Yes – Go to item 7 2 ☐ No	
b.	There are many different kinds of mortgages. Which one of these (hand respondent Information Booklet, page 10) comes closest to yours (your CU's)?	1 ☐ Fixed rate of interest 5 ☐ Deferred interest 2 ☐ Variable or adjustable 6 ☐ Other – Specify rate of interest 3 ☐ Graduated payment 4 ☐ Rollover or renegotiable X ☐ Don't know	1 ☐ Fixed rate of interest 5 ☐ Deferred interest 2 ☐ Variable or adjustable 6 ☐ Other – Specify rate of interest 3 ☐ Graduated payment 4 ☐ Rollover or renegotiable X ☐ Don't know	1 ☐ Fixed rate of interest 5 ☐ Deferred interest 2 ☐ Variable or adjustable 6 ☐ Other – Specify ✓ rate of interest 3 ☐ Graduated payment 4 ☐ Rollover or renegotiable X ☐ Don't know	
7.	Have you (Has your CU) refinanced or renegotiated this mortgage?	1 ☐ Yes - Read to respondent - The following question refers to this current mortgage.	1 ☐ Yes - Read to respondent - The following question refers to this current mortgage.	1 ☐ Yes – Read to respondent – The following question refers to this current mortgage.	
8.	What was the amount of the mortgage when you (your CU) obtained it, excluding any interest?	0130 _{\$}	0130 \$.00	0130 \$.00	
9.	How often are (were) mortgage payments due?	0170 1 ☐ Weekly 5 ☐ Semiannually 2 ☐ Biweekly 6 ☐ Annually 3 ☐ Monthly 7 ☐ Other - Specify ☐ 4 ☐ Quarterly ☐ MRTPMPD	0170 1 Weekly 5 Semiannually 2 Biweekly 6 Annually 3 Monthly 7 Other - Specify 4 Quarterly	0170 1 Weekly 5 Semiannually 6 Annually 7 Other - Specify 4 Quarterly	
10.	On your (your CU's) last regular payment, which of these things were included? (Hand respondent Information Booklet, page 11.) Mark (X) all that apply.	1 ☐ Principal and 0220 5 ☐ Mortgage guarantee interest PAYPRINI insurance PAYMORIN 0190 2 ☐ Property taxes PAYPROTX Specify PAYOTHER 0200 3 ☐ Property insurance PAYPROIN 0210 4 ☐ Life insurance PAYLIFIN	0175 1 □ Principal and interest 5 □ Mortgage guarantee insurance 0190 2 □ Property taxes 0230 6 □ Any other payments − Specify □ 200 3 □ Property insurance □ 4 □ Life insurance □ 210 4 □ Life insurance	0175 1 □ Principal and interest 5 □ Mortgage guarantee insurance 0190 2 □ Property taxes 0230 6 □ Any other payments − Specify ▼ 0210 4 □ Life insurance □ 4 □ Life insurance	
11.	On your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things?	0235 _{\$ MRTPMTX .00}	0235 \$	0235 \$	
12.	If any of codes 2–6 marked in item 10, ask – How much of that amount was for principal and interest?	0245 \$ PRININTX .00 x Don't know	0245 \$00 x □ Don't know	0245 \$00 x _Don't know	

Pa	art G – Lump Sum Hor	me Equity Loans	5					
1.	FIELD REPRESENTATIVE PROITEM	OCESSING USE ONLY	1 03 58 0 ↓		1	03 59 8 🗸	1 03	60 6 ↓
		PROPERTY NUMBER	0010Number PROP_NOF		0010 Number		0010 Number	
	property code in item 1b, a brief description of the property in item 1c.	PROPERTY CODE	0020 Code OWNYF		0020 Code		0020 Code	
		DESCRIPTION	Description		Description		Description	
	assigning loan numbers consecutively, regardless of property number.	LOAN NUMBER	0030 2 Number LOAN_NOF		0030 2 Numbe	r	0030 2 Number	
2.	2. I'd like to ask some additional questions about your lump sum home equity loan. In what month and year did you (your CU) make your (your CU's) first payment on this loan?		FRSTPYM O FRSTPYYR Year 0045		Month 0035	Year 0045	Month 0035 004	Year 5
3.	Is this a 30-year home equit home equity loan, or somet	ty Ioan, a 15-year thing else?	0055 1 30-year 3 Something els 2 15-year M TERM 0065 M ORT Number	TERM /	0055 1 □ 30-year 2 □ 15-year	3 Something else – Specify – Number of years	0055 1 □ 30-year 2 □ 15-year	3 ☐ Something else – Specify – Number of years
4.	What was the rate of intere home equity loan was obtain decimal places, such as 9.50% all FHA guarantee insurance if	ined? Enter in two 5 for 9 1/2%. (Include	OLDM RRT Percent	F	0075 P	ercent	0075 Percel	nt
5.	What is the current interest (your CU's) home equity loa fractions to decimals.)	t rate on your an? (Convert	0080 NEW MRRT Percent 6a. If different, go	go to item to item 6b.	0080 P	If same as item 4, go to item ercent 6a. If different, go to item 6b.	0080 Percel	If same as item 4, go to item nt 6a. If different, go to item 6b.
6a.	6a. Is this a fixed rate home equity loan?		0085 1 ☐ Yes – Go to item 7 2 ☐ No FLX E	DRTE	0085 1 ☐ Yes – Go to item	7 2 □ No	0085 1 ☐ Yes – <i>Go to item 7</i>	2 □ No
b.	b. There are many different kinds of lump sum home equity loans. Which one of these (hand respondent Information Booklet, page 10) comes closest to yours (your CU's)?		0090 1 Fixed rate of interest 5 Deferred interest 2 Variable or adjustable 6 Other - S rate of interest PAYTYPE 3 Graduated payment 4 Rollover or renegotiable X Don't know		1 ☐ Fixed rate of interest 2 ☐ Variable or adjustable rate of interest 3 ☐ Graduated payment 4 ☐ Rollover or renegotiable x ☐ Deferred interest 5 ☐ Deferred interest 6 ☐ Other – Specify ☐ The proof of the payment and the payment are pointed by the payment are pointed by the payment are pointed by the payment are pay		1 ☐ Fixed rate of interest 5 ☐ Deferred interest 2 ☐ Variable or adjustable 6 ☐ Other – Specify rate of interest 3 ☐ Graduated payment 4 ☐ Rollover or renegotiable X ☐ Don't know	
7.	Have you (Has your CU) refi renegotiated this lump sum loan?	inanced or n home equity	0105 1 Yes - Read to respondent - The following refers to this clump sum hor loan.	current	0105 1 ☐ Yes – Read to resp	pondent - The following question refers to this current lump sum home equity loan.	0105 1 □ Yes – Read to respond	lent – The following question refers to this current lump sum home equity loan.
8.	What was the amount of the equity loan when you (your C excluding any interest?		0130 \$	-х	0130 \$.00	0130 \$.00	
9.	How often are (were) Ioan p	payments due?	0170 1 ☐ Weekly 5 ☐ Semiannually 2 ☐ Biweekly 6 ☐ Annually 3 ☐ Monthly 7 ☐ Other − Specif 4 ☐ Quarterly MRTPM	fy _₹	0170 1 Weekly 2 Biweekly 3 Monthly 4 Quarterly	5 □ Semiannually 6 □ Annually 7 □ Other – <i>Specify _▼</i>	0170 1 Weekly 2 Biweekly 3 Monthly 4 Quarterly	5 □ Semiannually 6 □ Annually 7 □ Other – <i>Specify</i> ⊋
10.	On your (your CU's) last reg which of these things were respondent Information Bookle Mark (X) all that apply.	included? (Hand	0175 1 ☐ Principal and interest PAYPRINI 5 ☐ Mortgage gual insurance PO190 2 ☐ Property taxes PAYPROIN PAYLIFIN ☐ PAYLIF	AYMORIN	0175 1 ☐ Principal and interest 0190 2 ☐ Property taxes 0200 3 ☐ Property insurance 0210 4 ☐ Life insurance	0220 5 ☐ Mortgage guarantee insurance 0230 6 ☐ Any other payments – Specify © Ce	interest	 5 ☐ Mortgage guarantee insurance 6 ☐ Any other payments – Specify
11.	On your (your CU's) last reg what was the total amount paid for those things?	gular payment, you (your CU)	0235 _{\$} MRTPMTX .00		0235 \$.00	0235 \$.00	
12.	If any of codes 2–6 marked in a How much of that amount and interest?	item 10, ask – was for principal	0245 \$ PRININTX .00 x Don't	know	0245 \$.00 x □ Don't know	0245 \$	x □ Don't know

	Section 3 - OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE - Continued FIELD REPRESENTATIVE -									
	Part H – Line of Cre	edit Home Equity L	.oans							
1.	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY		1 03 69 7 ↓	1 03 70 5 ↓	NOTES				
	Enter the property number in item 1a, the property code in item 1b, a brief description of the	a. PROPERTY NUMBER	PROP_NOH Number	0010 Number	0010 Number					
	a brief description of the property in item 1c. Enter the 3-digit loan number in item 1d,	b. PROPERTY CODE	0020 Code OWNYH	0020 Code	0020 Code					
	number in item 1d, beginning with 301 and assigning loan numbers	C. DESCRIPTION	Description	Description	Description					
	beginning with 301 and assigning loan numbers consecutively, regardless of property number.	d. LOAN NUMBER	0030 3 LOAN_NOH	0030 3 Number	0030 3 Number					
2. I'd like to ask some additional questions about your (your CU's) line of credit home equity loan. Since the 1st of (last month), have you (has any member of your CU) made any payments for this loan?		0040 1 Yes PAIDLOAN 2 No – Go to next loan or part I	0040 1 ☐ Yes 2 ☐ No – Go to next loan or part I	0040 1 ☐ Yes 2 ☐ No – Go to next loan or part I						
3.	If YES – What was the appayment?	mount of the last	0050 \$ PAIDAMTX .00	0050 \$.00	0050 \$.00					
4. Prior to the last payment, what was the total amount owed?		0060 \$ PRINAMTX .00	0060 \$	0060 \$						
			Φ	\$	\$					

FIELD REPRESENTATIVE – Complete a separate part I for each property still owned or disposed of within the past 3 months.

	Part I – Ownership Costs								
2.	FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c. PROCESSING USE ONLY a. PROPERTY NUMBER b. PROPERTY CODE C. DESCRIPTION	1 03 77 0 ↓ O010 PROP_NOI Number O020 Code OWNYI Description	8.	If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? Mark (X) all that apply.	removal		I. If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these items?	0430 1 ☐ Yes	CLPAY - Go to item 12a
	Mark (X) the appropriate box. If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2. Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more	0030 1 ☐ Mortgage/lump sum home equity loan 2 ☐ No mortgage/no lump sum home equity loan – A SM O RT Go to item 4a 0040 1 ☐ Yes MORTSPEC 2 ☐ No – Go to item 4a		If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a. COOPRG#	0210 06 ☐ Improvements 0220 07 ☐ Recreational, including swimming, golf, and tennis facilities 0230 08 ☐ Security, including guards an alarm systems 0240 09 ☐ Utilities: such as gas, electricity, water, heat 0250 10 ☐ Trash collection		J. Since the 1st of (month, 3 months ago), what services were provided?	SERVICES F 0440 0 0 0460 0 0 0480 0 0500 0 0520 0	FOR CO-OPS 0450 0 0470 0 0490 0 0510 0 0530 1
С	than the amount required on any mortgage or lump sum home equity loan? Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra? How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)? Were there any penalty charges as a result of the extra payments?	0050 \$ SPECIALX .00 0060 \$ SPECIALX .00 0070 1 Yes SPENCHG	9.	If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments? Mark (X) all that apply.	removal 23 Improvements	_	HOCOSP	0540 1 SERVICES FO	COOPSP OR CONDOS/ IING ELSE 0560 2 0580 2 0600 2 0620 2
f	 Since the 1st of (month, 3 months ago), how much were these penalty charges? How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)? Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)? 	2 No - Go to item 4a 0080		HOCORG#	0300 24 ☐ Utilities: such as gas, electricity, water, heat 0310 25 ☐ Parking 0320 26 ☐ Recreational, including swimming, golf, and tennis facilities 0330 27 ☐ Security, including guards an alarm systems 0340 28 ☐ Maid service 0350 29 ☐ Medical services	t l	Since the 1st of (month, 3 months ago), how much were these special payments? I. Of the (amount in item 11c), how much was paid since	0630 2 0650 3 SP	PECLX .00
	 If YES – What was the total amount paid? How much of the (amount in item 4b) was paid since the 1st of (current month)? FIELD REPRESENTATIVE CHECK ITEM 	0110 \$ GRNDRNTX .00 0120 \$ GRNDRTCX .00 0130 1 □ Condominium - Go to	10a.	. Are any of the costs included in your (your CU's) mortgage payment?	0360 30 ☐ Trash collection 0370 31 ☐ Other – Specify 0380 1 ☐ Yes INC_MOR	_	the 1st of (current month)? 3. Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks, or other things like that?		- Go to item 13
6.	Mark (X) the appropriate box. If property is condo, mark box 1. If property is co-op, mark box 2. If property is neither, mark box 3. If property is not condo/co-op, ask –	item 7 2 Co-op – Go to item 8 3 Neither condo nor co-op – Continue PEPROP with item 6 PAYHOASS		If YES – How much per month? In addition to those costs, since the 1st of (month, 3 months ago), have you		,	 What was the total amount paid? How much of the (amount in item 12b) was paid since the 1st of (current month)? 	0690 _{\$} ASS	SESSCX .00
7.	Do you (Does your CU) make regular payments to a homeowner's association? If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?	0140 1 ☐ Yes − Go to item 9 2 ☐ No − Go to item 11a PAYCONDO 0150 1 ☐ Yes − Go to item 9 2 ☐ No − Go to item 11a		(has your CU) made any other regular payments for these services? Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services? How much of the (amount in item 10d) was paid since the 1st of (current month)?	0410 \$ M GOTHERX .00	13.	Ask if code 100, 200, or 300 in item 1b. If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?	0710 \$ RN x □ Don'	ITEQVX .00

FIELD REPRESENTATIVE – Complete a separate part I for each property still owned or disposed of within the past 3 months.

I	Part I – Ownership Costs – Continued								
1.	FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c. PROCESSING USE ONLY a. PROPERTY NUMBER b. PROPERTY CODE C. DESCRIPTION	1 03 78 8 ↓ 0010 Number 0020 Code Description	8.	If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments?	0160 01 ☐ Repayment of loans owed by cooperative 0170 02 ☐ Property taxes 0180 03 ☐ Property insurance 0190 04 ☐ Management 0200 05 ☐ Repairs and maintenance, including lawn care and snow removal	11a.	If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these	0430 1 □ Yes 2 □ No – <i>Go to i</i> t	item 12a
2.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.	0030 1 ☐ Mortgage/lump sum home equity loan 2 ☐ No mortgage/no lump sum home equity loan – Go to item 4a		Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a.	0210 06 Improvements 0220 07 Recreational, including swimming, golf, and tennis facilities 0230 08 Security, including guards and alarm systems	b.	items? Since the 1st of (month, 3 months ago), what services were provided?	SERVICES FOR CO- 0440 0 0450 0460 0 0470	0
	Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?	1 ☐ Yes 2 ☐ No – Go to item 4a			0240 09 ☐ Utilities: such as gas, electricity, water, heat 0250 10 ☐ Trash collection 0260 11 ☐ Other – Specify ✓			0480 0 0490 0500 0 0510 0520 0 0530 0540 1 0	0 0 1
	Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra? How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?	0050 \$.00	9.	If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information	0270 21 Management 0280 22 Repairs and maintenance,			SERVICES FOR CON SOMETHING ELS 0550 2 0560 0570 2 0580	IDOS/ SE 2
d.	Were there any penalty charges as a result of the extra payments? Since the 1st of (month, 3 months ago), how	0070 1 Yes 2 No - Go to item 4a	-	Booklet, page 13) are included in those payments? Mark (X) all that apply.	including lawn care and snow removal 0290 23			0590 2 0600 0610 2 0620 0630 2 0640	2 2 3
f.	How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?	0080 \$.00	-		0310 25 ☐ Parking 0320 26 ☐ Recreational, including swimming, golf, and tennis facilities 0330 27 ☐ Security, including guards and	C.	Since the 1st of (month, 3 months ago), how much were these special payments?	0650 3	.00
	Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)? If YES – What was the total amount paid?				alarm systems 0340 28 Maid service 0350 29 Medical services 0360 30 Trash collection		Of the (amount in item 11c), how much was paid since the 1st of (current month)?	0670 \$.00
	How much of the (amount in item 4b) was paid since the 1st of (current month)?	0110 \$.00	10a.	Are any of the costs included in your	0370 31 ☐ Other – Specify 0380 1 ☐ Yes	12a	3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks,	0680 1 ☐ Yes 2 ☐ No - Go to it	tem 13
5.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If property is condo, mark box 1. If property is co-op, mark box 2. If property is neither, mark box 3. If property is neither, mark box 3.	0130 1 ☐ Condominium – Go to item 7 2 ☐ Co-op – Go to item 8 3 ☐ Neither condo nor co-op – Continue with item 6	b.	// // // // // // // // // // // // //	2 No – Go to item 10d		or other things like that? What was the total amount paid? How much of the (amount in	0690 \$.00
6.	If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner's association?	0140 1 Yes – Go to item 9 2 No – Go to item 11a		In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services? Since the 1st of (month, 3 months		13.	item 12b) was paid since the 1st of (current month)? Ask if code 100, 200, or 300 in item 1b. If someone were to rent	0700 \$.00
7.	If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?	0150 1 ☐ Yes – Go to item 9 2 ☐ No – Go to item 11a		ago), how much have you (has your CU) paid for these services? How much of the (amount in item 10d) was paid since the 1st of (current month)?	0410 \$		your home today, how much do you think it would rent for monthly, unfurnished and without utilities?	0710 \$ x □ Don't know	.00

P	Part I – Ownership Costs – Continue	I			
	FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c. PROCESSING USE ONL a. PROPERTY NUMBER b. PROPERTY CODE C. DESCRIPTION		In property is co-op, ask – Ilow I'd like to ask you about ayments you make (your CU makes) directly to the cooperative or your (your CU's) share of its osts. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent information Booklet, page 12) have you has your CU) made any payments? O160	Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these	to item 12a
	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.	1 ☐ Mortgage/lump sum home equity loan 2 ☐ No mortgage/no lump sum home equity loan – Go to item 4a	Mark (X) all that apply. f any entry in boxes 1–11, go to rem 10a. f no entries in boxes 1–11, go to seem 11a. O210 O6 Improvements O220 O7 Recreational, including swimming, golf, and to facilities O230 O8 Security, including guarantees	services were provided?	50 0
3a.	Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?	0040 1 ☐ Yes 2 ☐ No – <i>Go to item 4a</i>	alarm systems 0240 09 Utilities: such as gas, electricity, water, heat 0250 10 Trash collection 0260 11 Other - Specify	0480 0 048 0500 0 05 0520 0 053 0540 1	10 0
	Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?	0050 \$.00	For property is not co-op, ask – Which of the services and privileges sted (hand the respondent Information cooklet, page 13) are included in those	SERVICES FOR C SOMETHING 0550 2 050 0570 2 050 0570 2 050 0570 057	ELSE 2
	Were there any penalty charges as a result of the extra payments? Since the 1st of (month, 3 months ago), how	0070 1 ☐ Yes 2 ☐ No – Go to item 4a	removal 10290 23 Improvements 10300 24 Utilities: such as gas, electricity, water, heat	0590 2 066 0610 2 062 0630 2 064	20 2
f.	How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?	0080 \$.00	0320 26 Recreational, including swimming, golf, and to facilities	3 months ago), now much	.00
_	Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground cland rent for (property description)? If YES – What was the total amount paid?	2 No – Go to item 5	alarm systems 0340 28 Maid service 0350 29 Medical services 0360 30 Trash collection	d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?	.00
C.	How much of the (amount in item 4b) was paid since the 1st of (current month)?	0110 \$.00	0370 31 ☐ Other – Specify →	12a. Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks,	to item 13
5.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If property is condo, mark box 1. Refer to part B, item 10 or part A.1, item 1, or part A.1,	0130 1 ☐ Condominium – Go to item 7 2 ☐ Co-op – Go to item 8 3 ☐ Neither condo nor co-op – Continue	Are any of the costs included in your your CU's) mortgage payment? 1 Yes 2 No - Go to item 10d 5 YES - How much per month? 0390 \$	or other things like that? b. What was the total amount paid? 0690 \$.00
6.	If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner's association?	with item 6	n addition to those costs, since the st of (month, 3 months ago), have you has your CU) made any other regular ayments for these services?	C. How much of the (amount in item 12b) was paid since the 1st of (current month)? 13. Ask if code 100, 200, or 300 in item 1b.	.00
	If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?	0150 1 Yes – Go to item 9 2 No – Go to item 11a	ince the 1st of (month, 3 months go), how much have you (has your U) paid for these services? ow much of the (amount in item 10d) was aid since the 1st of (current month)?	If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?	.00
Dogo	101-		Cartian 2 Part I (Cartinued)	-	D 10

FIELD REPRESENTATIVE – Complete a separate page for each mortgage or lump sum home equity loan that has changed.

Part J – Change in Mortga	age or Lump Sum Home E	quity Loan Payment		
equity loan payment reported in part A.1, item 1, column k. Enter the property number in item 1a, the property code in item 1b, the property description	PROCESSING USE ONLY a. PROPERTY NUMBER b. PROPERTY CODE c. DESCRIPTION	1 03 92 9 ↓ O010Number PROP_NOJ O020Code OWNYJ Description	6. How often are (were) mortgage (lump sum home equity loan) payments due?	0090 1 ☐ Weekly 2 ☐ Biweekly 3 ☐ Monthly 4 ☐ Quarterly MRTPMPDJ 5 ☐ Semiannually 6 ☐ Annually 7 ☐ Other – Specify
(X) the appropriate type of loan in item 1e.	d. MORTGAGE (LOAN) NUMBER e. TYPE OF LOAN	0030 Number LOAN_NOJ 0035 1 Mortgage LOANTYPJ 2 Lump sum home equity loan	7. What is the current interest rate for this mortgage (lump sum home equity loan)? Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.) Hand respondent Information Booklet, page 11.	NEW MRRTJ 0100 Percent 0125 1 Principal and interest PYPRINIJ
 What was the reason for the chamortgage (lump sum home equit description)? 1 - Change in escrow account paym 2 - Change in interest rate 3 - Paid off 4 - Change in amount of the gradual payment mortgage (loan) 5 - Mortgage (loan) renegotiated (realloan)) 6 - Refinanced mortgage (loan) (this of the mortgage (loan)) 7 - Other reasons 8 - More than one of the above X - Don't know 3. Is this a 30-year mortgage (lump 15-year mortgage (home equity label) 	nent ated payment for a graduated collover or renegotiable mortgage is includes changing the term	0040 1 ☐ Go to item 8 2 ☐ Go to item 7 3 ☐ Go to item 11 4 ☐ Go to item 8 5 ☐ Go to item 8 6 ☐ 7 ☐ Go to item 3 8 ☐ X ☐ ORW HAT	9. On your (your CU's) last regular payment, which of these things were included? 9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things? If any of Codes 2–6 marked in item 8 ask – 10. How much of that amount was for principal and interest? 11. In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?	0130 2 □ Property taxes PYPROTXJ 0140 3 □ Property insurance PYPROINJ 0150 4 □ Life insurance PYLIFINJ 0160 5 □ Mortgage guarantee insurance PYM ORIN 0170 6 □ Any other payments – Specify PYOTHER 0175 \$.00 MRTPMTJX 0185 \$ x □ Don't know
		2 ☐ 15-year 3 ☐ Something else – Specify MRTTERM J Number of years	NOTES	Month or next section MORTCHMC
4a. Is this a fixed rate mortgage (lum	mp sum home equity loan)?	1 Yes – Go to item 5 2 No FIX EDRTJ		
Hand respondent Information Bookle b. There are many different kinds o equity loans). Which one of these CU's)?	of mortgages (lump sum home	1 ☐ Fixed rate of interest 2 ☐ Variable or adjustable interest rate 3 ☐ Graduated payment 4 ☐ Rollover or renegotiable 5 ☐ Deferred interest 6 ☐ Other – Specify ✓ PATTYPJ		
5. What was the amount of the more loan) when you (your CU) obtains	rtgage (lump sum home equity led it, excluding any interest?	x□Don't know ORGMRTJX .00		

FIELD REPRESENTATIVE – Complete a separate page for each mortgage or lump sum home equity loan that has changed.

Part J - Cl	hange in Mortg	age or Lump Sum Home E	quity Loan Payment - Continued		
1. FIELD REPRE	ESENTATIVE ITEM	PROCESSING USE ONLY	1 03 93 7 ↓	6. How often are (were) mortgage (lump sum home equity loan) payments due?	0090 1 Weekly
each change mortgage or equity loan p	separate page for e in the amount of the r lump sum home payment reported in m 1, column k.	a. PROPERTY NUMBER	0010 Number		2 ☐ Biweekly 3 ☐ Monthly 4 ☐ Quarterly 5 ☐ Semiannually
Enter the pro	operty number in	b. PROPERTY CODE	0020 Code		6 □ Annually 7 □ Other – <i>Specify</i> _▼
item 1b, the in item 1c, a	property code in property description and the mortgage	C. DESCRIPTION	Description		
	oer in item 1d. Mark copriate type of loan	d. MORTGAGE (LOAN) NUMBER	0030 Number	7. What is the current interest rate for this mortgage (lump sum home equity loan)?	
		a TVDE OF LOAN	0035 1 ☐ Mortgage 2 ☐ Lump sum home equity loan	Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.)	0100 Percent
2. What was t mortgage (ladescription)?	lump sum home equ	e. TYPE OF LOAN nange in the amount of your nity loan) payment for (property	,	 Hand respondent Information Booklet, page 11. On your (your CU's) last regular payment, which of these things were included? 	0125 1 ☐ Principal and interest 0130 2 ☐ Property taxes
1 – Change 2 – Change 3 – Paid off 4 – Change payment	in escrow account pay in interest rate in amount of the grad t mortgage (loan)	uated payment for a graduated	1 \square Go to item 8 2 \square Go to item 7 3 \square Go to item 11 4 \square Go to item 8 5 \square		 0140 3 ☐ Property insurance 0150 4 ☐ Life insurance 0160 5 ☐ Mortgage guarantee insurance 0170 6 ☐ Any other payments – Specify
(loan)) 6 – Refinanc	_	(rollover or renegotiable mortgage	6	9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?	0175 \$.00
7 - Other reasons8 - More than one of the aboveX - Don't know			x□J	If any of Codes 2–6 marked in item 8 ask – 10. How much of that amount was for principal and interest?	0185 \$.00 x \(\text{Don't know} \)
3. Is this a 30- 15-year mo	-year mortgage (lum ortgage (home equity	np sum home equity loan), a y loan), or something else?	1 ☐ 30-year 2 ☐ 15-year 3 ☐ Something else – Specify ☑	11. In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?	0195 Go to next property or next section
			0050 Number of years	NOTES	
4a. Is this a fixe	ed rate mortgage (lu	ump sum home equity loan)?	0055 1 ☐ Yes – Go to item 5 2 ☐ No		
	ndent Information Boo nany different kinds	oklet, page 10. s of mortgages (lump sum home ese comes closest to yours (your	0060 1 ☐ Fixed rate of interest 2 ☐ Variable or adjustable interest rate		
equity loan CU's)?	is). Which one of the	ese comes closest to yours (your	3 ☐ Graduated payment 4 ☐ Rollover or renegotiable		
			5 □ Deferred interest 6 □ Other – <i>Specify</i>		
			X Don't know		
5. What was t loan) when	the amount of the m you (your CU) obtai	ortgage (lump sum home equity ined it, excluding any interest?	0070 \$		

FIELD REPRESENTATIVE – Complete a separate page for each mortgage or lump sum home equity loan that has changed.

Ì	Part J – Change in Mortg	jage or Lump Sum Home E	quity Loan Payment - Continued		
	FIELD REPRESENTATIVE ITEM Complete a separate page for each change in the amount of the mortgage or lump sum home equity loan payment reported in part A.1, item 1, column k. Enter the property number in item 1a, the property code in item 1b, the property description in item 1c, and the mortgage (loan) number in item 1d. Mark	PROCESSING USE ONLY	1 03 94 5 ↓ 0010 Number 0020	6. How often are (were) mortgage (lump sum home equity loan) payments due?	1 Weekly 2 Biweekly 3 Monthly 4 Quarterly 5 Semiannually 6 Annually 7 Other – Specify
	(X) the appropriate type of loan in item 1e.	d. MORTGAGE (LOAN) NUMBER e. TYPE OF LOAN	0030 Number 0035 1 Mortgage 2 Lump sum home equity loan	7. What is the current interest rate for this mortgage (lump sum home equity loan)? Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.) Hand respondent Information Booklet, page 11.	0100 Percent
2.	 description)? 1 - Change in escrow account pay 2 - Change in interest rate 3 - Paid off 4 - Change in amount of the grad payment mortgage (loan) 	uity loan) payment for (property yment luated payment for a graduated	0040 1 ☐ Go to item 8 2 ☐ Go to item 7 3 ☐ Go to item 11 4 ☐ Go to item 8 5 ☐]	8. On your (your CU's) last regular payment, which of these things were included?	0125 1
	 5 - Mortgage (loan) renegotiated (loan)) 6 - Refinanced mortgage (loan) (to f the mortgage (loan)) 7 - Other reasons 8 - More than one of the above X - Don't know 	(rollover or renegotiable mortgage his includes changing the term	Go to item 3	9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things? If any of Codes 2–6 marked in item 8 ask – 10. How much of that amount was for principal and interest?	0175 \$.00 0185 \$.00 x □ Don't know
3.	Is this a 30-year mortgage (lum 15-year mortgage (home equit	np sum home equity loan), a y loan), or something else?	0045 1 ☐ 30-year 2 ☐ 15-year 3 ☐ Something else – Specify ✓	- 11. In what month did the amount of your regular mortgage (lump sum home equity loan) payment change? NOTES	Month Go to next property or next section
4 a.	Is this a fixed rate mortgage (lu	ump sum home equity loan)?	0055 1 ☐ Yes – Go to item 5 2 ☐ No		
b.	Hand respondent Information Book There are many different kinds equity loans). Which one of the CU's)?	oklet, page 10. s of mortgages (lump sum home ese comes closest to yours (your	1 ☐ Fixed rate of interest 2 ☐ Variable or adjustable interest rate 3 ☐ Graduated payment 4 ☐ Rollover or renegotiable 5 ☐ Deferred interest 6 ☐ Other – Specify ☑		
			X Don't know		
5.	What was the amount of the m loan) when you (your CU) obtain	nortgage (lump sum home equity ined it, excluding any interest?	0070 \$		

business purposes?

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES Part A – Telephone Expenses **NOTES** 1 04 01 8 1 04 02 6 🖵 Since the 1st of (month, 3 months ago), have PROCESSING USE ONLY PROCESSING USE ONLY you (or any members of your CU) received any bills for telephone services? Do not Yes include bills for telephones used entirely \square No – Go to part B for business purposes. Description Description What property(ies) was (were) the UTLPROPI telephone bills for? 0020 • Owned properties - Enter a description of the Property number Property number property and enter a property number for -96 Mobile (car) phone 96 Mobile (car) phone Property previously reported in section 3, 97 Rented sample unit 97 Rented sample unit part A.1, item 1, column a 98 Other rented unit 98 Other rented unit Property reported at this interview in 99 Property not owned or section 3, part B, item 1a 99 Property not owned or rented by CU rented by CU • All other properties – Mark (X) appropriate box and enter a description of the property. Name of telephone company Name of telephone company What is the name of the company which **OFFICE USE ONLY OFFICE USE ONLY** provides telephone services for (property TEL COMP description)? How many telephone bills were received for (property description) from (company 0040 0040 name)? Number Number Complete a separate column for each bill Bill 1 Bill 2 Bill 3 Bill 4 Bill 1 Bill 2 Bill 3 Bill 4 received since the 1st of (month, 3 months 0240 0 None ago). 0060 0 □ None 0120 o □ None 0180 0 □ None 0060 0 □ None 0120 0 None 0180 0 ☐ None 0240 0 None 5a. What was the total amount of bill (bill PRE TELCH GX₁ number)? Exclude any unpaid bills from a compa .00 compan .00 .00 .00 .00 .00 .00 .00 previous billing period. Month bill Property Total amount No. from received of bill Month Month Month **b.** In what month was the bill received? Month Month Month Month Month item 2 from item 5b from item 5a 0250 0130 0190 0070 0130 0190 0250 0070 TELMO .00 6. Does the total amount of the bill include -Name of telephone company 0140 1 ☐ Yes 0200 1 ☐ Yes 0260 1 ☐ Yes 0200 1 ☐ Yes 0260 1 ☐ Yes 0080 1 ☐ Yes 0800 1 Yes 0140 1 Yes 2 No a. A basic service charge? TELBASIC Outlet code **b.** Long distance call charges? 0150 1 ☐ Yes 0210 1 ☐ Yes 0090 1 ☐ Yes 0210 1 Yes 0270 1 ☐ Yes 0090 1 ☐ Yes 0150 1 Yes 0270 1 Yes Month bill Property Total amount 2 No <u>TE</u>LNGDIS No. from received of bill item 2 from item 5b from item 5a C. Equipment purchases such as the 0155 1 ☐ Yes 0095 1 ☐ Yes 0215 1 ☐ Yes 0275 1 ☐ Yes 0095 1 ☐ Yes 0155 1 ☐ Yes 0215 1 Yes 0275 1 ☐ Yes purchase of a telephone? .00 2 \square No 2 No TELEQPUR Name of telephone company d. FIELD REPRESENTATIVE CHECK ITEM 0110 1 ☐ Bills 0170 1 ☐ Bills 0230 1 Bills 0290 1 🗌 Bills 0110 1 ☐ Bills 0230 1 Bills 0290 1 Bills 0170 1 Bills 2 Estimate 2 🗌 Estimate Was a bill or checkbook used or was an Outlet code 3 Check- 1 telephone 3 Check-1 Check-1 3 Checkз 🗌 Check-3 ☐ Check- ★ з 🗌 Checkз 🗌 Check- 🛪 estimate given? REC FST book _₹ book book book book book _₹ Month bill Total amount Property 7a. Is any of the total charge to be deducted No. from received of bill 0420 1 ☐ Yes 2 ☐ No – Go to item 8 0420 1 ☐ Yes 2 ☐ No – Go to item 8 **TELBSNS** as a business expense? from item 5a item 2 from item 5b **b.** If YES – What percentage will be deducted? .00 .00 Percent .00 Percent 0430 **TELBSNZ** 0430 Name of telephone company 8. Did you (or any members of your CU) 0440 1 \square Yes – Complete a separate column for each property and each 1 \square Yes – Complete a separate column for each property and each receive any other telephone bills for telephones that are not used entirely for Outlet code

 $2 \square No - Go to part B$

 $2 \square No - Go to part B$

Section 4 - UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES - Continued

	Part A – Telephone Expenses – Cor	ntinu	ıed																							
			DCESSING	USE	ONLY			1 04	03 4	→		PRO	CESS	SING USE	ONLY				1 04 04 2	—			NOT	ES		
2.	What property(ies) was (were) the telephone bills for?							Description			, , , , , , , , , , , , , , , , , , , ,		Description													
	Owned properties – Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, column a	0020	96 □ Mok 97 □ Ren		ar) pho		er					0020	Property number 96 Mobile (car) phone 97 Rented sample unit 98 Other rented unit 99 Property not owned or rented by CU													
	Property reported at this interview in section 3, part B, item 1a		98 🗌 Oth	er rer	nted un not ow	nit																				
	 All other properties – Mark (X) appropriate box and enter a description of the property. 		rent	teu by	y CO							rented by CO														
3.	What is the name of the company which provides telephone services for (property description)?	OFFICE USE ONLY						Name of teleph	hone c	ompany	/	OFFIC	OFFICE USE ONLY 0030 Name of telephone company						/							
4.	How many telephone bills were received for (property description) from (company name)?	0040 Number												N	umber	r										
	Complete a separate column for each bill received since the 1st of (month, 3 months		Bill 1 Bill 2				Bill 3	Bill 4		Bill	Bill 1 Bill 2				Bill 3 Bill 4							-				
5a	ago). What was the total amount of bill (bill	0060					0180 0 □ No	0 ☐ None				0060 0 □ None 0120 0 □ None 01		0180 0 □ None 0240 0 □ None							_					
Ju.	number)? Exclude any unpaid bills from a previous billing period.	\$.0	00	\$.0	0	\$.00	\$.00	\$\$	\$.00	\$.00	\$.00	Property	Month bill		Total amount of bill	<u> </u>		
b.	In what month was the bill received?		Month			Month		Month	ı		Month	ļ	Mon	ith		Mor	nth		Month		Month	No. from item 2	received from item 5	o	from item 5a	
		0070			0130			0190		0250		0070			0130			0190		0250		4		\$.00
	Does the total amount of the bill include –	0080	1 □ Yes 2 □ No			1 □ Yes 2 □ No		0200 1 ☐ Yes 2 ☐ No			1 □ Yes 2 □ No	0080	1		0140	1 <u> </u>		0200	1 □ Yes 2 □ No		1 □ Yes 2 □ No	Name of t	elephone com	ıpany		
_	A basic service charge? Long distance call charges?																					Outlet cod	е			
		0090	1 ☐ Yes 2 ☐ No			1 □ Yes 2 □ No		0210 1 ☐ Ye: 2 ☐ No			1 □ Yes 2 □ No	0090	1 <u> </u>		0150	2 🗌		0210	1 □ Yes 2 □ No		1 □ Yes 2 □ No	Property No. from item 2	Month bill received from item 51		Total amount of bill from item 5a	
C.	Equipment purchases such as the purchase of a telephone?	0095	1 □ Yes 2 □ No			1 □ Yes 2 □ No		0215 1 ☐ Yes 2 ☐ No			1 □ Yes 2 □ No	0095	1		0155 1 Yes 2 No			021	1 □ Yes 2 □ No		1 □ Yes 2 □ No	110111 2		\$.00
d.	FIELD REPRESENTATIVE CHECK ITEM	0110	1 □ Bills		0170	1 ☐ Bills		0230 1 🗆 Bil	lls	0290	1 ☐ Bills	0110	1 🗆	Rills	0170	1 🗆	Rills	0230	1 ☐ Bills	0290	1 ☐ Bills	— Name of t	elephone com	ıpany		
	Was a bill or checkbook used or was an estimate given?		2 □ Estim 3 □ Chec	nate ck- ≉		2 Estim	k- ≉	2 Esi 3 Ch bo	timate ieck- ∮		2 ☐ Estimate 3 ☐ Check- book Z		2 🗌 3 🔲	Estimate Check-	0.70	2 🗌	Estimate Check-		2 Estimate 3 Check-1 book		2 ☐ Estimat 3 ☐ Check- book ✓	Outlet cod	e			
7a.	Is any of the total charge to be deducted as a business expense?	0420 1 ☐ Yes 2 ☐ No - Go									0420				2 🗆	No – Go	to ite			DOOK ¥	Property No. from item 2	Month bill received from item 5l		Total amount of bill from item 5a		
b.	If YES – What percentage will be deducted?	d? 0430 .00 Percent									0430			.00 _{Pe}	rcent								\$.00	
8.	Did you (or any members of your CU)	0440					e coli	umn for each i	nroner	tv and e	each							lumn	for each proper	tv and 4	each	Name of telephone company				
	receive any other telephone bills for telephones that are not used entirely for business purposes?	1 ☐ Yes – Complete a separate column for each property and each telephone company 2 ☐ No – Go to part B							1 ☐ Yes – Complete a separate column for each property and each telephone company 2 ☐ No – Go to part B							Outlet code										

Section 4 - UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES - Continued

Part B – Screening Question	ns				1 0)4 25 7	T							_									
1. Since the first of (month, 3 months a any members of your CU) received of the following utilities, fuels, or s	services	? Do	ı (or any not	2a. s	Since CU) re such a	the 1st eceived a as a cott	of (mont any bills age?	h, 3 m for ut	onths ago), have tilities or fuels fo	you (c or a re	or any m ented va	emb catio	pers of your on property,	TR.	ANSC	RIBE LAS	T 2 BILLS P	PER PR	OPERTY FO	PRE OR EACH U	TILITY OR SE	ERVICE REPORTED IN	PART C
include bills for rented vacation pro properties used entirely for busines	operties ss.	s or				Yes		No –	Go to part C					1		2	3		4	5		6	
FIELD REPRESENTATIVE: Read each item in	UTILITY	_	_		f YES	_			e charge for? <i>En</i> i	tor a u	tility code	a hali	low for each hill	Property number from	number code from from from from from from from from		m part C,	Unit-of- measure from	Quantity consumed from	Name of ut company government a from part C, i	or [*] gency		
Electricity				r	eport	ed.					-			part C, item 2		oart C, em 1a	part C, item 7b	'	tem 7a	part C, item 7c	part C, item 7d		Company code
Natural or utility gas				d. v		was the			received? Enter r				-					\$.00				
Combined gas and electricity	120	1//	X///	1	орон		ACUTI	мо									İ	\$.00				
Fuel oil	130			9	T _V A	CUTLY	T		VACUTLX	Т		F	PRE	 			1	\$.00				
Kerosene	140			ESSI		Utility code	Month		Amount									\$.00				
Bottled or tank gas	150			PROCESSING USE ONLY		code					Jtility code Mo	nth	Amount				İ	\$.00				
Wood	160			0020													İ	\$.00				
Coal	170			0020				\$.00		- 1	\$.00	1				\$.00				
Other fuels	180			0030				\$.00			\$.00				İ	s	.00				
Combined expenses for items 130–180	190			0040				\$.00			\$.00					\$	1.00				
Piped-in water	200			0050				\$	İ	.00			\$.00					\$.00				
Trash/Garbage collection	210							-					<u> </u>	NO	TES	· ·		'		•	'		
Sewerage maintenance	220			,																			
Combined trash/garbage/ water/sewerage	230																						
Combined trash/garbage/water	240																						
Combined trash/garbage/sewerage	250																						
Combined water/sewerage	260	1//																					
Water softening service	270																						
Septic tank cleaning	280																						
Cable TV, satellite services, or community antenna	290		///																				
Combined electric/water/sewerage	310																						
Ask item 2, then complete a column in each utility, fuel, or service reported in	part C fo	or																					
											<u> </u>		D . D										D 01

Page 23 Page 23

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued

P	art C – Detailed Questions																			
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY			1 04	51 3 🗸				1 04 52 1 🗸										
	TRANSCRIPTION ITEM Enter a utility code in item 1a and	a. UTILITY CODE	0010		Code UTILY					0010		Cod		•						
	a description of utility or fuel in	%. DESCRIPTION OF UTILITY OR FUEL	Description							Description										
2.	 What property were the charges of the property number for — Property previously reported in a Property reported at this intervier. All other property. 	for? Ition of the property and enter a Section 3, part A.1, item 1, col. a Ew in section 3, part B, item 1a Tropriate box and enter a description	97	Rented sa Other ren	Property number ample unit ted unit not owned or	Descript	ion					d sample ι rented uni	it	Descrip	Description					
3.	Ask for utility codes 100–120, 200–26 What is the name of the company provides (utility or fuel description):	or government agency which	Name COMPNAME								Name									
OFF	FICE USE ONLY		0030							0030										
4.	How many bills were received for description)?	r (utility or fuel) for (property	0045 Number Number																	
5.	What period of time was covered changed for a utility or fuel during the separate column for each different p	ne reference period, complete a	0055 1 \square N 2 \square 2	3 □ Quarter 4 □ Other – <i>Spe</i>)	0055 1 ☐ Month 3 ☐ Quarter 2 ☐ 2 months 4 ☐ Other – Specify														
6.	Do you have any of these bills or (utility or fuel) charges?	other records showing these	0060 1 🗆 Y	es	2 🗆 No					0060	1 ☐ Yes	2	2 □ No							
	Complete a separate column for each	h bill received since the 1st of	Bill 1		Bill 2	E	3ill 3		Bill 4		Bill 1		Bill 2		Bill 3	Bill 4				
7.	(month, 3 months ago).		0070 UTLCH	ďχο	0140	0210	.00	0280	.00	0070	.00	0140	.00	0210	.00	0280				
_	. What was the amount of bill (bill	,	э		Ψ	\$		\$		\$		\$		\$		φ				
b	. In what month was the bill receiv	red?	Montl 0080 BILL		Month 0150	0220	Month	0290	Month	0080	Month	0150	Month	0220	Month	Month 0290				
	Ask items 7c–f		Unit-of-meas	sure	Unit-of-measure	Unit-of-	Unit-of-measure		Unit-of-measure		Unit-of-measure		Unit-of-measure		f-measure	Unit-of-measure				
C	. What was the unit-of-measure, su cubic feet or therms?	ıch as kilowatt hours, gallons,	UTLUN	IT																
	OFFICE USE ONLY		0095		0165	0235		0305		0095		0165		0235		0305				
d	. What was the quantity consumed	l for bill (bill number)?	Quanti 0105 UTIL	•	Quantity 0175	0245	Quantity	0315	Quantity	0105	Quantity	0175	Quantity	0245	Quantity	Quantity 0315				
е	Did the bill include any charges f services which were not part of t	he cost of (utility or fuel)?	0110 1 Y 2 N IN CL SV C to	lo – <i>Go</i>	0180 1 Yes 2 No - Go to item 79		□Yes □No – Go to item 7g		1 ☐ Yes 2 ☐ No – Go to item 7g		1 ☐ Yes 2 ☐ No – G to item	o	1 ☐ Yes 2 ☐ No – <i>Go</i> to item 7g		1 ☐ Yes 2 ☐ No – <i>Go</i> to item 7g	0320 1 ☐ Yes 2 ☐ No – Go to item 75				
f	. How much were these charges?		0120 \$ INCSVC	X .00	\$00	0260 \$.00	0330	.00	0120 \$.00	<u>0190</u>	.00	0260 \$.00	\$00				
g	FIELD REPRESENTATIVE CHECK ITEI Was a bill or other record used or wa Checks or checkbooks are not consid	as an estimate given? lered records.	u	ecords sed stimate	0200 1 Records used 2 Estimate		Records used	0340	1 □ Records used 2 □ Estimate ⊋		1 Records used 2 Estimat	4	1 □ Records used 2 □ Estimate		1 □ Records used 2 □ Estimate	1 Records used				
8.	Was any part of the charge deduc	cted as a business expense?	0420 1 □Yes 2 □No UTILBUSN								0420 1 □Yes 2 □ No									
9.	Since the 1st of (month, 3 months members of your CU) receive any	ago), did you (or any other utility or fuel bills?	0440 1 ☐ Yes – Complete a separate column for each property 2 ☐ No								0440 1 ☐ Yes – Complete a separate column for each property 2 ☐ No									

Section 4 - UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES - Continued

P	Part C - Detailed Questions I. FIELD REPRESENTATIVE PROCESSING USE ONLY 1 04 53 9 1 04 54 7 1 0																			
1.		PROCESSING USE ONLY				1 04 5	3 9 🖵							1 04 5	54 7 🖵					
	TRANSCRIPTION ITEM Enter a utility code in item 1a and	a. UTILITY CODE	0010		Code		·				0010		Code	9						
	a description of utility or fuel in item 1b from part B, item 1.		Description	on	'						Description									
	nem to from part b, item 1.	b. DESCRIPTION OF UTILITY OR FUEL																		
2.	What property were the charges • Owned properties – Enter a descrip	for?	0020		D		Description	on			Description O020 Property number									
	property number for –			Rented s	Property nample unit	umber					Property number 97 Rented sample unit									
	Property previously reported in Property reported at this intervi	section 3, part A.1, item 1, col. a lew in section 3, part B. item 1a		Other re							98 🗌 Other ren	ted unit								
	 All other properties – Mark (X) app of the property. 	propriate box and enter a description	99	☐ Property	not owned	or					99 Property not owned or rented by CU									
	Ask for utility codes 100–120, 200–20	60, and 290 only.	rented by CU rented by CU Name Name																	
3.	What is the name of the company provides (utility or fuel description)	y or government agency which																		
OF	FICE USE ONLY	· ·	0030								0030									
		. / 199	0030								0030									
4.	How many bills were received fo description)?	r (utility or tuel) tor (property	0045 Number Num																	
5 .	What period of time was covered changed for a utility or fuel during to	by the bill? If period covered	0055 1	Month	з 🗌 С	Quarter				0055 1 ☐ Month 3 ☐ Quarter										
	separate column for each different p	period of time.	2 [2 months	4 🗌 C	ther – <i>Speci</i>	fy				2 □ 2 months 4 □ Other – Specify									
6.	Do you have any of these bills or (utility or fuel) charges?	r other records showing these	0060 1	□Yes	2 🔲 [No				0060 1 ☐ Yes 2 ☐ No										
	Complete a separate column for each	ch bill received since the 1st of	Bi	II 1	Bil	l 2	В	II 3		Bill 4		Bill 1		Bill 2		Bill 3	E	Bill 4		
	(month, 3 months ago).	0070		0140		0210		0280		0070		0140		0210		0280				
7a	. What was the amount of bill (bill	number)?	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00		
b	. In what month was the bill receive	ved?	M	onth	M	onth	M	onth	,	Month		Month		Month		Month	ı	Vonth		
			0800		0150		0220		0290		0800		0150		0220		0290			
	Ask items 7c-f for utility codes 100- records are available (code 1, item 6	130 only if bills, receipts, or other	Unit-of-measure		Unit-of-m	measure	Unit-of-r	neasure	Unit-of-measure		Unit-c	f-measure	Unit-of-measure		Unit-o	f-measure	Unit-of-	measure		
C	. What was the unit-of-measure, se																			
	cubic feet or therms?		0005		0405		0005		0005		0005		0405		0005		0005			
ام	OFFICE USE ONLY		0095	uantity	0165	uantity	0235	uantity	0305	Quantity	0095	Quantity	0165	Quantity	0235	Quantity	0305	Quantity		
a	. What was the quantity consumed	d for bill (bill number)?	0105	uantity	0175	adility	0245	uantity	0315	Qualitity	0105	Quantity	0175	Quantity	0245	Qualitity	0315	Zuantity		
•	Did the bill include any channel	for				7		¬.,												
-	 Did the bill include any charges f services which were not part of f 	the cost of (utility or fuel)?		□ Yes □ No – <i>Go</i>	0180 1	」Yes ∃ No – <i>Go</i>	0250 1	⊒ Yes ⊒ No – <i>Go</i>		ı □ Yes ₂ □ No – <i>Go</i>		1 ☐ Yes 2 ☐ No – <i>Go</i>		1 ☐ Yes 2 ☐ No – <i>Go</i>		1 □ Yes 2 □ No – <i>Go</i>		☐ Yes ☐ No – <i>Go</i>		
			2.	to item 7g		to item 7g		to item 7g		to item 7g		to item 7g		to item 7g		to item 7g		to item 7g		
f	. How much were these charges?		0120		0190		0260		0330		0120		0190		0260		0330			
			•	.00	•	.00		.00	•	.00		.00	*	.00	*	.00	•	.00		
			\$		\$		\$		\$		\$		\$		\$		\$			
g	FIELD REPRESENTATIVE CHECK ITE		0130 1	Records	0200 1	Records	0270 1	Records	0340 1	ı □Records	0130	1 ☐ Records	0200	1 □ Records	0270	1 □ Records	0340 1	Records		
	Was a bill or other record used or w Checks or checkbooks are not consider			used	(used		used 🕺		used		used	0200	used		used		used		
			2 [□ Estimate [/]	2	Estimate [/]	2 [Estimate	2	☑ Estimate 🗾		² Estimate [/]		² Estimate [/]		2 ☐ Estimate [/]	2	☐ Estimate 7		
8.	Was any part of the charge dedu	cted as a business expense?					<u> </u>		ı				1		1		1			
	-	-	0420 1 ☐ Yes 2 ☐ No									0420 1 □ Yes 2 □ No								
9.	Since the 1st of (month, 3 months	s ago), did you (or any	0440 1 ☐ Yes - Complete a separate column for each property 2 ☐ No									0440 1 ☐ Yes – Complete a separate column for each property 2 ☐ No								
٥.	members of your CU) receive any	y other utility or fuel bills?	0440 1	∐Yes – Con	nplete a sep	arate columi	n for each	property 2	□No		0440	1 ∐Yes – Com	plete a	separate colum	n for eac	h property 2	□No			

Page 25 Page 25

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued Part C - Detailed Questions 1. FIELD REPRESENTATIVE PROCESSING USE ONLY 1 04 55 4 1 04 56 2 TRANSCRIPTION ITEM 0010 0010 Code Code a. UTILITY CODE Enter a utility code in item 1a and a description of utility or fuel in Description Description item 1b from part B, item 1. **b.** DESCRIPTION OF UTILITY OR FUEL 2. What property were the charges for? Description Description • Owned properties – Enter a description of the property and enter a Property number Property number property number for -97 Rented sample unit 97 Rented sample unit Property previously reported in section 3, part A.1, item 1, col. a 98 Other rented unit 98 Other rented unit Property reported at this interview in section 3, part B, item 1a 99 Property not owned or 99 Property not owned or • All other properties – Mark (X) appropriate box and enter a description rented by CU rented by CU of the property. Ask for utility codes 100-120, 200-260, and 290 only. Name Name 3. What is the name of the company or government agency which provides (utility or fuel description)? **OFFICE USE ONLY** 0030 0030 How many bills were received for (utility or fuel) for (property 0045 0045 description)? Number Number What period of time was covered by the bill? If period covered 0055 1 Month 3 Quarter з 🗌 Quarter 0055 1 Month changed for a utility or fuel during the reference period, complete a 2 2 months 4 ☐ Other – Specify 2 2 months 4 ☐ Other – Specify. separate column for each different period of time. Do you have any of these bills or other records showing these 0060 1 Yes 2 No 0060 1 ☐ Yes 2 No (utility or fuel) charges? Complete a separate column for each bill received since the 1st of Bill 1 Bill 2 Bill 3 Bill 4 Bill 1 Bill 2 Bill 3 Bill 4 (month, 3 months ago). 0070 0140 0210 0280 0140 0210 0280 0070 .00 .00 .00 .00 .00 .00 .00 .00 7a. What was the amount of bill (bill number)? Month Month Month Month Month Month Month Month **b.** In what month was the bill received? 0080 0150 0220 0290 0080 0150 0220 0290 Ask items 7c-f for utility codes 100-130 only if bills, receipts, or other Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure records are available (code 1, item 6), otherwise go to item 7g. C. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms? **OFFICE USE ONLY** 0095 0165 0235 0305 0095 0165 0235 0305 Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity **d.** What was the quantity consumed for bill (bill number)? 0105 0175 0245 0315 0105 0175 0245 0315 e. Did the bill include any charges for merchandise, repairs, or other 0180 1 ☐ Yes 0250 1 ☐ Yes 0110 1 ☐ Yes 0320 1 Yes 0110 1 Yes 0180 1 Yes 0320 1 Yes services which were not part of the cost of (utility or fuel)? 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* to item 7a to item 7a to item 7g to item 7g to item 7a to item 7g to item 7a to item 7g f. How much were these charges? 0120 0190 0260 0330 0120 0190 0260 0330 .00 .00 .00 .00 .00 .00 .00 .00 **g.** FIELD REPRESENTATIVE CHECK ITEM 0130 1 Records 0200 1 Records 0270 1 Records 0340 1 Records 0130 1 Records 0200 1 Records 0270 1 Records 0340 1 Records Was a bill or other record used or was an estimate given? used used used used used used used Checks or checkbooks are not considered records. 2 Estimate 2 Estimate 2 Estimate 2 ☐ Estimate → 2 Estimate 2 Estimate 2 Estimate 2 ☐ Estimate → 8. Was any part of the charge deducted as a business expense?

0420 1 ☐ Yes

2 No

0440 1 \square Yes – Complete a separate column for each property 2 \square No

0420 1 Yes

2 No

0440 1 \square Yes – Complete a separate column for each property 2 \square No

9. Since the 1st of (month, 3 months ago), did you (or any

members of your CU) receive any other utility or fuel bills?

Section 5 - CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY

FIELD REPRESENTATIVE - In this section,

F	Part A – Screening Questions												
1.	Information Booklet, page 14 Since the 1st of (month, 3 months ago), have		JOB CODE Y	/ES NO			PROCESSING	USE ONLY		1 05	00 7 🗸	•	
	you (or any members of your CU) had expenses for –?	Dwellings under construction including a vacation or second home	100		4a.	(proper	here been any experty that you do not ers of your CU)?	enses for any o own or rent) b	ther property y you (or any	☐ Yes ☐ No – <i>Go to item</i> :	5		
2.	Information Booklet, page 14 Have there been any expenses for property you owned or rented since the 1st of (month, 3 months ago), for any of the	Building an addition to the house or a new structure, such as a porch, garage, or new wing	110		b.		jobs were those ex	-		0010	020		
	following jobs? (Renters should not include jobs that have been or will be totally reimbursed by anyone outside of their CU.)	Finishing a basement or an attic or enclosing a porch	120							0030	040		
	their co.,	Remodeling one or more rooms in the house	130		5.		REPRESENTATIVE CH			0050 1 All "No"			
		Landscaping the ground or planting new shrubs or trees	140		_					2 ☐ At least one "Yes	" marked	<u> </u>	
		Building outdoor patios, walks, fences, or other enclosures, driveways, or permanent swimming pools	150			current CU) pu	the 1st of (month, 3 t month, have you rchased any mater	(or any membe	rs of your	0060 1 ☐ Yes 2 ☐ No – Go to item	7a A	DVMATER	
3a.	Information Booklet, page 14 Have there been any expenses that deal with the upkeep or improvement of this	Repairing outdoor patios, walks, fences, driveways, or permanent swimming pools	160			If YES -	- What kind of job v	vill the materia	ıls be	Description			
	unit or any other unit you owned or rented since the 1st of (month, 3 months ago)? (Renters should not include jobs that have been or will be totally reimbursed by	Inside painting or papering	170				job code.						
	anyone outside of their CU.) ☐ Yes ☐ No – Go to item 4a	Outside painting	180							0070 Job cod	le CF	RMCODEA	
b.	Which of the following?	Plastering or paneling	190		C.	What w	vas the total cost o	f these materi	als and	0080 \$	ΑD	VMATX	
		Plumbing or water heating installations and repairs	200		7a.	current	the 1st of (month, 3 t month, have you rchased any mater	(or any membe	rs of vour	0090 1 ☐ Yes 2 ☐ No - Go to item 6	 8 М	ATNSPEC	
		Electrical work	210			specifi	c job?		- Hot for any				
		Heating or air-conditioning jobs	220		b.	If YES –	- What was the tota	il cost?		0100 \$	МА	TNSPCX	
		Flooring repair or replacement, including inlaid linoleum or vinyl tile	230		8.	FIELD R	REPRESENTATIVE IN:	STRUCTION – If	any box marked	"Yes" in item 1, 2, 3, or 4, fill s	section 5	В.	
		Insulation	240			ı		1	PRI				
						1	2	3		4		5	
		Roofing, gutters, or downspouts	260		fr	code rom art B,	Property description from part B,	Property description code		Description from part B, item 3a		Total cost from part B, item 4	
		Siding	270			em 1	item 2a	from part B, item 2b		part b, item sa		part b, item 4	
		Installation, repair, or replacement of window panes, screens, storm doors, awnings, and the like	280									\$.00
		Masonry, brick, or stucco work	290									\$.00
		Other improvements or repairs	300									\$.00
		Use only if unable to itemize above – Combined expenses	310									\$.00

Section 5 - CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY - Continued

Part B – Job Description				
PROCESSING USE ONLY	1 05 50 2 ↓	7. Which of these items did it include and what	OFFICE Description	NOTES
1. FIELD REPRESENTATIVE JOB NUMBER	1	was the cost of each?	USE ONLY O130 APPCDE	
Enter the job code from part A. (For combined jobs use code 310.)	0010 Code CRM CODEB	'	0140 \$	
2a. On which property was the (job description) done?	Description	2	OFFICE USE ONLY 0150 Description	
b. Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties.	CRM PROPI Property number Rented sample unit Other rented unit	8a. Have you (or any members of your CU)	0160 \$.00 x Don't know 0250 1 Yes CRM M ATER	
	99 Property not owned or rented by CU	PURCHASED any materials, supplies, tools, or equipment for doing this job?	2 □ No – Go to item 9a	
3a. What work was done? Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview.	Description	b. What was the total cost for all items purchased for this job in – (month, 3 months ago)?	0260 \$	
FIELD REPRESENTATIVE CHECK ITEM b. Job classification – <i>Mark (X) one.</i>	1 Addition 2 Alteration CRM TYPE 3 Replacement	(month, 2 months ago)?	0270 \$ SUPPLYX2	
	4 ☐ Maintenance and repair 5 ☐ New construction	(last month) ?	0280 \$	
OFFICE USE ONLY – Enter detail job codes.	0040 CRM CODE	(the current month)?	0290 \$	
4. What was the total cost of the job? Include all costs paid for by you (or any members of your CU) or by any non-CU member, such as insurance companies, and so forth.	0050 \$ TOTJBCST	9a. Have you (or any members of your CU) RENTED any tools or equipment for doing this job?	0300 1 Yes TOOLRENT 2 No - Go to item 10a	
5a. Did you do all the work yourself or did you pay someone or contract with a builder to do all or part of the work?	1 Self only – Go to item 8a 2 Paid or contracted with someone else CONTRACT	b. What was the total cost for all items rented for this job in – (month, 3 months ago)?	0310 \$00 TOOLRTX 3	
b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN –	CNTRCTX3	(month, 2 months ago)?	0320 \$	
(month, 3 months ago)?	CNTRCTX 2 OO80 \$ O None	(last month) ?	0330 \$	
(last month) ?	0090 \$	(the current month)?	0340 \$	
(the current month)?	0100 \$ CNTRCTX 0	10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?	1 Yes REIM BRS 2 No – Go to item 11a	
C. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?	0110 \$	b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?	0370 .00 Percent REIM BRSZ	
If codes 100–130, 200–220, or 300 in item 1, ask items 6 and 7; for all other codes, go to item 8a.	0 □ None – Go to item 8a	11a. Were (Will) any of these expenses for this job (be) deducted as a business expense?	1 Yes CRM BSN SD 2 No – Go to next job	
Information Booklet, page 15 6. Did the charge(s) include the cost of any appliances or equipment?	2 □ No − Go to item 8a	b. What percent was (will be) deducted?	0390 CRM BSN SZ	

FORM CE-302 Section 5 - CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY - Continued Part B - Job Description - Continued OFFICE USE ONLY Description NOTES 7. Which of these items did it include and what PROCESSING USE ONLY 1 05 51 0 🗸 1. FIELD REPRESENTATIVE ITEM was the cost of each? JOB NUMBER 2 Enter the job code from part A. (For combined jobs use code 310.) 0010 .00 Code 0140 \$ x ☐ Don't know Description OFFICE USE ONLY **2a.** On which property was the (job description) Description 0150 2 **b.** Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties. 0020 Property number .00 0160 \$ x ☐ Don't know 97 Rented sample unit 8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job? 98 Other rented unit 0250 1 ☐ Yes 99 Property not owned or rented by CU 2 ☐ No – Go to item 9a

	•			
3a. What work was done? Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview.	Description	b. What was the total cost for all items purchased for this job in – (month, 3 months ago)?	0260 \$	
FIELD REPRESENTATIVE CHECK ITEM b. Job classification – <i>Mark (X) one.</i>	0030 1 Addition 2 Alteration 3 Replacement	(month, 2 months ago)?	0270 \$	
	4 ☐ Maintenance and repair 5 ☐ New construction	(last month) ?	0280 \$	
OFFICE USE ONLY – Enter detail job codes.	0040	(the current month)?	0290 \$	
4. What was the total cost of the job? Include all costs paid for by you (or any members of your CU) or by any non-CU member, such as insurance companies, and so forth.	0050 \$.00	9a. Have you (or any members of your CU) RENTED any tools or equipment for doing this job?	0300 1 ☐ Yes 2 ☐ No – <i>Go to item 10a</i>	
5a. Did you do all the work yourself or did you pay someone or contract with a builder to do all or part of the work?	1 ☐ Self only – Go to item 8a 2 ☐ Paid or contracted with someone else	b. What was the total cost for all items rented for this job in – (month, 3 months ago)?	0310 \$	
b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN – (month, 3 months ago)?	0070 \$00 ₀ □ None	(month, 2 months ago)?		
(month, 2 months ago) ?	0080 \$.00 0 None	(last month)?	0330 \$	
(last month) ?	0090 \$.00 0 None	(the current month)?	0340 \$00 0 None	
(the current month)?	0100 \$.00 0 None	10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?	0350 1 ☐ Yes 2 ☐ No – Go to item 11a	
C. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?	0110 \$	b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?	0370 .00 Percent	
If codes 100–130, 200–220, or 300 in item 1, ask items 6 and 7; for all other codes, go to item 8a.	0 ☐ None – <i>Go to item 8a</i>	11a. Were (Will) any of these expenses for this job (be) deducted as a business expense?	0380 1 Yes 2 No – Go to next job	
Information Booklet, page 15 6. Did the charge(s) include the cost of any appliances or equipment?	2 □ No – Go to item 8a	b. What percent was (will be) deducted?	0390 .00 Percent	
Page 28		Section 5 – Part B (Continued)	1	Page 28

Section 5 - CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY - Continued

Part B – Job Descrip	otion – Continued					
A SISI D DEDDESCRITATIVE	PROCESSING USE ONLY	1 05 52 8 ↓	7. Which of these items did it include and what		OFFICE Description	NOTES
1. FIELD REPRESENTATIVE ITEM	JOB NUMBER	3	was the cost of each?	-	USE ONLY	
Enter the job code from pa jobs use code 310.)	rt A. (For combined	0010 Code		1	0130	
2a. On which property was to	the (job description)	Description			0140 \$00 x _ Don't know	
b. Enter a property number – enter the property number (X) the appropriate box for	from section 3. Mark	Property number 97 Rented sample unit 98 Other rented unit 99 Property not owned or rented by CU		2	OFFICE USE ONLY 0150 .00 x Don't know	
3a. What work was done? Do adequate to classify as "alt and to identify in next inter-	eration," "repair," etc.,	Description	8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?		0250 1 ☐ Yes 2 ☐ No – Go to item 9a	
FIELD REPRESENTATIVE C b. Job classification – <i>Mark ()</i>		0030 1 Addition 2 Alteration 3 Replacement 4 Maintenance and repair	b. What was the total cost for all items purchased for this job in – (month, 3 months ago)?		0260 \$	
		5 New construction	(month, 2 months ago)?	٠. ا	0270 \$00 0 None	_
OFFICE USE ONLY – Enter deta	ail job codes.	0040	(last month) ?		0280 \$00 0 None	
4. What was the total cost all costs paid for by you your CU) or by any non-0	(or any members of		(the current month)?		0290 \$00 0 None	
insurance companies, ar	nd so forth.	0050 \$	9a. Have you (or any members of your CU) RENTED any tools or equipment for doing this job?	y	0300 1 ☐ Yes 2 ☐ No – Go to item 10a	
5a. Did you do all the work pay someone or contractall or part of the work?	yourself or did you t with a builder to do	0060 1 ☐ Self only – Go to item 8a 2 ☐ Paid or contracted with someone else	b. What was the total cost for all items rented for this job in –			-
b. What was the cost for all appliances, or equipment	labor, materials, THEY PROVIDED IN –		(month, 3 months ago)?	-	0310 \$00 0 None	-
		0070 \$	(month, 2 months ago)?		0320 \$00 None	
(month, 2 months ago)?		0080 \$	(last month) ?		0330 \$00 0 None	_
(last month)?		0090 \$	(the current month)?		0340 \$00 0 None	
(the current month)?	· · · · · · · · · · · · · · · · · · ·	0100 \$	10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?		0350 1 ☐ Yes 2 ☐ No – <i>Go to item 11a</i>	
C. Since the 1st of (month, much have you paid for materials THEY PROVID	labor and anv	0110 \$	b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU	J?	0370 .00 Percent	
If codes 100–130, 200–220, items 6 and 7; for all other	or 300 in item 1, ask		11a. Were (Will) any of these expenses for this job (be) deducted as a business expense?		0380 1 ☐ Yes 2 ☐ No – Go to next job	
Information Booklet, page 6. Did the charge(s) include appliances or equipment	15 e the cost of any	0120 1 ☐ Yes 2 ☐ No – Go to item 8a	b. What percent was (will be) deducted?		039000 Percent	
• •						

Section 6 – APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS

FIELD REPRESENTATIVE

Part A - Purchase	of Household		Ω	06 02 6	→									
a	or mousemore	b		C	d	е	f	g	h		T . 1		PRE	
Information Booklet, page	16	What type did you purchase		ENTER	Was this -	When	What was	If code 2 in	Did this	Were there any	Did you	1	2	3
1. Since the 1st of (month, have you (or any memb purchased or rented an following items for you to someone outside you	ers of your CU) v of the	or rent? Enter a brand name or a brief description of item.		ITEM CODE from column a	1 – Purchased for own use? 2 – Rented?	did you pur- chase it?	the purchase price after any trade-in allowance?	column d – What was the total rental expense since the	include sales tax?	extra charges for installation? If "Yes" – How much?	purchase or rent any other?			
Do not list any appliance preported in section 5B, ite appliance is reported in be section 6, probe to verify duplicated.	oth section 5 and		USE ONLY	MAJAPPLY	Go to column g. 3 - Purchased as gift to others?	MAJ_MO	MAJPUR	1st of (month, 3 months ago), excluding the current month?	MAJTAX	MAJINST	to next item in column a.	Description from column b and section 5B item 6	Month from column e	Cost from column f or column g and section 5B item 6
	ITEM YES NO		PROCESSING		C _ M			MAJRE		×				item 6
COOKING STOVE, RANGE, OR OVEN			OCES		Mark (X) box			ENTX						
Electric	100		PRC		Wark (X) DOX	Month		×	YES NO	NO	YES NO		Month	
Gas	110		0010		1 2 3		\$.00	\$.00	1 2	○□ \$.0	0			\$.00
Microwave	130		0020		1 2 3		\$.00	\$.00	1 2	0 \$.0				\$.00
REFRIGERATOR	140		0030		1 2 3									
HOME-FREEZER	150		0040		1 2 3									\$ 1.0
DISHWASHER			0040		-		\$.00	\$.00		1	0			\$ 1.0
Built-in	160		0050		1 2 3		\$.00	\$.00	1 2	0□ \$.0	0 🗆 ¦ 🗆			\$.0
Portable	170		0060		1 2 3		\$.00	\$.00	1 2	0□ ¦\$.0	0			\$.0
GARBAGE DISPOSAL	180		0070		1 2 3		\$.00	\$.00	1 2	0□				\$.0
CLOTHES WASHER CLOTHES DRYER	200		0080		1 2 3		\$.00							1
RANGE HOOD	210													\$.0
Combination of any of the above items	220		0090		1 2 3		\$.00	\$.00	1	1				\$.0
2. FIELD REPRESENTATIVE	1 06 01 3 \$		0100		1 2 3		\$.00	\$.00		ΙΨ :0				\$.00
CHECK ITEM	0010 999 Go to		0110		1 2 3		\$.00	\$.00	1 2	0 □ \$.0				\$.00
Mark (X) box if there are no entries recorded in columns b–j.	Part B		0120		1 2 3		\$.00	\$.00	1 2	0□ \$.0	0 🗆 🖟 🗆			\$.00
NOTES			0130		1 2 3		\$.00	\$.00	1 2	0 \$.0	0 🗆 🗀			\$.00
			0140		1 2 3		\$.00							\$.00
			0150		1 2 3		\$.00							\$ 1.00
			0160		1 2 3		\$.00							\$.00
			0170		1 2 3		\$.00	i		1				\$.00
Page 30			1			l l	_ Part Δ	Ψ .00	' 2	J 0 1 9 1.0	·			Page 3

Section 6 – APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS – Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask column a, reading the headings (in bold print). If YES, then read the individual items and complete a separate line in columns b through i as each item is reported.

	Part B – Purchase of H	ousehold Ap _l	pliances and Othe	r Sele	cted Ite	ms	6 06	04 6 →								
	a		b	ONLY	С	d	е	f	g	h	i	NOTES		PRE		
	Information Booklet, pages 16–1	8	What type did you	0	ENTER	Was this -		What did it cost?		Did this	Did you		1	2	3	
1	Since the 1st of (month, 3 mon you (or any members of your or rented any of the following CU or as a gift to someone of SMALL HOUSEHOLD	CU) purchased gitems for your utside your CU?	purchase or rent? Enter brand name or a brief description of the item.	PROCESSING USE	ITEM CODE from column a. M N P	1 - Purchased for own use? 2 - Rented? Go to column g 3 - Purchased as gift to Gothers?	purchase it? = Z S	(Include delivery charges, exclude installation charges.) MINPURX	column d – What was the total rental expense since the 1st of (month, 3 months ago),	include sales tax? Z Z A	purchase or rent any other? If "No," go to next item in column a.		Description from column b	Month from column e	Cost from column f c column g	or
	APPLIANCES			PRO	ĄΡF	Mark (X) box Ω	Month	Go to column h.	excluding the current month?	YES NO	YES NO			Month		
	Small electrical kitchen appliances Electric personal care	230		0010	7	1□ 2□ 3□ Z		\$.00		1 2					\$.00
	appliances	240		0020		1 2 3 3		\$.00	\$ E .00	1 2					\$.00
	Electric floor cleaning equipment	260		0030		1 2 3 3		\$.00	\$ \text{\text{\text{\cont}}}	1					 \$.00
	OTHER HOUSEHOLD APPLIANCES	270		0040		1 2 3 3		\$.00	\$.00	1					\$.00
	SEWING MACHINES	590		0050		1 2 3 3		\$.00	\$.00	1 2					•	1
	TELEPHONE AND ACCESSORIES	660	_	0060		1 2 3 3		\$.00								.00
	TELEPHONE ANSWERING DEVICES	610		0070		1 2 3		\$.00							\$.00
	TYPEWRITERS AND OTHER OFFICE MACHINES FOR NON-BUSINESS USE	620		0080		1 2 3		\$.00	\$.00	1						.00
	COMPUTERS, COMPUTER SYSTEMS AND RELATED	320		0090		1 2 3 3		\$.00	\$.00	1					\$.00
	HARDWARE FOR NON-BUSINESS USE	640		0100		1 2 3 3		\$.00	\$.00	1 2					\$.00
	COMPUTER SOFTWARE AND ACCESSORIES FOR NON-BUSINESS USE	650		0110		1 2 3 3		\$.00	\$.00	1					\$.00
	PHOTOGRAPHIC EQUIPMENT	300		0120		1 2 3 3		\$.00	\$.00	1 🗆 2 🗆					\$.00
	LAWNMOWING MACHINERY AND OTHER YARD EQUIPMENT	310		0130		1 2 3 3		\$.00	\$.00	1					\$	00.
	TOOLS FOR HOME USE	320		0140		1 2 3 3		\$.00	\$.00	1					\$.00
	Power tools	330		0150		1 2 3 3		\$.00	\$.00	1 2					\$.00
	HEATING AND COOLING EQUIPMENT Window air conditioners	340		0160		1 2 3 3		\$.00	\$.00	1						.00
	Portable cooling and heating equipment			0170		1 2 3 3		\$.00	\$.00	1						1.00
	Use only if unable to itemize above – Combined expenses	800		0180		1 2 3 3		\$.00	\$.00	1					\$	1.00
2	FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are	1 06 03 9 ↓ 0010 999 □ Go to		0190		1 2 3 3		\$.00	\$.00	1					\$.00
	nark (X) box if there are no entries recorded in columns b–i.	next page		0200		1 2 3 3		\$.00	\$.00	1					\$.00

Section 6 – APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS – Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask column a, reading the headings (in bold print). If YES, then read the individual items and complete a separate line in columns b through i as each item is reported.

	Part B - Purchase of H	ousel	nold	App	liances and Othe	er Se	lecte	ed It	ems – Co	ontir	nued	6 06 06	1 →												
	а				b		C	C	d		е	f			g	ı	า		i	NOTES		PRE			
	Information Booklet, page 18				What type did you purchase or rent?		ENTE ITEM	R	Was this -		When did	What did it				Did t		Did y			1	2		3	
1	 Since the 1st of (month, 3 mor you (or any members of your or rented any of the following CU, or as a gift to someone or 	CU) pui items	rchas for y	ed our	Enter a brand name or a brief description of the item.	SE ONLY	CODE from colun	nn a.	1 - Purchas for own use? 2 - Rented Go to	1 ?	you purchase it?	charges, exc installation charges.)	elude	Whatota exp	at was the al rental pense since (month, agor),	sales		or rer any other	nt ? ." go			Montl from			
		ITEM CODE	YES	S NO		G USE			column 3 - Purchas	_		Go to colum		cur	cluding the rent month?			to nex item i colum	n		Description from column b	colum		Cost from column f	
	TELEVISIONS, RADIO, VIDEO, SOUND EQUIPMENT (DO NOT INCLUDE PURCHASES	CODE	1.20	110		PROCESSING			as gift to othe				11 11.					Colum	II a.			G		or column g	
	INSTALLED IN VEHICLES)					PR00			Mark (X) b	oox	Month	_				YES	NO	YES	NO			Month	\Box		
	Color televisions (portable and table models)	360				0010			1 2		Wionth		I									IVIOIILI			
	Color televisions consoles and combinations of TV; large											\$.00	\$.00		-						\$	<u> </u>	.00
	screen color TV projection equipment; color monitors and					0020			1 2	3∐		\$.00	\$	00.		2						\$	I	.00
	other items	370				0030			1 2	3 🗌		\$.00	\$.00	1 🗌	2 🗌						\$	1	.00
	Black and white TV's and combinations of TV's with					0040			1 2	3 🗌		\$.00	\$.00	1	2						\$.00
	other items	380				0050			1 2	з 🗌		\$.00	s	.00	1	2						\$	i	.00
	player, camcorder	390				0060			1 2	3□						1□	 2						\$	I	.00
	Satellite dishes	670				0070						\$.00		.00		2						, p	İ	
	Radio, all types	400										\$.00	\$.00		2						\$.00
		420				0800						\$.00	\$	00.								\$	<u> </u>	.00
	Tape recorders and players Sound components, component					0090			1 2	3 🗆		\$.00	\$.00	1	2						\$.00
	systems, and compact disc sound systems	430				0100			1 2	3 🗌		\$.00	\$.00	1	2						\$.00
	Other sound and video					0110			1 2	3 🗌		\$.00	\$.00	1	2						\$.00
	equipment, including accessories (audio/video tapes,					0120			1 2	з 🗆		\$.00		.00	1	 2						\$	1	.00
	etc. should be recorded in Section 17)	440				0130			1 2								 2								
	Use only if unable to itemize above – Combined expenses .	810										\$.00	\$.00								\$	1	.00
	MUSICAL INSTRUMENTS,					0140			1 2 2			\$.00	\$.00		2						\$.00
	SUPPLIES AND ACCESSORIES					0150			1 2	3 🗌		\$.00	\$.00	1	2						\$.00
	Piano, organ, or keyboard	450				0160			1 2	3 🗌		\$.00	\$.00	1	2						\$	i I	.00
	riano, organi, or keyboara					0170			1 2	3 🗌		\$.00	\$.00	1	2						\$.00
2	Other	460	6 05	4		0180			1 2	з 🗌		\$.00	\$.00	1	2						6	l	
_	FIELD REPRESENTATIVE CHECK ITEM	0010		•		0190			1 2				!				 2						\$	I	.00
	Mark (X) box if there are no entries recorded in	0010		next page		0200						\$.00		.00	1 🗆	2 						\$.00

Section 6 - APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS - Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask column a, reading the headings (in bold print). If YES, then read the individual items and complete a separate line in columns b through i as each item is reported.

Part B – Purchase of Hou	ısehold App	liances and Othe	r Sele	cted Ite	ms – Continue	ed	6 06 08 7 →							
а		b	ONLY	С	d	е	f	g	h	i	NOTES		PRE	
Information Booklet, page 19		What type did you purchase or rent?		ENTER ITEM	Was this – 1 – Purchased for		What did it cost?	If code 2 in column d –	Did this include	Did you purchase or		1	2	3
1. Since the 1st of (month, 3 months you (or any members of your CU or rented any of the following it CU or as a gift to someone outs	J) purchased tems for your ide your CU?	Enter brand name or a brief description of the item.	PROCESSING USE	CODE from column a.	own use? 2 - Rented? Go to column g 3 - Purchased	purchase it?	charges, exclude installation	What was the total rental expense since the 1st of (month, 3	sales tax?	rent any other? If "No," go		Description	Month from column e	Cost from column f or
SPORTS, RECREATION, AND	ITEM YES NO		CE		as gift to others?			months ago), excluding the		to next item in column a.		from column b		column g
EXERCISE EQUIPMENT	. ///		PR(Mark (X) box	Month	Go to column h.	current month?	YES NO	YES NO			Month	
General sports equipment (Include here athletic shoes for sports related use, such as football, baseball, soccer, or			0010		1 2 3 3		\$.00	\$.00	1					\$.00
bowling)	. 470		0020		1 🗌 2 🔲 3 🔲		\$.00	\$.00	1					\$.00
Health and exercise equipment	480		0030		1 2 3 3		\$.00	\$.00	1					\$.00
Camping equipment	490		0040		1 2 3 3		\$.00	\$.00	1 2					\$.00
Hunting and fishing equipment	500		0050		1 2 3 3		\$.00	\$.00	1					\$.00
Winter sports equipment	510		0060		1 2 3 3		\$.00	\$.00	1					\$.00
Water sports equipment	. 520		0070		1 2 3 3		\$.00							\$ 1.00
Outboard motors	530		0080		1 2 3 3									<u> </u>
Bicycles	. 540						\$.00	\$.00	!	!				\$.00
Tricycles and battery powered riders	550		0090		1 2 3 3		\$.00	\$.00	1					\$.00
Playground equipment	560		0100		1 2 3 3		\$.00	\$.00	1					\$.00
Other sports and recreation equipment	. 570		0110		1 2 3 3		\$.00	\$.00	1					\$.00
Use only if unable to itemize above – Combined expenses	. 820		0120		1 2 3 3		\$.00	\$.00	1					\$.00
2. FIELD REPRESENTATIVE CHECK ITEM	1 06 07 0 ↓		0130		1 2 3 3		\$.00	\$.00	1					\$.00
Mark (X) box if there are no entries recorded in	999 Go to section		0140		1 2 3 3		\$.00	\$.00	1					\$.00
columns b-i. NOTES	7		0150		1 2 3 3		\$.00	\$.00	1					\$.00
			0160		1 2 3 3		\$.00		1					\$.00
			0170		1 2 3 3		\$.00	\$.00	1					\$ 1.00
			0180		1 2 3 3		\$.00	\$.00	1					\$ 1.00
			0190		1 2 3 3		\$.00	\$.00	1					\$ 1.00
			0200		1 2 3 3		\$.00	\$.00	1					\$.00

Section 7 - HOUSEHOLD EQUIPMENT REPAIRS, SERVICE CONTRACTS, AND FURNITURE REPAIR AND REUPHOLSTERING

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list as you proceed. Read questions 1a and 1b and complete a line in part B for each item repaired or each service contract.

Part A – Screening Questions				Par	t B – Household Equipment F	Repairs	and S	ervic	e Cont	racts		5 0	7 02 0	→					
Information Booklet, page 20					а			,	С	d	е		f			PRE			
1a. Since the 1st of (month, 3 months ago), did you (or any members of your CU) have	☐Ye	s – Go to co 1a below		Repair	What is/was (repaired/covered		1 – Ec	uip-	ENTER	In what	What was		Did th	nis	1	2	3	4	
any expenses for maintenance or repair of household equipment?	□ No)		or contract No.	by service contract)? Describe the item repaired or the type of service or equipment	5NIS	re 2 - Se	rvice	CODE from	month was (repair done/service contract	total cost?		includ sales	tax?		Repair or service	Month		
b. Did you (or any members of your CU) have any expenses for service contracts?	☐ Ye	s – Go to co 1b below			covered by the service contract. Include all items covered.	PROCESSING USE ONLY	RPAIRT)	ntract k (X)	APPRP	purchased)? Month	PAIRX		YES	AIRTX	Description from column a	contract from column b	from column d	Cost fr colum	
		T		1		0010	$\overline{\Psi}_{1}$	2	RYB	SR	\$.00	1 1	2				\$.00
	ITEM CODE	1a. Repair o maintenance	1b. Service contracts	2		0020	1	2		CM	\$.00		2 🗌					1.00
		YES NO	YES NO	3		0030	 	2		OB	\$.00							.00
Garbage disposal, range hood, or built-in dishwasher	100	i		4		0040	1 🗆				¢	.00		2□					.00 .00
Other household appliances, such as washer, refrigerator, or range/oven	110	1	1	5		0050	1 1	2			\$.00		2					00.
Television, radio, video and sound equipment, except those installed in automobiles or other vehicles	120	1	1	6		0060	1				\$.00							1.00
Computers, computer systems, and related equipment for non-business use	220	1		7		0070		2 🗆			\$	00.		2 🗆					00. .00
Lawn and garden equipment	130			9		0090		2			\$.00							1.00
Musical instruments and accessories	140			10		0100	1 🗆	2			\$.00	1	2				\$.00
Hand or power tools	150	 		11		0110	1	2			\$.00	1	2				\$.00
Photographic equipment	160		1 1	12		0120		2 🗆			\$.00		2 🗆				\$.00
Sport and recreational equipment	170			13		0140	1 🗆				\$ \$.00		2 🗆					00.
Termite or pest control treatment	190			15		0150	1	2			\$.00	1 🗆	2				\$	00.
Heating or air conditioning equipment	200			16		0160	1	2			\$.00	1	2				\$.00
Use only if unable to itemize above – Combined expenses	210			17		0170	1	2			\$.00						\$	1.00
2. FIELD REPRESENTATIVE CHECK ITEM		1 07 01	1 🗼	18		0180	1 🗆	2 🗌			\$.00	1 1	2 🗌				\$.00
Mark (X) box if there are no entries recorded in columns a–f in part B.	0010	999 🗌 Go to	o part C	19		0190	1	2 🗌			\$.00	1	2				\$.00
				20		0200	1	2			\$.00	1 1	2				\$.00
						NOTES													

S	ection 7 – HOUSEHOLD E FURNITURE RE	QUIP PAIR	MENT AND R	REPAIRS, S EUPHOLST	SERVICE CON ERING – Con	TRACTS, tinued	ELD REPRI	ESENTATIVE –		
P	art C – Screening Questio						F	PRE		NOTES
Di	d you (or any members of your Cl	U) have					1	2	3	
re fo	d you (or any members of your Cl ny expenses for repairing, refinish upholstering furniture, including r fabric?	ing or the cos	sts		\square Yes – Go to part \square \square No – Go to next s		Description from column a	110111 00	ost from olumn d	
P	art D – Furniture Repair o	r Reu	pholst	ering	4 07 04	9 →	column a	column c	Juliiii u	
	a	USE	b	С	d	е		\$.00	
Item No.	What item of furniture was repaired or reupholstered? Describe type of furniture.	PROCESSING US ONLY	OFFICE USE	In what month did you have it repaired or reupholstered	How much did it cost? □ □ □ □	Did this include sales tax?	1	\$.00	
		ROCE	ONLY	1	d?	YES NOT	1	\$	1.00	
1		0010	220 x		 3 	00 1 2 2	1	\$.00	
2		0020	220 ≺	, X	i	00 1 2		\$	1.00	
3		0030	220	<u> </u>		00 1 1 2		\$.00	
4		0040	220	0		00 1 🗆 ¦ 2 🗆		\$.00	
5		0050	220		i	00 1 2		\$.00	
6		0060	220		\$	00 1 🗆 2 🗆		\$.00	
7		0070	220		\$	00 1 🗆 2 🗆		\$.00	
8		0800	220		\$	00 1 2 2		\$.00	
9		0090	220		\$	00 1 . 2 .		\$.00	
10		0100	220		\$	00 1 🗆 2 🗆		\$.00	

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed.

Section 8 - HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS

Part A – Purchases			5 08	3 01 0 -	→										
a		b		С	d		е	f	g	h	NOTES	ı	PRE		
Information Booklet, pages 21 and 22		What did you purchase?		ENTER	In wha			What was	Did this	Did you		1	2	3	3
Since the 1st of (month, 3 months ago any members of your CU) purchased or as a gift to someone outside of your the following?), have you (or for your CU our CU any of	Enter a brief description of the item purchased.	ONLY	ITEM CODE from column a.	month did you purcha it?	your Case a gift somed	to one le	purchase price?	include sales tax?	purchase any other?					
LIVING FAMILY OF RECREATION	ITEM CODE YES NO		USE	FUR	FU	1 - For	IGFTC use by	FURNPUR	FURNP	If "No," go to next			Month from		
LIVING, FAMILY, OR RECREATION ROOM FURNITURE			PROCESSING	\hat{Z}	R Z	the	CU.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PU	item in column a.		Description from column b	column d	Cost f colur	
Sofas	100		ESS	ŬR	<u>≤</u>		a gift to meone	J R X	P						
Living room chairs	101		ROC	~			tside	_ ^	×						
Living room tables	102				Mont		k box		VEC NO	YES NO	-		Month		
Modular wall units, shelves or cabinets	103				IVION		Τ		 	-			IVIONIN		
Ping-pong, pool tables and other similar recreation room items	104		0010			1	2 🗌	\$.00	1 2					\$.00
Other living room, family or recreation room furniture including desks	105		0020			1 🗆	1 1 2	\$.00	1 2					\$.00
Living room furniture combinations	106		0030			1	2	\$.00	1 2					\$.00
DINING ROOM AND KITCHEN FURNITURE			0040			1	 2	\$.00	1 2 2					\$	1.00
All dining room and kitchen furniture	110		0050				 	· -	i						
BEDROOM FURNITURE			0050			1	2							\$.00
Mattress and springs	120		0060			1□	2	\$.00	1 2					\$.00
Bedroom furniture other than mattresses and springs	121		0070			1	1 2	\$.00	1 2					\$.00
Combined bedroom furniture (codes 120 and 121)	122		0080			1 🗆	2	\$.00	1 2					\$	1.00
INFANTS FURNITURE AND EQUIPMENT			0090			1 🗆	 2		1 2	 				\$	1.00
Infants furniture	130						<u> </u>	· ·						Ψ	
Infants equipment	131		0100			1 🗆	2 🗌	\$.00	1					\$	00.
EQUIPMENT			0110			1	2	\$.00	1 2					\$.00
Patio, porch or outdoor furniture	140	-	0120			1	2	\$.00	1 2					\$.00
Outdoor equipment	141		0130			1	 2	\$.00	1 2					\$.00
All office furniture for home use. Exclude any furniture used exclusively for business	150		0140			1	2	\$.00						\$	00.
Combined furniture expense. Use only if unable to itemize separately	160		0150				2	\$.00						\$.00
HOUSEHOLD DECORATIVE ITEMS			0160			1	 2 	\$.00	1 2					\$.00
Clocks	170		0170			1	2	\$.00	1 2					\$.00
Lamps, and other lighting fixtures	171	-	0180			1	2							6	
Other household decorative items	173		0.00			Soction		\$.00	' '					\$.00

Section 8 - HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS -

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed.

Continued																		
Part A – Purchases – Cont	inued		5 0	8 02 8 -	→													
а		b		С	d		e)	f	g		h		NOTES		PRE		
Information Booklet, pages 23 and 24		What did you purchase?		ENTER	In wha		Was th		What was	Did this		Did you			1	2	3	;
Have you (or any members of your C for your CU or as a gift to someone or your CU any of the following?	U) purchased outside of	Enter a brief description of the item purchased.	>-	ITEM CODE from column a.	month did you purcha it?	ase a	purcna your Cl a gift to someon outside the CU	o 1e	purchase price?	include sales tax?	a	ourchas any other						
CLOSET STORAGE AND TRAVEL	ITEM CODE YES NO		USE ONLY				1 – For the	use by			9	f "No," go to ne: item in	ext		Description	Month from	Cost	
ITEMS							2 – As a					column a	a.		from column b	column d	colur	nn f
Storage items	180							eone					ŀ					
Travel items	181		ESS				CU.	side										
GLASSWARE, AND COOKWARE			PROCESSING															
Plastic dinnerware	190		8		Mont	nth	Mark	box		YES NO	0 Y	/ES¦N	10			Month		
China and other dinnerware	191		0010				1	2		1 1 2	7		¬					
Stainless, silver, and other flatware	192								\$.00	<u> </u>	_		_				\$.00
Glassware	193		0020				1□ i	2	\$.00	1 2			$\exists \mid$				\$.00
Serving pieces other than silver	195		0030				1	2	1.00	1 2	7		7					
Non-electric cookware	196		0040			+	1□ 1□ ¦	2□	\$.00	1 2 2			- -				\$.00
Silver serving pieces	198		0040				_'	2 🗆	\$.00		_						\$	□.00
HOUSEHOLD LINENS			0050				1	2	\$.00	1 2			┚┃				\$.00
Bedroom linens	200								\$.00		_						Φ	.00
Bathroom linens	201		0060				1 I	2	\$.00	1 2	-		-				\$	00.
Kitchen and dining room linens	202		0070				1	2		1 2	-		7					
Other linens	203		0080				1	2□	\$.00	1 2			- - - 1				\$.00
Slipcovers, decorative pillows and cushions	205		0090				1	2 🗆	\$.00	1 2	_		_ _				\$	00.
FLOOR AND WINDOW COVERINGS									\$.00		_						Ψ	1.00
Original wall-to-wall carpet	210		0100				1	2	\$.00	1 2	_		-				\$.00
Repacement wall-to-wall carpet	211		0110				1	2	\$.00	1 2							\$.00
Room size rugs and other non- permanent floor coverings, including carpet squares	212		0120				1	2	\$.00	1 2							\$.00
Curtains and drapes	214		0130				1	2	\$.00	1 2			┚┃				\$.00
Venetian blinds, window shades, other window coverings	215		0140				1 I	2	\$.00	1 2							\$	1.00
Use only if unable to itemize above – Combined expenses	220		0150				1	2	\$.00	1 2			_				\$.00
Part B – Rental or Leasing	of Furniture	1 08 03 5 ↓												NOTES				
1a. Since the 1st of (month, 3 month (or any members of your CU) re any furniture?	s ago), have you nted or leased	0010 1 Yes FURNRI																
b. If YES – What was the total expe or leasing furniture, excluding a the current month?	nse for renting any expenses for	0020 \$ FURNRNTX	.00															

Section 9 - CLOTHING AND SEWING MATERIALS

Part A - Clothing	9				6 0	9 02 4 →														
а				b		С	d		е	f		g		h		i		PRE		
Information Booklet, pa 1. Since the 1st of (monhave you (or any menCU) purchased any of items, for persons ageither for members o	th 3 mont	hs ago), our wing ver,		What did you buy? Describe briefly the item purchased.		ENTER ITEM CODE from column a.	For whom was it purchased CU member, enter name and li number from Control Card. If someone outside CU, enter nand appropriate code as follow	ine name	How many did you purchase?	In what month did yo purchalit?	n	How much did it cost?	∣ i	Did this nclude sales tax?	pur	you chase er?	1	2	3	4
someone outside you	ITEM CODE	YES N			ING USE ONLY	СГОТНХ	90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15		number of identical items purchased.	CLOTHMO		СГОТНХА		СГОТНТХА	to r	No," go next n in umn a.	Description from column b	Person from column d	Month from column f	Cost from column g
Coats, jackets, and					PROCESSING	À		Line No	🛨	>				ı		1				
furs			_		PR			or code		Mon	th		+	YES NO	YE:	S NO		Name	Month	I
Sport coats and tailored jackets	. 110		_		0010							\$.00	0	1 2						\$.00
Suits	120		_		0020							\$.00	_	1 2						\$.00
Vests			_		0030							\$.00	0	1 2						\$.00
Sweaters and sweater sets			_		0040							\$.00	0	1 2						\$.00
Pants, slacks, and jeans	. 150				0050							\$.00	0	1 2						\$.00
Shorts and short sets Exclude all athletic short	s 160				0060							\$.00	0	1 2						\$.00
Dresses					0070							\$.00	0	1 2						\$.00
Skirts					0080							\$.00	0	1 2						\$.00
Shirts, blouses, and	. 190				0090							\$.00		1 2						\$.00
2. FIELD REPRESENTATIV		01 7 ↓			0100							\$.00	0	1 2						\$.00
Mark (X) box if there ar		∞	to.		0110							\$.00	0	1 2						\$.00
no entries recorded in columns b-i.	0010	nez paţ	xt		0120							\$.00	0	1 2						\$.00
NOTES	<u> </u>		_		0130							\$.00	0	1 2						\$.00
					0140							\$.00	0	1 2						\$.00
					0150							\$.00	0	1 2						\$.00
					0160							\$.00	0	1 2						\$.00
					0170							\$.00	0	1 2						\$.00
					0180							\$.00	0	1 2						\$.00

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask column a and complete columns b through i as each item or set of identical items purchased is reported. Identical items are those of the SAME TYPE and purchased in the SAME MONTH, for the SAME PERSON.

Information Booklet, page 26 1. Have you (or any members of your CU) purchased any of the following items, for persons age 2 and over, either for members of your CU? Describe briefly the item purchased. For whom was it purchased? If CODE from mumber of monthor Control Card. If someone outside Vu either for members of your CU? TIEM VES NO CODE VES NO CODE VES NO CODE VES NO CODE VES NO CODE VES NO CODE VES NO CODE VES NO CODE VES NO CODE VES NO VES NO VES NO VES NO VES NO Name Month VES NO VES NO Name Month VES NO VES NO Name Month VES NO VES NO Name Month VES NO VES NO Name Month VES NO VES NO Name Month VES NO VES NO Name Month VES NO VES NO Name Month VES NO VES NO Name Month VES NO VES NO Name Month VES NO VES NO Name Month VES NO VES NO Name Month VES NO VES NO Name Month VES NO VES NO Name Month VES NO VES NO Name Month VES NO VES NO Name Month VES NO VES NO Name Month VES NO VES NO Name Month VES NO Name Month VES NO VES NO Name Month VES NO Name Month VES NO VES NO VES NO Name Month VES NO V	
1. Have you (or any members of your CU) purchased any of the following items, for persons age 2 and over, either for members of your CU? Describe briefly the item purchased. Describe briefly the item purchased. Describe briefly the item purchased. Describe briefly the item purchased. Describe briefly the item purchased. Describe briefly the item purchased. Describe briefly the item purchased. Describe briefly the item purchased. Describe briefly the item purchased. Describe briefly the item purchased. Describe briefly the item purchased. Describe briefly the item purchased. Describe briefly the item purchased. Describe briefly the item purchased. Describe briefly the item purchased. Describe briefly the item purchased. Solution and idid vou purchase any of the following items, for persons age 2 and over, either for members of your CU or for someone outside CU, enter name and line did you purchase? Enter number of identical items purchased. Description from column b Description from column b Person from column b Person from column b Person from column b Nonth TIEM VES NO YES NO YES NO Name Month	
items, for persons age 2 and over, either for members of your CU or for someone outside your CU? Describe briefly the item purchased. If someone outside CU, enter name and appropriate code as follows: 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 Person from column a. Person from column b. Description from column b. TIEM VES NO Name Line No. or code Nome N	
Undergarments 200	om 1 g
Undergarments 200	
Shariful	1.00
Hosiery 210	
	00.
2. FIELD REPRESENTATIVE 1 09 03 3 V	.00
Mark (X) box if there are	.00
no entries recorded in columns b-i.	1.00
\$.00 1 2 4 5	.00
NOTES \$.00 1 2	.00
\$.00 1 2 5	.00
\$.00 1 2	.00
0100 \$ 1.00 1□ 2□ \$.00
0110	.00
0120 \$ \$ \$.00
0130 s 1.00 1 2 1 1 2 5 5	.00
0140 s 0.00 1 2 0 0 1 2 0 1 3 3 3 3 3 3 3 3 3	1.00
0150 \$.00 1 2 D D S	.00
0160 \$.00 1 2 0 1	00
0170 \$.00 1 2 0 0 \$.00
0120	1.00

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Section 9 - CLOTHING AND SEWING MATERIALS - Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask column a and complete columns b through i as each item or set of identical items purchased is reported.

Identical items are those of the SAME TYPE and purchased in the SAME MONTH, for the SAME PERSON.

Part A - Clothing	- Continued		6 (09 06 5 →														
а		b		С	d		е	f	g		ŀ	1	i			PRE		
Information Booklet, page		What did you buy?		ENTER F	For whom was it purchas CU member, enter name and	ed? If	How	In what	How much did it cost?		Did th	nis	Did ye	ou	1	2	3	4
Have you (or any memb CU) purchased any of the items, for persons age 2 either for members of y someone outside your Control Nightwear and	2 and over, our CU or for CU?	Describe briefly the item purchased.	ING USE ONLY	r from column a. I	f someone outside CU, entername and commber from Control Card. If someone outside CU, entername and appropriate code as follows as follows and over the code as follows and over the code as follows and over the code as follows and over the code an	er name	many did you purchase? Enter number of identical items purchased.	it?	did it cost?		sales	tax?	If "No, to nex item it colum	? " go t	Description from column b	Person from column d	Month from column f	Cost from column g
loungewear	220		PROCESSING															
Accessories	230		PRO		Name	Line N		Month			YES	NO	YES	NO		Name	Month	
Active sportswear Uniforms, for which	240		0010						\$.00	1	2						\$ 1.00
the cost is not reimbursed	250		0020						\$.00	1	2						\$.00
Costumes	260		0030						\$.00	1	2						\$.00
Combined clothing – This should be used only if the respondent cannot			0040						\$.00	1	2						\$.00
itemize clothing purchases. Specify (in the Notes) the types of			0050						\$.00	1	2						\$.00
clothing combined Footwear	270		0060							.00	1	2						\$.00
(Include here athletic shoes not specifically purchased for sports			0070							.00	1	2						\$.00
related use.)	280		0080						\$.00	1	2						\$.00
members of your CU) purchased any other clothing which you			0090						\$.00	1	2						\$.00
have not previously mentioned? Do not include infants			0100						\$.00	1	2						\$.00
include infants clothing. If YES – probe and assign an item code.			0110							.00		2						\$.00
3. FIELD REPRESENTATIVE CHECK ITEM	1 09 05 8 ↓		0120						\$.00	1	2						\$.00
Mark (X) box if there are no entries recorded in columns b–i.	0010 999 □ Go to part B		0130						\$.00	1	2						\$.00
NOTES			0140						\$.00	1	2						\$.00
			0150						\$.00	1	2						\$.00
			0160						\$.00	1	2						\$.00
			0170						\$.00	1	2						\$.00
			0180						\$.00	1	2						\$.00

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

Part A – Clothing	- Cor	ntinued		6 09 07 3 →																
b		С		d			е	f	g		h			i	NOTES		PRE			
What did you buy? Describe briefly the item purchased.	PROCESSING USE ONLY	ENTER ITEM CODE from column a from the preceding pages.	If CU n number If some and ap 90 – M 91 – Fe 92 – M	hom was it purchased nember, enter name and er from Control Card. eone outside CU, enter propriate code as follow lale 16 and over emale 16 and over lale 2–15 emale 2–15	nd line	e e	How many did you purchase? Enter number of identical items purchased.	In what month did you purchase it?	How much did it cost?		Did th includ sales	e	1	r? o," go ext in		1 Description from column b	Person from column d	Mont from colum f	1	Cost from column g
	PROC			Name	Line or c	e No.		Month	1		YES	NO	YES	NO			Name	Mont	h	
	0010					П			\$. 00	1 .	2 🗆		<u> </u>					\$	
	0020									.00	1			<u> </u>					1	1.00
	0030								\$.00	+ +			<u>; </u>					\$	00.
									\$.00	!			<u> </u>					\$.00
	0040					+			\$.00		2		<u> </u>					\$.00
	0050								\$.00	1 1								\$	00. i
	0060					\perp			\$.00				<u> </u>					\$	00.
	0070								\$.00	1 1			¦ □					\$.00
	0080								\$.00	1	2							\$.00
	0090								\$.00	1 🗆 ¦	2							\$.00
	0100								\$.00									\$.00
	0110								\$.00	1 1	2							\$.00
	0120								\$.00	1 🗆	2							\$.00
	0130								\$.00	1	2		¦ 🗆					\$	1.00
	0140								\$	00	1	2							\$	00.
	0150					$\dagger \dagger$			\$.00	1	2							\$	00.
	0160										1 🗆	2 🗌								.00
	0170								\$.00.	1 1	2□		 					\$	1.00
						+			\$	1 .00	1 1	۷							\$	I
	0180								\$.00	1	2 ∟							\$.00

no entries recorded in

columns b-i.

part C

FIELD REPRESENTATIVE - Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Section 9 - CLOTHING AND SEWING MATERIALS - Continued Part B - Infants Clothing, Watches, Jewelry, and Hairpieces 6 09 12 3 → d i **PRE** h g Information Booklet, page 26 and 27 What did you buy? **ENTER** Was this purchased for your CU How In what How much **Did this** Did vou 2 1 3 ITEM or for someone outside of your many month did it cost? include purchase 1a. Have you (or any members of your Describe briefly the CODE CU? did vou did vou sales tax? anv CU) purchased clothing for infants other . . .? item purchased. purchase? purchase from under 2 years of age either for column a. members of your CU or for someone \circ Enter If "No," go \circ outside your CU? CL PROCESSING USE ONLY 0 number of Ö to next ITEM CODE \circ identical item in 0 YES NO Such as -Τ Month I column a. Õ items Ŧ 0 Description Cost from purchased. from Coats, jackets, or \times from column b column g column ≤ snowsuits 290 \circ I ϖ ϖ 0 **Dresses and other** Ö ϖ 300 Ŧ outerwear Underwear and diapers. Ø including disposable 310 Non-CU member YES | NO YES | NO CU member Month 320 Sleeping garments. 1 2 1 2 0010 .00 1.00 Layettes 330 1 2 1 2 0020 .00 .00 Accessories 340 0030 1 2 1 2 .00 .00 Combined clothing for infants – This should be 2 1 0040 1 2 used only if the .00 .00 respondent cannot itemize clothing 0050 1 2 1 2 purchases. Specify (in .00 1.00 the Notes) the types of clothing combined. 360 0060 1 2 1 1 2 .00 .00 **b.** Have you (or any members of your CU) 1 2 1 2 0070 .00 .00 purchased any other infants clothing which 1 2 you have not 1 2 0080 .00 .00 previously mentioned? If YES - probe and 1 2 🗌 1 2 1 0090 .00 □.00 assign an item code. Information Booklet, 0100 1 2 2 page 27 .00 .00 Have you (or any 1 2 1 2 0110 .00 members of your CU) .00 purchased any of the following items, 1 0120 2 2 .00 1.00 either for members of your CU or for someone outside 1 2 0130 2 .00 1.00 your CU? Watches 370 0140 1 2 1 2 .00 .00 Jewelry 380 1 2 1 2 .00 .00 Hairpieces, wigs, or 390 1 0160 2 2 .00 1.00 3. FIELD REPRESENTATIVE 1 09 11 6 CHECK ITEM 1 0170 2 2 .00 □.00 Mark (X) box if there are 0010 999 Go to

2

.00

1

0180

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

b		С		d	е	f	g		h		i		NOTES		PRE		
What did you buy?					How	In what	How much	⊢,	 Did this		Did y	ou	_	1	2	3	
Describe briefly the item purchased.	PROCESSING USE ONLY	ITEM CODE from column a from the preceding page.	Was this purchas or for someone o CU?	utside of your	many did vou	month did you purchase it?	did it cost?	l i	nclude ales ta	ix?	purch any other If "No, to nex item i colum	gase ? " go		Description from column b	Month from column f	Cost fro	om ı g
	PRO		CU member	Non-CU member		Month			YES	NO	YES	NO					
	0010		1] 2			\$.00	1 :	2 🗌						\$	1.00
	0020		1 🗆	2 🗆			\$.00	1 :	2						\$.00
	0030		1 🗆	2			i		1 1	2 🗌						\$.00
	0040		1 🗆	 2□ 			\$.00	1 1	2						\$.00
	0050		1 🗆	l 2□			\$.00	1 :	2 🗌						\$	1.00
	0060		1	2			!		<u> </u>	2						\$.00
	0070		1 🗆	2 🗌			1		1	2 🗌						\$.00
	0080		1	2 🗌					1 2	2						\$	1.00
	0090		1	2 🗌					1 :	2 🗌						\$	1.00
	0100		1	 2					1 1	2 🗌						\$.00
	0110		1	 2□					1 :	2 🗌						\$.00
	0120		1	2				.00	1 2	2						\$.00
	0130		1 🗆	2 🗆			\$.00	1 1	2 🗌						\$	1.00
	0140		1 🗆	 			\$	00	1 :	2□						\$	1.00
	0150		1	2 🗌			\$.00	1 :	2 🗌						\$.00
	0160		1 🗆	2 🗆			\$	00	1 2	2□						\$	
	0170		1 🗆	 			\$	00	<u> </u> 1□	2 🗌						\$	00.
	0180		1 🗆	 2			\$.00								\$	1.00

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed.

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

	а			b			C	c	d	e	f	g	h		PRE		
	Information Booklet, page 27			What did you bu	ıy?	ONLY	ENTER	Was this purc	hased for	In what	How much did it	Did this	Did you	1	2		3
•	Have you (or any members of purchased any sewing materia members of your CU or for so your CU? YES NO - Go to If YES, read the list of individual in the second second second second second second second second second sec	o item 2		Describe briefly to item purchased.	he	PROCESSING USE O	ITEM CODE from column a. O m <	your CU or for outside of you SEW G	ır CU?	month did you purchase it? SEW INGM	Cost?	include sales tax? ∅ ⊞ ≷ - Z	purchase any other? If "No," go to next item in column a.		Month from column e	Co	ost from olumn f
	below. Complete columns b-h for item purchased.	each				PROC	N G Y	CU member	Non-CU member	Month	×	YES XNO	 				
	Were these -	ITEM CODE	YES NO			0010		1 🗆	2			1 2					I I
	Sewing materials for making slipcovers, curtains, etc., and for handwork in the home including yarn?	400				0020		1 1	2 🗆		\$.0					\$	
	Sewing materials for making clothes?	410				0030		1 🗆	2 🗌		\$.0	1 2				\$	İ
	Sewing notions?	420		-		0040		1 🗆	2		\$.0	1 2				\$	1
	Other sewing materials?	430				0050		1 🗆	2 🗌		\$.0					\$	1
	Use only if unable to itemize separately – Combined sewing materials	440				0060		1 🗆	2		\$.0	1 2				\$	
. F	FIELD REPRESENTATIVE CHECK ITEM	1 09	21 5 ↓			0070		1 🗆	2		\$.0	1				\$	
1	Mark (X) box if there are no entries recorded in columns b–h.	0010 99	99 🗌 Go to			0800		1 1	2		\$.0					\$	
			part D			0090		1 🗌	2		\$.0					\$	
	NOTES			-		0100		1 🗆	2 🗌		\$.0					\$	
						0110		1 🗆	2		\$.0	1 2				\$	1
						0120		1 🗆	2		\$.0	_!_				\$	
						0130		1 🗆	2 🗌		\$.0	!				\$	
						0140		1 🗆	2		\$.0					\$	
						0150		1 🗆	2		\$ 1.0	+				\$	
						0160		1 🗆	2		\$ 1.0					\$	
						0170		1 🗆	2		\$.0	1 2				\$	
								1 1	 2	+ -	Ψ .0					Ψ	

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed.

art D – Clothing Servic	ces		5 09	32 3 →														
a			b		С		d	е	f		g		ı	1		PRE		
Information Booklet, page 27			What did you buy?		ENTER ITEM	Was this purc	hased for	In what month	How much did it cost?	Di	d th	is	Did y	ou	1	2		3
Have you (or any members of expenses for any of the follow members of your CU or for so your CU?	omeone ou	r for tside	Describe briefly the item purchased.	ESSING USE ONLY	CODE from column C C C	outside of you	GFTC	month did you purchase Tit?	CL SR V C	sa	les t CLSRVC	ax?	other lf "No to ne item colum	r? o," go xt in	Description from column b	Month from column	Cos	t from umn f
Repair, alteration, and tailoring for clothing and accessories	450			PROCE	ТНҮГ	CU member	Non-CU member	Month	×	YE	s X	NO		NO				
Shoe repair and other shoe				0010		1 🗆	 2 		\$.00	1[] 	2 🗌					\$	
services	460			0020		1 🗆	l 2□ 		\$.00	1[□ ¦ :	2 🗌					\$	
Watch or jewelry repair	470			0030		1 🗆	2		\$.00	1[2					\$	
Clothing rental	480			0040		1 🗆	l 1 2□		\$.00	1[□ ¦ :	2 🗌					\$	
Clothing storage	490 1 09 31			0050		1 🗆	2		\$.00	1[⊐ ¦ :	2 🗌					\$	
HECK ITEM Vark (X) box if there are no				0060		1 🗆	2 🗆		\$.00	1	□ ¦ :	2 🗌					\$	
ntries in columns b–h.	0010 999	⊒ Go to section 10		0070		1 🗆	2		\$.00	1[⊐ ¦ :	2 🗌					\$	
NOTES				0080		1 🗆	 2		\$.00	1[2 🗌					\$	
				0090		1 🗆	 2□ 		\$.00	1[] 	2 🗌					\$	
				0100		1 🗆	l l 2□		\$.00	1[] :	2 🗌					\$	
				0110		1 🗆	l l 2□		\$.00	1[] ¦ :	2 🗌					\$	
				0120		1 🗆	2		\$.00) 1[2 🗌					\$	
				0130		1 🗆	2		\$.00	1[] 	2 🗌					\$	
				0140		1 🗆	2		\$ 1.00	1[] ¦ :	2 🗌					\$	
				0150		1 🗆	2 🗌		\$.00	1[2 🗌					\$	
				0160		1 🗆	 2		\$.00	1[2 🗌					\$	
				0170		1 🗆	 2		\$.00	1[] 	2 🗌					\$	
				0180		1 🗆	l l 2□		\$.00	1[2 🗌					\$	

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask question 1 for all

Section 10 - RENTED AND LEASED VEHICLES

Part A.1 – Scr																		/	/	
Information Bookle	et, page 28		2. FIE	ELD REPRE	SENTA	IVE ITE	M PROCE	SSING USE ONLY		10 01 5↓		1 1	0 02 3↓		1 1	0 03 1		1	10 04 9↓	
a. Since the 1st of have you (or any	(month, 3 mo	onths ago),					VEHIC	LE NUMBER		1			2			3			4	
CU) rented any vonction of used ENTIRE not include lease	ehicles whi	ch were ness? Do		escribe brid "boat."	efly the t	ype of v	ehicle rentec	l, such as "auto"	Description			Description			Description		D	escriptio	on	
If YES – Read the I below and mark (X	list of individ	ual items	b. En	nter vehicle	code fr	om item	1b.		0010	REN	TCODE	0010	Code		0010	Code	0010		Code	
or "No" box. b. If YES to an individe many?			3. W	as it rento ip, or a tri	ed solel p of 75	y for us miles o	e on a vaca r more one	tion, overnight way?	0030 1 🗆		next rented or item 6 ACAT	0030 1 ☐ Yes 2 ☐ No	s – Go to ne vehicle d	ext rented	0030 1 ☐ Ye	s – Go to next rei vehicle or iter		1 □ Ye	es – Go to next ren vehicle or item	
	VEHICLE YES	NO HOW MANY?	cu th	rrent mon is vehicle	th) what ?	has be	en your exp	excluding (the pense for renting		RENTEXF	v									
Automobile Truck, including	100		an ind	nount of th curred dur	ne paymoing the r	ent and eference	the number of	the notes the of payments npute the total n.	0080 \$	XEN TEXT	X .00	0080 \$.00	0080 \$	0.	0 080	\$		00
vans	110						al expenses	(be) deducted	0130 1	. 00	BSNRM	0130 1 Yes			0130 1 ☐ Ye			1 <u>Y</u>		
Motorized camper-coach	120			meone el		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 🗔	No – Go to n vehicle	ext rented or item 6	2 ∐ No	- Go to nex	r item 6	2 □ No	– Go to next ren vehicle or item		2 ∐ No	o – Go to next rent vehicle or item	
Trailer-type camper	130		b. If	YES – Wha	it perce r to near	nt of th	e total expo le percent.	ense will this	0140 B SN	SPCTŽ.00	Percent	0140	box and g	nark go to ercent	0140	.00 Percen	0140		.00 Percent	t
attachable- type camper	140										LEAS	ED VEHICLES								
Motorcycle, motor scooter,			_					previously reported pt if vehicle has beer	n disposed of	previously ('	Yes" in col	umn b below). —	→							
or moped (motorized			7 1	0 10 3→						LEAS	ED VEHIC	LE INVENTORY	CHART			_				
bicycle)	150		4	а	b			Vehicle id	entification			е	f		g	h	i		j	
Boat, with a motor	160		ESSING					С			d	Enter vehicle code from	Do you s		ow many niles are on	What month was the lease	Were any fees incur	-	YES –	
Boat, without a motor	170		88	Vehicle number	Vehi dispos		Vehicle i	dentification from pa	rt B, item 2	for bu	e used Isiness part B,	part B, item 1b.	If NO	ti E	he vehicle? Inter and go	terminated?	at the termination	on E	nter and go o next vehicle r item 7a.	
Trailer, other			Ĭ ĸ⊃	1 -						itei	n 6a	LVICODE		VE to	next vehicle	LVIENDMO	l term fe	T		
			1 2		YES	NO	YEAR	MAKE	MODEL	YES	n 6a T NO	LVICODE	YES	o	r to item 7a.	Month	YES		TERM FEEX	
than camper type, such as for a boat or			0010		YES	NO	YEAR	MAKE	MODEL			LVICODE	YES	o	r to item 7a.		YES		1	.0
than camper type, such as for a boat or cycle	180			\ \frac{<}{z}	YES		YEAR	MAKE	MODEL			LVICODE	YES 1	NO O	r to item 7a.		YES 1	NO	 	.0
than camper type, such as for a boat or cycle Private plane Any other	190		0010	≤ z 1≤			YEAR	MAKE	MODEL			LVICODE	YES 1 1 1 1	NO 2	r to item 7a.		YES 1	NO s		
than camper type, such as for a boat or cycle Private plane Any other vehicle			0010	≤ z 1 ≤ 2			YEAR	MAKE	MODEL			LVICODE	YES 1 1 1 1 1 1 1 1 1	NO 2	r to item 7a.		YES 1 2 2 1 2	NO s	 	.0
than camper type, such as for a boat or cycle Private plane Any other vehicle	190		0010	1 S 2			YEAR	MAKE	MODEL			LVICODE	YES 1	NO 2	r to item 7a.		YES 1 2 2 1 2	NO		.0
than camper type, such as for a boat or cycle Private plane Any other vehicle	190		0010 0020 0030	≤ Z 1 ≤ 2 2 3 4			YEAR	MAKE	MODEL			LVICODE	YES 1	2	r to item 7a.		YES 1 2 2 1 2 2 1 2	NO		.0.

	Section 10 – RENTED AND LE	EASED	VEHICLES – Continued	FIELD REPRESENTATIVE – Ask item 7 for all respondents.
	Part A.1 – Screening Questio	ns – Co	ontinued	
	Since the 1st of (month, 3 months ago you (or any members of your CU) begleasing any automobile or truck not ENTIRELY for business?		1 10 11 4 ↓	NOTES
	ENTIRELY for business?		0010 1 ☐ Yes 2 ☐ No – Go to section 11	
b	If YES – What kind of vehicle was it? Enter vehicle code		0020 0030	
		VEHICLE CODE		
	Automobile	100	0060	
	Truck, including vans	110	0080 0090	
			0100 0110	
	FIELD REPRESENTATIVE INSTRUCTION Complete part B for each newly leased v	rehicle.		

Part A.2 - Scre	eening Question	s – <i>F</i> (OR NEW CONSUMER UNITS O	DNLY														
Information Bookle	et, page 28	2.	FIELD REPRESENTATIVE ITEM PROC	ESSING US	SE ONLY		1 10	12 2 🗸			1 10	13 0 ↓		1 10	14 8 🗼		1 10 1	5 5 ↓
not used ENTIREI not include lease	members of your ehicles which were LY for business? Do	а	 Describe briefly the type of vehicle rented or "boat." 	CLE NUMBE d, such as "d		Description		1		Descript	ion	2	Descrip		3	Descript	ion	
	ist of individual items () the appropriate "Yes"	b	Enter vehicle code from item 1b.			0010		RENTO	ODE	0010		Code	0010		Code	0010		Code
or "No" box.	, the appropriate Tee	3.	Was it rented solely for use on a vaca	ation, over	night	0030 1	Voc	- Go to next	rantad	0030 1	1 🗆 Voc	– Go to next rented	0030	1 \(\text{Voc} \)	- Go to next rented	0030	ı □ Vos – ı	Go to next rented
b. If YES to an individe many?			trip, or a trip of 75 miles or more one	e way?			⊒ No	vehicle or it	em 6		ı ⊟ Tes 2 □ No	vehicle or item 6	1	2 □ No	vehicle or item 6		ı	vehicle or item 6
Automobile Truck, including	VEHICLE YES NO HOW	4.	Since the 1st of (month, 3 months ago, current month) what has been your exthis vehicle? If periodic payments were made, enter in amount of the payment and the number incurred during the reference period. Cor expense and enter the amount in this item.	pense for r n the notes t of payment mpute the to	renting the ts	0080 \$	REN	TEXPX	.00	0080 \$	\$.00	0080	\$.00.	0080	8	.00
vans	110	5a	. Were (Will) any of the rental expenses as business expenses, reimbursed, or someone else?	s (be) dedu r paid by	ıcted		□ No –	ANYBSN Go to next r vehicle or its	ented	0130 1		- Go to next rented vehicle or item 6		1 □ Yes 2 □ No -	Go to next rented vehicle or item 6		ı □ Yes ₂ □ No – G	Go to next rented ehicle or item 6
Trailer-type camper	130	b	If YES – What percent of the total exp cover? Enter to nearest whole percent.	ense will t	this	BS	NSPC	.00 Perc	ent	0140		.00 Percent	0140		.00 Percent	0140		.00 Percent
type camper	140		LEASEI	D VEHICLE	S	1 10 20 5	↓						•	NO	OTES	•		
Motorcycle, motor scooter, or moped (motorized bicycle)	150	6a	Since the 1st of (month, 3 months ago, you (or any members of your CU) malease payments or begun leasing any automobile or truck not used ENTIRE business?	de anv	0010	1	o to sec	tion 11										
Boat, with a motor	160		VVCC Miles I in defended a land a series															
Boat, without a motor	170	 "	If YES – What kind of vehicle was it? Enter vehicle code	VEHICLE	0020		0	0030										
Trailer, other than camper			Automobile	CODE 100	0040		 	0050										
type, such as for a boat or cycle	180		Truck, including vans	440	0060		0	0070										
Private plane	190				0080		0	0090										
Any other vehicle	200				0100		0)110										
	TES						 											
					0120		0	0130										
			FIELD REPRESENTATIVE INSTRUCTION															
			Complete part B on next page for each le	eased vehicl	le.													

Part B – Detailed Questions for Leased Veh	icles			
FIELD REPRESENTATIVE ITEM A. New CU's – Assign vehicle numbers in consecutive order beginning with 1. PROCESSING USE ON	1 10 21 3 ↓	10a. What was the number of payments contracted for?	0190 NUMPAY	NOTES
2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a.	0010Number LSDNUM	b. In what month and year was the first payment made?	PMTMANTH Year PMTYEAR 0200 0210	
b. Enter a vehicle code from part A.1 or A.2. b. VEHICLE CODE 2. What is the year, make, and model?	O020 Code Year Make Model	C. What is the amount of each payment?	0220 \$ PAYEXPX .00	
2. What is the year, make, and model?	0030 MODELYR MODEI	d. What period is covered by each payment?	0230 1 Week 5 Semiannually 2 2 weeks 6 Annually	
OFFICE USE ONI Enter auto code			3 ☐ Month 7-☐ Other - Specify 7 4 ☐ Quarter PAYTIME	
3. How many cylinders does it have?	Cylinders NUMCYL O No cylinders (rotary, turbine or electric)	C. Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1 Yes S ANYEXTRA	
4. Does it have –	Yes No	Insurance of maintenance:	x ☐ Don't know} Go to item 11	
a. Automatic transmission? b. Power steering? c. Power brakes?	. 0070 1 □ 2 □ ANYSTEER	f. If YES – How much of the payment is for these extra charges?	0250 \$ EXTRĄEXP .00 x □ Don't know	
d. Air conditioning? e. Sun roof?	. 0090 1	11. Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260 1 \(\text{Yes} - I \) 2 \(\text{No} \) No	/_
f. Turbo charged engine? G. Diesel engine?	. 0120 1 □ 2 □ ANYDIESL		0270 \$ EM PLYEXP .00	
h. Four wheel drive?	DOORS	12. Was a trade-in allowance received?	1 Yes - If YES - How much? 7 2 No ANYTRADE	
5a. How many doors does it have? b. Is it a?	Doors		TRADEEXP .00	
D. IS It d?	0123 1 Station wagon? 2 Convertible? 3 Hatchback? TYPEVEH	13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)	0300 1 ☐ Yes − If YES − How much? 2 ☐ No − Go to item 14a A N Y DOW N 0310 \$ DOW NEX P .00	
6a. Is it used for business?	ANYBUSIN 1 Yes, used for business 2 Personal use only – Go to item 7	h Was any portion of the cash down nayment	0320 1 Yes - If YES - How much? 7 2 No ANY DNEMP	
b. If used for business – What percent of the mileage is counted as a business expense?	O140 PRCBSN SZ If 100%, delete this vehicle and go to		0330 \$ DNEMPEXP .00	
7. How many miles are currently on the vehicle?	0150 MILESVEH Miles	14a. Do you still have this vehicle?	1 Yes – Go to next vehicle or section 11 2 No ANYHAVE	
8. Was it new or used when first leased?	(Enter to nearest whole mile) 0160 1 New 2 Used NEW USED	b. In what month was the lease terminated?	Month USDENDMO	
9. Was this vehicle leased from a –	1 New or used vehicle dealer? 2 Independent leasing company? 3 Bank? 4 Someplace else? - Specify ✓	C. Were any fees incurred at the termination of the lease?	0360 1 Yes - If YES - How much? 2 No - Go to next vehicle or section 11	
	LSDSOURC		0370 \$ FEESEX P .00	

Part B – Detailed Questions for Leased Veh	icles – Continued			
FIELD REPRESENTATIVE ITEM New CU's – Assign vehicle numbers in consecutive order PROCESSING USE ON	Y 1 10 24 7 ↓	10a. What was the number of payments contracted for?	0100	NOTES
beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a.	0010 Number	b. In what month and year was the first payment made?	0190 Payments Month Year 0200 0210	
b. Enter a vehicle code from part A.1 or A.2. b. VEHICLE CODE	O020 Code Year Make Model	C. What is the amount of each payment?	0220 \$	
2. What is the year, make, and model?	0030	d. What period is covered by each payment?	0230 1 Week 5 Semiannually 2 2 weeks 6 Annually	
3. How many cylinders does it have?	0040		3 ☐ Month 7 ☐ Other – Specify → 4 ☐ Quarter	
	OUSO Cylinders O No cylinders (rotary, turbine or electric)	Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1 ☐ Yes 2 ☐ No x ☐ Don't know Go to item 11	
4. Does it have – a. Automatic transmission?		f. If YES – How much of the payment is for these extra charges?		
b. Power steering? C. Power brakes? d. Air conditioning?	. 0080 1	tnese extra charges?	0250	
G. Sun roof? f. Turbo charged engine? g. Diesel engine?	. 0100 1	11. Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260 1 ☐ Yes – If YES – How much? 2 ☐ No 0270 \$.00	
h. Four wheel drive? (Ask for vehicle code 100)		12. Was a trade-in allowance received?	0280 1 Yes – If YES – How much? 2 No	
5a. How many doors does it have? b. Is it a?	0122 Doors 0123 1 ☐ Station wagon?	10	0290 \$00	
	2 Convertible? 3 Hatchback? 4 Other?	13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)	0300 1 ☐ Yes − If YES − How much? 2 ☐ No − Go to item 14a 0310 \$.00	
6a. Is it used for business?	0130 1 \square Yes, used for business 2 \square Personal use only – <i>Go to item 7</i>	b. Was any portion of the cash down payment paid by an employer?	0320 1 Yes – If YES – How much? 2 No	
b. If used for business – What percent of the mileage is counted as a business expense?	0140 Percent If 100%, delete this vehicle and go to next vehicle.		0330 \$00	
7. How many miles are currently on the vehicle?	0150 Miles (Enter to nearest whole mile)	14a. Do you still have this vehicle?	1 Yes – Go to next vehicle or section 11	
8. Was it new or used when first leased?	0160 1 New 2 Used	b. In what month was the lease terminated?	Month 0350	
9. Was this vehicle leased from a –	1 ☐ New or used vehicle dealer? 2 ☐ Independent leasing company? 3 ☐ Bank? 4 ☐ Someplace else? – Specify ☑	C. Were any fees incurred at the termination of the lease?	0360 1 Yes – If YES – How much? 2 No – Go to next vehicle or section 11	
			0370 \$	

Part B – Detailed Questions for Leased Vehice	cles – Continued			
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order	1 10 27 0 ↓	10a. What was the number of payments contracted for?	0190 Payments	NOTES
beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a.	0010 Number	b. In what month and year was the first payment made?	0190	
b. Enter a vehicle code from part A.1 or A.2. b. VEHICLE CODE	O020 Code Year Make Model	C. What is the amount of each payment?	0220 \$.00	
2. What is the year, make, and model?	0030	d. What period is covered by each payment?	0230 1 Week 5 Semiannually 2 2 2 weeks 6 Annually	
OFFICE USE ONLY Enter auto code	0040		3 ☐ Month 7 ☐ Other – Specify ⊋ 4 ☐ Quarter	
3. How many cylinders does it have?	O050 Cylinders O No cylinders (rotary, turbine or electric)	C. Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1 Yes 2 No Go to item 11	
4. Does it have – a. Automatic transmission? b. Power steering?	0070 1 . 2 .	f. If YES – How much of the payment is for these extra charges?	X Don't know Go to item 11	
C. Power brakes? d. Air conditioning? e. Sun roof?	0090 1 🗆 2 🗆	11. Is any of the (period reported in item 10d) leasing cost paid by an employer?	x ☐ Don't know O260 1 ☐ Yes – If YES – How much? ¬	
f. Turbo charged engine? G. Diesel engine?	0110 1 🗆 2 🗆	leasing cost paid by an employer?	2 \(\text{No}\) \(\text{0270} \\ \\$ \qquad \text{.00} \)	
h. Four wheel drive?	0121 1 2	12. Was a trade-in allowance received?	0280 1 ☐ Yes – If YES – How much? 2 ☐ No	
5a. How many doors does it have? b. Is it a ?	0122 Doors 0123 1 □ Station wagon?	120 W	0290 \$00	
	2 Convertible? 3 Hatchback? 4 Other?	13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)	0300 1 Yes – If YES – How much? 2 No – Go to item 14a 0310 \$	
6a. Is it used for business?	0130 1 ☐ Yes, used for business 2 ☐ Personal use only – <i>Go to item 7</i>	b. Was any portion of the cash down payment paid by an employer?	0320 1 Yes – If YES – How much? 2 No	
b. If used for business – What percent of the mileage is counted as a business expense?	O140 Percent If 100%, delete this vehicle and go to next vehicle.	14a. Do you still have this vehicle?	0330 \$	
7. How many miles are currently on the vehicle?	0150 Miles		1 Yes – Go to next vehicle or section 11	
8. Was it new or used when first leased?	(Enter to nearest whole mile) 0160 1 \(\text{New} \) 2 \(\text{Used} \)	b. In what month was the lease terminated?	Month 0350	
9. Was this vehicle leased from a –	1 ☐ New or used vehicle dealer? 2 ☐ Independent leasing company? 3 ☐ Bank? 4 ☐ Someplace else? - Specify ✓	C. Were any fees incurred at the termination of the lease?	1 Yes – If YES – How much? 2 No – Go to next vehicle or section 11	
			0370 \$00	

18

0180

FIELD REPRESENTATIVE -**Section 11 - OWNED VEHICLES** Part A.1 – Screening Questions (If New Consumer Unit, Go to Part A.2) Information Booklet, page 28 1 11 01 3 🌡 ☐ If this box is marked, no vehicles were previously reported – Go to item 2a. **2a.** Since the 1st of (month, 3 months ago), have you (or any members of 1. Ask column h for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column b). 0010 1 ☐ Yes your CU) purchased or acquired any vehicle not used exclusively 2 ☐ No - Go to next part or section For each vehicle code 100 through 120 and 150 listed which has not been disposed of, ask column i. for business? Include those vehicles purchased for your own use or as a 4 11 00 9 → **OWNED VEHICLE INVENTORY CHART** gift to others. **b.** If YES – What kind of vehicle b Vehicle identification a ONLY 0020 0030 was it? d O Codes 100–120 Codes 100-Enter vehicle Do you C Enter vehicle code from item 3 below. still have < and 150 only 120 and code from (vehicle)? → How many miles 0050 0040 150 only part B, Vehicle Vehicle If NO - > are currently on the vehicle? item 1b. used for disposed Enter **PROCESSING** Vehicle business 0060 of (part C mileage 0070 Vehicle identification from part B, item 3 Vehicle description part C for m Enter to nearest whole mile. from number completed) from from part B, item 2 part B, part B, whole mile. 0 0080 0090 item 7a disposed of. item 10b VAN or part A.1 OVAMILE YES | NO YEAR MAKE **MODEL** YES NO column i YES | NO 0100 ⊂ **≤**1 0010 1 2 FIELD REPRESENTATIVE INSTRUCTION Complete part B for each new vehicle. 2 1 🗌 | 2 🔲 **VEHICLE** CODE 1 2 0030 3 100 110 0040 4 2 1 🗌 130 1 2 2 0050 5 140 Motorcycle, motor scooter, or moped (motorized bicycle) 150 1 2 6 170 1 2 2 0070 7 Trailer other than camper type, such as for a boat or cycle 180 190 8 1 2 0080 Any other vehicle (snowmobile, dune buggy, riding golf cart, etc.) **NOTES** 0090 1 2 9 10 0100 1 2 11 1 i 2 0110 1 2 0120 12 0130 13 1 2 2 1 | 2 | 0140 14 0150 15 1 2 16 1 2 2 0160 0170 17

1 2

Section 11 - OWNED VEHICLES - Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask part A.2 questions 1 through 3 for all vehicles and then complete part B for each vehicle reported. Also complete part C for each vehicle disposed of.

Part A.2 – Screening Questions – FOR NEW CONSUME	R UNITS ONLY 1 11 02 1 ↓	
1. Do you (or any members of your CU) own any of the following vehicles not used exclusively for business? VEHICLI CODE	YES NO I If YES – How many?	4. FIELD REPRESENTATIVE INSTRUCTIONS Complete part B for each vehicle reported in items 1 and 2. Complete parts B and C for each vehicle reported in item 3.
a. Automobile	0010 1 2 0020	NOTES
b. Truck, including vans	0030 1 2 0040	
C. Motorized camper-coach 120	0050 1 2 0060	
d. Trailer type camper	0070 1 2 0080	
e. Other attachable type camper	0090 1 2 0100	
f. Motorcycle, motor scooter, or moped (motorized bicycle) 150	0110 1 2 0120	
g. Boat, purchased with a motor	0130 1 2 0140	
h. Boat, purchased without a motor	0150 1 2 0160	
I. Trailer other than camper type, such as for a boat or cycle 180	0170 1 2 0180	
j. Private plane	0190 1 2 0200	
K. Any other vehicle	0210 1 2 0220	
2a. Have you (or any members of your CU) purchased any such vehicles since the 1st of the (month, 3 months ago) as a gift to someone outside of your CU?	1 Yes – Ask items 2b and 2c $2 \square$ No – Go to item 3a	
b. If YES – How many?	0240 Number	
C. What kind of vehicle(s) did you purchase? Enter a separate code for each vehicle.	0250 0260 0270 0280 0290 0300 0310 0320 0330	
3a. Have you (or any members of your CU) disposed of any automobiles or other vehicles since the 1st of (month, 3 months ago)?	1 Yes − Ask items 3b and 3c 2 No − Go to item 4	
b. If YES – How many?	0350 Number	
C. What kind of vehicle(s) did you dispose of? Enter a separate code for each vehicle.	0360 0370 0380	
2.1.c. a separate code for sacri vernote.	0390 0400 0410	
	0390 0410 0410	
	0420 0430 0440	
	0450 0460 0470	

Part B – Detailed Questions					
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1.	NLY 1 11 03 9 ↓	11. In what month and year was it purchased?	VEHMURMO Year VEHPURYR 0190 0200		
2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2. b. VEHICLE NUMBI	Number O020 Code VEHICYB	12a. Was any portion of the purchase price financed?	0210 1 Yes VFINA NCE 2 No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.		
Do not ask for vehicle codes 100 or 110. 2. Briefly describe the (vehicle).	Description	b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?	1 Paid off – If item 11 is prior to 3 months ago, go to next vehicle.		
Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110). 3. What is the year, make, and model?	Year VEHICYR Make Model MKMDLY	13a. Was a trade-in allowance received?	2 Remaining payments VFINSTAT 0230 1 Yes TRA DE		
OFFICE USE O Enter auto co		b. If YES – How much?	2 No - Go to item 13c 0240		
4. How many cylinders does it have?	0050 CYLQ Cylinders O No cylinders (rotary, turbine, or electric		0250 \$.00 NETPURX		
5. Does it have – a. Automatic transmission?		d. Did this price include sales tax?	0260 1 ☐ Yes		
b. Power steering? c. Power brakes? d. Air conditioning?	0080 1	Was any of the amount or price paid by an employer? f. If YES – How much?	0270 1 ☐ Yes EMPLEX P 2 ☐ No – Go to item 14 0280 \$ EMPLEX PX .00		
e. Sun roof? f. Turbo charged engine?	0100 1 2 SUNROOF	Ask items 14 and 15 for credit payments only, "2" marked in item 12b. 14. What was the amount of the cash down payment?	0290 \$ DNPA YMTX .00		
g. Diesel engine? h. Four wheel drive? Ask for vehicle code 100.	0120 1	15a. What was the source of credit?	0300 1 ☐ Auto dealer 5 ☐ Insurance company 2 ☐ Finance company 6 ☐ Individual 3 ☐ Bank 7 ☐ Other - Specify ✓ 4 ☐ Credit Union FIN_INST		
b. Is it a?	0122 Doors NUMDOOR 0123 1 Station wagon? 2 Convertible?	Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan?	0305 1 Yes 2 No VEHEQTLN		
	3 ☐ Hatchback? A UTOTYPE 4 ☐ Other?	C. How much was borrowed, excluding any interest?	0310 \$ PRINCIPX .00		
7a. Is it used for business?	0130 1 \square Yes, used for business VEHBSN 2 \square Personal use only – <i>Go to item 8</i>	d. What was the number of payments contracted for? e. In what month and year was the first payment made?	VEHQPMT _{Payments} PMontMO Year PMT1YR		
b. If used for business – What percent of the mileage is counted as a business expense?	0140 VEHBSNZ If 100%, delete this vehicle and go to next vehicle.		0330 0340		
8. Was it new or used when acquired?	0150 1 New 2 Used VEHNEWU	f. What is the amount of each payment?	0350 \$ PAYMENTX .00		
9. Was this vehicle purchased from –	0160 1 Vehicle dealership? 2 Private individual? VPURSRCE 3 Other? - Specify		0360 1 ☐ Week 5 ☐ Semiannually 2 ☐ 2 weeks 6 ☐ Annually 3 ☐ Month 7 ☐ Other - Specify ☑ 4 ☐ Quarter PMTPERD		
10a. Was this vehicle –	0170 1 Purchased for own use? VEHGFT 2 Purchased as a gift to others? - Go to item 11 3 Received as gift?	h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 Yes EXTRA CHG 2 No Go to next vehicle or part x Don't know or section		
Ask for item codes 100–120 and 150 only. b. How many miles are currently on the vehicle?	0180 VEHMILE Miles – If item 10a is code 3, go to next vehicle	i. If YES – How much of the payment is for these extra charges?	0380 \$ EXTRCHGX .00 x \(\text{Don't know} \)		

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Pa	rt B – Detailed Questions – Continu	ued													
	FIELD REPRESENTATIVE ITEM New CU's – Assign vehicle numbers in consecutive order beginning with 1.	PROCESSING USE ONLY		,	1 11 04 7	\	11.	In what month and year was it purchased	d?	0190	lonth	0200 Y	ear		
	Collaboration of Estate of the Australia	a. VEHICLE NUMBER	0010		Number		12a	. Was any portion of the purchase price fir	nanced?	0210 1 Yes 2 No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during th					
b.	,	b. VEHICLE CODE	0020		Code		_					to next ven last 3 mont	ths, go to item	is during the 13a.	
2.	Do not ask for vehicle codes 100 or 110. Briefly describe the (vehicle).		Description				b.	If YES – On the 1st of (month, 3 months ago loans on (vehicle) paid off or were there a payments to be made?	o), were all any remaining			ago, go	11 is prior to o to next vehi		
3.	Complete items 3, 4, and 5 for autos and trucks or (vehicle codes 100 and 110). What is the year, make, and model?	nly	Year Make Model			e Model	13a	13a. Was a trade-in allowance received?				2 ☐ Remaining payments 1 ☐ Yes 2 ☐ No - Go to item 13c			
		OFFICE USE ONLY Enter auto code	Y 0040		b.	If YES – How much?	0240 \$								
4.	How many cylinders does it have?		0050 o [Cylinders nders (rota	ry, turbine, or elect	ic)	What was the amount paid for it after tra allowance and discount?	ade-in	0250 \$					
a.	Does it have – Automatic transmission?		Ye 0060 1		No ₂ □		d.	Did this price include sales tax?		0260 1	☐ Yes ☐ No		x □ Don't I	know	
	Power steering?		0070 1		2 🗌		e.	. Was any of the amount or price paid by a	an employer?	0270 1	☐Yes		2 □ No – G	io to item 14	
	Power brakes?		0080 1 0090 1		2		f.	. If YES – How much?		0280 \$.00		
e.	Sun roof?		0100 1		2 🗌		144	Ask items 14 and 15 for credit payments only, "2" r		0290 \$.00		
	Turbo charged engine?		0110 1		2 🗌		14.	What was the amount of the cash down	payment?						
	g. Diesel engine? h. Four wheel drive?			0120 1 □ 2 □ 0121 1 □ 2 □				15a. What was the source of credit?			0300 1 ☐ Auto dealer 5 ☐ Insurance company 2 ☐ Finance company 6 ☐ Individual 7 ☐ Other - Specify ☐				
6a.	Ask for vehicle code 100. How many doors does it have?		0122 Doors								4 Credit Union				
b.	ls it a?		2				b.	Ask if codes "2," "3," or "4" marked in item 15 Was this a home equity loan?	0305 1 Yes 2 No						
			3 ☐ Hatchback? 4 ☐ Other?				4 .	C. How much was borrowed, excluding any interest?			0310 \$.00				
7a.	Is it used for business?				ed for busi	iness – Go to item 8	d	What was the number of payments contr	racted for?	0320		_ Payments			
b.	If used for business – What percent of the miles business expense?	nge is counted as a	0140		Percent {	If 100%, delete this vehicle and go to next vehicle.	е.	In what month and year was the first pay	yment made?	0330	lonth	0340	ear		
8.	Was it new or used when acquired?		0150 1	□ New	u ₂ □ Used		f.	What is the amount of each payment?		0350 \$.00		
9.	Was this vehicle purchased from –					g.	What period is covered by each payment	t?		Week		5 🗌 Semia	•		
			2		individua	•	_			3	☐ 2 wee ☐ Mont ☐ Quart	h	6 □ Annua 7 □ Other		
IOa.	Was this vehicle –		2	☐ Purcha Go to it	sed for ov sed as a g em 11 ed as gift?	ift to others? –	h.	Does the payment include any charges or principal and interest such as auto insura life insurance?	other than cance or credit	2	☐ Yes ☐ No ☐ Don't	Go know or	to next vehic section	le or part	
b.	Ask for item codes 100–120 and 150 only. How many miles are currently on the vehicle:		0180			item 10a is o to next vehicle /	≯ i.	If YES – How much of the payment is for the charges?	these extra	0380 \$.00.	Don't know	

Part B – Detailed Questions – Continu	ied						
FIELD REPRESENTATIVE ITEM A. New CU's – Assign vehicle numbers in consecutive order beginning with 1.	PROCESSING USE ONLY	1 11 05 4 ↓	11. In what month and year was it purchased?	Month Year 0190 0200			
2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a.	a. VEHICLE NUMBER b. VEHICLE CODE	0010 Number Code	12a. Was any portion of the purchase price financed?	0210 1 Yes 2 No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the			
Do not ask for vehicle codes 100 or 110. 2. Briefly describe the (vehicle).	W: VEHICLE CODE	Description	b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining	last 3 months, go to item 13a. 1 Paid off – If item 11 is prior to 3 months ago, go to next vehicle.			
Complete items 3, 4, and 5 for autos and trucks on (vehicle codes 100 and 110).	ly	Year Make Model	payments to be made? 13a. Was a trade-in allowance received?	2 Remaining payments 1 Yes			
3. What is the year, make, and model?	OFFICE USE ONLY	0030	b. If YES – How much?	2 No – Go to item 13c			
4. How many cylinders does it have?	Enter auto code	0050 Cylinders	<u> </u>	0240 \$.00			
5. Does it have –		0 ☐ No cylinders (rotary, turbine, or electric) Yes No	C. What was the amount paid for it after trade-in allowance and discount? d. Did this price include sales tax?	0250 \$			
a. Automatic transmission?		0060 1		2 🗆 No			
b. Power steering?		0080 1	e. Was any of the amount or price paid by an employer? f. If YES – How much?	0270 1 \(\text{Yes} \) 2 \(\text{No} - \text{Go to item 14} \)			
d. Air conditioning?		0090 1	Ask items 14 and 15 for credit payments only, "2" marked in item 12b.	0280 \$.00			
f. Turbo charged engine? g. Diesel engine? h. Four wheel drive? Ask for vehicle code 100.		0110 1 2 0120 1 2 0121 1 2	14. What was the amount of the cash down payment? 15a. What was the source of credit?	0300 1 ☐ Auto dealer 5 ☐ Insurance company 2 ☐ Finance company 6 ☐ Individual 7 ☐ Other - Specify ✓ Credit Union			
6a. How many doors does it have? b. Is it a?		0122 Doors 1 Station wagon? 2 Convertible?	Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan?	0305 1 Yes 2 No			
		3 ☐ Hatchback? 4 ☐ Other?	C. How much was borrowed, excluding any interest?	0310 \$.00			
7a. Is it used for business?		0130 1 ☐ Yes, used for business 2 ☐ Personal use only – <i>Go to item 8</i>	d. What was the number of payments contracted for?	0320 Payments			
b. If used for business – What percent of the milea business expense?	ge is counted as a	O140 Percent { If 100%, delete this vehicle and go to next vehicle.	C. In what month and year was the first payment made?	Month Year 0330 0340			
8. Was it new or used when acquired?		0150 1 New 2 Used	f. What is the amount of each payment?	0350 \$			
9. Was this vehicle purchased from –		1 Vehicle dealership? 2 Private individual? 3 Other? - Specify	g. What period is covered by each payment?	0360 1 ☐ Week 5 ☐ Semiannually 2 ☐ 2 weeks 6 ☐ Annually 3 ☐ Month 7 ☐ Other - Specify ✓ ✓			
10a. Was this vehicle –		0170 1 ☐ Purchased for own use? 2 ☐ Purchased as a gift to others? – Go to item 11 3 ☐ Received as gift?	h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 \(\text{ Yes} \) 2 \(\text{ No} \) \(\text{ X \(\text{ Don't know} \)} \(\text{ or section} \)			
Ask for item codes 100–120 and 150 only. b. How many miles are currently on the vehicle?		Miles – If item 10a is code 3, go to next vehicle	i. If YES – How much of the payment is for these extra charges?	0380 \$00 x □ Don't know			

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Part B – Detailed Questions – Continued							
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. PROCESSING USE ONLY	1 11 06 2 ↓	11. In what month and year was it purchased?	Month Year 0190 0200				
2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2. b. VEHICLE NUMBER	0010 Number Code	12a. Was any portion of the purchase price financed?	0210 1 Yes 2 No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the				
Do not ask for vehicle codes 100 or 110. 2. Briefly describe the (vehicle).	Description Year Make Model	b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?	last 3 months, go to item 13a. O220 1 Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 Remaining payments				
Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110). 3. What is the year, make, and model? OFFICE USE ONLY	0030	13a. Was a trade-in allowance received?	0230 1 Yes 2 No – Go to item 13c				
4. How many cylinders does it have?	0040	b. If YES – How much?	0240 \$.00				
	0 No cylinders (rotary, turbine, or electric)	<u> </u>	0250 \$.00				
5. Does it have – a. Automatic transmission?	Yes No 2	d. Did this price include sales tax?	0260 1 ☐ Yes x ☐ Don't know 2 ☐ No				
b. Power steering?	0070 1	Was any of the amount or price paid by an employer? f.	0270 1 ☐ Yes 2 ☐ No – Go to item 14				
d. Air conditioning?	0090 1	Ask items 14 and 15 for credit payments only, "2" marked in item 12b.	0280 \$.00				
f. Turbo charged engine?		14. What was the amount of the cash down payment?15a. What was the source of credit?	0290 \$.00 .00 .00 .00 .00 .00 .00 .00 .00				
h. Four wheel drive?	0121 1 2 Doors		2 ☐ Finance company 6 ☐ Individual 3 ☐ Bank 7 ☐ Other – Specify ✓ 4 ☐ Credit Union				
b. Is it a?	0123 1 Station wagon? 2 Convertible?	Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan?	0305 1 Yes 2 No				
	3 ☐ Hatchback? 4 ☐ Other?	C. How much was borrowed, excluding any interest?	0310 \$.00				
7a. Is it used for business?	0130 1 ☐ Yes, used for business 2 ☐ Personal use only – Go to item 8	d. What was the number of payments contracted for?	0320 Payments Month Year				
b. If used for business – What percent of the mileage is counted as a business expense?	0140 Percent If 100%, delete this vehicle and go to next vehicle.	C. In what month and year was the first payment made? ———————————————————————————————————	0330 0340				
8. Was it new or used when acquired?	0150 1 ☐ New 2 ☐ Used	f. What is the amount of each payment?	0350 \$				
9. Was this vehicle purchased from –	0160 1 Vehicle dealership? 2 Private individual? 3 Other? - Specify	g. What period is covered by each payment?	1 ☐ Week 2 ☐ 2 weeks 3 ☐ Month 4 ☐ Quarter 5 ☐ Semiannually 6 ☐ Annually 7 ☐ Other – Specify ✓				
	0170 1 ☐ Purchased for own use? 2 ☐ Purchased as a gift to others? – Go to item 11 3 ☐ Received as gift?	h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 ☐ Yes 2 ☐ No Co to next vehicle or part X ☐ Don't know or section				
Ask for item codes 100–120 and 150 only. b. How many miles are currently on the vehicle?	Miles – If item 10a is code 3, go to next vehicle	i. If YES – How much of the payment is for these extra charges?	0380 \$.00 x \(\triangle \text{Don't know} \)				

Part B – Detailed Questions – Contin	ued						
FIELD REPRESENTATIVE ITEM New CU's – Assign vehicle numbers in consecutive order beginning with 1.	PROCESSING USE ONLY	1 11 07 0 ↓	11. In what month and year was it purchased?	Month Year 0190 0200			
2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.	a. VEHICLE NUMBER b. VEHICLE CODE	0010 Number Code	12a. Was any portion of the purchase price financed?	0210 1 Yes 2 No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the			
Do not ask for vehicle codes 100 or 110.	D. VEHICLE CODE	Description	b. If YES - On the 1st of (month, 3 months ago), were all	last 3 months, go to item 13a. 0220 1 □ Paid off – If item 11 is prior to 3 months			
2. Briefly describe the (vehicle). Complete items 3, 4, and 5 for autos and trucks o	nly	Year Make Model	loans on (vehicle) paid off or were there any remaining payments to be made?	ago, go to next vehicle. 2 □ Remaining payments			
(vehicle codes 100 and 110). 3. What is the year, make, and model?		0030	13a. Was a trade-in allowance received?	0230 1 ☐ Yes 2 ☐ No – Go to item 13c			
	OFFICE USE ONLY Enter auto code	0040	b. If YES – How much?	0240 \$			
4. How many cylinders does it have?		O050 Cylinders O \sum No cylinders (rotary, turbine, or electric)	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$			
5. Does it have – a. Automatic transmission?		Yes No 0060 1 □ 2 □	d. Did this price include sales tax?	0260 1 ☐ Yes x ☐ Don't know 2 ☐ No			
b. Power steering?		0070 1 2	e. Was any of the amount or price paid by an employer?	0270 1 ☐ Yes 2 ☐ No - Go to item 14			
C. Power brakes?		0080 1	f. If YES – How much?	0280 \$			
e. Sun roof?		0100 1	Ask items 14 and 15 for credit payments only, "2" marked in item 12b. 14. What was the amount of the cash down payment?	0290 \$			
g. Diesel engine? h. Four wheel drive? Ask for vehicle code 100.		0120 1	15a. What was the source of credit?	1 ☐ Auto dealer 5 ☐ Insurance company 2 ☐ Finance company 6 ☐ Individual 7 ☐ Other – Specify ✓ Credit Union			
b. Is it a?		0123 1 Station wagon? 2 Convertible?	Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan?	0305 1 Yes 2 No			
		3 ☐ Hatchback? 4 ☐ Other?	C. How much was borrowed, excluding any interest?	0310 \$.00			
7a. Is it used for business?		0130 1 ☐ Yes, used for business 2 ☐ Personal use only – Go to item 8	d. What was the number of payments contracted for?	0320 Payments			
b. If used for business – What percent of the mile business expense?	age is counted as a	O140 Percent { If 100%, delete this vehicle and go to next vehicle.	e. In what month and year was the first payment made?	Month Year 0330 0340			
8. Was it new or used when acquired?		0150 1 New 2 Used	f. What is the amount of each payment?	0350 \$			
9. Was this vehicle purchased from –		0160 1 Vehicle dealership? 2 Private individual? 3 Other? - Specify	g. What period is covered by each payment?	1 ☐ Week 2 ☐ 2 weeks 3 ☐ Month 4 ☐ Quarter			
10a. Was this vehicle –		0170 1 Purchased for own use? 2 Purchased as a gift to others? – Go to item 11 3 Received as gift?	h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 \(\text{ Yes} \) 2 \(\text{ No} \) \(\text{ Go to next vehicle or part} \) \(\text{ X \(\text{ Don't know} \) } \(\text{ or section} \)			
Ask for item codes 100–120 and 150 only. b. How many miles are currently on the vehicle	?	Miles – If item 10a is code 3, go to next vehicle	i. If YES – How much of the payment is for these extra charges?	0380 \$00 x _ Don't know			

Page 59 Page 59

Part B – Detaile	ed Questions – Contin	ued											
1. FIELD REPRESENT a. New CU's - Assignment of the consecutive order	TATIVE ITEM gn vehicle numbers in beginning with 1.	PROCESSING USE ONLY			1 11 08 8 ↓		11.	In what month and year was it purchased?	0190	Month	0200 Yea	ar	
2nd through 5th next available veh part A.1, column a	interviews – Assign the nicle number from chart in	a. VEHICLE NUMBER b. VEHICLE CODE	0010 Number Code				12a.	. Was any portion of the purchase price financed?	0210 1 Yes 2 No - If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the				
Do not ask for veh 2. Briefly describe	Do not ask for vehicle codes 100 or 110. Briefly describe the (vehicle).				Make	Model	b.	If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?	last 3 months, go to item 13a. 1 □ Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 □ Remaining payments				3 months
(vehicle codes 100	,	OFFICE USE ONLY	0030		-	. Was a trade-in allowance received?	0230	1 ☐ Yes	Go to item 1				
4. How many cylin	ders does it have?	Enter auto code				1	b. If YES – How much? C. What was the amount paid for it after trade-in			0240 \$			
· · ·			0	☐ No cyli	nders (rotary,	turbine, or electric)		allowance and discount?	0250			.00	
	smission?				No 2 🔲			Did this price include sales tax?		1 Yes		x □ Don't k	
_	b. Power steering? c. Power brakes? d. Air conditioning? e. Sun roof? f. Turbo charged engine? g. Diesel engine? h. Four wheel drive? Ask for vehicle code 100.							Was any of the amount or price paid by an employer? If YES – How much?		1 🗌 Yes	Γ		o to item 14
							<u> </u>	Ask items 14 and 15 for credit payments only, "2" marked in item 12b.	0280		[.00	
f. Turbo charged e								What was the amount of the cash down payment? What was the source of credit?	0290		doolor	.00	
h. Four wheel drive				0121 1 2						0300 1 ☐ Auto dealer 5 ☐ Insurance company 2 ☐ Finance company 6 ☐ Individual 3 ☐ Bank 7 ☐ Other – Specify ☐ 4 ☐ Credit Union			
b. Is it a?	does it have?		Doors 1 Station wagon? 2 Convertible? 3 Hatchback? 4 Other?				Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan? c. How much was borrowed, excluding any interest?			0305 1 Yes 2 No			
										0310 \$			
7a. Is it used for bus	siness?				sed for busines al use only – (. What was the number of payments contracted for?	0320	Manth	_ Payments		
b. If used for business business expens	ss – What percent of the milese?	age is counted as a	0140		Percent ₹ vel	100%, delete this hicle and go to xt vehicle.		In what month and year was the first payment made?	0330	Month	0340 Yea	ar]
8. Was it new or us	sed when acquired?		0150 1	□ New	₂ ☐ Used		f.	. What is the amount of each payment?	0350	·		.00	
	s this vehicle purchased from –			1 Vehicle dealership? 2 Private individual? 3 Other? - Specify			g.	. What period is covered by each payment?		1 Weel 2 2 we 3 Mon 4 Quar	eks :h	5 Semia 6 Annua 7 Other	ılly
10a. Was this vehicle –			0170 1 ☐ Purchased for own use? 2 ☐ Purchased as a gift to others? – Go to item 11 3 ☐ Received as gift?				h.	Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?		1 □ Yes 2 □ No x □ Don'	Go to	o next vehiclection	e or part
_	s 100–120 and 150 only. s are currently on the vehicle	?	0180		Miles – If iten code 3, go to	n 10a is next vehicle	i.	If YES – How much of the payment is for these extra charges?	0380	\$.00 x	Don't know

F	Part C - Disposed of	f Vehicles												
1.	IIEIVI	PROCESSING USE ONLY	1 11 51 8	\		1 1	1 52 6 ↓		1 11 53	3 4 ↓		1 11 5	4 2 ↓	
	Complete a column in the 1st interview in which the vehicle is disposed of.	a. VEHICLE NUMBER	NUMBER 0010Number VEHIC		0010 Number			0010	Numbe	er	0010	Numbe	er	
	Enter vehicle number and vehicle code.	b. VEHICLE CODE	0020 Code	VEHICYC	0020 Code		0020 Code			0020 Code				
2a. How did you dispose of the vehicle? Mark (X) one box.			1 ☐ Sold? 2 ☐ Traded in? 3 ☐ Given away to someone outside the CU, including students away at school? 4 ☐ Damaged beyond repair? 5 ☐ Stolen? 6 ☐ Other - Specify			1 Sold? 2 Traded in? 3 Given away to someone outside the CU, including students away at school? 4 Damaged beyond repair? 5 Stolen? 6 Other - Specify			0030 1 ☐ Sold? 2 ☐ Traded in? 3 ☐ Given away to someone outside the CU, including students away at school? 4 ☐ Damaged beyond repair? 5 ☐ Stolen? 6 ☐ Other - Specify			1 ☐ Sold? 2 ☐ Traded in? 3 ☐ Given away to someone outside the CU, including students away at school? 4 ☐ Damaged beyond repair? 5 ☐ Stolen? 6 ☐ Other - Specify		
b.	In what month was it (re item 2a)?	ad answer from	0040 Month - If co	de 3 in item 2a, ^{o item 5a} VDISPMO	Month – If code 3 in item 2a, go to item 5a			Month – If code 3 in item 2a, go to item 5a			Month – If code 3 in item 2a, go to item 5a			
3.	If sold (code 1, item 2a). How much did you sell it	t for?	0050 \$ SALEX	.00 Go to item 5a	0050	S	.00 Go to item 5a	0050 \$.00 Go to item 5a	0050 \$.00 Go to item 5a	
4a.	If damaged beyond repair (code 4, item 2a) or stolen (code 5, item 2a). 4a. Were you reimbursed for the value of the vehicle?		0060 1 Yes REIMBURS 2 No – Go to item 4c			0060 1 ☐ Yes 2 ☐ No – Go to item 4c			0060 1 ☐ Yes 2 ☐ No – Go to item 4c			0060 1 ☐ Yes 2 ☐ No – Go to item 4c		
b.	How much did you recei	ve for the vehicle?	0070 \$ REIMBURX	.00 Go to item 5a	0070	S	.00 Go to item 5a	0070 \$.00 Go to item 5a	0070 \$.00 Go to item 5a	
C.	C. Do you expect to be reimbursed for the value of the vehicle?		1 ☐ Yes 2 ☐ No – Go to item 5a x ☐ Don't know			0080 1 ☐ Yes 2 ☐ No – Go to item 5a x ☐ Don't know			1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> x ☐ Don't know			0080 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> x ☐ Don't know		
d.	How much will you rece	ive for the vehicle?	0090 \$ EXREIMBX X Don't know	.00	0090	S ⟨□ Don't knov	.00 v	0090 \$	☐ Don't know	.00	0090 \$	☐ Don't know	.00	
5a.	Were there any outstand the vehicle when it was	ling loans on disposed of?	0100 1 Yes 2 No - Go to next veh	LOA NSTA T icle		1	next vehicle	0100 1	☐ Yes ☐ No – <i>Go to nex</i> t	: vehicle	0100 1	☐ Yes ☐ No – <i>Go to nex</i>	at vehicle	
b.	Were any final payments	s made on the loan?	0110 1 ☐ Yes 2 ☐ No – Go to next veh	FINPA YMT		ı □ Yes ₂ □ No – <i>Go to</i>	next vehicle	0110 1	☐ Yes ☐ No – <i>Go to nex</i> t	t vehicle	0110 1	☐ Yes ☐ No – <i>Go to nex</i>	ct vehicle	
C.	If YES – How much was t	he final payment?	0120 \$ FINPA YMX	.00	0120	S	.00	0120 \$.00	0120 \$.00	
						NOT	ES							

Page 61 Page 61

P	art C – Disposed of	f Vehicles – Contin	nued										
	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 1	1 55 9 ↓		1 11 56 7 ↓		1 11 57	5 ↓		1 11 58	3 3 ↓	
	Complete a column in the 1st interview in which the vehicle is disposed of.	a. VEHICLE NUMBER	0010 Nu	mber	0010 Number			Number		0010	Numbe	er	
	Enter vehicle number and vehicle code.	b. VEHICLE CODE	0020 C	ode	0020	Code	0020	Code		0020	Code		
2a. How did you dispose of the vehicle? Mark (X) one box.			1 Sold? 2 Traded in? 3 Given away to someone outside the CU, including students away at school? 4 Damaged beyond repair? 5 Stolen? 6 Other - Specify			Sold? Traded in? Given away to someone outside to CU, including students away at school? Damaged beyond repair? Stolen? Other - Specify	2 3 4 5	□ Sold? □ Traded in? □ Given away to a CU, including a school? □ Damaged beyout Stolen? □ Other - Specify		1 ☐ Sold? 2 ☐ Traded in? 3 ☐ Given away to someone outside the CU, including students away at school? 4 ☐ Damaged beyond repair? 5 ☐ Stolen? 6 ☐ Other - Specify			
	In what month was it (realitem 2a)?	ad answer from	0040 Month	n – If code 3 in item 2a, go to item 5a	Month – If code 3 in item 2a, go to item 5a			Month – If code 3 in item 2a, go to item 5a			Month – If code 3 in item 2a, go to item 5a		
_	lf sold (code 1, item 2a). How much did you sell it	for?	0050 \$.00 Go to item 5a	0050 \$.00 Go to item	ia 0050 \$.00 Go to item 5a	0050 \$.00 Go to item 5a	
	If damaged beyond repair (or stolen (code 5, item 2a). Were you reimbursed for the vehicle?		0060 1 ☐ Yes 2 ☐ No – Go to item 4c		0060 1 ☐ Yes 2 ☐ No – Go to item 4c			0060 1 ☐ Yes 2 ☐ No – Go to item 4c			0060 1 ☐ Yes 2 ☐ No – Go to item 4c		
b.	How much did you receiv	ve for the vehicle?	0070 \$.00 Go to item 5a	0070 \$.00 Go to item	ia 0070 \$.00 Go to item 5a	0070 \$.00 Go to item 5a	
C.	Do you expect to be reim of the vehicle?	nbursed for the value	l	0080 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> x ☐ Don't know		Yes No – <i>Go to item 5a</i> Don't know	2	1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> x ☐ Don't know			1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> X ☐ Don't know		
d.	How much will you recei	ve for the vehicle?	0090 \$ x □ Don't know	.00	0090 \$00 x _ Don't know			0090 \$			0090 \$.00 x \(\sum \) Don't know		
5a.	Were there any outstand the vehicle when it was o	ing loans on disposed of?	0100 1 ☐ Yes 2 ☐ No – <i>Go to</i>	next vehicle	0100 1 Yes 2 No - Go to next vehicle			0100 1 ☐ Yes 2 ☐ No – Go to next vehicle			0100 1 ☐ Yes 2 ☐ No – Go to next vehicle		
b.	Were any final payments	made on the loan?	0110 1 ☐ Yes 2 ☐ No – <i>Go to</i>	next vehicle	0110 1 2	Yes No – <i>Go to next vehicle</i>	0110 1 2	☐ Yes ☐ No – <i>Go to next</i>	vehicle	0110 1 ☐ Yes 2 ☐ No – Go to next vehicle			
C.	If YES – How much was t	he final payment?	0120 \$.00	0120 \$.00	0120 \$.00	0120 \$.00	
						NOTES							

Section 12 - VEHICLE OPERATING EXPENSES

Information Booklet, pages 29 and 30

Part A – Vehicle Maintenance and Repair, Parts, and Equipment

What was the

ENTER ITEM CODE

Did this

FIELD	RE	PRE	SE	NTA	TIVE	– Hand the re	espo	ndent	the Inf	ormati	on Bo	oklet with instru	cti	ions to	o read	the list of item	ns as you	proceed.	
8 12 02 4 →													_						
е					f	g		ŀ		i		j			k		PRE	T	
Which vehicle w Describe briefly enter the vehicl	and	d	r?	In w mor did	nth you	What was the total cost?	!	Did the included sales	de	Has and this experience or will of it be	rpense l anv	IF YES – How much?		Did you have a other	any	Description from column b	Month from column f	Cost fr colum	
from the vehicle	e co	de l	ist.	ехр	e this ense?			<u> </u>	Ś		e ursed?			expen for	.?			\$.00
VOPVE	NY	Α			VOPMOA	VOPEXP	X) 	If "No" colum	n k.	VOPRMBXA		If "No' next it colum				\$.00
					9					VOPR	EIMB							\$	1.00
Description		ehic code		Мс	nth			YES	NO	YES	NO			YES	NO			\$.00
						\$.00	1	2	1	2	\$.0	0				\$.00		
						\$.00	1	2	1	2	\$.0	0		 		\$.00		
						\$.00	1	2	1	2	\$.0	0		¦ 🗆		\$		
						\$.00	1	2	1	2	\$.0	0					\$.00
						\$.00	1 🗆	2	1	2	\$.0	0		 			\$	i i .00
						\$.00	1	2	1	2	\$.0	0		 			\$.00
						\$.00	1	2	1	2	\$.0	0		¦ 🗆			\$.00
						\$.00	1	2	1	2	\$.0	0			VE	HICLE C	ODES	
						\$.00	1	2	1	2	\$.0	0		 			ſ	
						\$.00	1	2	1	2	\$ 1.0	0			Automobile			100
						\$.00	1	2	1	2	\$.0	T		¦ 🗆	Truck			110
						\$.00	1	2	1	2	\$.0	0		<u> </u>	Motorized camper			
							.00	1	2	1	2	\$.00			<u> </u> 	Trailer camper			
						\$.00	1	2	1	2	\$.0			 	Other attachable-type camper 140			
							.00 .00	1			2	\$.0	T		<u> </u>	Motorcycle scooter or moned 150			
	l					\$.00		_			Φ .0	١٧			Boat with motor			

Information Booklet, page I will now ask about expenses, parts, equipment. Please do nexpenses for vehicles us for business. 1. Since the 1st of (month, have you (or any member)	penses for and ot include sed entirely 3 months ago), ers of your	PROCESSING USE ONLY			Did t expe inclu labor	nse de	Which vehicle v Describe briefly enter the vehic from the vehicl VOPVE	v and le code le code list	month did you have this	What was the total cost?			de	this e or wil of it b reimb	xpense I any e ursed?	IF YES - How much? VOPRMBX A	ha otl ex for	d you live ar her pens r? "No", ext iter lumn	es go to m in	Description from column b	Month from column f	Cost colur	
CU) had expenses for a following?	ny of the	PRO		\frac{1}{2}	YES	NO	Description	Vehicle code	Month			YES	l NO	YES	NO		YE	ES	NO			\$.00
	ITEM	0010			1	2				\$.00	1	2	1	 2□ 	\$.0	00	_ ¦				\$.00
Oil change, lubrication,	ITEM YES NO	0020			1	1 2				\$.00	1	1 2	1	1 2	\$	00 [\$	1.00
and oil filter	100	0030			1	2				\$.00		2	1			00 [<u> </u>				¢	.00
Motor tune-up	110	0040			1	2				s	.00		2		2	\$	1,	- 				¢	.00
Battery purchases	120	0050			1 🗆	1				<u> </u>			 2		<u>'</u>			- 				ф Ф	1.00
and installation	130	0060				 2				\$.00		2			\$ 1.0	,,, 	<u> </u> 				Φ	.00
Tire purchases and mounting	140	0070								\$.00					\$						D	i
Tire repair	150				1 1	1				\$.00		2 2	 	2	\$.0	00	<u> </u>		1		Ψ	.00
Front end alignment, wheel balancing and		0080								\$.00		<u> </u>		l 	\$.0	00	<u> </u>		VE	HICLE C	ODES	
wheel rotation	160	0090			1	1				\$.00		2		1	\$] 		Automobile			100
Steering or front-end work	170	0100				2				\$.00		2		-	\$							110
Electrical system work	180	0110			1 🗆	2				\$.00	1	2	1	2	\$.0	00] ¦		Truck			
Engine repair or replacement	190	0120			1	2				\$.00	1	2	1	2	\$	00] <u> </u>		Motorized cam			120
Air conditioning work	200	0130			1 🗆	2				\$.00	1	2	1	 2 	\$	00			Trailer camper			
Engine cooling	210	0140			1	 2				\$.00	1	 2	1	 2	\$	00			Other attachab			140
.,	-	0150			1	2				\$.00	1	2	1	2	\$	00 [Motorcycle, sco	ooter, or mo	ped	150
						,			NOTES	•			,					•		Boat, with moto	or		160
																				Boat, without n	notor		170
2. FIELD REPRESENTATIVE CHECK ITEM	1 12 01 1 🗸																			Trailer, other that as for boat		such	180
Mark (X) box if there are no entries recorded in	0010 999 ☐ <i>Go to</i>																			Private plane .			190
columns b–k.	next page																			Any other vehi	cle		200

Section 12 - VEHICLE OPERATING EXPENSES - Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask column a and complete columns b through k for each expense reported before going to the next item in column a. Complete a separate line for each item.

Part A – Vehicle N	lainte	nance a	nd R	epair, Parts, and	d Eq	uipm	ent		8 12 04 0 →			00141111	1 41 00111	proto a	Сори	40 11110	101 0	acii ileiii.						
a				b		С	(d	е		f		g	1	h	i		j			k		PRE	
Information Booklet, page 1. Since the 1st of (month, have you (or any memb	, 3 montl ers of v	ns ago), our	ONLY	What was the expense for? Enter a brief	EN ITE CO fro	M DE	Did to experinclusting labor	nse de	Which vehicle was it for? Describe briefly and enter the vehicle code		In what month did you have this	What wa total cos		Did the sales	de	Has any of this ex or will	pense	IF YES – How much?		Did y nave other exper	any	Description from column b	Month from column f	t from umn g
CU) had expenses for a following?	ny of th	e	NG USE	description.	col	umn a.			from the vehicl	le code list.	expense					of it be reimbu If "No", columi	e ursed? go to			or f "No	.? ", go to tem in			\$.00
	ITEM CODE	YES NO	PROCESSING			_		T		Lyara					T	- T				colum	nn a.			\$ 1.00
Exhaust system work	300		P. B.		1		YES	NO	Description	Vehicle code	Month			YES	NO NO	YES	NO			YES	NO NO			\$.00
Clutch or transmission work	310		0010				1	 2 _ 				\$.00	1	 2 _ 	1	2	\$.00					\$.00
Body work and painting	320		0020				1	2 🗆				\$.00	1	2 🗆	1	2 🗌	\$.00					\$.00
Shock absorber replacement	330		0030				1	 2 				\$.00	1	1 1 2 🗌	1	2	\$.00		<u> </u>			\$.00
Drive shaft or rear-end work	340		0040				1	2				\$.00	1	l 2□	1	2	\$.00					\$.00
Audio equipment and installation	350		0050				1	<u> </u> 				\$.00	1	1 2 <u> </u>			\$.00					\$.00
Vehicle accessories and customizing	360		0060					2				\$	00.		2			\$.00					\$ 00.1
Other vehicle services, parts, and equipment	370		0070				1 🗆	2				\$.00		 2 2	1 1		\$.00				NOTES	\$.00
	370		0090				1 🗆	<u> </u>				\$.00			1			.00					
Use only if unable to itemize separately.			0100									\$	00.1						.00					
Combined expenses (Codes 100–370)	500		0110				1	2				\$	1.00		2				.00		<u> </u>			
			0120				1	2				\$.00		 2	1	2	\$			<u> </u>			
			0130				1	 2				\$.00	1	 2	1	2	\$.00					
			0140				1	 2 				\$.00	1	 2 	1	2 🗌	\$.00					
			0150				1	2				\$.00	1	2	1	2 🗌	\$.00					
2. FIELD REPRESENTATIVE CHECK ITEM	1 12	03 7 🗸																						
Mark (X) box if there are no entries recorded in columns b–k.	0010 99	99 🗌 Go to Part B	}																					

Section 12 - VEHICLE OPERATING EXPENSES - Continued

FIELD REPRESENTATIVE – Ask column a and complete columns b–f for each expense reported before going to next item in column a.

Post P. Linearine Posintunti		al large setting of Wale			0.4	0.00.4			going to none	item in column a.
Part B – Licensing, Registration	on, an					2 26 4 →				NOTES
a		b	C ENTER	d In what	e What was the	f Did you	1	PRE 2	3	NOTES
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for –	E ONLY		ITEM CODE from	month did you have this expense?	total amount of the expense?	have any other expense for?	Description	n Month from	Cost from	
Driver's license? 400	PROCESSING USE	Enter the item description from column a.	VOPRE	VOPMO	VOPREGX	If "No," go to nex item in column a			\$.00	
Vehicle inspection? 410	CES		EGY		::GX				\$.00	
Vehicle registration? . 420 Use only if unable to	PRO		`	Month		YES N			\$.00	
itemize above – Combined expenses 430	0010				\$.00				\$.00	
2. FIELD REPRESENTATIVE 1 12 25 0 ↓ CHECK ITEM	0020				\$.00				\$.00	
Mark (X) box if there are no entries recorded Mark (X) box if 0010 999 ☐ Go to part C	0030								\$.00	
in columns b-f.					\$.00		<u></u>		\$ 1.00	
NOTES	0040				\$.00]		\$.00	
	0050				\$.00]		\$.00	
	0060				\$.00]		\$.00	
	0070				\$.00				\$.00	
	0800				\$.00				\$.00	
	0090				\$.00]		\$.00	
	0100				\$.00				\$.00	
	0110				\$.00	i			\$.00	
	0120				\$.00	i			\$.00	
	0130				\$.00				\$.00	
	0140				\$.00				\$ 1.00	
	0150				\$.00	1 1			\$.00	
	0160				\$.00				\$.00	
	0170				\$.00				\$.00	
	0180				\$.00				\$.00	

Section 12 - VEHICLE OPERATING EXPENSES - Continued

Part C – Other Vehicle Operating Expenses	1 12 51 6 ↓		
1a. Since the 1st of (month, 3 months ago), what has been the CU's AVERAGE MONTHLY expense for gasoline and other fuels (including gasohol) to operate automobiles, trucks, motorcycles, or any other vehicles?	VOPGA SX .00 S None – Go to item 2a	4. Since the 1st of (month, 3 months ago), have any members of your CU had expenses for – a. Parking, including garage rental, metered parking, and parking lot fees, except any expenses included in property ownership costs? Do not include parking expenses that are totally reimbursed or paid	0120 1 ☐ Yes VOPPA RK 2 ☐ No – Go to item 4c
b. Was any of this expense for the purchase of diesel fuel?	0020 1 ☐ Yes VOPDIES 2 ☐ No – Go to item 1d	entirely for business.	
C. If YES – How much?	0030 \$ VOPDIESX .00	b. If YES – How much was paid, excluding any payments made this month?	0130 \$ VOPPA RKX .00
d. Was any of the average monthly cost counted as a business expense?	1 ☐ Yes VOPBSNS 2 ☐ No – Go to item 2a	C. Towing charges, excluding contracted or pre-paid towing charges?	0 □ None 0140 1 □ Yes VOPTOW
e. How much of the (dollar amount in item 1a) was counted as a business expense?	0050 \$ VOPBSNSX .00	d. If YES – How much was paid, excluding any payments made in the	2 □ No − Go to item 4e O150 \$ VOPTOWX .00
2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any oil for operating vehicles, other than oil included with the purchase of an oil change? Do not include	0060 1 ☐ Yes VOPOIL 2 ☐ No – Go to item 3a	current month? C. Docking and landing fees for boats and planes?	0 □ None
purchases for vehicles used entirely for business. b. What was the total cost?	2 🗆 No – Go to item 3a	e. Docking and landing fees for boats and planes?	0160 1 □ Yes VOPDOCK 2 □ No – Go to item 5a
C. Was any of this purchased this month?	0070 \$ VOPOILX .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	f. If YES – How much was paid, excluding any payments made in the current month?	0170 \$ VOPDOCKX .00
or the any or the parenassa and monant	2 No − Go to item 3a	5a. Since the 1st of (month, 3 months ago), excluding (this month), have you	0180 1 Yes VOPPOLCY
d. If YES – How much was purchased this month?	0090 \$ VOPOILNX .00	(or any members of your CU) had any expenses for auto repair service policies? Do not include service policies for vehicles used entirely for business.	2 □ No − Go to item 6a
3a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) purchased any antifreeze, brake fluid, transmission fluid, or additives, except if purchased with a tune-up?	0100 1 Yes VOPFLUID	b. If YES – How much?	0190 \$ VOPPLCYX .00
Do not include purchases for vehicles used entirely for business.	2 □ No – Go to item 4a	6a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) had any expenses for bottled or tank gas for recreational vehicles, including vans, campers, and boats?	0200 1 ☐ Yes TA NK GA S 2 ☐ No – Go to next section
b. What was the total cost of these purchases?	0110 \$ VOPFLUDX .00	b. If YES – How much?	0210 _{\$} TA NK GA SX .00
	NC	TES	

Section 13 - INSURANCE OTHER THAN HEALTH - Continued

Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask items 1–3 in part A.2 and then complete a column in part B for each policy reported.

Part A.2 – Screening Questions – FOR NEW CONS	UMER	UN	IITS OI	VLY		1 13	02 7 🕶
Information Booklet, page 32 1. Do you (or any members of your CU) have any –	Insura			YES	NO	If YES	6 – How many policies or plans does your CU have?
a. Life insurance or other policies which provide benefits in case					i I		
of death or disability?	100)	0010	1 🗌	2 🗌	0020	Number
b. Automobile or other vehicle insurance?	200	,	0030	1 🗌	2	0040	Number
					1		
C. Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from					 		
other means –			0050		, 		
(1) Homeowner's insurance?	300)	0050	1 🗌	2 🗌	0060	Number
(2) Tenant's insurance?	400		0070	1 🗆	2 🗆	0800	Number
d Other types of nonhealth incurence?	F00		0090	1□	2 🗌	0100	Ni
2a. Since the 1st of (month, 3 months ago), have you (or any	500	,	2300	٠ ــــــــــــــــــــــــــــــــــــ		0100	Number
2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance policies, other than health insurance, which you no			es – Ask it o – Go to			c	
longer have?			surance co				How many?
b. What kind of insurance policy(ies) was it (were they)?		1115		Jue		[e.:.]	
Enter insurance code from items 1a-d for each policy reported.	0140			-		0150	Number
C. How many?	0160					0170	Number
	0180					0190	Number
	0200					0210	Number
	0220			\top		0230	
3a. Have you (or any members of your CU) made any payments			es – Ask it	tomas C	h a==1.0		Number
for insurance policies, other than health, for persons not in your CU?			es – Ask it o – Go to		o ana 3	C	
		Ins	surance co	ode			How many?
b. What kind of insurance policy(ies) was it (were they)? Enter insurance code from items 1a–d for each policy reported.	0310					0320	Number
	0330					0340	Number
C. How many?						0360	
	0350			_			Number
	0370					0380	Number
	0390					0400	Number
4. FIELD REPRESENTATIVE INSTRUCTIONS							
Complete a column in part B for each policy reported. Complete a column in part B for each discontinued policy. Be sure to	mark the	discor	ntinued b	ox, par	t B, iter	n 1b.	

Section 13 - INSURANCE OTHER THAN HEALTH - Continued

FIELD REPRESENTATIVE – Combine payments if more than one policy is held through the same company for the same type of insurance (for example: automobile insurance) and for the same time period.

F	Part B – Detailed Quest	tions							
1.	New CU's – Enter policy	PROCESSING USE ONLY	1 13 03 5 🔎	1 13 04 3 🔎	1 13 05 0 🗸	1 13 06 8 🔎			
	numbers in consecutive order beginning with 1.	a. POLICY NUMBER	0010Number POLICYIB	0010 Number	0010 Number	0010 Number			
	2nd through 5th interviews – Enter the next available policy number from chart in part A.1.	b. DISCONTINUED	0020 1 ☐ PLCYSTAB	0020 1	0020 1	0020 1			
2a.	What type of insurance is (wa	as) it?	Description	Description	Description	Description			
b.	Enter insurance code from part	A.1 or part A.2.	0030 Code POLICYYB	0030 Code	0030 Code	0030 Code			
3.	What is the name of the insu Enter name of insurance compa insurance agent.	rance company?	Insurance company name	Insurance company name	Insurance company name	Insurance company name			
4.	Ask only for insurance code 200 Describe briefly what vehicles a		Description	Description	Description	Description			
5a.	Ask only for insurance code 300 Describe briefly the property thi		Description	Description	Description	Description			
b.	Enter property number from sec	ction 3, part B.	0160 0170 N SPRPY 0180	0160 0170 0180	0160 0170 0180	0160 0170 0180			
6a.	Are the policy premiums paid	d?	1 Entirely by CU PREM PAID 2 Partially by CU and partially by someone outside the CU 3 Entirely by an employer or union 4 Entirely by another group or persons outside the CU	1 Entirely by CU 2 Partially by CU and partially by someone outside the CU 3 Entirely by an employer or union 4 Entirely by another group or persons outside the CU	1 Entirely by CU 2 Partially by CU and partially by someone outside the CU 3 Entirely by an employer or union 4 Entirely by another group or persons outside the CU	1 Entirely by CU 2 Partially by CU and partially by someone outside the CU 3 Entirely by an employer or union 4 Entirely by another group or persons outside the CU			
b.	Are any premiums paid throu deductions?	ugh payroll	0230 1 ☐ Yes 2 ☐ No PAYDEDPR	0230 1 ☐ Yes 2 ☐ No	0230 1 ☐ Yes 2 ☐ No	0230 1 ☐ Yes 2 ☐ No			
7.	How often are premiums on Mark (X) the appropriate box.	this policy paid?	1 Weekly PREM PERD 2 Biweekly 3 Monthly – directly 4 Monthly – in mortgage payment 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy – Go to next policy 9 Other – Specify	1 Weekly 2 Biweekly 3 Monthly – directly 4 Monthly – in mortgage payment 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy – Go to next policy 9 Other – Specify	1 Weekly 2 Biweekly 3 Monthly – directly 4 Monthly – in mortgage payment 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy – Go to next policy 9 Other – Specify	1 Weekly 2 Biweekly 3 Monthly – directly 4 Monthly – in mortgage payment 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy – Go to next policy 9 Other – Specify			
8a.	Since the 1st of (month, 3 mo your total expense for this in Enter the actual amount the CU any expenses paid for the CU b	nsurance policy? I paid, do not include	0250 \$ IN SEX PBX .00 □ None – Go to next policy	0250 \$.00 0 □ None – Go to next policy	0250 \$	0250 \$.00 0 □ None – Go to next policy			
b.	Were any payments made this		0260 1 Yes IN SEX PB	0260 1 Yes 2 No – Go to next policy	0260 1 Yes 2 No – Go to next policy	0260 1 ☐ Yes			
C. If YES – How much was paid this month?			0270 S IN SN EX X B .00	0270 \$.00	0270 \$	2 No – Go to next policy 0270 \$.00			

•	Section 13 – INSURANCE OTHER THAN	HEALTH - Continued	FIELD REPRESENTATIVE – Combine pa insurance (f	ayments if more than one policy is held throug or example: automobile insurance) and for the	h the same company for the same type of same time period.			
I	Part B – Detailed Questions – Continued							
1.	FIELD REPRESENTATIVE ITEM New CU's - Enter policy PROCESSING USE ONLY	1 13 07 6 🔎	1 13 08 4 🔎	1 13 09 2 🗸	1 13 10 0 🔎			
	numbers in consecutive order beginning with 1. 2nd through 5th interviews –	0010 Number	0010 Number	0010 Number	0010 Number			
	Enter the next available policy number from chart in part A.1. b. DISCONTINUED	0020 1 🗆	0020 1 🗆	0020 1 🗆	0020 1 🗆			
2a.	What type of insurance is (was) it?	Description	Description	Description	Description			
b.	Enter insurance code from part A.1 or part A.2.	0030 Code	0030 Code	0030 Code	0030 Code			
3.	What is the name of the insurance company? Enter name of insurance company, not the insurance agent.	Insurance company name	Insurance company name	Insurance company name	Insurance company name			
4.	Ask only for insurance code 200 from item 2b. Describe briefly what vehicles are covered.	Description	Description	Description	Description			
5a.	Ask only for insurance code 300 from item 2b. Describe briefly the property this policy covers.	Description	Description	Description	Description			
b.	Enter property number from section 3, part B.	0160 0170 0180	0160 0170 0180	0160 0170 0180	0160 0170 0180			
6a.	Are the policy premiums paid?	0220 1 ☐ Entirely by CU 2 ☐ Partially by CU and partially by someone outside the CU 3 ☐ Entirely by an employer or union 4 ☐ Entirely by another group or persons outside the CU Go to next policy	1 Entirely by CU 2 Partially by CU and partially by someone outside the CU 3 Entirely by an employer or union 4 Entirely by another group or persons outside the CU Go to next policy	1 Entirely by CU 2 Partially by CU and partially by someone outside the CU 3 Entirely by an employer or union 4 Entirely by another group or persons outside the CU	1 Entirely by CU 2 Partially by CU and partially by someone outside the CU 3 Entirely by an employer or union 4 Entirely by another group or persons outside the CU Go to next policy			
b.	Are any premiums paid through payroll deductions?	0230 1 ☐ Yes 2 ☐ No	0230 1 ☐ Yes 2 ☐ No	0230 1 ☐ Yes 2 ☐ No	0230 1 ☐ Yes 2 ☐ No			
7.	How often are premiums on this policy paid? Mark (X) the appropriate box.	0240 1 ☐ Weekly 2 ☐ Biweekly 3 ☐ Monthly – directly 4 ☐ Monthly – in mortgage payment 5 ☐ Quarterly 6 ☐ Semiannually 7 ☐ Annually 8 ☐ Paid-up policy – Go to next policy 9 ☐ Other – Specify	1 Weekly 2 Biweekly 3 Monthly – directly 4 Monthly – in mortgage payment 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy – Go to next policy 9 Other – Specify	1 Weekly 2 Biweekly 3 Monthly – directly 4 Monthly – in mortgage payment 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy – Go to next policy 9 Other – Specify	1 Weekly 2 Biweekly 3 Monthly – directly 4 Monthly – in mortgage payment 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy – Go to next policy 9 Other – Specify ✓			
8a.	Since the 1st of (month, 3 months ago), what was your total expense for this insurance policy? Enter the actual amount the CU paid, do not include any expenses paid for the CU by others.	0250 \$.00 0 □ None – Go to next policy	0250 \$.00 0 \(\sum \) None - Go to next policy	0250 \$	0250 \$.00 0 None – Go to next policy			
b.	Were any payments made this month?	0260 1 Yes 2 No - Go to next policy	0260 1 ☐ Yes 2 ☐ No – Go to next policy	0260 1 Yes 2 No – Go to next policy	0260 1 Yes 2 No – Go to next policy			
C.	If YES – How much was paid this month?	0270 \$.00	0270 \$	0270 \$	0270 \$			

Section 14 - HOSPITALIZATION AND HEALTH INSURANCE

Part A.1 – Screening Questions (For New Consumer Units, Go to Part A.2) \square If this box is marked, no policies were previously reported – Go to item 2a. 1. Complete columns i through m in the "Health Insurance Policy Inventory Chart" below for each policy previously reported, except policies that were discontinued ("YES" in column f). 8 14 00 4 -> **HEALTH INSURANCE POLICY INVENTORY CHART** b C d m ONLY IPDLIA Do vou Since the 1st of Since the 1st of Were any Expenses reported in Premium still have (month, 3 months ago). (month, 3 months ago payments previous interview paid entirely made during—month? (policy)? were any payments what was the total oy someone Payroll Policv made on this policy amount paid by CU Enter Enter I outside the Type deductions discontinued by any member of members for this month? payment payments CU from I Insurance I code Name of policy? _ from part B, from part B, Enter time vour ĆU? (Include from part B made this If NO − Go to 📉 IISTILL CM description from insurance company part B, item 7. item 1b period those made by item 8a or month from エ from part B, item 4a part B. from part B, item 2 item 6 next policy or> covered payroll deductions.) item 10 or part B, ᄝ item 4a (code if last policy from part B, If NO – Go to next 14A.1 item 11b or × 3 or 4) Policy D go to item 2a item 8b policy column k 14A.1 \times column m \triangleright YES | NO YES | NO YES | NO YES NO Ξ YES | NO YES NO ェ II 0010 1 🔲 ¦ 2 🔲 1 🗌 1 🔲 2 1.00 1.00 .00 エ \overline{c} 1 🗆 📅 2 🗆 0020 1 🗌 | 2 🔲 1 🔲 1 🔲 2 .00 .00 .00 .00 \Box 0030 1 □ ¦ 2 □ 1 🔲 Ū 2 1 🗌 2 Ш 1.00 1.00 .00 .00 0040 1 🗌 🕛 2 🔲 1 🗌 | 2 🔲 1 🔲 2 2 1 🔲 .00 .00 .00 .00 1 🗌 ¦ 2 🔲 1 🗌 ¦ 2 🔲 1 🔲 2 🗌 2 0050 1 🗌 5 1.00 1.00 .00 .00 0060 1 🗌 2 1 🔲 2 1 🗌 | 2 🔲 1 🗌 2 6 .00 .00 .00 .00 1 🔲 0070 1 🗌 ¦ 2 🔲 1 🗌 ¦ 2 🔲 2 2 🗌 1 🔲 1.00 1.00 .00 .00 1 🗌 ¦ 2 🔲 2 2 1 🗌 .00 .00 .00 .00 1 🔲 0090 1 🗌 | 2 🔲 1 🗌 🕆 2 🔲 2 1 🔲 2 1.00 1.00 .00 .00 2 1 🗌 2 0100 1 🗌 1 🗌 ¦ 2 🔲 1 🗌 2 10 00. .00 .00 .00 1 🗌 i 2 🗌 1 🗌 i 2 🔲 2 1 🔲 2 0110 11 1.00 .00 .00 .00 2 1 🔲 ¦ 2 🔲 2 2 1 🗌 0120 1 🔲 .00 NOTES 1 14 01 7 2a. Since the 1st of (month, 3 months ago), have you (or any members of your 0010 1 Yes CU) purchased any (additional) health or hospitalization insurance? $_{2}$ \square No – Go to item 3a **b.** If YES – How many policies did you buy? 0020 Complete a column in part B for each new policy. _ Number **3a.** Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for health insurance plans for persons outside of your CU? 0030 1 ☐ Yes 2 ☐ No – Go to next part **b.** If YES – How many policies did you buy? 0040 Complete a column in part B for each policy. Number FIELD REPRESENTATIVE INSTRUCTIONS Complete a column in part B for each new policy reported. If "No," to items 2 and 3 – Go to part C.

\$	Section 14 – HOSPITALIZATION AND HEALTH IN	SURANCE – Continued	FIELD REP	RESENTATIVE –	Ask items 1, 2, and 3 and complete part B for each policy reported. Complete part C for all CU's.
F	Part A.2 – Screening Questions – <i>FOR NEW CONS</i>	SUMER UNITS ONLY - Con	ntinued	14 02 5 ↓	
	Do you (or any members of your CU) have any hospitalization or health insurance plans or belong to a plan that pays all or part of your medical expenses? Please consider any special purpose plans you may have, such as those listed on page 32a of the Information Booklet.		'		NOTES
b	. If YES – How many policies do you have?	0020 Number			
2a.	Since the 1st of (month, 3 months ago), have you (or any members of your CU) made payments for hospitalization or health insurance policies which you no longer have?	0030 1 ☐ Yes 2 ☐ No – Go to item 3a			
	. If YES – How many policies?	0040 Number			
3a.	Have you (or any members of your CU) made any payments for health insurance plans for persons outside of your CU?	0050 1 ☐ Yes 2 ☐ No – Go to item 4			
b	. If YES – How many policies?	0060Number			
4.	FIELD REPRESENTATIVE INSTRUCTIONS Complete a column in part B for each policy reported. If the policy was reported in item 2, be sure to mark the discontinued by the sure to items 1, 2, and 3 – Go to part C.	box in part B, item 1b.			

Section 14 - HOSPITALIZATION AND HEALTH INSURANCE - Continued

Pa	art B – Detailed Questions					
1.	FIELD REPRESENTATIVE ITEM New CU's – Enter a policy number in consecutive PROCESSING USE ONLY	1 14 03 3 ↓	1 14 04 1 ↓	1 14 05 8 ↓	1 14 06 6 ↓	1 14 07 4 ↓
	order beginning with 1. 2nd thru 5th interviews – Enter policy number in NUMBER	0010 HHIPDLIB Number	0010 Number 5	0010 Number	0010 Number	0010Number
	consecutive order using the next available number in policy chart in part A.1.	0020 1□ HHISTATB	0020 1	0020 1	0020 1	0020 1
2.	What is the name of the insurance company?	Insurance company name	Insurance company name o	Insurance company name	Insurance company name	Insurance company name
	Enter name of insurance company, not the insurance agent. If Blue Cross/Blue Shield, Mark (X) box.	HHIBCBS 0030 1 🗆 Blue Cross/Blue Shield	0030 1 Blue Cross/Blue Shield	0030 1 Blue Cross/Blue Shield	0030 1 🗆 Blue Cross/Blue Shield	0030 1 Blue Cross/Blue Shield
3.	How many CU members are covered by this policy?	0060 HHICOVO 0 None	0060 Number 0 \square None	0060 Number 0 \square None	0060 Number 0 \square None	0060 Number 0 \square None
4a.	Information Booklet, page 32a What type of insurance plan is it?	0061 1 Go to 4b 4 Go to 4d	0061 1 ☐ Go to 4b 4 ☐ GØ to 4d	0061 1 Go to 4b 4 Go to 4d	0061 1 Go to 4b 4 Go to 4d	0061 1 Go to 4b 4 Go to 4d
	1 – Health Maintenance Organization 2 – Fee for Service Plan 3 – Commercial Medicare Supplement 4 – Other special purpose plan	2 ☐ Go to 4c ×☐ Don't 3 ☐ Go to 5 know – Go to 5	2 ☐ Go to 4c ×☐ Don't 3 ☐ Go to 5 know – G	2 Go to 4c × Don't 3 Go to 5 know – Go to 5	2	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
b	Ask only if item 4a is "1". If, except in the case of an emergency, you go to a doctor other than one in the group center or your primary care doctor, without a referral, will the plan pay any of your expenses?	0062 1 Yes Go to item 5 HHIPOS	0062 1 Yes Go to item 5	0062 1 Yes Go to item 5	0062 1 Yes Go to item 5	0062 1 Yes Go to item 5
C.	Ask only if item 4a is "2." Is this fee for service plan a – 1 - Traditional Fee for Service Plan? 2 - Preferred Provider Option Plan	0063 1 Go to item 5	0063 1	$\begin{bmatrix} 0063 & 1 \square \\ 2 \square \end{bmatrix} $ Go to item 5	$ \begin{bmatrix} 0063 & 1 & \square \\ & 2 & \square \end{bmatrix} $ Go to item 5	0063 1
d.	Ask only if item 4a is "4." Is this special purpose insurance plan— 1 - Dental insurance? 4 - Mental health insurance? 5 - Dread disease policy? 3 - Prescription drug insurance? 6 - Other type of special purpose health insurance?	0064 1	0064 1	0064 1	0064 1 ☐ 4 ☐ 5 ☐ 5 ☐ 3 ☐ 6 ☐ Specify ————————————————————————————————————	0064 1
5.	Was the policy obtained on an individual or group basis? 1 - Individually obtained 3 - Group through other organization 2 - Group through place of employment	0070 1	0070 1 2 3 3	0070 1 2 3 3	0070 1 2 3 3	0070 1 2 3 3
6.	Are premiums paid – 1 – Entirely by CU members? 2 – Partially by CU members? 3 – Entirely by an employer or union? 4 – Entirely by another group or person outside of the CU?	0090 1 3 If code 3 or 4, 2 4 go to next policy	$ \begin{array}{c c} \hline 0090 & 1 \square & 3 \square \\ 2 \square & 4 \square \\ \end{array} $ If code 3 or 4, $\begin{array}{c c} go \text{ to next} \\ policy \end{array}$	$ \begin{array}{c c} \hline 0090 & 1 \square & 3 \square \\ 2 \square & 4 \square \\ \end{array} $ If code 3 or 4, $2 \square & 4 \square \\ $ go to next policy	$ \begin{array}{c c} \hline 0090 & 1 \square & 3 \square \\ 2 \square & 4 \square \\ \end{array} \begin{array}{c c} \text{If code 3 or 4,} \\ \text{go to next} \\ \text{policy} \end{array} $	$ \begin{array}{c c} \hline 0090 & 1 \square & 3 \square \\ 2 \square & 4 \square \\ \end{array} \begin{array}{c} \text{If code 3 or 4,} \\ \text{go to next} \\ \text{policy} \end{array} $
7.	Are any of the premiums paid through payroll deductions $_{ m HIPRDI}$	1 Yes 2 □ No	0100 1 ☐ Yes 2 ☐ No	0100 1 ☐ Yes 2 ☐ No	0100 1 ☐ Yes 2 ☐ No	0100 1 ☐ Yes 2 ☐ No
8a.	What is your part of the regular health insurance payment, (including all payroll deductions)?	0110 \$ HHIRPMXB .00	0110 \$	0110 \$	0110 \$	0110 \$
b.	What period of time is covered by the regular payment?	0120 1 ☐ Week 5 ☐ 6 months 2 ☐ 2 weeks 6 ☐ Year 3 ☐ Month 7 ☐ Other – 4 ☐ Quarter Specify ☐ HHIRPMPD	1 Week 5 6 months 2 2 weeks 6 Year 3 Month 7 Other – 4 Quarter Specify	0120 1 ☐ Week 5 ☐ 6 months 2 ☐ 2 weeks 6 ☐ Year 3 ☐ Month 7 ☐ Other – 4 ☐ Quarter Specify ✓	0120 1 Week 5 6 months 2 2 veeks 6 Year 3 Month 7 Other – 4 Quarter Specify	0120 1 ☐ Week 5 ☐ 6 months 2 ☐ 2 weeks 6 ☐ Year 3 ☐ Month 7 ☐ Other – 4 ☐ Quarter Specify ✓
9a.	Since the 1st of (month, 3 months ago), were any payments made on this policy?	0130 1 Yes 2 No - Go to H H I C P M T B next policy	0130 1 Yes 2 No - Go to next policy	0130 1 ☐ Yes 2 ☐ No – Go to next policy	0130 1 Yes 2 No - Go to next policy	
b.	Was each payment in the amount of (regular payment amount reported in item 8a)?	0140 1 Yes 2 No - Go to HHIRPM TB item 10	item 10	0140 1 ☐ Yes 2 ☐ No - Go to item 10	item 10	item 10
C.	How many payments were made?	0150 HHIQPMTB Go to Number item 11a	0150 Go to Number item 11a	0150 Go to Number item 11a	0150 Number item 11a	0150Number do to
10.	Ask only if item 9b is "NO." What was the total expense paid for this policy?	0160 \$ HHIIRGXB .00	0160 \$	0160 \$.00	0160 \$	0160 \$
	Were any payments made during the current month?	0170 1 Yes 2 No - Go to HHICM EX B next policy	0170 1 Yes 2 No - Go to next policy	0170 1 Yes 2 No - Go to next policy		0170 1 \(\text{Yes} \) 2 \(\text{No} - \text{Go to} \)
b	If YES – How much was paid during the current month?	0180 \$ HHICMXXB .00	0180 \$.00	0180 \$	0180 \$	0180 \$

Section 14 - HOSPITALIZATION AND HEALTH INSURANCE - Continued

art B – Detailed Questions															
New CU's – Enter a policy number in consecutive USE ONLY	G .	1 14 0	8 2 🗸		1 14	09 0 ↓		1 14 1	0 8 ↓		1 14	11 6 ↓		1 14 1	2 4 ↓
Tell 1 Octor	0010		Number	0010		Number	0010		Number	0010		Number	0010		Number
consecutive order using the next available number in	JED 0020	1 🗌		0020	1 🗌		0020	1 🗌		0020	1 🗆		0020		
What is the name of the insurance company?	Insura	nce compan	y name	Insurar	nce compa	ny name	Insura	nce compar	ny name	Insura	nce compa	iny name	Insurar	ce company	/ name
Enter name of insurance company, not the insurance agent.															<u></u>
		<u> </u>			1 ∐ Blue (1	•		1 ∐ Blue Cr	-
													+ = -		nber 0 None
What type of insurance plan is it?	0061						0061			0061					
 1 - Health Maintenance Organization 2 - Fee for Service Plan 3 - Commercial Medicare Supple 4 - Other special purpose plan 	nent														
than one in the group center or your primary care doctor, without a referral, will the plan pay any of your expenses?		1 ☐ Yes } 2 ☐ No	Go to item 5		>	Go to item 5	0062	1 🗆 Yes }	Go to item 5	0062	1 ☐ Yes 2 ☐ No	Go to item 5			Go to item 5
. Is this fee for service plan a –	0063	1	o item 5	0063	$\begin{bmatrix} 1 \ \square \\ 2 \ \square \end{bmatrix}$ Go	to item 5	0063	1	to item 5	0063	1 🔲 } Go	to item 5	0063	$\begin{bmatrix} 1 \ \square \\ 2 \ \square \end{bmatrix}$ Go to	o item 5
Ask only if item 4a is "4." Is this special purpose insurance plan— 1 - Dental insurance? 2 - Vision insurance? 3 - Prescription drug insurance? 6 - Other type of special purpose he insurance?		2 🗌 .	5 🗆		2 🗌	5 🗌	0064	2 🗌	5 🗌	0064	1	4 ☐ 5 ☐ 6 ☐ Specify ⊋		2 🗌 5	☐ ☐ ☐ Specify
Was the policy obtained on an individual or group basis? 1 - Individually obtained 3 - Group through other organizat 2 - Group through place of employment		1 2 0	3 🗌	0070	1 2 _	3 🗌	0070	1 2	3 🗌	0070	1 2	3 🗆	0070	1 2 2	3 🗌
Are premiums paid – 1 – Entirely by CU members? 2 – Partially by CU members? 3 – Entirely by an employer or union? 4 – Entirely by another group or person outside of the CU?	0090	1 3 2 4 2	If code 3 or 4, go to next policy				0090			0090	l .		0090	1	If code 3 or 4, go to next policy
Are any of the premiums paid through payroll deductions?	0100	1 □ Yes	2 🗌 No	0100	1 ☐ Yes	2 🗌 No	0100	1 ☐ Yes	2 🗌 No	0100	1 ☐ Yes	2 🗌 No	0100	1 ☐ Yes	2 🗌 No
What is your part of the regular health insurance payment, including all payroll deductions?	0110	\$.00	0110	\$.00	0110	\$.00	0110	\$.00	0110	\$.00
. What period of time is covered by the regular payment?	0120	з 🗌 Month	7 🗌 Other –		2 \(\sum 2\) weel 3 \(\sum \) Month	ks 6 🗌 Year 1 7 🗎 Other –	0120	2 2 weeks	7 🗌 Other –	0120	2 🗌 2 wee 3 🔲 Montl	ks 6 🗌 Year n 7 🗌 Other –		2 ☐ 2 weeks 3 ☐ Month	5 ☐ 6 months 6 ☐ Year 7 ☐ Other – Specify ⊋
Since the 1st of (month, 3 months ago), were any payments made on this policy?	0130	1 ☐ Yes	2 □ No – Go to next policy	0130	1 ☐ Yes			1 ☐ Yes	2 □ No – Go to next policy	0130	1 ☐ Yes			1 ☐ Yes	2 □ No – Go to next policy
• Was each payment in the amount of (regular payment amount reported in item 8a)?			2 No – Go to item 10	0140	1 🗌 Yes	item 10			2 No – Go to item 10	0140	1 □ Yes	item 10	0140	1 ☐ Yes	2 No – Go to item 10 1 Go to
. How many payments were made?	0150		Number∫ <i>item 11a</i>	0150		_ Number∫ <i>item 11a</i>	0150		_ Number∫ <i>item 11a</i>	0150		Number∫ <i>item 11a</i>	0150		Number <i>item 11a</i>
Ask only if item 9b is "NO." What was the total expense paid for this policy?	0160	\$.00	0160	\$.00	0160	\$.00	0160	\$.00	0160	\$.00
. Were any payments made during the current month?	0170	1 ☐ Yes	2 □ No – Go to next policy	0170	1 ☐ Yes	2 □ No – Go to next policy	0170	1 ☐ Yes	2 □ No – Go to next policy	0170	1 ☐ Yes			1 ☐ Yes	2 □ No – Go to next policy
. If YES – How much was paid during the current month?	0180	\$.00	0180	\$.00	0180	\$.00	0180	\$.00	0180	\$.00
	New CU's - Enter a policy number in consecutive order beginning with 1. 2nd thru 5th interviews - Enter policy number in consecutive order using the next available number in policy chart in part A.1. What is the name of the insurance company? Enter name of insurance company, not the insurance agent. If Blue Cross/Blue Shield, Mark (X) box. How many CU members are covered by this policy? Information Booklet, page 32a What type of insurance plan is it? 1 - Health Maintenance Organization 2 - Fee for Service Plan 4 - Other special purpose plan 4 - Other special purpose plan 4 - Other special purpose plan 2 - Fee for Service Plan 4 - Other special purpose plan 3 - 1 - Traditional Fee for Service Plan 2 - Preferred Provider Option Plansk only if item 4a is "1." Is this fee for service plan a - 1 - Traditional Fee for Service Plan? 1 - Dental insurance? 4 - Mental health insurance? 2 - Vision insurance? 4 - Mental health insurance? 3 - Prescription drug insurance? 6 - Other type of special purpose hear insurance? Was the policy obtained on an individual or group basis? 1 - Individually obtained 3 - Group through other organization 2 - Group through place of employment Are premiums paid - 1 - Entirely by CU members? 3 - Entirely by CU members? 3 - Entirely by CU members? 3 - Entirely by an employer or union? Are any of the premiums paid through payroll deductions? What is your part of the regular health insurance payment, including all payroll deductions? What period of time is covered by the regular payment amount reported in item 8a)? Bince the 1st of (month, 3 months ago), were any payments made on this policy? Was each payment in the amount of (regular payment amount reported in item 8a)? How many payments were made? Ask only if item 9b is "NO." What was the total expense paid for this policy?	PROCESSING USE ONLY	PROCESSING 1 14 0 New CU's - Enter a policy number in consecutive order beginning with 1.	FIELD REPRESENTATIVE ITEM New CU's - Enter a policy number in consecutive order beginning with 1. 2nd thru Sth interviews - Enter policy number in consecutive order beginning with 1. 2nd thru Sth interviews - Enter policy number in policy chart in part A.1. 2nd thru Sth interviews - Enter policy number in policy chart in part A.1. What is the name of the insurance company? Enter name of insurance company, not the insurance agent. If Blue Cross/Blue Shield, Mark (X) box. How many CU members are covered by this policy? Information Booklet, page 32a What type of insurance plan is it? 1 - Health Mainteance Organization 2 - Fee for Service Plan Ask only if item 4a is "1". 1. except in the case of an emergency, you go to a doctor other than one in the group center or your primary care? Ask only if item 4a is "2." 1s this fee for service Plan 2 - Preferred Provider Option Plan Ask only if item 4a is "2." 1s this special purpose insurance plan- 1 - Traditional Fee for Service Plan 2 - Preferred Provider Option Plan Ask only if item 4a is "4." 1s this special purpose insurance plan- 1 - Dantal insurance? 2 - Vision insurance? 3 - Prescription drug insurance? 4 - Mental health insurance? 5 - Oread disease policy? Was the policy obtained on an individual or group basis? 2 - Forein drug place of employment Are premiums paid - 1 - Entirely by CU members? 2 - Partially by CU members? 3 - Group through other organization Are any of the premiums paid through payroll deductions? What is your part of the regular health insurance payment, including all payroll deductions? What period of time is covered by the regular payment? New payment in the amount of (regular payment amount payroll deductions? What period of time is covered by the regular payment amount payroll deductions? Number Dotto in Insurance payment, including all payroll deductions? Number Dotto in Insurance payment, including all payroll deductions? Number Dotto in Mark 1 Yes 2 No - Go to made on this policy? Number Dott	PROCESSING USE NULLY 114 08 2	PROCESSING New CU's - Enter a policy number in consecutive order beginning with 1. 14 08 2 114 08 2	PROCESSING The prime a pulicy number in consecutive before the popularity with 1.0 and 1.0	SELD BERRESENTATIVE ITEM New CUT's — Froit or policy number in consecutive ordor beginning with 1. A consecutive ordor beginning with 1. A consecutive ordor using the next available number in consecutive ordor using the next available number in consecutive ordor using the next available number in consecutive ordor using the next available number in consecutive ordor using the next available number in consecutive ordor using the next available number in consecutive ordor using the next available number in consecutive ordor using the next available number in consecutive ordor using the next available number in consecutive ordor using the next available number in consecutive ordor using the next available number in consecutive ordor using part 4. Number consecutive ordor part 4. Number consecutive ordor part 4. Number consecutive ordor part 4. Number consecutive ordor part	Record 1	PROCESSING PROCESSING 1 14 00 2 1 14 00 0 1 14 10 8	PROCESSING 114 09 2	PROCESSING 114 08 2 114 08	PROCESSING 1 14 50 2	PECE DEFICISION PROPERTY PR	FELD EMPSIED FINAL TITLE FINAL 1 14 10 8 1 14 10

Section 14 - HOSPITALIZATION AND HEALTH INSU	JRANCE – Continued	FIELD REPRESENTATIVE – Ask part C for all CU's.	
Part C – Medicare, Medicaid, and Other Health Insu	rance Plans Not Directly Paid For By	Γhe CU 1 14 51 2 ↓	
1a. Are you (or any members of your CU) presently enrolled in Medicare or have you (or any members of your CU) been enrolled since the 1st of (month, 3 months ago)? Medicare is the Federal Health Insurance Plan.		NOTES	
b. If YES – How many members of your CU are covered by Medicare?	0020Number HHMCRCOV		
2a. Is anyone in your CU enrolled in Medicaid or has anyone in your CU been enrolled since the first of (month, 3 months ago)?	0030 1 ☐ Yes 2 ☐ No – Go to item 3 M D C D E N R		
b. If YES – How many members of your CU are covered by Medicaid?	0040Number M DCDCOV		
3. Are you (or any members of your CU) covered by any plan other than Medicare or Medicaid which provides free health care such as CHAMPUS or military health care?	0050 1 Yes 2 No OTHPLAN		
	1		

Page 74 Page 74

Page 75	Pa	age 75
	NOTES	

Section 15 - MEDICAL AND HEALTH EXPENDITURES

•	Part A - Screening Que	estio	ns for	P	art B	 Payments For 	Medical Expenses		4 1	5 02 6	→									
	Payments				а		b		C		d		е			PRE				
	Hand respondent Information Book				ENTEI ITEM	R Ask if not apparent –		≤	Alway	⁄s ask – ≤	What was the amount of the		Did yo nake	u	1	2	3	3	4	
	Now I am going to ask you so about medical payments and	me qu reimbı	estions ırsement:	s.	CODE from	What was the (care)	service or item)?	E D	In wh	nat ⊓	payment?	a	ny							
	I will begin with your paymen	ts.		SE	part A	. Who received the (care/service or item) ?	PG	was	Ū	≤	p	ayme	ent(s)			Mo	nth		
	By payments I mean any expe members of your CU directly provider by cash, check, or cr medical service or item. Inclu	to a m edit ca de all i	edical ard for a pavments	y DN	MEDP	Was the person a C	U member?	FTC	(were the paym made	nent(s }	EDP	li g	or f "No," no to next ite	u	Care/service or item from column b	Name from column b	fro	m	Total fron	
1	even those for persons who a members. Since the 1st of (month, 3 month)			ROCE	CAR	Care/service or iten	n Person's name	CU member YES NO	Mo	onth	M T X	iı	n part /ES	А.			Mo	nth		
	you (or any members of your of any payments for the following Read all bold items below.	CIII) m	ade	0010				1			\$.00							\$	1.00
		ITEM	Paymen					1				.00							\$	1.00
		COD	YES NO	0	1						Ψ	.00							Ψ	+
				0030				1			\$.00	<u> </u>						\$.00
	EYE CARE, such as		<u> </u>	0040				1												İ I
	Eye examinations, treatment, or surgery	. 110			-			1			\$.00	_ _ 					+	\$.00
	Purchase of eye glasses or			0050				1 🗆 2 🗆			\$.00							\$.00
	contact lenses	. 120		0060	1			10100												İ
	Combined eye care			0000				1 2			\$.00							\$.00
	services	130	1////	0070				1			\$	00	□¦						¢.	. 00
	DENTAL CARE	200									Þ	.00	÷						\$	1.00
		7///		0080				1			\$.00							\$.00
	INPATIENT HOSPITAL CARE, such as			0090				1												!
				7 0000				1 2 1			\$.00							\$.00
	Hospital room	310		0100				1			\$.00							\$	1.00
	Heenitel commisses	320			1						Ψ	.00							Ψ	1
	Hospital services	. 320		0110				1			\$.00							\$	1.00
	Combined hospital room and services	330		0120				1 2						П						
	SERVICES BY MEDICAL PROFESSIONALS OTHER		1////		1						\$.00	<u> </u>			NOTEC			\$	1.00
	THAN PHYSICIANS	. 410		0130				1 🗆 2 🗆			\$.00				NOTES				
				0140																
	PHYSICIAN SERVICES	. 420	1/////	0140				1			\$.00								
	Combined hospital care and physicians' services	430	1/////	0150				1			\$.00								
2.	FIELD REPRESENTATIVE CHECK ITEM		5 01 4 ↓	0160				1												
	Mark (X) box if there are	0010	99□ Go to next		1						\$.00	İ							
	no entries recorded in part B.		page					1 2			\$.00								

Section 15 - MEDICAL AND HEALTH EXPENDITURES - Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet. Ask part A, question 1, followed by general category heading and sub-categories. Complete a separate line in part B for each payment or set of identical payments. Identical items are those for the SAME SERVICE for the SAME PERSON, in the SAME MONTH. For combined services complete one line.

Part A - Screening Qu	estio	ns for	P	art B	- Payments For Mo	edical Expenses -	- Continu	ued		4 15 05 9 →									
Payments – Continued			╛	а		b			С	d		е			PRE				
Hand respondent Information Boo	klet, pag	es 34 and 35	i. ≻	ENTER ITEM	Ask if not apparent –			Alway	/s ask –	What was the amount of the		id you nake		1	2	3		4	
1. Since the 1st of (month, 3 month)	nths ago). have	ONLY	CODE	What was the (care/ser	vice or item) ?		In wh		payment?	an	ny ther							
1. Since the 1st of (month, 3 mon you (or any members of your any nayments for the following	CU) ma	ade	USE	from part A.	Who received the (care	e/service or item) ?		mont was			pa	aymen [.]				Mor	ıth.		
any payments for the followi Read all bold items below.	iig:				Was the person a CU r	nember?		the	e) nent(s)		lf '	or? "No,"		Care/service or item	Name from	froi	m	Total from	
			ESSI				CU	made	e?		ne	o to ext item		from column b	column b			column d	1
			PROCESSING		Care/service or item	Person's name	member YES NO	Mo	nth		\vdash	n part A. 'ES N	-			Mor	nth		
	ITEM	Payments	5 0040	1			<u> </u>				+	+							Ţ
	CODE	YES NO	0010				1			\$.00								\$.00
OTHER MEDICAL CARE SERVICES, such as			0020				1			\$.00								\$.00
Lab tests or x-rays	510		0030				1			\$.00								\$.00
Care in convalescent or nursing home	520		0040				1			\$.00								\$.00
Other medical care	530		0050				1			\$.00) [\$	1 .00
Combined medical care services	540		0060				1 🗆 2 🗆			\$.00) [\$	1 .00
MEDICINE AND MEDICAL SUPPLIES, such as			0070				1			\$.00								\$	1.00
Hearing aids	610		0800				1			\$.00								\$.00 -
Prescribed medicines or prescribed drugs	620		0090				1			\$.00								\$.00
Rental of supportive or convalescent equipment	. 630		0100				1			\$.00		1						\$.00
Purchase of supportive or convalescent equipment	640		0110				1 2			\$.00								\$.00
Rental of medical or surgical equipment for			0120				1 2			\$.00								\$.00
general use Purchase of medical or	650		0130				1			\$.00					NOTES				
surgical equipment for general use	660		0140				1			\$.00									
Combined medicine and medical supplies	670	///X///	0150				1			\$.00									
2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are		5 04 8 ↓ 99	0160				1			\$.00									
no entries recorded in part B.		next page	0170				1			\$.00									

Section 15 - MEDICAL AND HEALTH EXPENDITURES - Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet. Read the introduction and definition for reimbursement. Ask part C, question 1, followed by general category heading and sub-categories. Complete a separate line in part D for each reimbursement or set of identical reimbursements. Identical items are those for the SAME SERVICE for the SAME PERSON, in the SAME MONTH. For combined services complete one line.

<u> </u>	Part C - Screening Que	estions for	P	art D -	- Reimbursements	For Medical Exp	penses	4 15 07	5 →				<u>`</u>		<u> </u>			
	Reimbursements			a		b		С		d	е			PRE				
	Hand respondent Information Book Now I am going to ask you so	· -	34. > NO	ENTER ITÆM CODE	Ask if not apparent –		<u> </u>	Always ask -	- amoi	int of the	Did you receive		1	2	3		4	
	about your reimbursements. By reimbursements I mean me	onev received fo	or SE	from p ≤	What was the (care/ser	/service or item)?	EDRGF	In what month was (were)	reiml	bursements? ≤	ment(s)	rse-)			Mon			
	any members of your CU from company, medical care provid member, for medical expense previously paid or will pay.	n an insurance der, or non CU es which you	PROCESSING	EDRCA	Was the person a CU n	nember?	CU member	the reimburse ment(s) received?	□	D R M	If "No," go to next ited in part (Care/service or item from column b	Name from column b	fror colum		Total from column d	
1.	Since the 1st of (month, 3 mon	nths ago) , have	PRO(RY	Care/service or item	Person's name	YES NO	Month		B ×	YES	-			Mon	th		
	any reimbursements for the for Read all bold items below.	cu) received ollowing?	0010				1		\$.00						\$	5	.00
		ITEM Reimburs					1		\$.00						\$	Ď.	.00
	EYE CARE, such as	YES NO	0030				1 1 2		\$.00						\$	Ď	.00
	Eye examinations, treatment, or surgery	110	0040				1 2		\$.00						\$	ò	.00
	Purchase of eye glasses or contact lenses		0050				1 2		\$.00	Ιπί					\$	>	00.
	Combined eye care services		0060				1		\$.00						\$	>	.00
	DENTAL CARE		0070				1		\$.00		\dashv				\$	<u>;</u>	.00
	INPATIENT HOSPITAL		0080				1		\$.00		-				\$;	.00
	CARE, such as	310	0090				1		\$.00						\$	>	.00
	Hospital room		0100				1 2 1		\$.00	i	-				\$;	00.
	Hospital services		0110				1 2		\$.00		\dashv				\$		00.
	and services SERVICES BY MEDICAL PROFESSIONALS OTHER	330	0120	,			1 2		\$.00		\dashv		NOTES		\$	<u> </u>	.00
	THAN PHYSICIANS	410	0130				1		\$.00	+	-						
	PHYSICIAN SERVICES Combined hospital care	420	0140				1 2		\$.00		\dashv						
2	and physicians' services FIELD REPRESENTATIVE	1 15 06 3 ↓	0150				1		\$.00								
	CHECK ITEM	0010 999 Go to					1		\$.00								
	part D.	page	0170				1 2		 	.00								

Section 15 - MEDICAL AND HEALTH EXPENDITURES - Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet. Ask part C, question 1, followed by general category heading and sub-categories. Complete a separate line in part D for each reimbursement or set of identical reimbursements. Identical items are those for the SAME SERVICE for the SAME PERSON, in the SAME MONTH. For combined services complete one line.

														· · · · · · · · · · · · · · · · · · ·				/
Part C - Scree	ning Que	stion	s for	P	art D	 Reimbursement 	s for Medical Exp	enses – (Cont	tinue	d	4 1!	5 09 1	→				
Reimbursemer	its – Con	tinue	ed		a		b		(C	d	(е		PRE			
Hand respondent Infor	mation Book	let, page	es 34 and 35.	>	ENTER ITEM	Ask if not apparent –			Alway	ys ask –	What was the amount of the	Did y	ou ve any	1	2	3	4	
1. Since the 1st of (m	onth. 3 mon	ths ago), have	ONLY	CODE	What was the (care/ser	rvice or item) ?		In wh		reimbursements?	other	· [
1. Since the 1st of (m you (or any member any reimbursement	rs of your (CU) rec	eived a?	USE	part C.	Who received the (car	e/service or item) ?		was			ment	(s)			Month		
Read all bold items b	elow.		3-			Was the person a CU	member?			burse-		for If "No go to),"	Care/service or item from column b	Name from column b	from column c	Total fro column	
				OCESSING		Care/service or item	Person's name	CU member	ment recei			next i in par	tem					
			Reimburse-	m		Care/service of item	i erson s name	YES NO	Мс	onth		YES	NO			Month		
		ITEM CODE	ments YES NO	0010				1			\$.00						\$	1.00
OTHER MEDICAL C SERVICES, such as	ARE			0020				1			\$.00						\$	1.00
Lab tests or x-ra	ys	. 510		0030				1 2			\$.00						\$.00
Care in convales nursing home	cent or	. 520		0040				1 2			\$.00						\$.00
Other medical ca	are	. 530		0050				1			\$.00		 				\$.00
Combined medica care services	<i>I</i>	. 540		0060				1			\$.00		<u> </u>				\$	1.00
MEDICINE AND ME SUPPLIES, such as	DICAL			0070				1 2			\$.00						\$.00
Hearing aids		610		0800				1			\$.00		¦ □ □				\$.00
Prescribed medi prescribed drugs	cines or	. 620		0090				1 2 0			\$.00						\$.00
Rental of suppor convalescent eq	tive or uipment .	. 630		0100				1			\$.00						\$.00
Purchase of sup convalescent eq	portive or uipment	. 640		0110				1 2 1			\$.00						\$.00
Rental of medica surgical equipme general use	ent for	. 650		0120				1 2			\$.00		<u>. </u>		NOTES		\$.00
Purchase of med surgical equipme	lical or			0130				1 2			\$.00		¦ □ 					
general use		. 660		0140				1			\$.00							
Combined medicii medical supplies		670	08 9 🗸	0150				1			\$.00							
2. FIELD REPRESENTAT CHECK ITEM Mark (X) box if there	[-		9 ☐ Go to	0160				1			\$.00							
no entries recorded i part D.		_	next page	0170				1			\$.00							

Section 16 - EDUCATIONAL EXPENSES

0150

7 16 02 7 → b C g j **PRE** ITEM YES NO ENTER Who was it for? Complete without In what Information Booklet, What was the expense for? How much was If "Yes" in Did you Has any of 1 2 3 4 asking if information month page 36. ITEM paid? this amount column h make is known. CODE Describe briefly the expense. If CU member. been or will was the Since the 1st of (month, from enter name and payment any of it be other What kind of How much was 3 months ago), have you column a line number from made? reimbursed payments school was it? or will be (or any members of 1 – College or university of high school Control Card. If for . . .? by an ONLY reimbursed? your CU) paid for any someone outside employer, EDEX OX A recreational lessons or EDUC_ CU, enter 99. agency, or Item Month If "No," go DMONTHA other instructions for other code from PROCESSING USE to next members of this CU Name from Cost from person? from column 1 **EDREIMBX** 100 item in or other persons? **EDUCGFTC** column d column g 3 - Child day column **EDREIMB** column a. `⊳ 2. Have you (or any care center members of your CU) If "No," go to 4 - Nursery school paid for nursery school column j. or preschool or child day care centers Name No. or 5 - Other school for members of this CU code Month Month YES | NO YES NO or other persons? 200 Mark (X) box 3a. Have you (or any 1 3 5 5 members of your CU) 1 2 0010 2 4 paid for any (other) .00 .00 .00 school related 1 🗌 3 🔲 5 🔲 expenses for 1 2 0020 members of this CU 2 4 0 .00 .00 .00 or other persons? . . . 1 3 5 5 0030 1 2 **b.** If YES – Did you 2 4 .00 .00 .00 pay for -1 3 5 5 0040 1 2 2 4 .00 .00 .00 1 3 5 0050 1 2 Housing while attending 2 4 .00 .00 .00 310 school? 1 3 5 5 1 2 0060 2 4 .00 .00 .00 Food or board while 1 3 5 5 attending school? . . . 320 0070 1 i 2 2 🗌 4 🔲 .00 .00 .00 Use only if unable to 1 3 5 5 1 2 separate - Combined 2 4 .00 .00 .00 room and board 330 (Codes 310 and 320) 1 3 5 5 1 2 🗌 2 4 .00 .00 .00 1 3 5 5 1 0100 2 🗌 2 4 .00 .00 .00 1 3 5 5 0110 1 2 2 4 0 .00 .00 .00 1 3 5 5 4. **FIELD** 1 16 01 2 👃 1 2 REPRESENTATIVE 0120 2 4 .00 .00 .00 CHECK ITEM 0010 999 Go to 1 3 5 5 1 2 2 0130 Mark (X) box if 2 4 .00 .00 .00 page there are no 1 3 5 5 entries recorded 0140 1 2 in columns b-j.

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2 4

2 4

1 3 5 5

Section 16 - EDUCATIONAL EXPENSES - Continued

					7 16 04 3	3 →																	
а			b	С		d			е		f	g		h		i	j				PRE		
Information Booklet, page 3	36.		ENTER ITEM	What was the ex	pense for?	Who was it	for?	C. ask	omplete without ing if information	mo	nth	How much was paid?	Ha thi	s any	y of nount	lf "Yes" in column h –	Did you make	<u>ا</u> ا	1	2	3		4
3b. Did you pay for – (Continued	EM YES NO	E ONLY	CODE from column a.	Describe briefly th	e expense.	If CU memb enter name line number Control Card someone ou CU, enter 99	and from d. If itside	W so	is known. hat kind of thool was it? College or university Elementary or	was	s the /ment		be an rei by en ag ot	en or y of imbu an aploy ency her	r will it be rsed /er, r, or		any other payment for? If "No," to next	go	Item code	Name from	Montl from		Coat from
Private school bus? 3		PROCESSING USE					Lin	4.	high school - Child day care center - Nursery school or preschool				lf '	rson "No," lumn	go to		item in column	_ ·	from olumn b	Name from column d	columr	~ f	Cost from column g
Purchase of any school books, supplies, or equipment which		PROCE				Name	No.	or 5 -	Of prescribor - Other school <i>Mark (X) box</i>	M	onth			ES ¦			YES	NO			Montl	h	
has not already been reported?	50	0010						1 2	3 5 5			\$.0	1	i	2 🗌	\$.00						\$	1.00
expenses not already reported? 3	60	0020						1 2	3 5 5			\$.0	1		2 🗌	\$.00						\$	1.00
Use only if the respondent is unable to separate expenses.		0030						1 2	3 5 5			\$.0	0 1		2 🗌	\$.00						\$.00
Combined expenses for books and tuition (Codes 300 and 350)	70	0040						2	3 5 5			\$.0	0 1		2 🗌	\$.00		1				\$.00
Other combined education expenses (Include any combined educational		0050					Ш	2	3 5 5			\$.0	0 1		2 🗌	\$.00						\$.00
expenses not previously reported.) (Codes 100, 200, 300, 310, 320,		0060						2	3 5 5			\$.0	0 1		2 🗌	\$.00						\$.00
340–360)	80 //////	0070						2	3 5 4			\$.0	0 1		2 🗌	\$.00						\$.00
		0800						2	3 5 5			\$.0	0 1		2 🗌	\$.00						\$.00
		0090							3			\$.0		+	2 🗌	\$.00						\$.00
		0100						2	3 5 5			\$.0		<u> </u>	2 🗌	\$.00						\$.00
4. FIELD 1 1	16 03 8 ↓	0110						2	3 3 5			\$.0		<u> </u>		\$.00	i					\$.00
REPRESENTATIVE	999 \square Go to next	0120					H	1	3 5 5			\$.0		<u> </u>	2 🗆	\$.00	i					\$.00
Mark (X) box if there are no entries recorded	section	0130						1	3 5 5			\$.0			2 🗆	\$.00		-				\$.00
in columns b–j.		0150						1	3 5 5			\$.0		-	2 🗆	\$.00						\$.00
FORM CE-302		0 100						2	4 🗆			\$.0	00 1	<u> </u>	2 LJ	\$.00						\$.00

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	NOTES	

Section 17 - SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT EXPENSES

FIELD REPRESENTATIVE – Ask column a and complete columns b–g for each item before going to the next item.

Part A – Su	ubscri	ptions ai	nd IVle	embe	rships	4 17 02 2 →											
	a				b	С	d		е	f	g			PRE			NOTES
Since the 1st have you (or a purchased any own use?	anv mem	bers of vour	CU)	= ONLY	ENTER ITEM CODE from column a.	What is the name of the (subscription, club, or organization reported in column a)?	Mark (the approp	priate ග	What was the total cost during this period? (Include	How much of this amount was paid this month?	Did you purchase any other?	1	2	3	COST		
FIELD REPRESE Read each item below.	n listed	CODE	S NO	PROCESSING USE	S17CODE	Enter name such as "Daily News," "Redbook," "Columbia Record Club," and "Book of the Month Club."	!	7GFTCA	shipping and handling fees.)	S17CMEXX	If "No," go to next iten in column a	Description from column c	Item code from column b	Total from column e	This mont from colum		
Newspaper de	lelivery	100		PRO	×		OWN USE	GIFT	XX A	Non	e YES NO					None	
Books purcha book club	ased from	1 a 200		0010			1 🗆 ¦	2 🗌	\$.00	\$.00				\$.00	\$.00	,¦ 🗆	
Compact disc	cords	,		0020				2 🗌						\$.00	\$.00		
purchased fro mail-order clu	om a ub	300		0030			1	2 🗌	\$.00	\$.00 0				\$.00	\$.00		
Magazine or p subscriptions	periodica s	I 400		0040			<u> </u>	2 🗌	+ 1100					\$.00			
-				0050				2 🗆						\$.00	\$.00		
Theater, conc or other music season tickets	ical series	s,		0060			1							\$.00	\$.00	,	
Season ticket				0070				2 🗌						\$.00	 		
sporting even	nts	600		0800				2 🗌	T					\$.00	\$.00		
Reference boo	oks NOT	900	-	0090			1 1		· 1					\$.00	\$.00)¦ □	
				0100			 	2 🗌	7					\$.00	\$.00		
Encyclopedias other sets of reference boo		700		0110				2 🗌	Ψ			+		\$.00	<u> </u>		
Have you (or a purchased any	າv of thes	e as a gift to	CU)	0120			1 1					-		\$.00	\$.00)	
someone outs		CU? Go to item 3	3	0130				2 🗌				_		\$ 1.00			
If YES – What		Item code(s	s)	0140				2 🗌	7					\$.00		,¦ □	
was purchased?				0150			1 1		·					\$.00	100	1	
Complete a sep gift purchased.	parate line l.	e for each	-	0160			 	2 🗆			<u> </u>			\$.00	· .	<u>, </u>	
FIELD REPRESENTA	ATIVE	1 17 01 (0 ↓	0170				2 🗆	7					\$.00		,¦ □	
CHECK ITEM Mark (X) box	c if		next	0180			1 1		· _	· · · · · · · · · · · · · · · · · · ·				\$.00	Ψ	_	
there are no entries record in columns b-	ded	I	page	0190			<u> </u>	2 🗆			<u> </u>			\$.00			
			ı	0200			1∟	2 🗌	\$.00	\$.00 0 □				\$ 1.00	\$ 1.00)	

Section 17 – SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT EXPENSES – Continued

FIELD REPRESENTATIVE – Ask column a and complete columns b–g for each item before going to the next item.

P	Part A – Subsci	riptions and Mo	embe	rships ·	- Continued	4 1	17 04	8→										
	a			b	С	•	d	е	f			g			PRE			NOTES
4.	Have you (or any me had any membership	mbers of your CU)	>	ENTER ITEM	What is the name of the (subscription, club, or	Mark the	(X)	What was the total cost	How much of amount was p		Did y		1	2	3	4		
	expenses related to a Do not include contribution	any of the following?	ONLY	CODE from	organization reported in column a)?		priate	during this period?	this month?	Julu	any				C	OST		
	membership in religion business, or other tax	us, professional,	USE (column a.														
	organizations.				Enter name such as "Jaycees," "Kent Swim and Country Club," and "Amoco Motor						If "No)," go xt item lumn a.	Description from column c	ltem code	Total from	This mont	h	
	FIELD REPRESENTATIVE Read each item listed	VE - ITEM YES NO	ISSI		Club."		1				111 601	uiiiii a.	Columnic	from column b	column e	from colum		
	below. Country clubs, healt	h	PROCESSING			OWN USE	GIFT				1	T						
	clubs, swimming po- tennis clubs, social of	ols,					I				YES	i			!	<u> </u>	None	
	other recreational organizations	800	0010			1	2 🗆	\$.00		.00					\$.00	\$.00		
			0020			1□	2 🗆	\$.00	\$.00 0 0					\$.00	\$.00	,¦	
	Civic, service, or		0030			1	2 🗌	\$.00	\$.00 00.					\$.00	\$.00	 	
	fraternal organizations	810	0040			1	2 🗆	\$.00	'	.00 0 0		<u> </u>			\$ 1.00			
	Credit card		0050			1	2 🗆			.00 0 0	_				\$.00		<u> </u>	
	memberships	820	0060				 2	*		.00 00					\$ 1.00	İ		
	Automobile service clubs	830	0070			-	2	· · · · · · · · · · · · · · · · · · ·		.00	1	 					T [
5a.	Have you (or any me purchased any mem	mbers of your CU)				-	1					1			\$.00	\$.00	<u> </u>	
	someone outside the	e CU?	0800				2 🗆		\$.00 0 0		<u> </u>			\$.00	\$.00	+	
	YES NO	– Go to item 6	0090			-	1 2	·		.00 0 🗆		¦ 🗆			\$.00	\$.00	,	
	If YES –	Item code(s)	0100			1□	2 🗆	\$.00	\$.00 0 0					\$.00	\$ 1.00	,	
	memberships were		0110			1□	 2	\$.00	\$.00 0 □					\$.00	\$.00	¦ 🗆	
	purchased? Complete a separate li gift membership.	ine for each	0120			1	2 🗆	\$.00	\$.00 0 0					\$.00	\$.00		
	FIELD REPRESENTATIVE	1 17 03 6 ↓	0130			1□	2 🗆	\$.00	\$.00 0 0					\$.00	\$.00	,	
	CHECK ITEM Mark (X) box if	0010 999 ☐ Go to	0140			1	2 🗌	\$.00	\$.00 00.					\$.00	\$.00		
	there are no entries recorded	the next section	0150			1	2 🗆	\$.00	\$.00 0 0					\$.00	\$.00		
	in columns b–g. NOTE:	S	0160			1	2 🗆	\$.00	\$.00 00.					\$.00	\$.00		
			0170							.00 0 0					\$.00			
			0180				2 🗆			.00 0 0		<u> </u>			\$.00	1	: — I	
			0190				2 🗆	·		.00 0 0					\$.00			
			0200				1 2 🗌			.00 0 0		 			\$ 1.00		 	

FORM CE-302

Section 17 - SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT EXPENSES - Continued

F	Part B – Books and Entertai	nment Expenses 1 1 7 26 7 ↓				
1a.	Since the 1st of (month, 3 months ago), have you (or any members of your CU) paid any fees for participating in sports such as tennis, golf, bowling,	0010 1 ☐ Yes 2 ☐ No – G SPORTFEE	5a. Have any CU members bought any magazines not included in a subscription? b. What was the total expense	0130 1 Yes MA GA ZINE 2 No – Go to item 6a	10a. Have any CU members purchased any video cassettes, video tapes, or video discs other than through a mail-order club?	0280 1 ☐ Yes VIDEOPUR 2 ☐ No – Go to item 11a
b.	or swimming? What was the total expense for them?	0020 s SPORTFEEX .00	for them? C. How much of the total amount	0140 \$ MAGAZX .00	b. What was the total expense for them?	0290 \$ VIDOPURX .00
•	How much of the total amount		was spent this month?	0150	C. How much of the total amount was spent this month?	0300 \$ VDPURX CM .00
U.	was spent this month?	SPFEECMX .00 0 □ None	6a. Have any CU members purchased single copies of newspapers (non-subscription)?	0160 1 Yes NEWSPA PR 2 No - Go to item 7a	11a. Have any CU members rented any video cassettes, video	0310 1 Yes VIDEORNT 2 No - Go to next section
2a.	Have you (or any members of your CU) paid any single admissions to spectator sporting events such as football, baseball, hockey,	2 ☐ No – Go to item 3a	b. What was the total expense for them?	0170 \$ NEWSPPRX .00	tapes, or video discs? b. What was the total expense for them?	0320 \$ VIDORNTX .00
b.	or soccer? What was the total expense	SPORTA DM SPORTA DX .00	C. How much of the total amount was spent this month?	0180 \$ NEWSPPX C .00	C. How much of the total amount	0330 \$ VDRNTX CM .00
	for them?	0050 \$ SPORTA DX .00	7a. Have any CU members	0 □ None	was spent this month?	0330 \$
C.	How much of the total amount was spent this month?	SPRTA DX C .00	purchased compact discs, audio tapes, needles, or records other than through a mail-order club?	2 □ No – Go to item 8a RECORDYN	NO	TES
3a.	Have you (or any members of	0070 1 ☐ Yes	b. What was the total expense for them?	0200 \$ RECORDX .00		
-	your CU) paid any single admissions to entertainment activities such as movies, plays, operas, or concerts?	2 ☐ No – Go to item 4a RECA DMIT	C. How much of the total amount was spent this month?	0210 \$ RECORDX M .00		
b.	What was the total expense for them?	0080 \$ RECA DMX .00	8a. Have any CU members purchased	0 □ None 0220 1 □ Yes FILM		
C	How much of the total amount		any photographic film?	2 □ No – Go to item 9a		
0.	was spent this month?	0090 \$ RECA DMX C .00	b. What was the total amount spent?	0230 \$ FILMX .00		
4a.	Have you (or any members of your CU) bought any (other) books, including paperbacks, not purchased through a book club? (Exclude reference books or	0100 1 ☐ Yes 2 ☐ No – Go to item 5a OTHBOOK S	C. How much of the total amount was spent this month?	0240		
b.	what was the total expense for them?	OTHBOOKS .00	9a. Have any CU members paid for film processing?	0250 1 Yes FILMPRCS 2 No – Go to item 10a		
		5	b. What was the total amount spent?	0260 \$ FLMPRCSX .00		
C.	How much of the total amount was spent this month?	0120 \$ OTHBKXCM .00	C. How much of the total amount was spent this month?	0270 \$ FLMPRX CM .00		

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b. If YES

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FORM CE-302 FIELD REPRESENTATIVE - Ask part A items 1-7, filling in item 8 for each trip or set of identical trips reported. **Section 18 - TRIPS AND VACATIONS** Identical trips are trips taken in the SAME month to the SAME destination which are reimbursed to the SAME degree (i.e., entirely vs. partially paid for by CU). Part A - Screening Questions 1 18 00 0 1 18 01 8 **8.** Ask columns c-i for each trip reported in items 2-7b. Do not record any trip more than once. Trips reported in item 1b will be 1a. Now I'm going to ask about trips and vacations. First I'd like to ask about trips taken by you (or any members of 0010 1 ☐ Yes your CU) which were paid for by someone else. Since 2 □ No – *Go to* the 1st of (month, 3 months ago), have you (or any Did or will a How many of these members of your CU) taken any trips entirely paid for by How many trips did business, employer, How many of these trips were or will Trip In what month vou (or members anyone outside your CU, such as a business, employer, A NYOUTSD Line Where did you (they) or any other trips were paid for be partially paid for did this or relative? not Trip type of your CU) take non-CU member entirely by you No. go on this trip? by a business, ended trip end? to (destination) in (your CU)? pay any of the employer, or other **TYPETRIP** (month ended)? 0020 NUMOUTSD. **b.** If YES – How many trips like this did you have? **ENDTRPMO** costs for this trip? non-CU member? 무 Go to item 2 City or place FROM ITEM -ANYBYOTH **NUMCUPAY** NUMTRIPS **NUMREIMB** ☐ FIELD REPRESENTATIVE – Ask if box is marked. □ 3b (relatives or friends) Yes – Enter "1" in Trips paid for entirely by CU – Enter trip I.D. Trips partially _ Trips Complete items 8e-8i item 8i – Go to Month Last interview you reported trip(s) which had not 2 4b (business) for each trip checked State reimbursed -(If more than one next trip yet ended. I'd like to ask about that trip (those trips) No. below. If number Enter trip I.D. in 8a. 1 3 ☐ 5b (sightseeing, sports, etc.) o Not ended trip, go to item 8h) ☐ No – Enter "1" in of trips is the same as No. below Go to next 4 \Bullet 6b (any others) (If one trip, go to item 8h – Go to in 8f, go to next trip. trip 3a. (Other than the trips you already mentioned,) Since the **ANYRELS** Foreign country 5 Tb (day trips) item 8g) next trip TRIPID1_{Trip} identification No. TRIPID2 Trip identifi-1st of (month, 3 months ago), have you (or any members 0030 1 ☐ Yes cation No. of your CU) been away overnight or longer to visit 2 □ No – *Go to* relatives or friends? item 4a City or place FROM ITEM -NUMRELS _ Trips **b.** If YES – How many trips were taken to visit relatives or $1 \square 3b$ (relatives or friends) Yes – Enter "1" in Trips paid for entirely by CU – Enter trip I.D. Trips Trips partially friends? Month item 8i – Go to 2 4b (business) State reimbursed -Ask items 8c-8i for (If more than one next trip No. below. If number Enter trip I.D. 2 3 5b (sightseeing, sports, etc.) o Not ended each trip reported trip, go to item 8h) □ No – Enter "1" in of trips is the same as No. below Go to next 4 Gb (any others) (If one trip, go to item 8h – Go to in 8f, go to next trip. 4a. (Other than the trips you already mentioned,) Since the **ANYBSNS** trip Foreign country 5 Tb (day trips) item 8a) next trip Trip identifi-1st of (month, 3 months ago), have you (or any members 0050 1 ☐ Yes Trip identification No. of your CU) been away overnight or longer for business? cation No. 2 □ No – *Go to* item 5a City or place FROM ITEM -NUMBSNS _____Trips **b.** If YES – How many trips were taken for business? 1 ☐ 3b (relatives or friends) ☐ Yes – Enter "1" in Trips paid for entirely _ Trips Trips partially item 8i – Go to Month by CU – Enter trip I.D. 2 4b (business) Ask items 8c-8i for State reimbursed -(If more than one next trip each trip reported No. below. If number Enter trip I.D. 3 3 5b (sightseeing, sports, etc.) o Not ended trip, go to item 8h) ☐ No – Enter "1" in of trips is the same as No. below Go to next 4 \Bullet 6b (any others) (If one trip, go to 5a. (Other than the trips you already mentioned,) Since the ANYREC item 8h – Go to in 8f, go to next trip. trip Foreign country 5 Tb (day trips) item 8q) 1st of (month, 3 months ago), have you (or any members next trip 0070 1 ☐ Yes Trip identifiof your CU) been away overnight or longer for Trip identification No. cation No. 2 □ No – *Go to* recreation such as sightseeing, sports events, club or item 6a organizational meetings, or outdoor recreation? City or place FROM ITEM -

	Ask items 8c–8i for each trip reported	
Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer on any other kind of trip?	A NYOTHER 0090 1 □ Yes 2 □ No - Go to	

i trip:	item 7a
- How many trips were taken for these reasons?	0100 NUMOTHER Trips Ask items 8c–8i for each trip reported

NUMREC Tring

Ask items 8c-8i for each trip reported

	each trip reporte
7a. Now let's talk about times when you (or any members of your CU) did not stay away overnight, but went somewhere at least 75 miles away from home. Since the 1st of (month, 3 months ago), have you (or any members of your CU) taken any trips like that?	A NYTRP75 1 ☐ Yes 2 ☐ No - Go to item 9
b. If YES – How many such trips were taken?	0120 NUMTRP75

b. If YES – How many trips were taken for these reasons?

	9.	TRIP TAI	LLY CHART							
ı		• For tri	ps ENTIRELY	paid for b	y someone	outside	the CU,	complete	one i	part D.

☐ Complete part B ☐ Complete part C

☐ Complete part B ☐ Complete part C

State

 $1 \square 3b$ (relatives or friends)

з 🗆 5b (sightseeing, sports, etc.

2 4b (business)

4 Gb (any others)

5 Tb (day trips)

4

•	For trips paid for and complete the	by CU or trip appropriate	s partially p detailed par	aid for by s t for each t	someone outsi trip.	de the CU, 1	ill out the	chart below
	Fantina naid fan						C:11	

Foreign country

Trip entification No.	Trip paid for entirely by CU (from column h)	paid for by paid for by non-CU members (from column i)	Trip identification No.	Trip paid for entirely by CU (from column h)	paid for by paid for by non-CU members (from column i)
1	☐ Complete part B	☐ Complete part C	5	☐ Complete part B	☐ Complete part C
2	☐ Complete part B	☐ Complete part C	6	☐ Complete part B	☐ Complete part C

1 ☐ Yes – Enter "1" in

☐ No – Enter "1" in

item 8h - Go to

next trip

next trip

item 8i – Go to

Trips paid for entirely

by CU - Enter trip I.D.

No. below. If number

of trips is the same as

in 8f, go to next trip.

Trip identification No.

PRE

1

Destination

Trips partially

Enter trip I.D.

reimbursed -

No. below

Trip identifi-

cation No.

2

Month ended

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Trips

(If more than one

trip, go to item 8h)

(If one trip, go to

item 8a)

☐ Complete part B ☐ Complete part C

 \square Complete part B $\mid \square$ Complete part C

Month

o Not ended

trip

Go to next

Section 18 – Part A

ntinu	ued	1 18 02 6 🗡									
8. As	sk colun	nns c–i for each trip reported in it	tems 2–7b. Do not record	d any trip more t	than on	ce. Trips reported	d in item 1	b will be reco	rded in part i	Э.	
а	b	С	d	е		f		g		h	i
Trip not ended	Line No.	Trip type	Where did you (they) go on this trip?		th did (c	or members of y take to (destinat	our CU)	employer other n member p	r, or any on-CU ay any of	How many of these trips were paid for entirely by you (your CU)?	How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?
		3 ☐ 5b (sightseeing, sports, etc.) 4 ☐ 6b (any others)	City or place State Foreign country	0 □ Not ended	d – (1	go to item 8h)	trip,	item 8i – next trip 2 No – Ent item 8h -	Go to er "1" in	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No.	reimbursed –
		3 ☐ 5b (sightseeing, sports, etc.) 4 ☐ 6b (any others)	City or place State Foreign country	0 □ Not ended	d – (d	Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)		item 8i – next trip 2 No – Ent item 8h -	Go to er "1" in	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No.	reimbursed –
	FROM ITEM – 1		State Foreign country	0 □ Not ended	d – (1	Trips (If more than one trip,		1 ☐ Yes – Enter "1" in item 8i – Go to next trip 2 ☐ No – Enter "1" in item 8h – Go to next trip		Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No.	Trips partially reimbursed – Enter trip I.D. No. below Trip identification No.
	8	3 ☐ 5b (sightseeing, sports, etc.) 4 ☐ 6b (any others)	City or place State Foreign country	0 □ Not ended	d - (1)	Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)		1 ☐ Yes – Enter "1" in item 8i – Go to next trip 2 ☐ No – Enter "1" in item 8h – Go to		Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No.	reimbursed –
• /	For trips For trips	ENTIRELY paid for by someone paid for by CU or trips partially	paid for by someone out	tside the CU, fill	ll out the)	·			NOTES	
ie	Trip dentifica No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)	Trip dentification No.	entire	ely by CU I	by non-Cl	J members			
	9	☐ Complete part B	☐ Complete part C	13	☐ Com	plete part B	☐ Compl	lete part C			
	10	☐ Complete part B	☐ Complete part C	14	☐ Com	plete part B	☐ Compl	lete part C			
	11	☐ Complete part B	☐ Complete part C	15	☐ Com	plete part B	☐ Compl	lete part C			
	12	☐ Complete part B	☐ Complete part C	16	☐ Com	plete part B	☐ Compl	lete part C			
	8. As a Trip not ended	a b Trip not No. Ine No. 5 5 7 8 9. TRIP TALL • For trips • For trips chart bel Trip identifica No. 9 10 11	8. Ask columns c-i for each trip reported in its a b c Trip not ended No. Trip type FROM ITEM -	8. Ask columns c-i for each trip reported in items 2-7b. Do not record a b c d Trip not ended Line No. Trip type Where did you (they) go on this trip? FROM ITEM -	8. Ask columns c-i for each trip reported in items 2-7b. Do not record any trip more a b c d e Trip type Where did you (they) In what mon this trip endedd line in this trip? State	8. Ask columns c-i for each trip reported in items 2-7b. Do not record any trip more than one a b c d e Trip not ended No. Trip type Where did you (they) so on this trip? In what month did this trip end? In what month did this trip end? In what month did this trip end?	8. Ask columns c-i for each trip reported in items 2-7b. Do not record any trip more than once. Trips reported to the strip reported	8. Ask columns c-I for each trip reported in items 2-7b. Do not record any trip more than once. Trips reported in items 1 a	8. Ask columns c-i for each trip reported in items 2-7b. Do not record any trip more than once. Trips reported in item 1b will be record and be f f g g g g leaves the condend by the cond	8. Ask columns c-1 for each trip reported in items 2-7b. Do not record any trip more than once. Trips reported in item 1b will be recorded in part 1 a b c d e f Trip Trip India	8. Ask columns of for each trip reported in items 2-7b. Do not record any trip more than once. Trips reported in item 1b will be recorded in part D. 1

FIELD REPRESENTATIVE – Ask part B for trips paid for entirely by CU. (Ask all questions in part B first for one trip or set of identical trips before asking questions in this part about other trips.)

P	Part B – Tripş∉Paid Enti	rely By CU							
1.	FIELD REPRESÉNTATIVE ITEM <i>E</i>	PROCESSING USE ONLY	1 18 34 9 ↓			respondent Information Booklet, page 37.	How muc	ach code 1–5 marked in ite ch did you (or any mem	bers of your CU)
	In item 1a, erRer Trip I.D. number from Trip Tally Chart in part \$. Enter trip	a. TRIP IDENTIFICATION NUMBER	0010 TRIPIDBC Identi	ification number	all t	ting at the beginning of this trip, please tell me ne kinds of transportation you (or any members our CU) used from the time you (they) left home	spend for package	r (transportation) (other deal covered)?	than what the
	destination in item 1b, the number of (identical) trips	b. DESTINATION	TRIPDEST			e time you (they) got back home. BE – Any other kinds of transportation on this	How muc	ach code 6–12 marked in i ch did you (or any mem r (transportation) not inc	bers of your CU)
	in item 1c, And the month the trip ended in item 1d.	OFFICE USE ONLY	0020		trip?		any mem	nbers of your CU) boug age deal covered)?	ht (other than what
	^S R	C. NUMBER OF (IDENTICAL) TRIPS	0030 NUMSA ME Numl	ber	If no	codes 1–12 marked, go to item 4.	_		
	^a P	d. MONTH ENDED	0040 EOTRIPM	0	0120	COMMERCIAL	COMME		
e.	If set of identical trips read Sind similar trips, I will ask about total of all these trips for each	them as a group. Please give the				Local (taxi, etc.)		OMBLANEY	0 □ None 0 □ None
f.	s ^R . Now I'd like to ask some addi	tional questions about the trip(s)				Train			o □ None
a	you (your CU) took to (destinate of the restaurance)				0150 04 [0320 04 \$	CMBUSX .00	o □ None
9.	you (or any members of your (this trip?	vise, asMBHow many nights did CU) spend away from home on	NUMNIGHT Nights			Ship CMSHIPY	0330 05 \$		o □ None
2a.	. Sometimes when people tak package deal that covers so part of this trip covered by a	te a trip they have some sort of me or all of the costs. Was all or	0060 1 ☐ Yes PK	GTRIP		RENTED	RENTED		
b.	-1	the package deal include		Yes No DK	0170 06	Car, jeep RTCA RY			o □ None
	F	FOODDEA L	0070 Food and beverages	1	0180 07	Truck, vanRTTRUCKY	0350 ₀₇ \$	RTTRUCKX .00	o □ None
		LODGDEAL	0080 Lodging		0190 08	Motorcycle, moped RTMOPEDY	0360 08 \$	RTMOPEDX .00	o□ None
		TRA NDEA L	0090 Transportation	1 🗆 2 🗆 X 🗆		Private planeRTPLA NEY	0370 ₀₉ \$ _ F	RTPLA NEX .00	o □ None
		ELSEDEAL	0100 Anything else \vec{k}	1 🗆 2 🗆 X 🗆	0210 10	Boat, trailer RTBOATY	0380 ₁₀ \$F	RTBOATX .00	o □ None
			Specify		0220 11	Camper RTCA MPY	0390 ₁₁ \$I	RTCA MPX .00	o □ None
C.	How much did you (or any m	nembers of your CU) pay for the		i i		Other vehicles	0400 ₁₂ \$ _ F	RTOTHERX .00	o □ None
	package deal?	nembers of your CU) pay for the	0110 \$ PKGTRIPX .00			PRIVATE			
		NOTES			0240 13	Car owned by CU PVCA RY			
					0250 14	Vehicle leased by CU PVLEA SY			
					0260 15	Other vehicle owned by CU PVOTHERY			
					0270 16	Vehicle owned by someone else PVELSEY			
					0280 17	Other transport PVTRA NSY			
					4. Code	s 6–17: If no codes 6–17 marked in item 3a, go to item 6 If any codes 6–17 marked, continue with item 5a	Sa. a.		

F	Part B – Trips Paid Entirely by CU – Contir	nued 1 18 35 6 ↓			NOTES
5a.	While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 ☐ Yes A NYGA S 2 ☐ No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.) 1 1 Yes A NYSPORT 2 No - Go to item 11a		
b.	How much did you (or any members of your CU) spend for that?	0020 \$ GA SOILX .00	b. How much did you (or any members of your CU) pay? TRSPORTX .00		
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 ☐ Yes A NYTOLL 2 ☐ No – Go to item 5e	11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	ER	
d.	If YES – How much did you (or any members of your CU) spend for tolls?	TRPTOLLX .00	Information Booklet, page 40.) If YES –		
e.	Did you (or any members of your CU) have any parking fees?	0050 1 ☐ Yes A NYPA RK 2 ☐ No – Go to item 6a	b. How much did you (or any members of your CU) spend? 12a. Did you (or any members of your CU) have any expenses 12a. Did you (or any members of your CU) have any expenses 12a. Did you (or any members of your CU) have any expenses		
f.	If YES – How much were they?	0060 \$ PARKINGX .00	for this trip such as for souvenirs, passports, tourist booklets, and so on? If YES -		
6a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0070 1 ☐ Yes LODGING	b. How much were these expenses? TRMISCX .00		
b.	covered)? If YES – What was the cost, including taxes and tips?	2 □ No − <i>Go to item 7a</i> Ooso LDGCOSTX .00	13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU? 1 Yes TRPGFTC 2 No - Go to next trip; after last trip,		
	<u> </u>	3	b. Did these expenses include anything for?	NO DK	
/a.	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	1 ☐ Yes TRPFOOD 2 ☐ No – Go to item 8a		2 🗆 X 🗆	
b.	If YES – What was the cost, including taxes and tips?	0100 \$ TRPFOODX .00		2	
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 _{1 Yes} TRPALCIN _{2 No - Go to item 8a}	ELSEOUTS 0290 Other expenses 1	i	
d.	If YES – What was the cost for alcoholic beverages, including		C. How much of the total expenses for this trip were for persons outside your CU? TRPGFTCX .00		
8a.	taxes and tips? Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130 1 Yes A NY GROC 2 No - Go to item 9a	14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here. TCOMBEST .00		
b.	If YES – What were the expenses, including taxes?	0140 \$ TRPGROCX .00		NO DK	
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 Yes A NYA LC	FIELD REPRESENTATIVE - Read each item listed. FOODCOMB 0320 Food and beverages 1	2 🗆 X 🗆	
d.	If YES – What was the cost for alcoholic beverages, including	TDDA LOOV		2	
	taxes?	<u> </u>	TRA NCOMB 0340 Transportation	2 🗆 ¦ X 🗆	
ya.	Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170 1 Yes A NY SPEQP 2 No - Go to item 10a		2	
b.	If YES – How much did you (or any members of your CU) pay	0180 _{\$} TRSPRTX .00	GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.	2	
	to rent sports equipment?				

P	Part B – Trips Paid Enti	irely By CU -	- Continued								
1.	FIELD REPRESENTATIVE ITEM	PROCESS	ING USE ONLY		1 18 36 4 ↓			respondent Information Booklet, page 37.		. Ask for each code 1–5 marked i How much did you (or any m	embers of your CU)
	In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip	a. TRIP IDENTII	FICATION NUMBER	0010	Identi	ification number	all t of v	ting at the beginning of this trip, please tell me ne kinds of transportation you (or any members our CU) used from the time you (they) left home		spend for (transportation) (oth package deal covered)?	
	destination in item 1b, the number of (identical) trips	b. DESTINATION	DN					ne time you (they) got back home. BE – Any other kinds of transportation on this		Ask for each code 6–12 marked How much did you (or any m spend for (transportation) not	embers of vour CU)
	in item 1c, and the month the trip ended in item 1d.		OFFICE USE ONLY	0020			trip			spend for (transportation) not any members of your CU) bo the package deal covered)?	ught (other than what
		C. NUMBER OF	(IDENTICAL) TRIPS	0030	Numl	ber	If no	codes 1–12 marked, go to item 4.		mo paonago aoar octoroa,	
				0040				COMMERCIAL		COMMERCIAL	
•	If not of identical tring wood Cin	d. MONTH END		0040			0120 01 [Local (taxi, etc.)	0290	00 01 \$	o □ None
e.	. If set of identical trips read – Sin similar trips, I will ask about t total of all these trips for eacl	them as a group.	Please give the				0130 02 [☐ Airplane		0 02 \$	o □ None
f.	Now I'd like to ask some addi you (your CU) took to (destinat	itional questions tion). If day trip, go	about the trip(s) o to item 2a.				0140 03 [☐ Train		0 03 \$	o □ None
g.	Verify if already reported. Otherv	wise, ask – How m	any nights did				0150 04 [Bus	0320	0 04 \$	o 🗌 None
	this trip?			0050	Night	ts	0160 05 [☐ Ship	0330	0 05 \$	o □ None
2 a.	Sometimes when people tak package deal that covers so part of this trip covered by a	me or all of the	costs. Was all or		1 □ Yes 2 □ No – <i>Go to item 3a</i>		0170	RENTED	0240	RENTED	
b.	If "Yes," ask for each item: Did	the package de	al include			Yes No DK		Car, jeep		0 06 \$00	o 🗌 None
	FIELD REPRESENTATIVE – Rea	nd each item listed	d.	0070		1	0180 07	Truck, van	0350	0 07 \$	o □ None
					Food and beverages Lodging	1 2 X	0190 08 [Motorcycle, moped	0360	00 08 \$00	o 🗆 None
					Transportation		0200 09 [Private plane	0370	00 \$	o 🗌 None
				0100	Anything else $_{\overrightarrow{k}}$	1	0210 10	☐ Boat, trailer	0380	0 10 \$	o □ None
					Specify		0220 ₁₁ [☐ Camper	0390	0 11 \$	o □ None
							0230 12	Other vehicles	0400	0 12 \$	o 🗌 None
C.	How much did you (or any m package deal?	nembers of you	r CU) pay for the	0110	\$.00		12 .		•	ΙΖ Ψ	o 🗀 Nono
			NOTES				0240 42	PRIVATE ☐ Car owned by CU			
			NOTES								
							0250 14	Vehicle leased by CU			
							0260 15	Other vehicle owned by CU			
							0270 16	Vehicle owned by someone else			
							0280 17	Other transport			
							4. Code	es 6–17: If no codes 6–17 marked in item 3a, go to item If any codes 6–17 marked, continue with item	n 6a. 5a.		

<u> </u>	Part B – Trips Paid Entirely by CU – Contin	nued 1 18 37 2 ↓			NOTES
5a.	While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 ☐ Yes 2 ☐ No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 ☐ Yes 2 ☐ No – Go to item 11a	
b.	How much did you (or any members of your CU) spend for that?	0020 \$.00	If YES – b. How much did you (or any members of your CU) pay?	0200 \$	
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 Yes 2 No – Go to item 5e	11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0210 1 ☐ Yes 2 ☐ No – Go to item 12a	
d.	If YES – How much did you (or any members of your CU) spend for tolls?	0040 \$	Information Booklet, page 40.) If YES – b. How much did you (or any members of your CU) spend?		
e.	Did you (or any members of your CU) have any parking fees?	0050 1 ☐ Yes 2 ☐ No – <i>Go to item 6a</i>	12a. Did you (or any members of your CU) have any expenses	0220 \$	
f.	If YES – How much were they?	0060 \$.00	for this trip such as for souvenirs, passports, tourist booklets, and so on? If YES –	2 □ No - Go to item 13a	
6a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0070 1 ☐ Yes	b. How much were these expenses?	0240 \$	
b.	covered)? If YES – What was the cost, including taxes and tips?	2 No – Go to item 7a	13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0250 1 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D	
		\$	b. Did these expenses include anything for?	YES NO DK	
7a.	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0090 1 ☐ Yes 2 ☐ No – Go to item 8a	FIELD REPRESENTATIVE – Read each item listed.	0260 Food and beverages 1 \(\begin{array}{c ccccccccccccccccccccccccccccccccccc	
	If YES –			0270 Lodging	
b.	What was the cost, including taxes and tips?	0100 \$00		0280 Transportation 1 □ 2 □ X □	
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>		0290 Other expenses 1 □	
d.	If YES – What was the cost for alcoholic beverages, including taxes and tips?	0120 \$.00	C. How much of the total expenses for this trip were for persons outside your CU?	0300 \$	
8a.	Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130 1 ☐ Yes 2 ☐ No – Go to item 9a	14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0310 \$	
b.	If YES – What were the expenses, including taxes?	0140 \$.00		VEC. NO. DV	
•	Manager of the Joseph in item (h) for all abolic	5	b. Does this (amount) include anything for?	YES NO DK	
G.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	0320 Food and beverages 1 2 X	
d.	If YES – What was the cost for alcoholic beverages, including	0160 \$.00		0330 Lodging 1 □ 2 □ X □ 0340 Transportation 1 □ 2 □ X □	
9a	Did you (or any members of your CU) have any				
	expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170 1 ☐ Yes 2 ☐ No – <i>Go to item 10a</i>		0350 Other expenses	
b.	If YES – How much did you (or any members of your CU) pay to rent sports equipment?	0180 \$	GO TO NEXT TRIP; AFTER LAST		
	to tent sports equipment:				

P	Part B – Trips Paid Enti	irely By CU – C	ontinued										
1.	FIELD REPRESENTATIVE ITEM	PROCESSING	USE ONLY		1 18 38 0 ↓				respondent Information Booklet, page 37.		Ask for each code 1–5 marked the code 1–5 mark	nembers of your CU	J)
	In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip	a. TRIP IDENTIFICA	ATION NUMBER	0010	lden	tification number		all the	ng at the beginning of this trip, please tell me kinds of transportation you (or any members ar CU) used from the time you (they) left home		spend for (transportation) (otle package deal covered)?	er than what the	
	destination in item 1b, the number of (identical) trips	b. DESTINATION						to the	time you (they) got back home. E – Any other kinds of transportation on this		Ask for each code 6–12 marked How much did you (or any n	nembers of your CU	J)
	in item 1c, and the month the trip ended in item 1d.	OFF	FICE USE ONLY	0020				trip?	- Any other kinds of transportation on this		spend for (transportation) not any members of your CU) be the package deal covered)?	ught (other than w	(or vhat
		C. NUMBER OF (IDI	ENTICAL) TRIPS	0030	Nun	nber		If no c	odes 1–12 marked, go to item 4.		tile package deal covereu/:		
		_		0040					COMMERCIAL		COMMERCIAL		
•	If set of identical trips read – Sin	d. MONTH ENDED	k a got of	0040			0120	01 🗆	Local (taxi, etc.)	0290	0 01 \$	₀ □ None	
C.	similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.						0130	02 🗆	Airplane	0300	0 02 \$	0 □ None	
f.	f. Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.								Train		0 03 \$	1	
g.	Verify if already reported. Otherv	wise, ask – How many	nights did				0150	04 🗌	Bus	0320	0 04 \$	0 □ None	
	you (or any members of your CU) spend away from home on this trip? 2a. Sometimes when people take a trip they have some sort of				0050 Nights			05 🗆	Ship	0330	0 05 \$	₀ □ None	
2a.	Sometimes when people take package deal that covers so part of this trip covered by	me or all of the cos	some sort of sts. Was all or	0060 1	ı □Yes 2 □No – <i>Go to item 3a</i>			7	RENTED		RENTED		
b.	If "Yes," ask for each item: Did		nclude			Yes No DI	_ 0170	06 🗌	Car, jeep		00 \$	0 □ None	
	FIELD REPRESENTATIVE – Rea	d each item listed.					0180	07 🗌	Truck, van	0350	0 07 \$	0 □ None	
					Food and beverages Lodging		0100	08 🗆	Motorcycle, moped	0360	00 08 \$00	₀ □ None	
					Transportation			09 🗌	Private plane	0370	00.	₀ □ None	
				0100	Anything else 📈	1 🗆 2 🗆 X [0210	10 🗌	Boat, trailer	0380	0 10 \$	0 □ None	
				5	Specify	-	0220	11 🗆	Camper	0390	0 11 \$	0 □ None	
				-		_	0230	12 🗆	Other vehicles	0400	0 12 \$	0 □ None	
C.	How much did you (or any n package deal?	nembers of your CU	J) pay for the	0110	.00				PRIVATE				
			NOTES				0240	13 🗌	Car owned by CU				
							0250	14 🗌	Vehicle leased by CU				
							0260	15 🗌	Other vehicle owned by CU				
							0270	16 🗌	Vehicle owned by someone else				
							0280	17 🗌	Other transport				
							-						
							4.	Codes	6–17: If no codes 6–17 marked in item 3a, go to item If any codes 6–17 marked, continue with item 5	6a. a.			

I	Part B – Trips Paid Entirely by CU – Contir	nued 1 18 39 8 ↓			NOTES
5a.	While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 ☐ Yes 2 ☐ No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 ☐ Yes 2 ☐ No – Go to item 11a	
b.	How much did you (or any members of your CU) spend for that?	0020 \$.00	If YES – b. How much did you (or any members of your CU) pay?	0200 \$	
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 Yes 2 No – Go to item 5e	11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0210 1 ☐ Yes 2 ☐ No – Go to item 12a	
d.	If YES – How much did you (or any members of your CU) spend for tolls?	0040 \$	Information Booklet, page 40.) If YES – D. How much did you (or any members of your CU) spend?	0220 \$.00	
e.	Did you (or any members of your CU) have any parking fees?	0050 1 ☐ Yes 2 ☐ No – Go to item 6a	12a. Did you (or any members of your CU) have any expenses	0220 \$.00	
f.	If YES – How much were they?	0060 \$.00	for this trip such as for souvenirs, passports, tourist booklets, and so on? If YES –	2 □ No – Go to item 13a	
6a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0070 1 ☐ Yes 2 ☐ No – Go to item 7a	b. How much were these expenses?	0240 \$.00	
b.	If YES – What was the cost, including taxes and tips?	0080 \$	13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0250 1 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D	
_		Ψ	b. Did these expenses include anything for?	YES NO DK	
7a.	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0090 1 ☐ Yes 2 ☐ No – Go to item 8a	FIELD REPRESENTATIVE – Read each item listed.	0260 Food and beverages 1 □ 2 □ x □ 0270 Lodging 1 □ 2 □ x □	
b.	If YES – What was the cost, including taxes and tips?	0100 \$.00		0270 Lodging 1	
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 ☐ Yes 2 ☐ No – Go to item 8a		0290 Other expenses 1 □	
d.	If YES – What was the cost for alcoholic beverages, including taxes and tips?	0120 \$.00	C. How much of the total expenses for this trip were for persons outside your CU?	0300 \$	
8a.	Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130 1 ☐ Yes 2 ☐ No – Go to item 9a	14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0310 \$	
b.	If YES – . What were the expenses, including taxes?	0140 \$.00	b. Does this (amount) include anything for?	YES NO DK	
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	0320 Food and beverages 1 2 X	
d.	If YES – What was the cost for alcoholic beverages, including	0160 \$.00		0330 Lodging 1 □ 2 □ X □ 0340 Transportation 1 □ 2 □ X □	
9a.	taxes? Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170 1 ☐ Yes 2 ☐ No – Go to item 10a		0350 Other expenses 1 □	
b.	If YES – How much did you (or any members of your CU) pay to rent sports equipment?	0180 \$.00	GO TO NEXT TRIP; AFTER LAST 1	0360 Expenses for others 1	

Part B – Trips Paid Entirely By CU – Continued								
1. FIELD REPRESENT	TATIVE PRO	CESSING USE ONLY	1 18 40	6 ↓		respondent Information Booklet, page 37.	3b. Ask for each code 1–5 ma How much did you (or a	any members of your CU)
In item 1a, enter 1 number from Trip Chart in part A. Er	o <i>Tally</i> a. TRIP ID	ENTIFICATION NUMBER	0010	Identification number	3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home		spend for (transportation) (other than what the package deal covered)? Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what	
destination in iten number of (idention	n 1b, the cal) trips b. DESTII	NATION				e time you (they) got back home. BE – Any other kinds of transportation on this		
in item 1c, and the the trip ended in i		OFFICE USE ONLY	0020		trip?		any members of your C	U) bought (other than what
	C. NUMB	ER OF (IDENTICAL) TRIPS	0030	Number	If no	codes 1–12 marked, go to item 4.	p	
	_		0040		1	COMMERCIAL	COMMERCIAL	
f act of identical tr	ips read – Since you (you		0040		0120 01	Local (taxi, etc.)	0290 01 \$.00 0 □ None
similar trips, I wil	Il ask about them as a g trips for each of the fol	roup. Please give the			0130 02	Airplane	0300 02 \$	00 □ None
f. Now I'd like to as you (your CU) too	sk some additional ques ok to (destination). If day	tions about the trip(s) rip, go to item 2a.				Train	0310 03 \$	00
g. Verify if already rep	ported. Otherwise, ask – H bers of your CU) spend	ow many nights did			0150 04	Bus	0320 04 \$	0 None
you (or any meml this trip?	bers of your CU) spend :	away from home on	0050	Nights	0160 ₀₅	☐ Ship	0330 05 \$.00 0 None
package deal tha	n people take a trip th at covers some or all o covered by a package	f the costs. Was all or	0060 1 ☐ Yes 2 ☐ No – Go to item 3a		0470	RENTED	RENTED	
b. If "Yes," ask for ea	ach item: Did the packa	ge deal include		Yes No DK		Car, jeep	0340 06 \$	00 o None
FIELD REPRESENT	TATIVE – Read each item	listed.	2070	1 2 1 X	0180 07	Truck, van	0350 07 \$	00 □ None
			0070 Food and beverages 0080 Lodging		0190 08	Motorcycle, moped	0360 08 \$.00 0 None
			0090 Transportation		0200 09	☐ Private plane	0370 09 \$.00 0 None
			0100 Anything else $\sqrt{}$			Boat, trailer	0380 10 \$.00 0 None
			Specify			☐ Camper	0390 11 \$.00 0 None
						Other vehicles	·	.00 0 None
C. How much did y package deal?	ou (or any members of	your CU) pay for the	0110 \$.00	12		12 \$	_ Loome 0 □ None
puonago uou			\$			PRIVATE		
		NOTES			0240 13	Car owned by CU		
					0250 14	Vehicle leased by CU		
					0260 15	Other vehicle owned by CU		
					0270 16	Vehicle owned by someone else		
					0280 17	Other transport		
					4. Code	s 6–17: If no codes 6–17 marked in item 3a, go to item If any codes 6–17 marked, continue with item 5	6a. a.	

F	Part B – Trips Paid Entirely by CU – Contir	nued 1 18 41 4 \			NOTES
5a.	While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 ☐ Yes 2 ☐ No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 ☐ Yes 2 ☐ No – Go to item 11a	
b.	How much did you (or any members of your CU) spend for that?	0020 \$.00	If YES – b. How much did you (or any members of your CU) pay?	0200 \$.00	
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 Yes 2 No – Go to item 5e	11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0210 1 ☐ Yes 2 ☐ No – <i>Go to item 12a</i>	
d.	If YES – How much did you (or any members of your CU) spend for tolls?	0040 \$	Information Booklet, page 40.) If YES – b. How much did you (or any members of your CU) spend?		
e.	Did you (or any members of your CU) have any parking fees?	0050 1 ☐ Yes 2 ☐ No – Go to item 6a	12a. Did you (or any members of your CU) have any expenses	0220 \$	
f.	If YES – How much were they?	0060 \$.00	for this trip such as for souvenirs, passports, tourist booklets, and so on? If YES –	2 □ No – Go to item 13a	
6a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0070 1 Yes	b. How much were these expenses?	0240 \$	
h	covered)? If YES – What was the cost, including taxes and tips?	2 No – Go to item 7a	13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0250 1 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D	
		\$	b. Did these expenses include anything for?	YES NO DK	
7a.	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0090 1 ☐ Yes 2 ☐ No – Go to item 8a	FIELD REPRESENTATIVE – Read each item listed.	0260 Food and beverages 1 2 X	
	If YES -			0270 Lodging	
b.	What was the cost, including taxes and tips?	0100 \$		0280 Transportation 1 □ 2 □ x □	
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 ☐ Yes 2 ☐ No – Go to item 8a		0290 Other expenses 1 □	
d.	If YES – What was the cost for alcoholic beverages, including taxes and tips?	0120 \$.00	C. How much of the total expenses for this trip were for persons outside your CU?	0300 \$	
8a.	Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130 1 ☐ Yes 2 ☐ No – Go to item 9a	14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0310 \$.00	
b.	If YES – What were the expenses, including taxes?	0140 s	b. Does this (amount) include anything for?	YES NO DK	
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 \(\text{Yes} \)	FIELD REPRESENTATIVE – Read each item listed.	0320 Food and beverages 1 2 2 X	
		2 □ No – Go to item 9a		0330 Lodging	
d.	$\ensuremath{\mathit{If YES}}$ – What was the cost for alcoholic beverages, including taxes?	0160 \$		0340 Transportation 1 2 X	
9a.	Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand	0170 1 Yes		0350 Other expenses 1 □	
	respondent Information Booklet, page 38.) If YES –	2 □No − Go to item 10a		0360 Expenses for others 1 2 X	
b.	How much did you (or any members of your CU) pay to rent sports equipment?	0180 \$	GO TO NEXT TRIP; AFTER LAST 1	RIP, GO TO PART D.	

Part C – Partially Reimbursed Trips									
1.	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 77 01 4 ↓			I respondent Information Booklet, page 37.	3b. Ask for each code 1- How much did you	(or any members of your CU)	
	Chart in part A. Enter trip destination in item 1b, the number of (identical) trips	a. TRIP IDENTIFICATION NUMBER	0010 TRIPIDBC Identif	ication number	3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home		spend for (transportation) (other than what the package deal covered)?		
		b. DESTINATION	DESTINATION TRIPDEST		to the time you (they) got back home. PROBE – Any other kinds of transportation on this		Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or		
	in item 1c, and the month the trip ended in item 1d.	OFFICE USE ONLY	0020		trip?		any members of your CU) bought (other than what the package deal covered)?		
		C. NUMBER OF (IDENTICAL) TRIPS	0030 NUMSA ME Numb	er	If no	codes 1–12 marked, go to item 4.	tile package deal (overeu):	
		d. MONTH ENDED	0040 EOTRI	РМО		COMMERCIAL	COMMERCIAL	V 00	
e.	If set of identical trips read Sinsimilar trips, I will ask about t	them as a group. Please give the				Local (taxi, etc.)	0290 _{01 \$ CMLOCA I}	-v []	
	total of all these trips for each				0130 02	Airplane	υ2 Ψ	U None	
t.	trip(s) you (your CU) took to (tside your CU paid for part of the trip destination). In the next in the costs you (your CU) had to			0140 03	Train	0310 03 \$ CMTRAIN	IX 00 0 □ None	
	pay, not those paid or to be pay trip, go to item 2a.	aid by a business or employer. If			0150 04	Bus CMBUSY	0320 04 \$ CMBUS	.00 0 □ None	
g. Verify if already reported. Otherw		vise, ask – How many nights did CU) spend away from home on	NUMNIGHT		0160 05	ShipCMSHIPY	0330 ₀₅ \$ CMSHIF	0 None	
	this trip?		0050 NUMNIGHT Nights		RENTED		RENTED		
2a.	package deal that covers so	ce a trip they have some sort of me or all of the costs. Was all or	0060 1 ☐ Yes 2 ☐ No – <i>Go to item 3a</i>	KGTRIP	0170 06	Car, jeep	0340 ₀₆ \$RTCA RX	(00 0 None	
h	part of this trip covered by a	the package deal include	2 🗆 NO – GO to item sa	Yes No DK	0180 07	Truck, van RTTRUCKY	0350 _{07 \$} RTTRUCK	XX .00 0 None	
IJ.	FIELD REPRESENTATIVE – Rea			Tes No DR	0190 08	Motorcycle, moped RTMOPEDY	0360 _{08 \$} RTMOPE	DX .00 0 None	
	TILLO TILI TILISLINTATIVL - TIGA	FOODDEA L	0070 Food and beverages	1 🗆 2 🗆 X 🗆	0200 09	☐ Private plane		V Cal	
		LODGDEA L	0080 Lodging	1 □ 2 □ X □		DTD OA TV	0370 _{09 \$} RTPLA NE		
		TRA NDEA L	0090 Transportation	1	0210 10 L	」Boat, trailer	0380 _{10 \$} RTBOAT	X 00 0 None	
		ELSEDEAL	0100 Anything else 7	1	0220 11	Camper RTCA MPY	0390 _{11 \$ RTCA MP}	X .00 ₀ None	
			Specify		0230 12	Other vehicles RTOTHERY	0400 _{12 \$ RTOTHER}	.00 0 None	
				<u>i i</u>		PRIVATE			
C.	How much did you (or any n package deal?	nembers of your CU) pay for the	O110 \$ PKGTRIPX .00			Car owned by CU PVCA RY			
		NOTES			0250 14	Vehicle leased by CU PVLEA SY			
				0260 15	Other vehicle owned by CU PVOTHERY				
					0270 16	Vehicle owned by someone else PVELSEY			
					0280 17	Other transport PVTRA NSY			
					4	0.47 (6) 4 0.47 (1) 1 1 1 1 1			
					4. Code	s 6–17: If no codes 6–17 marked in item 3a, go to item If any codes 6–17 marked, continue with item 5	ьа. a.		

Section 18 - TRIPS AND VACATIONS - Continued

F	Part C – Partially Reimbursed Trips – Cont	tinued 1 77 02 2 ↓				NOTES
5a.	While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 ☐ Yes A NYGA S 2 ☐ No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 ☐ Yes 2 ☐ No – Go to item 11a	A NY SPORT	
b.	What costs for gasoline or other fuels won't be reimbursed?	GA SOILX .00 0 None	If YES – b. What costs for playing sports won't be reimbursed?	0200 \$ TRSPORTX .00	o □ None	
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 Yes A NYTOLL 2 No – Go to item 5e	11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0210 1 ☐ Yes A 2 ☐ No – Go to item 12a	NYENTER	
d.	If YES – What costs for tolls won't be reimbursed?	0040 \$ TRPTOLLX 00 0 None	Information Booklet, page 40.) If YES –	TDDETDTY		
e.	Did you (or any members of your CU) have any parking fees?	1 ☐ Yes A NYPA RK 2 ☐ No – Go to item 6a	b. What costs for entertainment and admissions won't be reimbursed?12a. Did you (or any members of your CU) have any expenses	TRPETRTX .00	0 None	
f.	If YES – What costs for parking fees won't be reimbursed?	0060 \$ PARKINGX .00 0 None	for this trip such as for souvenirs, passports, tourist booklets, and so on?	0230 1 ☐ Yes 2 ☐ No – <i>Go to item 13a</i>	A NYMISC	
6a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0070 1 Yes	If YES – b. What costs for these things won't be reimbursed?	0240 \$ TRMISCX .00	o □ None	
b.	covered)? If YES – What costs for lodging, including taxes and tips,	2 No - Go to item 7a O080 \$ LDGCOSTX .00 ONOne	13a. You've told me about many non-reimbursed expenses you (your CU) had on this trip. Were any of these expenses you just reported for anyone outside your CU?	0250 1 ☐ Yes TRP	GFTC last trip, go to part	D
	won't be reimbursed?	0080 \$ LDGCOSTX .00 0 None	b. Did these expenses include anything for?	,	YES NO DK	
7a.	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	1 Yes TRPFOOD 2 No – Go to item 8a	FIELD REPRESENTATIVE – Read each item listed.		1	
b.	If YES – What costs for these things won't be reimbursed?	0100 \$ TRPFOODX .00 0 None	LODGOUTS		1	
c.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 Yes TRPA LCIN 2 No - Go to item 8a	TRA NOUTS ELSEOUTS		1 1	
d.	If YES – What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?	0120 \$ TRPA LCHX .00 0 None	C. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	0300 \$ TRPGFTCX .00		
8a.	Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130 1 ☐ Yes A NY GROC 2 ☐ No – Go to item 9a	14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those	0310 \$ TCOMBEST .00		
b.	If YES – What costs, including taxes, won't be reimbursed?	0140 \$ TRPGROCX .00 0 None	non-reimbursed expenses a respondent is not able to break down should be combined and entered here	,		
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 ☐ Yes A NYA LC	b. Does this (amount) include anything for? FIELD REPRESENTATIVE – Read each item listed. FOODCOMB		YES NO DK	_
	If YES –	2 No - Go to item 9a	LODGCOMB		1	
d.	What cost for alcoholic beverages, including taxes, won't be reimbursed?	0160 \$ TRPALCGX 0 None	TRA NCOME	0340 Transportation	1	1
9a.	Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170 1 Yes A NY SPE QP 2 No - Go to item 10a	ELSECOME		1	
b.	If YES – What costs for renting sports equipment won't be	0180 \$ TRSPRTX .00 0 None	OTHRCOMB		1 🗆 2 🗆 X 🗆]
	reimbursed?	φ U None	GO TO NEXT TRIP; AFTER LAST	TRIP, GO TO PART D.		

Section 18 - TRIPS AND VACATIONS - Continued

Part C - Partially Reim	nbursed Trips – Continued			
1. FIELD REPRESENTATIVE ITEM In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.	PROCESSING USE ONLY a. TRIP IDENTIFICATION NUMBER b. DESTINATION OFFICE USE ONLY c. NUMBER OF (IDENTICAL) TRIPS	1 77 03 0 ↓ 0010	Hand respondent Information Booklet, page 37. 3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home. PROBE – Any other kinds of transportation on this trip? If no codes 1–12 marked, go to item 4.	3b. Ask for each code 1–5 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)? Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)?
f. You told me that someone o trip(s) you (your CU) took to questions I'm interested onliney, not those paid or to be	t them as a group. Please give the ch of the following questions.	0040	COMMERCIAL 0120 01	0300 ₀₂ \$00
you (or any members of you this trip?	rwise, ask – How many nights did r CU) spend away from home on	0050 Nights	0160 05 ☐ Ship	0330 ₀₅ \$00 ₀ None
package deal that covers s part of this trip covered by	d the package deal include	0060 1	0190 08 ☐ Motorcycle, moped 0200 09 ☐ Private plane 0210 10 ☐ Boat, trailer	0350 07 \$
C. How much did you (or any package deal?	members of your CU) pay for the NOTES	0110 \$	PRIVATE 0240 13 Car owned by CU 0250 14 Vehicle leased by CU 0260 15 Other vehicle owned by CU 0270 16 Vehicle owned by someone else 0280 17 Other transport	
Page 93a		Section 18 – F	4. Codes 6–17: If no codes 6–17 marked in item 3a, go to item If any codes 6–17 marked, continue with item 5	

Section 18 - TRIPS AND VACATIONS - Continued

F	Part C – Partially Reimbursed Trips – Cont	inued 1 77 04 8 ↓			NOTES
5a.	While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 ☐ Yes 2 ☐ No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 ☐ Yes 2 ☐ No – Go to item 11a	
b.	What costs for gasoline or other fuels won't be reimbursed?	0020 \$.00 0 None	If YES – b. What costs for playing sports won't be reimbursed?	0200 \$00 0 None	
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 Yes 2 No – Go to item 5e	11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)	0210 1 ☐ Yes 2 ☐ No – Go to item 12a	
d.	If YES – What costs for tolls won't be reimbursed?	0040 \$	If YES –		_
e.	Did you (or any members of your CU) have any parking fees?	0050 1 ☐ Yes 2 ☐ No – <i>Go to item 6a</i>	b. What costs for entertainment and admissions won't be reimbursed?	0220 \$00 0 None	
f.	If YES – What costs for parking fees won't be reimbursed?	0060 \$.00 0 □ None	12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?	0230 1 ☐ Yes 2 ☐ No – <i>Go to item 13a</i>	
6a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	• • • • • • • • • • • • • • • • •	If YES – b. What costs for these things won't be reimbursed?	0240 \$00 □ None	
b.	covered)? If YES – What costs for lodging, including taxes and tips,	2 No – Go to item 7a 0080 \$	13a. You've told me about many non-reimbursed expenses you (your CU) had on this trip. Were any of these expenses you just reported for anyone outside your CU?	0250 1 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D	
	won't be reimbursed?	0080 \$00 ₀ None	b. Did these expenses include anything for?	YES NO DK	<u> </u>
7a.	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0090 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	0260 Food and beverages 1 2 X	
b.	If YES – What costs for these things won't be reimbursed?	0100 \$		0270 Lodging 1 □ 2 □ X □ 0280 Transportation 1 □ 2 □ X □	
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 ☐ Yes 2 ☐ No – Go to item 8a		0290 Other expenses 1 2 X	
d.	If YES – What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?	0120 \$	C. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	0300 \$	
	Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130 1 ☐ Yes 2 ☐ No – Go to item 9a	14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those	0310 \$.00	
b.	If YES – What costs, including taxes, won't be reimbursed?	0140 \$	non-reimbursed expenses a respondent is not able to break down should be combined and entered here		
			b. Does this (amount) include anything for?	YES NO DK	
U.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 ☐ Yes 2 ☐ No – Go to item 9a	FIELD REPRESENTATIVE – Read each item listed.	0320 Food and beverages 1 \(\Bigcup 2 \Bigcup \) X	
d.	If YES – What cost for alcoholic beverages, including taxes, won't be reimbursed?	0160 \$		0330 Lodging	
9a.	Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand	0170 1 Yes		0340 Transportation 1 □ 2 □ X □ 0350 Other expenses 1 □ 2 □ X □	
L	respondent Information Booklet, page 38.) If YES –	2 ∐No − Go to item 10a		0360 Expenses for others 1 \(\begin{array}{c cccc} 1 & & 2 & & \times \)	
D.	What costs for renting sports equipment won't be reimbursed?	0180 \$	GO TO NEXT TRIP; AFTER LAST TI	RIP, GO TO PART D.	
					

Section 18 – TRIPS AND VACATIO	NS – Coi	ntinued				FIELD REPRESENTATIVE – Complete item 1 for all CU's.
Part D – 100% Reimbursed Trips		1 77 67 5 ↓				NOTES
1. FIELD REPRESENTATIVE CHECK ITEM Enter number of trips ENTIRELY paid for by NON-CU member from part A, item 1a or 1b.		NUMYUPDTrips				
2a. You told me that you (your CU) had (number from item 1) trip(s) entirely paid for by non-CU members. Even on trips entirely paid for by non-CU members there are sometimes miscellaneous expenses which are not paid for. Did you (your CU) have any expenses on this trip (these trips) that will not be covered by a business, employer, or other non-CU member?	0020 1 2	☐ Yes ☐ No – <i>Go to part E</i>	A N	YYUPD)	
b. Did these expenses include anything for –?			YES	NO	DK	
FOODY UPD FIELD REPRESENTATIVE – Read each item listed	0030 Fo	ood and beverages	1 🗆	2 🗌 I	ı́x□	
LODGYUPE	0040 Lo	odging	1 🗆	l 2 🗆	x□	
TRA NYUPI	0050 Tr a	ansportation	1 🗆	2 🗆	¦ x□	
ELSEYUPD	0060 An	nything else – Specify 📈	1 🗆	2	⊥x□	
	_			 		
C. What was the total amount for these expenses?	0070 \$	TOTYUPDX .00				
GO	TO PART E	-				

Section 18 – TRIPS AND VACATION	NS – Continued		FIELD REPRESENTATIVE – Ask part E for all CU's.
Part E – Trip Expenses for Non-CU N	Viembers 1 77 68	3 3 ↓	NOTES
1a. Sometimes people in a CU don't take a trip themselves, but pay for part or all of a trip that someone else takes. Since the 1st of (month, three months ago), have you (has your CU) paid for part or all of such a trip for any non-CU members?	0010 1 Yes	A NYNONCU	
non de members.			
If Yes –	NUMNONCU		
b. How many trips was that?	0020 Trips		
C. Did these expenses include anything for –?		YES NO	DK
FOODNOCU FIELD REPRESENTATIVE – Read each item listed.	0030 Food and beverages		
LODGNOCU	0040 Lodging	. 1 . 2	
TRA NNOCU	0050 Transportation	. 1 . 2	
ELSENOCU	0060 Anything else - Specify		
		_	
d. What was the total amount that you (your CU) paid for that trip (those trips)?		1	
co, para for that trip (those tripo).	0070 \$ TRNONCUX .00		
GO T	O PART F		

,	Section 18 – TRIPS AND VACATIONS – C	ontinued	FIELD REPRESE	NTATIVE – Ask part F for all CU's. (Ask all questions in this part for one stay before a	sking about other stays.)
	Part F – Local Overnight Stays	1 77 69 1 ↓			
1.	We've talked about many different kinds of trips. Sometimes people don't take a trip, but they stay overnight in a local hotel or motel such as for holidays or family getaways. Since the 1st of (month, 3 months ago), have you (or any members of your CU) stayed overnight in a local hotel or motel?	0010 1 ☐ Yes 2 ☐ No – Go to next section	A NYLOC	convenience stores, or liquor stores?	0150 1 Yes A NYLCGR 2 No – Go to item 7a
2.	VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?	0020 NUMLOC Nights		C. Was any of the (amount in item 6b) for alcoholic	0160 \$ LOCGROCX .00 0170 1 Yes ANYALCGR
3a	Sometimes when people stay away from home overnight they have some sort of package deal that covers some or all of the costs. Was all or part of this stay covered by anything like that?	0030 1 ☐ Yes 2 ☐ No – <i>Go to item 4a</i>	A NYLOCDL	d. What was the cost for alcoholic beverages, including taxes?	2 No – Go to item 7a O180 A LCGROCX .00
b	Ask for each item – Did the package deal include anything for?	0040 Food and beverages	YES NO DK		0180 \$ A LCGROCX .00
	FOODLODE FIELD REPRESENTATIVE – Read each item Is QD.GLCDL ENTRLCDL		1 🗆 ¦ 2 🗆 ¦ X 🗆	7a. (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?	0190 1 Yes A NYA DMI S 2 No – Go to item 8
	ELSELCDL	0070 Anything else – Specify	1	b. How much did you (or any members of your CU) pay?	0200 \$ LOCA DMSX .00
C	How much did you (or any members of your CU) pay for the package deal?	0080 \$ LOCDEALX .00		8. If the respondent is unable to break down food and	0210 \$ LOCCOMBX .00
4a	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0090 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i>	A NYLODGE	Did the (amount) include anything for? FOODLCCM	
b	What was the cost, including taxes and tips?	0100 \$ LOCLODGX .00		LODGLCCM FIELD REPRESENTATIVE – Read each item listed. ENTRLCCM ELSELCCM	0230 Lodging 1 □ 2 □ x □ 0240 Entertainment 1 □ 2 □ x □ 0250 Other expenses 1 □ 2 □ x □
5a	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0110 1 ☐ Yes 2 ☐ No – Go to item 6a	A NYMEA L	9. Did you (or any members of your CU) have any other stays at local hotels or motels?	0260 1 ☐ Yes – Complete part F for each stay 2 ☐ No – Go to next section
b	What was the cost, including taxes and tips?	0120 \$ LOCMEALX .00		NOT	ES
C	Was any of the (amount in item 5b) for alcoholic beverages?	0130 1 ☐ Yes 2 ☐ No – Go to item 6a	A NYA LCML		
d	What was the cost for alcoholic beverages, including taxes and tips?	0140 \$ A LCMEA LX .00			

	Section 18 – TRIPS AND VACATIONS – C	Continued			FI	ELD RE	PRESE	NTA	ATIVE – Ask part F for all CU's. (Ask all questions in this part for one stay before a	sking about other stays.)			
	Part F – Local Overnight Stays – Continue	ed 1 77	70 9 ↓										
1.	We've talked about many different kinds of trips. Sometimes people don't take a trip, but they stay overnight in a local hotel or motel such as for holidays or family getaways. Since the 1st of (month, 3 months ago), have you (or any members of your CU) stayed overnight in a local hotel or motel?		– Go to nex	xt section					Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores? What were the expenses, including taxes?	0150 1 ☐ Yes 2 ☐ No – Go to item 7a			
2.	VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?	0020	Ni	ghts					Was any of the (amount in item 6b) for alcoholic	0160 \$			
3a	1. Sometimes when people stay away from home overnight they have some sort of package deal that covers some or all of the costs. Was all or part of this stay covered by anything like that?	0030 1 Yes 2 No -	- Go to iter	m 4a				d	beverages? I. What was the cost for alcoholic beverages, including taxes?	0170 1 ☐ Yes 2 ☐ No – Go to item 7a			
lb	Ask for each item - Did the package deal include					NO		1		0180 \$.00			
	anything for? FIELD REPRESENTATIVE – Read each item listed.	0050 Lodging	g inment	ges	1	2	 x□ x□	7a	A. (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?	0190 1 ☐ Yes 2 ☐ No – Go to item 8			
		0070 Anythir	ng else - S	Specify 🙀	1	2 🗆	x	b	How much did you (or any members of your CU) pay?	0200 \$			
	. How much did you (or any members of your CU) pay for the package deal?	0080 \$.00				8.	beverages, lodging, entertainment, or other expenses, enter	0210 \$.00			
48	 Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)? 	0090 1 Yes 2 No -	– Go to iter	m 5a					Did the (amount) include anything for?	0220 Food and beverages	. 1[ES N	χ[
b	What was the cost, including taxes and tips?	0100 \$.00					FIELD REPRESENTATIVE – Read each item listed.	0230 Lodging 0240 Entertainment 0250 Other expenses	. 1		χ[
5 <i>a</i>	 Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)? 	0110 1 Ye 2 No	es o – Go to ite	em 6a				9.	Did you (or any members of your CU) have any other stays at local hotels or motels?	0260 1 ☐ Yes – Complete part F for each s 2 ☐ No – Go to next section	itay:		
b	What was the cost, including taxes and tips?	0120 \$.00					NOT	ES			
C	Was any of the (amount in item 5b) for alcoholic beverages?	0130 1 \(\text{Ye} \) 2 \(\text{No.}\)	es o – Go to ite	em 6a									
d	I. What was the cost for alcoholic beverages, including taxes and tips?	0140 \$.00									

Section 19 - MISCELLANEOUS EXPENSES

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the list of items as you proceed. Ask column a and complete columns b through g for each "YES" response. For continuing expenses such as "housekeeping" or "babysitting," mark the box in column d and

				4	19 02 8 –						enter the to	tal e	expense	for the reference period, e	excluding the current mont	h.	
a			b	ONLY	С		d		е		f		g	NOTES		PRE	
1. Since the 1st of (month have you (or any member had expenses for any o	Information Booklet, pages 41 and 42 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following, either for your CU or for someone outside your CU? ITEM YES NO CODE YES NO			3 USE	ENTER ITEM CODE from column a.	you hav expense	e this ? continuous throughout ence period,	for you someo of your 1 – For	r CU or ne outside r CU?	expe	was the tota unt of the nse? ontinuing nses, do not de expenses for	ha ot ex fo	id you ave any ther xpenses or?		1 Description from column b	Month or code from column d	Expense from column f
FUNERALS, BURIALS, OR CREMATION	CODE	YES NO		PROC	MISCCOD	Month	Continuous expense		Outside CU	11110 0	urrent month.		ES NO			Month	
PURCHASE OR UPKEEP OF CEMETERY LOTS OR VAULTS				0010	m	MISCMO	13	1	<u>≤</u> 2□	\$	<u>≤</u> .00						\$.00
COMBINATIONS OF THE ABOVE				0020		<u>M</u>	13 🗆	1 🗆	Ö G G T C 2□	\$	X .00						\$.00
Use only if cannot itemize the above	120			0040			13 🗆	1	2 🗆	\$.00						\$.00
CATERED AFFAIRS FRESH FLOWERS OR POTTED PLANTS	130			0050			13	1	2 🗆	\$.00						\$.00
LEGAL FEES	150			0060			13	1 🗆	2 🗆	\$	1.00						\$ 1.00
closing costs which were reported in section 3. ACCOUNTING FEES	160			0080			13 🗆	1 🗆	2 🗆	\$	00.						\$.00
HOME SERVICES	. ////			0090			13 🗆	1	2	\$.00						\$.00
Gardening or lawn care services Housekeeping-services	170 180			0100			13 🗆	1	2	\$.00						\$.00
Other home services and small repair jobs around the house, not previously				0110			13	1 🗆	2 🗆	\$.00.						\$ 1.00
reported				0130			13 🗆	1 🗆	2 🗆	\$	00.						\$.00
Babysitting or other child care in someone else's home				0140			13	1	2 🗆	\$.00						\$.00
Care for invalids, convalescents, handicappe or elderly persons in the	d			0150			13 🗆	1 🗆	2 🗆	\$.00						\$.00
ADULT DAY CARE CENTERS	350			0170			13 🗆	1 🗆	2 🗆	\$	00.						\$.00
PROFESSIONAL PHOTOGRAPHY FEES				0180			13	1	2	\$.00						\$.00
HOME SECURITY SYSTEM SERVICE FEES	370			0190			13 🗆	1	2 🗆	\$	00.1						\$.00
2. FIELD REPRESENTATIVE CHECK ITEM	1 19	01 6 ↓ e		0200			13 🗆	1	2 🗌	\$.00						\$.00
Mark (X) box if there are no entries recorded in columns b	33.0	next page		0210			13 🗆	1 🗆	2 🗆	\$	00.						\$.00

Section 19 - MISCELLANEOUS EXPENSES - Continued

4	19	04	4 →
		d	

						4 19	0 04 4 →										
а			b	ONLY	С		d		е	f		g	j	NOTES	F	PRE	
Information Booklet, 3. Since the 1st of (m	_		What was the expense for? Describe briefly.		ENTER ITEM	you hav	month did e this	for you	is expense r CU or	What was the total amount o	of	Did y have	anv		1	2	3
ago), have you (or a your CU) had expe the following, eith for someone outsi	ny members ises for any er for your C le your CU?	s of of CU or	Describe briefly.	ESSING USE	CODE from column a.	If it is a c	continuous throughout ence period,	someon of your 1 – For 2 – For	ne outside CU?	the expense? For continuing expenses, do not include expense for the current	ot	other exper for	r nses		Description from column b	Month or code from column d	Expense from column f
	CODE YES	S NO		PROCE		Month	Continuous expense	CU	Outside CU	month.		YES	NO			Month	
COMPUTER INFORMATION SERVICES	. 280			0010			13 🗆	1	2	\$.00						\$.00
TV COMPUTER				0020			13	1	2	\$.00						\$.00
GAMES AND COMPUTER GAME SOFTWARE	. 290			0030			13 🗆	1	2		.00						\$.00
HAND HELD				0040			13	1	2	\$.00						\$.00
COMPUTER GAMES AND COMPUTER BOARI	,			0050			13 🗆	1	2	\$.00		i				\$.00
GAMES	200			0060			13	1	2 🗌	\$.00						\$.00
TOYS AND GAMES	. 330			0070			13 🗆	1	2	\$.00						\$.00
HOBBIES	. 340			0080			13 🗆	1	2	\$.00						\$.00
MOVING, STORAG AND FREIGHT EXPRESS	230			0090			13	1	2□		.00	i					\$.00
PURCHASE OF	. 230			0100			13	1	2	\$.00						\$.00
PETS, PET SUPPLIES, AND				0110			13 🗆	1	2		.00						\$.00
MEDICINE FOR PETS	. 240			0120			13 🗆	1	2	\$.00		i				\$.00
PET SERVICES	. 250			0130			13 🗆	1	2	¢	.00						\$.00
VETERINARIAN EXPENSES	260			0140			13	1	2 🗆		.00	i i					\$.00
FOR PETS				0150			13	1	2 🗆		.00						\$.00
CHILD				0160			13 🗆		2 🗆			1 :					
SUPPORT	. 320			0170				1		Φ	00.	i					1100
MONEY GIVEN TO NON-CU MEMBERS CHARITIES, AND	,			0180			13	1 -	2	Þ	.00	1 !					\$.00
OTHER ORGANIZATIONS	. 270			0190			13 🗆	1	2		.00						\$.00
4. FIELD REPRESENTATIVE	1 19 03 2	2 ↓		0200			13 🗆	1	2	\$.00						\$.00
CHECK ITEM	0010 999 \square G	io to					13 🗆	1	2	\$.00	1					\$.00
there are no entries recorded	se 20	ection 0		0210			13 🗆	1	2	\$.00	i					\$.00
in columns b–g. FORM CE-302				0220			13	1	2	\$.00						\$.00

C. What was the value of all food stamps received?

Section 20 – EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS Part A – Food and Beverages 1 20 01 4 NOTES 1a. Since the 1st of (month, 3 months ago), what has been your Have you (or any members of your CU) received any free food, 0010 s GROCWEKX .00 0170 1 ☐ Yes usual WEEKLY expense at the grocery store or supermarket? beverages, or meals through public or private welfare **FREEFOOD** agencies, including religious organizations? Do not include free 2 No o ☐ None – Go to item 2a meals in school or preschool programs. **b.** About how much of this amount was for nonfood items, such 9a. Have you (or any members of your CU) received any free meals 0020 ¢ OTHSTUFX as paper products, detergents, home cleaning supplies, pet 0180 1 Yes MEALSPAY at work as part of your pay? foods, and alcoholic beverages? 2 ☐ No – Go to item 10a o 🗌 None **b.** About what was the WEEKLY dollar value of such meals? 2a. Have you (or any members of your CU) purchased any food or 0190 _{\$} MLPAYWKX .00 **OTHSTOR** ı ☐ Yes nonalcoholic beverages from places other than grocery stores. such as home delivery, specialty stores, bakeries, convenience $_2$ \square No – Go to item 3a stores, dairy stores, vegetable stands, or farmers' markets? C. Since the 1st of (month, 3 months ago), how many weeks did MLPYQWKS _____Number of weeks Include any large purchases made for freezing or canning. members of your CU receive such meals? 0040 s OSTORWKX **b.** What was your usual WEEKLY expense at these places? Ask only if preschool or school age students; otherwise mark "No." .00 0210 1 Yes **10a.** Since the 1st of (month, 3 months ago), excluding (this month), $_2 \square$ No – *Go to part B* have you (or members of your CU) purchased any meals at **3a.** Do you (or any members of your CU) ever buy alcoholic 0050 1 Yes A LCOHOL school or in a preschool program for preschool or school age beverages to be served at home? children? 2 ☐ No - Go to item 4a **b.** If YES – What are the names of all CU members who purchased **b.** What was your usual MONTHLY expense for beer and wine? meals at school? BRWINMOX 0060 ¢ Enter the name of each CU member purchasing meals at school in column a, then ask columns b through d for each name entered. o 🗌 None C. What was your usual MONTHLY expense for other alcoholic 0070 s OTHA LMOX beverages? ONLY o 🗌 None What is the Enter How many usual WEEKLY weeks USE number expense for the **4a.** Have you (or any members of your CU) purchased any 0080 1 Yes A LC_OUT meals . . . purchase alcoholic beverages in restaurants, taverns, or cocktail from purchased at **PROCESSING** Control meals? Name 2 ☐ No – Go to item 5a \leq school? Card. HMLWK **b.** What was the usual MONTHLY expense? MBNUM Enter 0090 s A LC_OUTX number of weeks. **5a.** Have you (or any members of your CU) purchased dinners, 0100 1 Yes DINEOUT 3 20 02 8 → other meals or snacks in restaurants, cafeterias, cafes, drive-ins, or other such places? 2 ☐ No – Go to item 6a 0010 .00 **b.** What was the usual MONTHLY expense for these purchases? 0110 \$ DINE_MOX .00 0020 .00 6a. Have you (or any members of your CU) paid for board not 0120 1 Yes BOARD received in a boarding house? 0030 .00 $_2$ \square No – Go to item 7a 0040 **b.** What was the usual MONTHLY expense? .00 BOA RDX 0130 \$ 0050 7a. Have you (or any members of your CU) received any food .00 0140 1 Yes FD_STAMP stamps? 2 ☐ No – Go to item 8 0060 .00 FD_STPRD **b.** For how many months since the 1st of (month, 3 months ago), were food stamps received? 0070 .00 ₂ 2 months 3 \Boxed 3 months 0080 4 4 months .00

.00

0090

0160 s FD_STMPX

.00

Section 20 - EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS - Continued

Part B – Selected Services and Goods	1 20 03 0 ↓		
1a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) used public pay phone service?	0010 1 Yes PA YPHONE 2 No – Go to item 2a	6a. Do you (or any members of your CU) rent a safe deposit box located in a bank or a similar financial institution?	0170 1 Yes SA FEDPST 2 No – Go to item 7a
b. What was the total expense?	0020 \$ PA YPHONX .00 0 □ None	b. What was the total rental expense for the safe deposit box since the 1st of (month, 3 months ago)?	0180
2a. Have you (or any members of your CU) used coin-operated laundry or dry cleaning machines?	0030 1 Yes LNDROMA T	7a. Do you (or any members of your CU) have any expenses for checking accounts or other banking services?	0190 1 Yes BANKSRVC 2 No – Go to item 8a
b. What was the total cost for these machines?		b. What is the usual MONTHLY charge?	0200 \$ BANKMOX .00
	\$	8a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) used taxis or limousines for nonbusiness purposes, except those used while on a trip?	0210 1 ☐ Yes TXLIMSRV 2 ☐ No – Go to item 9a
C. Was any of this amount for items other than clothes?	0050 1 ☐ Yes OTHLNDRY 2 ☐ No – Go to item 3a	b. If YES – What was the total expense?	0220 \$ TXLIMX .00
d. How much?	0060 \$ OTHLNDRX .00	9a. Do you (or any members of your CU) use mass transportation services such as a bus, subway, mini-bus or train, including commuter bus and train service?	0300 1 Yes MA SSTRA N 2 No - Go to next section
3a. Have you (or any members of your CU) sent clothes or other items to the dry cleaners or laundry?	0070 1 Yes DRYCLEAN 2 No - Go to item 4a	b. What is the usual MONTHLY cost to use mass transit to go to –	
b. What was the total cost for dry cleaning or laundry services?	0080 \$ DRYCLNX .00	(1) Work?	0330 \$ TRA NWRKX .00
C. Was any of this amount for items other than clothes?	0090 1 Yes OTHDRCLN 2 No - Go to item 4a	(2) School?	0350 \$ TRANSCHX .00
d. How much?	0100 \$ OTHDCLNX .00	(3) Other places?	0370 \$ TRA NOTHX .00
	x □ Don't know	NOTES	
4. Do any members of your CU use tobacco products, such as –	0110 1 ☐ Yes 2 ☐ No – Go to item 4c CIGA RETT		
a. Cigarettes?			
b. If YES – What is the usual WEEKLY expense for cigarettes?	0120 \$ CIGARETX .00		
C. Cigars, pipe tobacco, or other tobaccos, including chewing tobacco?	0130 1 Yes OTHTOBAC 2 No - Go to item 5		
d. If YES – What is the usual WEEKLY expense for cigars, pipe	OTHER A CV		
tobacco, or other tobaccos?	0140 \$ OTHTBA CX .00		
5. What is the usual MONTHLY expense for haircutting, styling, and other related services for all members of your CU?	0150 \$ HA IRMOX .00		
CODM OF OCC	0 □ None		

Section 21 - CREDIT LIABILITY

FIELD REPRESENTATIVE – Complete columns b through e for each store, bank, credit account, etc., reported in column a.

Part A.1 – Credit Balances –	- Sec	ond C	Quar	rter C	Only	1 21 02 0 🕶							
а					b	С			d		е	•	NOTES
- On the 1st of (the current month), did you (or any members of your CU) owe any money to any of the following? Do not include mortgage, home equity loans, automobile loans, or business related loans.			3 USE ONLY	ENTER ITEM CODE from column a	What is the name of the (cr to which you owe money? Enter name of store, credit ca company, bank, credit union,	rd. finance	How much was owed 1 (credit source)?		to	Did any myour CU or money to a (credit sour	we any any other ce)?		
Read each item listed below. Complete for each individual store, credit card, etc	a separ c.	ate line	•	CESSING	CREDITR	company, etc. ス 田 ロ					credit source column a.	ce in	
CREDIT SOURCE	ITEM CODE	YES	NO	PRO	~	TX1				Don't know	YES	NO	
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa,			_	0010				\$.0	0			
MasterCard, etc	100			0020				\$.0	 0			
Stores for installment credit accounts	200			0030				Φ.	İ				
Banks and savings and loan companies	300			0000				\$	1.0	U ₁ X□			
Credit unions	400		_	0040				\$.0	0 x□			
Finance companies	500			0050				\$.0	0 x□			
Insurance companies (Do not include insurance premium payments)	600			0060				\$.0	0			
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered				0070				\$.0	0			
Other credit sources	700 800			0800				\$.0	0 x□			
				0090				\$.0	0			
				0100				\$.0	0 x□			
				0110				\$.0	0			
				0120				\$.0	0			
FIELD REPRESENTATIVE CHECK ITEM		01 2 ↓	\dashv	0130				\$.0	0 x□			
Mark (X) box if there are no entries recorded in columns b–e.	010 999	e□ Go nex sect	t	0140				\$.0	0 x□			
				0150				\$.0	0			

Section 21 - CREDIT LIABILITY - Continued

FIELD REPRESENTATIVE - Complete columns b through e for each store, bank, credit account, etc., reported in column a.

Part A.1 – Credit Balances – C	ontinued -	Seco	nd Quart	er Only 1 21 03 8 🗡					
а			b	С	d		e		NOTES
		PROCESSING USE ONLY	ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owe money? Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.	How much was o (credit source)?	wed to	Did any myour CU of money to (credit sour Credit sour Credit sour Credit sour Column a.	we any any other ce)?	
CREDIT SOURCE	TEM	PROC				Don't know	YES	NO	
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa,		0010			\$.00 x			
Stores for installment credit	100	0020			\$.00 x			
Banks and savings and loan	200	0030			\$.00 x□			
companies	300	0040			\$.00			
	500	0050			\$.00 ×□			
Insurance companies (Do not include insurance	600	0060			1	.00 × □			
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered		0070			\$.00 ×			
	700 800	0080			\$.00 ×□			
		0090			\$.00 x□			
		0100			\$.00			
		0110			\$.00 ×□			
		0120				.00 x			
					\$.00 X	<u> </u>		
		0130			\$.00 X			
		0140			\$.00 X			
		0150			\$.00			

Section 21 - CREDIT LIABILITY

FIELD REPRESENTATIVE - Complete columns b through f for each store, bank, credit account, etc., reported in column a.

	Part A.2 – Credit Balances	- Fif	th Q	uart	er Onl	у	1 21 11 1 🖵										
	a					b	С			d		е				f	NOTES
1.	On the 1st of (the current month), members of your CU) owe any m	onev to	o anv	of	ONLY	ENTER ITEM	What is the name of the (c) to which you owed money		Ask if "Yes" in iter	n 1.		What was the total amou			Did any m	we any	
	the following? Do not include mor loans, automobile loans, or business	taaae. I	nome (eauitv	USE ON	CODE from column a	Enter name of store, credit ca		How much was (credit source)?			year ago)?	·		money to (credit sou	any other	
	Read each item listed below. Compl for each individual store, credit card	lete a se I, etc.	parate	e line	O SNIS	CRE	company, bank, credit union, company, etc.	company, bank, credit union, insurance		CREDIT		OWEMONE			If "No," go credit sour	to next ce in	
	CREDIT SOURCE	ITE	M YE	S NC	PROCESSING	DITR				5 5	.	l ⊢ ≺		15 (column a.	-	
	Revolving credit accounts including store, gasoline, and general purpose credit cards,				PRG	5					Don't know		None	Don't know	YES	NO .	
	such as Sears, Amoco, Visa, MasterCard, etc.	. 10	0		0010				\$.00	х□	\$.00	0 🗆	×□			
	Stores for installment credit accounts	. 20	0		0020				\$.00	х□	\$.00	0 🗆	 x			
	Banks and savings and loan companies	. 30	0		0030				\$.00	x□	\$.00	¦ ¦ o □	 x		¦	
	Credit unions	. 40	0		0040				•	00	x□	\$.00		 x			
	Finance companies	. 50	0						φ	1.00	_ ^		ı				
	Insurance companies (Do not include insurance premium payments)	. 60	0		0050				\$.00	х	\$.00	0 🗆	x			
	Doctors, dentists, hospitals, or other medical practitioners for				0060				\$.00	х□	\$.00	o	x			
	expenses not covered by insurance	. 70	0		0070				\$.00	х□	\$.00	0 🗆	x			
2-	Other credit sources	_			0080				\$.00	x□	\$.00	0 🗆	 x □			
∠a	On the 1st day of (current month, you (or any members of your CU any creditor that you did not ow) owe ne mone	noney	to on the	0090						x□			 x			
	1st day of (the current month, the day of the current month, the day of the NO □ YES □ NO	current	year) :		0030				\$	1.00	X L	\$ 1.00	0 _ 	X L			
h	. What was the source of				0100				\$	00.	х□	\$.00	0 🗆	x 🗆			
D	the credit?	Item co	de(s)		0110				\$.00	х□	\$.00	0 🗆	x			
	Complete columns b, c, e, and f for each credit source reported.				0120				\$.00	x□	\$.00	 o	 x □			
3.	FIELD REPRESENTATIVE CHECK ITEM	1 2	1 10 3	3 ↓	0130				\$.00	×□	\$.00	¦ ! o □	 x □			
	Mark (X) box if there are no	0010	99 🗌 (Go to part B	0140												
	entries recorded in columns b–f.		,-		0140				\$.00	χ□	\$.00	0 🗆	X			
					0150				\$.00	x□	\$.00		¦x□			

Section 21 - CREDIT LIABILITY - Continued

FIELD REPRESENTATIVE - Complete columns b through f for each store, bank, credit account, etc., reported in column a.

Part A.2 - Credit Balances - Continued	l – Fifth Q	uarter O	nly 1 21 12 9	9 ↓									
a		b	С			d		е				f	NOTES
		ENTER ITEM	What is the name of the ((credit source)	Ask if "Yes" in	item 1.		What was the total amou on the 1st of (current mon			Did any m	nember of	
	USE ONLY	ITEM CODE from column a	- -		How much w	vas owed to ?		year ago)?	tii, one		money to (credit sou	owe any any other arce)?	
		Columna	Enter name of store, credit of company, bank, credit union company, etc.	card, finance n, insurance							If "No," go credit sour column a.	to next ce in	
CREDIT SOURCE ITEM CODE	PROCESSING						Don't		None	Don't	YES	NO	
Revolving credit accounts including store, gasoline, and general purpose credit cards.	0010				\$		х□	\$.00	 0	 x		<u> </u> 	
such as Sears, Amoco, Visa, MasterCard, etc	0020				\$.00	х□	\$.00	0 🗆	i x □			
Stores for installment credit accounts	0030				, t		×П			 x			
Banks and savings and loan companies	0040				3				i I	I I			
Credit unions					\$.00	хШ			x			
Finance companies	0050				\$.00	х□	\$.00	0 🗆	i x □			
include insurance premium payments)	0060				\$.00	х□	\$.00	 0 	x			
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered	0070				\$.00	х□	\$.00	0 🗆	x		<u> </u>	
by insurance	0080				\$.00	х□	\$.00	0 🗆	¦ x □		<u> </u>	
	0090				\$.00	х□	\$.00	! 0 □	 x □		 	
	0100				\$.00	х□	\$.00	 o	¦ x □		; 	
	0110				\$.00	x□	\$.00	i o □	; x □		i ' □	
	0120				\$.00			l I	¦ x □		 	
	0130				•				i I	x □			
					D	.00				 			
	-140				\$.00	x□	\$.00	0 	i x □			
	0150				\$.00	x□	\$.00	0 🗆	¦ x 🗆		¦ 🗆	

Section 21 – CREDIT LIABILITY – Co	ntinued	FIELD REPRESENTATIVE – Ask items a through h and record the total amount of finance charges or interest paid during the past 12 months for each item.
Part B – Finance Charges – Fifth Quarter C	nly 1 21 20 2 \	
During the past 12 months, have you (or any members of your CU) paid any finance charges, interest charges or late fees to any of the following except for mortgage, home equity loans, or automobile loans? 3. Revolving credit accounts including store, gas	pline 0010 1 Yes CREDCA RD	NOTES
and general purpose credit cards, such as Sear Amoco, Visa, MasterCard, etc.?		
If YES – How much was paid for finance, intere and late charges?	CRDCA RDX .00 x Don't know	
	X L Don't know	
b. Stores for installment credit accounts?	0030 1 Yes INSTALL 2 No	
If YES – How much was paid for finance, intere and late charges?	St 0040	
C. Banks and Savings and Loans?	0050 1 Yes BANK	
If YES – How much was paid for finance, intere and late charges?	0060 s BANKX .00	
d. Credit unions?	0070 1 Yes CRDUNION	
/f YES – How much was paid for finance, intere and late charges?	st 0080 s CDUNIONX .00	
e. Finance companies?	0090 1 Yes FINA NCE	
If YES – How much was paid for finance, intere and late charges?	0100 s FININT .00	
f. Insurance companies?	0110 1 Yes INSURE	
/f YES – How much was paid for finance, intere and late charges?	10120 \$ INSUREX .00	
and late charges:	x 🗆 Don't know	
g. Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance?	0130 1 Yes MEDICA L	
If YES – How much was paid for finance, intere and late charges?	0140 \$ MEDICA LX .00	
	X 🗀 Don t know	
h. Other credit sources?	0150 1 Yes OTHER	
If YES – How much was paid for finance, intere and late charges?	\$ PDOTHERX .00 x Don't know	

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	NOTES

Section 22 – WORK EXPERIENCE AND INCOME

F	Part A – Second O	Quarter, Fifth C	Quarter or New Consur	ner Units Only						
	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY a. NAME	1 22 01 0 ↓	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE		a	During the past 12 months, didreceive – Any Supplemental Security Income checks from the U.S. Government?	0340 1 Yes 2 No	SUPPLINC	
2.		ither full time or	0010 M EM BN O IN CW EEK Q Weeks	1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – III, disabled, unable to work? 5 – Unable to find work?	0100 INCNONW K _{Code}		Any Supplemental Security Income checks from the State or local Government? If YES in items 8a and/or 8b – How much did receive in	0350 1 Yes 2 No	SL SSI	
	the house? Include pa paid sick leave.	aid vacation and	o □ Did not work – Go to item 5	6 - Doing something else? - Specify ✓			Supplemental Security Income checks altogether?	0360 \$ SSIX .00		
	In the weeks that many hours did us week? Information Booklet, page	ge 44	0030 INC_HRSQ Hours per week	a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances.	0200 1 Yes SALARYST 2 No - Go to item 6b 0210 SALARYX .00	9.	Ask items 9–12 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover?	0370 \$ GROS 0380 1 Week 2 2 2 Wee 3 Month	5 ☐ Year ks 6 ☐ Other – <i>Specify</i>	
4a. The job in which received the most earnings during the past 12 months fits best in the following category:			What was the amount of income received before any deductions?	\$	10		4 🗆 Quarte	/ Li Twice a month		
	Manager, professional 01 – Administrator, m 02 – Teacher 03 – Professional			b. Income or loss from's own nonfarm business, partnership, or professional practice?	0220 1 Yes NONFARM 2 No - Go to item 6c		Was there any money deducted from's last pay for – If YES – How much was deducted? Federal income tax?	Yes No FEDTAX		
	Administrative support, 04 – Administrative se	technical, sales upport, including		What was the amount of income or loss after expenses?	0230 \$ NONFARM X .00	b.	State and local income tax?	SLTAX 0410 1 2	0420 _{\$} SLTAXX .00	
	clerical 05 – Sales, retail 06 – Sales, business goods and service 07 – Technician		OCCUCODE	C. Income or loss from's own farm?	NFRMLOSS 0250 1 Yes FARMINC		Social Security including Medicare?	SSDED 0430 1 2 RRRDED		
	Service 08 - Protective servic 09 - Private househol 10 - Other service		0070 Code	What was the amount of income or loss after expenses?	2 No – Go to item 7 0260 \$ FARMINCX .00		Railroad Retirement?	0440 1 2 GOVRET 0460 1 2 2		
	Operator, assembler, lat 11 - Machine operato inspector				0270 3 🗆 Loss FARM LOSS			PRIVPENS 0480 1 2	- DRIVEENY	
	12 - Transportation o 13 - Handler, helper, l Precision production, cr. 14 - Mechanic, repair	laborer aft, repair		7. During the past 12 months, did receive from the U.S. Government any money – a. From Social Security checks?	0280 1 Yes 2 No SOCSECIN	g.	If NO in item 10c – Are Social Security payments normally deducted from your paycheck?	SSN O RM 0500 1 2		
	production 15 - Construction, mi Farming, forestry, fishin 16 - Farming 17 - Forestry, fishing,	ig		b. From Railroad Retirement checks?	0290 1 Yes 2 No RRRETINC	11.	Ask if "Yes" in item 10c or 10g Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 1 Yes 2 No	MEDICOV	
b.	Armed forces 18 - Armed forces Was	, 9.009	0080 INCOMEY	C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 \square Yes – Go to item 7d 2 \square 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?	0510 1 Yes 2 No	EM PLCONT	
	CODE 1 - An employee of a company, busines working for wages 2 - A Federal governm	s, or individual s or salary?	Ask if code 5 and not a farm – Is the business incorporated?	d. What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$ RRRETIRX .00	13a.	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	0520 1 Yes 2 No - 0	INDRETAC Go to item 14	
	3 – A State governme	nt employee?	0090 1 Yes	e. Is this amount AFTER the deduction for a Medicare premium?	0320 1 Yes 2 No INCM EDCR		If YES – How much?	0530 _{\$} INDR	ETX .00	
	5 – Self-employed in 6 professional pract 6 – Working WITHOUT business or farm?	tice, or farm? I PAY in family	₂ □ No INCORP	f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 SS_RRQ Number		FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	0540 1 Record	ds	

Part A - Second Quarter, Fifth Quarter or New Consumer Units Only - Continued											
Section Continue	F	Part A - Second	Quarter, Fifth C	Quarter or New Consur	ner Units Only – Continued						
The position of the position	1.	REPRESENTATIVE ITEM Enter the first name and line number of	ONLY	1 22 06 9 ↓	5. What was the main reason did not work during the past 12 months? Was			receive – . Any Supplemental Security Income			
2. In the last 12 months, law many proper and times, option counting work around the busic? Include paid vacation and proper and times, option counting work around the busic? Include paid vacation and proper and times, option counting work around the busic? Include paid vacation and proper and the busic? Include paid vacation and proper and the busic? Include paid vacation and proper and the busic? Include paid vacation and proper and the busic? Include paid vacation and proper and the busic? Include paid vacation and proper and the busic? Include paid vacation and proper and the busic? Include paid vacation and proper and proper and the busic? Include paid vacation and proper and pro			b. LINE NUMBER	0010	1 – Retired? 2 – Taking care of home/family?		b.	checks from the State or local			
3. In the weeks that	2.	weeks did work part time, not count the house? Include p	either full time or ing work around	0 □ Did not work –	4 – III, disabled, unable to work? 5 – Unable to find work?	0100Code		If YES in items 8a and/or 8b – How much did receive in Supplemental Security Income checks altogether?		.00	
### Amount of income or loss from so with factorial particles or professional particles or p	3.	many hours did week?	usually work per	Hodis per	receive any money in – a. Wages or salary? Include commissions.		9.	(code 1). What was the gross amount of's last pay and what period of time did	0380 1 Week 5 Year 2 2 2 Weeks 6 Other - Specify		
Manager, professional O1 - Administrator, manager O2 - Professional Administrative support, technical, sales O4 - Administrative support, technical, sales O4 - Administrative support, technical, sales O5 - Seles, business goods and services O7 - Seles, business goods and service O8 - Professional O8 - Seles, business goods and service O9 - Private bousehold service O9 - Private bousehold service O9 - Private bousehold service O9 - Private bousehold service O9 - Private bousehold service O9 - Private bousehold service O9 - Private bousehold service O9 - Private bousehold service O9 - Private bousehold service O9 - Private bousehold service O9 - Private found of the service of the service of t	4a.	la. The job in which received the mos earnings during the past 12 months			tips, Armed Forces pay and allowances. What was the amount of income	0210 \$			4 □ Qua	rter 7 🗆 Twice a month	
What was the amount of income or loss after expenses? Of - Administrative support, including Celvical		Manager, professional 01 – Administrator, 02 – Teacher			nonfarm business, partnership, or			's last pay for – If YES – How much was deducted?			
OC- Sales, business goods and services OT - Technician Survice OT - Technician Survice OT - Technician Survice OS - Protective service OS - Protective service OPerator, assembler, laborer 11 - Machine operator, assembler, laborer 12 - Machine operator, assembler, laborer 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision 15 - Good structor, liming 16 - Forestry, fishing 17 - Forestry, fishing 18 - Armed forces 18 - Armed forces 19 - Mill of the structure of the last social Security core only the Medicard from your paycheck? C. Income or loss from's own farm? What was the amount of income or loss from's own farm? What was the amount of income or loss from's own farm? What was the amount of income or loss from's own farm? What was the amount of income or loss from's own farm? What was the amount of income or loss from's own farm? What was the amount of income or loss from's own farm? What was the amount of income or loss from's own farm? What was the amount of income or loss from's own farm? What was the amount of income or loss from's own farm? What was the amount of income or loss from's own farm? What was the amount of income or loss from's own farm? What was the amount of income or loss from's own farm? What was the amount of income or loss from's own farm? What was the amount of income or loss from's own farm? Description for loss from's own farm? Generator has a service of the mill of the service or loss of the serv		Administrative suppor 04 - Administrative clerical	t, technical, sales support, including		What was the amount of income or loss after expenses?		b.	State and local income tax?			
Oss Protective service Oss Protective service Oss Protective service Oss Protective service Oss Protective service Oss O		06 – Sales, business 07 – Technician	goods and services				C.	Social Security including Medicare?	-		
Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 15 - Manual Production, craft, repair of the company business, or individual company, business, or individual company, business, or individual assembler, inspector 1 - An employee of a PRIVATE company, business, or individual company company company compa		08 - Protective servi		0070 Code		0260 \$.00					
13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing, groundskeeping Armed forces 18 - Armed forces 19 - Working WITHOUT PAY in family business or farm? 6 - During the past 12 months, how many Social Security coleron to green for a Medicare prayment and providing for supersor and provided for social Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security or Rainroad and the provincing for the foscial Security or Rainroad and the provincing foscial Security or Rainroad and the provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the Medicare provincing foscial Security cover only the		11 – Machine operat inspector	or, assembler,		7. During the past 12 months, did	0270 3 L Loss			0480 1 2	0490 \$.00	
15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping 17 - Forestry, fishing, groundskeeping 18 - Armed forces 18 - Armed forces 18 - Armed forces 18 - Armed forces 18 - Armed forces 18 - Armed forces 18 - Armed forces 19 - Armed		13 - Handler, helper Precision production, o 14 - Mechanic, repa	, laborer craft, repair		receive from the U.S. Government any money –		g.	payments normally deducted from	0500 1 2	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
Armed forces 18 - Armed forces b. Was CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary? 2 - A Federal government employee? 3 - A State government employee? 4 - A local government employee? 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm? 7 - Working WITHOUT PAY in family business or farm? 8 - Working WITHOUT PAY in family business or farm? 9 - Working WITHOUT PAY in family business or farm? 9 - Working WITHOUT PAY in family business or farm? 10 - Working WITHOUT PAY in family business or farm? 10 - Working WITHOUT PAY in family business or farm? 10 - Working WITHOUT PAY in family business or farm? 11 - Worked to items 7a and/or 7b? 12 - No Go to item 7d 13 - Working WITHOUT PAY i		15 - Construction, n Farming, forestry, fish 16 - Farming	ing		b. From Railroad Retirement checks?		11.	Does the money deducted for Social Security cover only the Medicare			
1 - An employee of a PRIVATE company, business, or individual working for wages or salary? 2 - A Federal government employee? 3 - A State government employee? 4 - A local government employee? 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm? 1 - An employee of a PRIVATE company, business, or individual Retirement payment received? Ask if code 5 and not a farm - Is the business incorporated? Ask if code 5 and not a farm - Is the business incorporated? Ask if code 5 and not a farm - Is the business incorporated? Ask if code 5 and not a farm - Is the business incorporated? Ask if code 5 and not a farm - Is the business incorporated? Ask if code 5 and not a farm - Is the business incorporated? Ask if code 5 and not a farm - Is the business incorporated? Ask if code 5 and not a farm - Is the business incorporated? Ask if code 5 and not a farm - Is the business incorporated? Ask if code 5 and not a farm - Is the business incorporated? Ask if code 5 and not a farm - Is the business incorporated? Ask if code 5 and not a farm - Is the business incorporated? Ask if code 5 and not a farm - Is the business incorporated? Ask if code 5 and not a farm - Is the business incorporated? Ask if code 5 and not a farm - Is the business incorporated? Ask if code 5 and not a farm - Is the business or farm and incorporate incorporated? Ask if code 5 and not a farm - Is the business or farm and incorporated? Ask if code 5 and not a farm - Is the business or farm and incorporated? Ask if code 5 and not a farm - Is the business or farm and incorporated? Ask if code 5 and not a farm - Is the business or farm and incorporated? Ask if code 5 and not a farm - Is the business or farm and incorporated? Body I yes 1	b.	18 - Armed forces Was			ls "Yes" marked in items 7a and/or 7b?	0300 1 Yes – Go to item 7d 2 No – Go to item 8a	12.	employer or union that worked for during the last 12 months contribute to a pension or retirement			
2 - A rederal government employee? 3 - A State government employee? 4 - A local government employee? 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm? 6 - Working WITHOUT PAY in family business or farm? 6 - Working WITHOUT PAY in family business or farm? 7 - Working WITHOUT PAY in family business or farm? 8 - Is this amount AFTER the deduction for a Medicare premium? 9 - Working WITHOUT PAY in family business or farm?		1 – An employee of a company, busine working for wag	ess, or individual es or salary?	Ask if code 5 and not a farm – Is the business	Social Security or Railroad Retirement payment received? ————————————————————————————————————		13a.	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account			
professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm? f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive? f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive? 14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing 1 Number		2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee?	0090 1 ☐ Yes			b.		0530 \$.00		
	5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family	2 □ No	many Social Security or Railroad		14.	Mark (X) the appropriate box based upon the respondent's use of records in providing					

F	Part A – Second	Quarter, Fifth C	Quarter or New Consur	ner Units Only – Continued							
1.	1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over. PROCESSING USE ONLY a. NAME b. LINE NUMBER		1 22 11 9 ↓	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE 1 - Retired?			During the past 12 months, did receive – Any Supplemental Security Income checks from the U.S. Government? Any Supplemental Security Income	0340 1 Yes 2 No)		
2.	In the last 12 month weeks did work	s, how many		2 – Taking care of home/family? 3 – Going to school? 4 – III, disabled, unable to work?	0100Code		checks from the State or local Government? If YES in items 8a and/or 8b –	0350 1 \(\text{Yes} \) 2 \(\text{No} \)			
	part time, not count the house? Include p paid sick leave.	ing work around	0020 Weeks □ Did not work – Go to item 5	5 – Unable to find work? 6 – Doing something else? – Specify			How much did receive in Supplemental Security Income checks altogether?	0360 \$.00	
3.	 In the weeks that worked, how many hours did usually work per week? Information Booklet, page 44 The job in which received the mos earnings during the past 12 months fits best in the following category: 		0030 Hours per week	a. Wages or salary? Include commissions,	0200 1 Yes 2 No - Go to item 6b	9.	Ask items 9–12 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover?	2 ☐ 2 Weeks 6 ☐ Other – Specify			7
4a.				tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$			3 Month 4 Quarter 7 Twice a mo			
	Manager, professional 01 - Administrator,			b. Income or loss from's own nonfarm business, partnership, or	0220 1 Yes	10.	Was there any money deducted from's last pay for – If YES – How much was deducted?	Yes	No	Amount	
	02 - Teacher 03 - Professional Administrative suppor	t, technical, sales		professional practice? What was the amount of income or loss after expenses?	2 \(\text{No} - \text{Go to item 6c} \)	a.	Federal income tax?	0390 1 🗆		0400 \$.00
	04 – Administrative clerical 05 – Sales, retail 06 – Sales, business				0240 3 Loss		State and local income tax?	0410 1 🗆		0420 \$.00
	07 - Technician Service 08 - Protective servi		0070 Code	C. Income or loss from's own farm? What was the amount of income or loss after expenses?	0250 1 ☐ Yes 2 ☐ No – Go to item 7	d.	Medicare?	0440 1 🗆		0450 \$.00
	09 - Private househo 10 - Other service Operator, assembler, I	old service	code	·	0260 \$.00 0270 3 \(\text{Loss} \)	e.	Government Retirement?	0460 1 🗆	2 🗌	0470 \$.00
	11 – Machine operat inspector 12 – Transportation	tor, assembler, operator		7. During the past 12 months, did			Private pension fund?	0480 1 🗆	2 🗆	0490 \$.00
	13 - Handler, helper, Precision production, o 14 - Mechanic, repair	craft, repair		receive from the U.S. Government any money – a. From Social Security checks?	0280 1 Yes 2 No	g.	If NO in item 10c – Are Social Security payments normally deducted from your paycheck?	0500 1 🗆	2 🗆		
	production 15 - Construction, n Farming, forestry, fish 16 - Farming 17 - Forestry, fishing	ing		b. From Railroad Retirement checks?	0290 1 Yes 2 No	11.	Ask if "Yes" in item 10c or 10g Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 1 Yes			
b.	Armed forces 18 - Armed forces Was			C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	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?	0510 1 Yes			
	CODE 1 - An employee of a company, busine working for wag 2 - A Federal govern	ess, or individual es or salary?	O080 Code Ask if code 5 and not a farm – Is the business incorporated?	C. What was the amount of the last Social Security or Railroad Retirement payment received? C. Is this amount AFTER the deduction	0310 \$.00	13a.	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	0520 1 Yes		o item 14	
	3 - A State governm4 - A local governm5 - Self-employed in	ent employee? ent employee? OWN business.	0090 1 Yes 2 No	for a Medicare premium?	0320 1 Yes 2 No	b.	. If YES – How much?	0530 \$.00	
	professional prac 6 – Working WITHOU business or farm	ctice, or farm? JT PAY in family		f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 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.	0540 1 Rec 2 No		s used	

F	Part A - Second	Quarter, Fifth C	Quarter or New Consur	ner Units Only – Continued					
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14	PROCESSING USE ONLY a. NAME	1 22 16 8 🗸	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE		l -	During the past 12 months, did receive – . Any Supplemental Security Income checks from the U.S. Government? . Any Supplemental Security Income	0340 1 Yes 2 No	
2	years old and over. In the last 12 month	b. LINE NUMBER	0010	1 – Retired? - 2 – Taking care of home/family? 3 – Going to school?	0100 Code		checks from the State or local Government?	0350 1 ☐ Yes 2 ☐ No	
- .	weeks did work opart time, not count the house? Include paid sick leave.	either full time or ing work around	0020 Weeks □ Did not work – Go to item 5	4 – III, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify	Code		If YES in items 8a and/or 8b – How much did receive in Supplemental Security Income checks altogether?	0360 \$.00
3.	 In the weeks that worked, how many hours did usually work per week? Information Booklet, page 44 The job in which received the mos earnings during the past 12 months fits best in the following category: 		0030 Hours per week	6. During the past 12 months, did receive any money in – a. Wages or salary? Include commissions,	0200 1 Yes 2 No - Go to item 6b	9.	Ask items 9-12 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover?	0370 \$.00 5 ☐ Year 6 ☐ Other – Specify _✓
4a.				tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$.00			3 ☐ Month 4 ☐ Quarter	7 🗆 Twice a month
	Manager, professional O1 – Administrator, O2 – Teacher O3 – Professional			b. Income or loss from's own nonfarm business, partnership, or professional practice?	0220 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? Federal income tax?	Yes No	Amount .00
	Administrative suppor 04 - Administrative clerical	t, technical, sales support, including		What was the amount of income or loss after expenses?	0230 \$.00 0240 3 \(\text{Loss} \)	b.	State and local income tax?	0410 1 2	0420 \$.00
	05 – Sales, retail 06 – Sales, business 07 – Technician	goods and services			0250 1 Yes	C.	Social Security including Medicare?	0430 1	
	Service 08 - Protective servi 09 - Private househo 10 - Other service	ice old service	0070 Code	What was the amount of income or loss after expenses?	2 \(\text{No} - \text{Go to item 7} \)		Railroad Retirement?	0440 1 2 0	0450 \$.00 0470 \$.00
	Operator, assembler, l. 11 - Machine operat inspector				0270 3 Loss		Government Retirement?	0480 1 2	0470 \$.00
	12 - Transportation 13 - Handler, helper, Precision production, o 14 - Mechanic, repai	, laborer craft, repair		7. During the past 12 months, did receive from the U.S. Government any money – a. From Social Security checks?	0280 1 ☐ Yes 2 ☐ No		If NO in item 10c – Are Social Security payments normally deducted from your paycheck?	0500 1 2	
	production 15 - Construction, m Farming, forestry, fishi 16 - Farming 17 - Forestry, fishing	ing		b. From Railroad Retirement checks?	0290 1 Yes 2 No	11.	Ask if "Yes" in item 10c or 10g Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 1 ☐ Yes 2 ☐ No	
b.	Armed forces 18 - Armed forces Was	, g		C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 \square Yes – Go to item 7d 2 \square 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?	0510 1 ☐ Yes 2 ☐ No	
	CODE 1 - An employee of a company, busine working for wag 2 - A Federal govern	ess, or individual es or salary?	O080 Code Ask if code 5 and not a farm – Is the business incorporated?	d. What was the amount of the last Social Security or Railroad Retirement payment received? e. Is this amount AFTER the deduction	0310 \$.00	13a	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	0520 1 ☐ Yes 2 ☐ No – <i>Go</i>	to item 14
	3 - A State governm 4 - A local governme 5 - Self-employed in	ent employee? ent employee?	0090 1 ☐ Yes 2 ☐ No	for a Medicare premium?	0320 1 Yes 2 No	b.	. If YES – How much?	0530 \$.00
	professional prac 6 – Working WITHOU business or farm	ctice, or farm? JT PAY in family		f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 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 Records 2 No record	

F	Part A – Second	Quarter, Fifth C	Quarter or New Consur	ner Units Only – Continued							
1.	1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over. PROCESSING USE ONLY a. NAME b. LINE NUMBER		1 22 21 8 ↓	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE 1 - Retired?			During the past 12 months, did receive – . Any Supplemental Security Income checks from the U.S. Government? . Any Supplemental Security Income	0340 1 Ye 2 No)		
2.	In the last 12 month weeks did work part time, not count	s, how many either full time or	0020 Weeks	2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work?	0100Code		checks from the State or local Government? If YES in items 8a and/or 8b – How much did receive in	0350 1 \(\text{Ye} \) 2 \(\text{No} \)			
	the house? Include p	paid vacation and	0 □ Did not work – Go to item 5	6 - Doing something else? - Specify			Supplemental Security Income checks altogether? Ask items 9–12 only if item 6a is YES	0360 \$.00	
3.	 In the weeks that worked, how many hours did usually work per week? Information Booklet, page 44 The job in which received the mose earnings during the past 12 months fits best in the following category: 		0030 Hours per week	6. During the past 12 months, did receive any money in – a. Wages or salary? Include commissions,	0200 1 Yes 2 No - Go to item 6b	9.	(code 1). What was the gross amount of's last pay and what period of time did this cover?	(370			~
4a.				tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$			4 🗆 Quarter 7 🗆 Twice a month			
	Manager, professional 01 - Administrator,			b. Income or loss from's own nonfarm business, partnership, or	0220 1 Yes	10.	Was there any money deducted from's last pay for – If YES – How much was deducted?		No	Amount	
	02 - Teacher 03 - Professional Administrative support	t, technical, sales		professional practice? What was the amount of income or loss after expenses?	2 \(\text{No} - \text{Go to item 6c} \)		Federal income tax?	0390 1 🗆		0400 \$.00
	04 - Administrative clerical 05 - Sales, retail 06 - Sales, business				0240 3 Loss		State and local income tax?	0430 1			.00
	07 - Technician Service 08 - Protective servi 09 - Private househo		0070 Code	C. Income or loss from's own farm? What was the amount of income or loss after expenses?	0250 1 Yes 2 No – Go to item 7	d.	Railroad Retirement?	0440 1 🗆	2 🗌	0450 \$.00
	10 - Other service Operator, assembler, la 11 - Machine operat	aborer			0260 \$.00 0270 3 \(\text{Loss} \)	e.	Government Retirement?	0460 1 🗆		,	.00
	inspector 12 – Transportation 13 – Handler, helper,	operator , laborer		7. During the past 12 months, did receive from the U.S. Government any money –	0280 1 Yes		Private pension fund?	0480 1		0490 \$.00
	Precision production, of 14 – Mechanic, repair production 15 – Construction, m	irer, precision		a. From Social Security checks?	2 □ No		your paycheck?	0500 1 🗆 ¦	2 🗆	<u>/////////////////////////////////////</u>	<u>/////</u>
	Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing	ing		b. From Railroad Retirement checks?	0290 1 Yes 2 No	11.	Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 1 Ye 2 No			
b.	Armed forces 18 - Armed forces Was		0080 Code	C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	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?	0510 1 Ye 2 No			
	CODE 1 - An employee of a company, busine working for wag 2 - A Federal govern	ess, or individual es or salary?	Ask if code 5 and not a farm – Is the business incorporated?	d. What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$	13a.	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	0520 1 Ye		o item 14	
	3 - A State governm4 - A local governme5 - Self-employed in	ent employee? ent employee? OWN business.	0090 1 Yes 2 No	e. Is this amount AFTER the deduction for a Medicare premium?	0320 1 Yes 2 No	b.	. If YES – How much?	0530 \$.00	
	professional prac 6 – Working WITHOU business or farm	JT PAY in family		f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 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.	0540 1 Re 2 No		s used	

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Section 22 - WORK EXPERIENCE AND INCOME - Continued

F	art A – Second	Quarter, Fifth C	Quarter or New Consur	ner Units Only – Continued							
1.	1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over. PROCESSING USE ONLY a. NAME b. LINE NUMBER		1 22 26 7 ↓	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE 1 - Retired?			receive – Any Supplemental Security Income checks from the U.S. Government? Any Supplemental Security Income	0340 1 Yes 2 No)		
2.	In the last 12 month weeks did work	s, how many either full time or	0020 Weeks	2 – Taking care of home/family? 3 – Going to school? 4 – III, disabled, unable to work? 5 – Unable to find work?	0100Code		checks from the State or local Government? If YES in items 8a and/or 8b –	0350 1 \(\text{ Yes} \) 2 \(\text{ No} \)			
	part time, not count the house? Include p paid sick leave.	ing work around paid vacation and	o □ Did not work – Go to item 5	6 - Doing something else? - Specify			How much did receive in Supplemental Security Income checks altogether? Ask items 9–12 only if item 6a is YES	0360 \$.00	
3.	In the weeks that worked, how many hours did usually work per week? Information Booklet, page 44		0030 Hours per week	6. During the past 12 months, did receive any money in – a. Wages or salary? Include commissions,	0200 1 Yes 2 No - Go to item 6b	9.	(code 1). What was the gross amount of's last pay and what period of time did this cover?	2 2 Weeks 6 Other - Specify			?
Information Booklet, page 44 4a. The job in which received the most earnings during the past 12 months fits best in the following category:			tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$			3 □ Mc 4 □ Qu	ıarter	7 🗌 Twice a month		
	Manager, professional 01 - Administrator ,			b. Income or loss from's own nonfarm business, partnership, or	0220 1 ☐ Yes 2 ☐ No – Go to item 6c	10.	Was there any money deducted from's last pay for – If YES – How much was deducted?		No	Amount	
	02 - Teacher 03 - Professional Administrative suppor 04 - Administrative			professional practice? What was the amount of income or loss after expenses?	0230 \$.00		Federal income tax?	0390 1		0420 \$.00
	clerical 05 - Sales, retail 06 - Sales, business			C. Income or loss from's own farm?	0240 3 Loss		Social Security including Medicare?	0430 1 🗆			
	07 - Technician Service 08 - Protective servi 09 - Private househo		0070 Code	What was the amount of income or loss after expenses?	0250 1 Yes 2 No – Go to item 7	d.	Railroad Retirement?	0440 1 🗆	2 🗌)450 \$.00
	10 - Other service Operator, assembler, I 11 - Machine operat	aborer			0260 \$.00 0270 3 Loss		Government Retirement?	0460 1			.00
	inspector 12 – Transportation 13 – Handler, helper	operator , laborer		7. During the past 12 months, did receive from the U.S. Government any money –	0280 1 ☐ Yes 2 ☐ No		 Private pension fund? If NO in item 10c – Are Social Security payments normally deducted from 			1490 \$	
	Precision production, of 14 - Mechanic, reparate production 15 - Construction, n	irer, precision		a. From Social Security checks?			your paycheck? Ask if "Yes" in item 10c or 10g	0500 1 🗆 ¦		<u> </u>	<u>/////</u>
	Farming, forestry, fish 16 - Farming 17 - Forestry, fishing	ing		b. From Railroad Retirement checks?	0290 1 Yes 2 No	11.	Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 1 ☐ Yes 2 ☐ No			
b.	Armed forces 18 - Armed forces Was		0080 Code	C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	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?	0510 1 Yes			
	CODE 1 - An employee of a company, busine working for wag 2 - A Federal govern	ess, or individual es or salary?	Ask if code 5 and not a farm – Is the business incorporated?	d. What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$.00	13a.	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	0520 1 Yes		item 14	
	3 - A State governme4 - A local governme5 - Self-employed in	ent employee? ent employee? OWN business,	0090 1 Yes 2 No	for a Medicare premium?	0320 1 Yes 2 No	b.	If YES – How much?	0530 \$.00	
	professional prac 6 – Working WITHOU business or farm	JT PAY in family		f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 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.	0540 1 Rec 2 No	cords records	used	

FIELD

P	art B – Second Quarter, Fifth		r Units – <i>Ask for entire CU as a gre</i>	oup.		
(During the past 12 months, did you (or any members of your CU) receive income from any of the following –		1h. Income from child support?	0155 1 ☐ Yes CHDSUP 2 ☐ No – Go to item 1i	3. During the past 12 months, did you (or any members of your CU) receive any refunds from the following –	
a .	Income from unemployment compensation?	1 ☐ Yes UNEMPCMP 2 ☐ No – Go to item 1b	If YES – (1) Did you receive a one time lump	0160 1 ☐ Yes CHDLM P 2 ☐ No – Go to item 1h(2)	If YES – What was the total amount received by ALL CU members?	1 Yes FEDREFNO
	If YES – What was the total amount received by ALL CU members?	0020 \$ UNEMPLX .00	sum payment for child support? If YES –	2 10 00 10 110 11 11(2)	a. Federal income tax?	0260 \$ FEDRFNDX .00
b.	Income from worker's compensation or veteran's benefits including education benefits, but excluding	0025 1 ☐ Yes COMPENSN 2 ☐ No – Go to item 1c	What was the total amount received by ALL CU members in last 12 months?	0165 \$ CHDLMPX .00	b. State and local income tax?	0270 1 Yes SLREFUND 2 No 0280 \$ SLRFUNDX .00
	military retirement? If YES – What was the total amount received by ALL CU members?	0030 \$ COMPENSX .00	(2) Did you receive any child support payments in other than a lump sum amount?	0170 1 ☐ Yes CHDSPOTH 2 ☐ No – Go to item 1i	C. Overpayment on Social Security?	0290 1 Yes SSOVERPM
,	Income from public assistance or welfare including money received from job training grants such as Job Corps?	0035 1 ☐ Yes WELFARE 2 ☐ No – Go to item 1d	If YES – What was the total amount received by ALL CU members in last 12 months?	0175 \$ CHDOTHX .00	d. Insurance policies?	2 No 0300 \$ SSOVERPX .00 0310 1 Yes INSRFND
	If YES – What was the total amount received by ALL CU members?	0040 \$ WELFAREX .00	i. Income from regular contributions from –	0180 1 Yes 2 No ALIM SUP	,	0310 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Income from interest on savings accounts or bonds?	0050 1 ☐ Yes INTEARN 2 ☐ No - Go to item 1e	(1) Alimony? (2) Other sources such as from persons outside the CU?	0185 1 Yes OTH CONT	e. Property taxes?	0330 1 Yes PTAXRFND
	If YES – What was the total amount received by ALL CU members?	0060 \$ INTEARNX .00	If YES – for item i(1) or i(2) – Altogether what was the total	ALIOTHX		0340 \$ PTAXRFDX .00
e.	Regular income from dividends, royalities, estates, or trusts?	0070 1 Yes FINANING	amount received by ALL CU members? 2. During the past 12 months, did	0188 \$.00	f. Other sources, including any other taxes? Specify in notes.	0350 1 Yes OTHREND
	If YES – What was the total amount received by ALL CU members?	2 □ No – Go to item 1f O080 \$ FININCX .00	you (or any members of your CU) receive any – a. Lump sum payments from estates,		4. During the past 12 months, did you (or any	0360 \$ OTHRFNDX .00
1	Income from pensions or annuities from private companies, military, Government, IRA, or Keogh?	0090 1 Yes PENSIONS	trusts, royalties, alimony, prizes or games of chance, or from persons outside of the CU?	0190 1 ☐ Yes LUM PSUM 2 ☐ No – Go to item 2b	members of your CU) pay any – If YES – What was the total amount PAID by ALL CU members?	0370 1 Yes PDFEDTAX
	If YES – What was the total amount received by ALL CU members?	2 ☐ No – Go to item 1g 0100	If YES – What was the total amount received by ALL CU members?	0200 \$ LUMPSUMX .00	Federal income tax in addition to that withheld from earnings?	2 No 0380 \$ FEDTAXX .00
g.	Net income or loss from any type of rental of rooms or living units?	0110 1 Yes INC_LOSS 2 No - Go to item 1h	 D. Money from the sale of household furnishings, equipment, clothing, jewelry, pets, or other belongings, excluding the sale of vehicles or 	0210 1 ☐ Yes SALEINC	b. State and local income tax in addition to that withheld from earnings?	0390 1 Yes PDSLTAX
	If YES –		property?	2 □ No – Go to item 2c	-	0400 \$ SLOCTAXX .00
	(1) How much net income or loss was received from roomers or boarders?	0120 \$ INC LOSSA .00	If YES – What was the total amount received by ALL CU members?	SALEINCX .00	C. Personal property taxes not reported elsewhere?	0410 1 Yes TAXPROP
		1 Loss	C. Other money income, including money received from cash scholarships and fellowships,	0230 1 ☐ Yes OTHERINC	d	0420 \$ TAXPROPX .00
	(2) How much net income or loss was received from payments from other rental units?	0140 \$ INC LOSSB .00	stipends not based on working, or from the care of foster children? If YES – What was the total amount	2 □ No – Go to item 3	d. Other taxes not reported elsewhere? Do not include Social Security tax for the self-employed – Specify in notes.	0430 1 Yes MISCTAX
		0150 0 None 1 Loss INCLOSBN	received by ALL CU members?	0240 \$ OTHRINCX .00		0440 \$ MISCTAXX .00
			NOTE	S		

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NOTE: As of January, 1996, Section 22 Part C no longer exists.		
	NOTES	

	Section 22 – WORK EXPE									
<u> </u>	Part D – Third and Fourth OFFICE TRANSCRIPTION ITEMS	PROCESSING USE ONLY	nbers 	14 Years Old ar	nd Over who previous	sly did not work	, ,	1 23 16 6 ↓	1 23 17 4 🔻	1 23 18 2 🔻
••		a. NAME		1 20 10 0 0	1 20 14 1 4	1 23	10 0 7	1 23 10 0 4	1 25 17 4 4	1 23 10 2 4
	CU members who previously reported not working.	b. LINE NUMBER	0010		0010	0010		0010	0010	0010
2.	Since the 1st of (month, 3 month income from wages, or salary f partnership, professional pract	ns ago), did earn any rom a business.	0020		0020 1 Yes 2 No	0020 1 Yes 2 No		0020 1 Yes 2 No	0020 1 Yes 2 No	0020 1 Yes 2 No
3.	FIELD REPRESENTATIVE ITEM Enter the name and line number of all new CU members recorded	a. NAME								
	on the control card for the first time in this interview who are 14 years old or older.	b. LINE NUMBER	0030		0030	0030		0030	0030	0030
	Complete a page in part E for each	ch "Yes" response in item 2	and for	each new CU member	listed in item 3.		-		,	
1.	OFFICE TRANSCRIPTION ITEMS	PROCESSING USE ONLY		1 23 19 0 ↓	1 23 20 8 🔻	1 23 2	21 6 ↓	1 23 22 4 🔻	1 23 23 2 🔻	1 23 24 0 ₩
	CU members who previously	a. NAME								
	reported not working.	b. LINE NUMBER	0010		0010	0010		0010	0010	0010
2.	Since the 1st of (month, 3 month income from wages, or salary f partnership, professional pract	ns ago), did earn any rom a business, ice, or farm?	0020	1 ☐ Yes 2 ☐ No	0020 1 ☐ Yes 2 ☐ No	0020 1 Yes 2 No		0020 1 Yes 2 No	0020 1 ☐ Yes 2 ☐ No	0020 1 Yes 2 No
3.	FIELD REPRESENTATIVE ITEM Enter the name and line number of all new CU members recorded	a. NAME								
	on the control card for the first time in this interview who are 14 years old or older.	b. LINE NUMBER	0030		0030	0030		0030	0030	0030
	Complete a page in part E for each	ch "Yes" response in item 2	and for	each new CU member	listed in item 3.					
						NOTES				

FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.

Part E – Third and Fourth Quarter				
1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of	Ask if item 2 marked "Did not work" – S. What was the main reason did not work during the past 12 mont was	hs?	8. During the past 12 months, did receive – a. Any Supplemental Security Income checks from the U.S. Government?	0340 1 Yes SUPPLINC 2 No
each CU member 14 years old and over. b. LINE NUMBER 0010	CODE M EM BNO 1 - Retired? 2 - Taking care of home/family? 3 - Going to school?	0100 INCNONW K Code	b. Any Supplemental Security Income checks from the State or local Government?	0350 1 Yes SLSSI
weeks did work either full time or part time, not counting work around the house? Include paid vacation and	Weeks Did not work – Go to item 5 4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specif		If YES in items 8a and/or 8b – How much did receive in Supplemental Security Income checks altogether?	0360 \$ SSIX .00
3. In the weeks that worked, how many hours did usually work per week? Information Booklet, page 44	6. During the past 12 months, did receive any money in – a. Wages or salary? Include commission tips, Armed Forces pay and allowance	ns, 0200 1 Yes SALARYST	Ask items 9–11 only if item 6a is YES (code 1). 9. What was the gross amount of's last pay and what period of time did this cover?	0370 \$ GROSPAYX .00 0380 1 Week 5 Year 2 2 Weeks 6 Other - Specify 7 3 Month PAYPERD
4a. The job in which received the most earnings during the past 12 months fits best in the following category:	What was the amount of income received before any deductions?	O210 \$ SALARYX .00		4 ☐ Quarter 7 ☐ Twice a month
Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional	b. Income or loss from's own nonfarm business, partnership, or professional practice?	2 □ NO – Go to item 6c	10. Was there any money deducted from 's last pay for – If YES – How much was deducted? a. Federal income tax?	Yes No
Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail	What was the amount of income o loss after expenses?	NONFARM X.00 0240 3 Loss NFRM LOSS	b. State and local income tax? C. Social Security including	SLTAX 0410 1 2 0420 \$ SLTAXX SSDED
06 - Sales, business goods and services 07 - Technician Service 08 - Protective service	CUCODE C. Income or loss from 's own farm What was the amount of income or loss after expenses?	n? 0250 1 Yes FARMINC 2 No - Go to item 7	Medicare?	0430 1 2 RRRDED RRRDEDX .00
09 - Private household service 10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler,		0260 \$ FARMINCX .00 0270 3 Loss FARM LOSS	e. Government Retirement?	GOVRET 0460 1 2 0470 \$ GOVRET X .00 PRIVPENS 0480 1 2 0490 \$ PRIVPENX .00
inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair	7. During the past 12 months, did receive from the U.S. Government any money –		g. If NO in item 10c – Are Social Security payments normally deducted from	SSNORM 0500 1 2 0490 \$ 1 1 2
14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming	a. From Social Security checks? b. From Railroad Retirement checks?	0290 1 Yes RRRETINC	Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 1 Yes MEDICOV
17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces b. Was	C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b	0500 T	12. Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement	0510 1 Yes EMPLCONT
CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary?	d. What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$ RRRETIRX .00	plan that was enrolled in? 13a. During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account	0520 1 ☐ Yes INDRETAC 2 ☐ No – Go to item 14
2 - A Federal government employee? 3 - A State government employee? 4 - A local government employee? 5 - Self-employed in OWN business,	Yes INCORP	0320 1 Yes INCM EDCR	(IRA & Keogh)? Exclude rollovers. b. If YES – How much?	0530 \$ INDRETX00
professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?	f. During the past 12 months, how many Social Security or Railroad Retirement payments did recei	ve? SS RRQ 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 ☐ Records 2 ☐ No records used RECSUSED

▶ Part E – Third and Fourth Quarter –	- Continued					
1. FIELD PROCESSING USE ONLY ITEM Enter the first name and line number of	1 23 30 7 ↓	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE		8. During the past 12 months, did receive – a. Any Supplemental Security Income checks from the U.S. Government?	0340 1 Yes 2 No	
each CU member 14 years old and over. b. LINE NUMBER 2. In the last 12 months, how many		1 – Retired? 2 – Taking care of home/family? 3 – Going to school?	0100 Code	b. Any Supplemental Security Income checks from the State or local Government? If YES in items 8a and/or 8b –	0350 1 Yes 2 No	
weeks did work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.	Weeks □ □ Did not work – Go to item 5	4 – III, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify	4 – III, disabled, unable to work? 5 – Unable to find work?		0360 \$.00
3. In the weeks that worked, how many hours did usually work per week?	30 Hours per week	6. During the past 12 months, did receive any money in – a. Wages or salary? Include commissions,	0200 1 ☐ Yes 2 ☐ No – <i>Go to item 6b</i>	Ask items 9–12 only if item 6a is YES (code 1). 9. What was the gross amount of's last pay and what period of time did this cover?		.00 5 Year 6 Other – Specify
Information Booklet, page 44 4a. The job in which received the most earnings during the past 12 months fits best in the following category:		tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$	10	3 ☐ Month 4 ☐ Quarter	7 🗆 Twice a month
Manager, professional O1 – Administrator, manager O2 – Teacher O3 – Professional		b. Income or loss from 's own nonfarm business, partnership, or professional practice?	0220 1 Yes 2 No - Go to item 6c	10. Was there any money deducted from's last pay for – If YES – How much was deducted? a. Federal income tax?	Yes No	Amount .00
Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail		What was the amount of income or loss after expenses?	0230 \$.00 0240 3 \(\text{Loss} \)	b. State and local income tax?		0420 \$.00
06 - Sales, letan 07 - Technician Service 08 - Protective service	170 Codo	C. Income or loss from 's own farm? What was the amount of income or loss after expenses?	0250 1 Yes 2 No – Go to item 7	C. Social Security including Medicare? d. Railroad Retirement?	0430 1 2 2	0450 \$.00
09 – Private household service 10 – Other service Operator, assembler, laborer		ioss arter expenses.	0260 \$.00 0270 3 \(\text{Loss} \)	e. Government Retirement?	0460 1 2 2	0470 \$.00
11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer		7. During the past 12 months, did receive from the U.S. Government any money –	0280 1 Yes	f. Private pension fund? g. If NO in item 10c – Are Social Security payments normally deducted from		0490 \$.00
Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining		a. From Social Security checks?	2 🗆 No	Ask if "Yes" in item 10c or 10g	0500 1 2 2	
Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping		b. From Railroad Retirement checks?	0290 1 ☐ Yes 2 ☐ No	11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 1 ☐ Yes 2 ☐ No	
Armed forces 18 - Armed forces b. Was		C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8a	for during the last 12 months contribute to a pension or retirement	0510 1 Yes 2 No	
CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary?	Ask if code 5 and not a farm – Is the business	d. What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$	plan that was enrolled in? 13a. During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account	0520 1 ☐ Yes	
2 - A Federal government employee?	incorporated? 1 ☐ Yes 2 ☐ No	e. Is this amount AFTER the deduction for a Medicare premium?	0320 1 ☐ Yes 2 ☐ No	(IRA & Keogh)? Exclude rollovers. b. If YES – How much?	2 □ No − <i>Go to</i>	.00
professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?		f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 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 ☐ Records 2 ☐ No record	s used

FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.

Pá	art E – Third and Fourth Quarte	er – Continued					
F 1 2 6 3	PROCESSING USE ONLY TEM Enter the first name and line number of each CU member 14 years old and over. PROCESSING USE ONLY a. NAME b. LINE NUMBER	1 23 35 6 ↓	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE 1 - Retired? 2 - Taking care of home/family?		a.	During the past 12 months, did receive – Any Supplemental Security Income checks from the U.S. Government? Any Supplemental Security Income checks from the State or local Government?	0340 1 Yes 2 No 0350 1 Yes 2 No
\ 	n 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.	0020 Weeks □ Did not work – Go to item 5	3 – Going to school? 4 – III, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify	0100 Code		If YES in items 8a and/or 8b – How much did receive in Supplemental Security Income checks altogether?	0360 \$
1	n the weeks that worked, how many hours did usually work per week?	0030 Hours per week	6. During the past 12 months, did receive any money in – a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances.	0200 1 Yes 2 No - Go to item 6b	9.	Ask items 9–12 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover?	0370 \$.00 0380 1 ☐ Week 5 ☐ Year 2 ☐ 2 Weeks 6 ☐ Other - Specify ₹ 3 ☐ Month
1	The job in which received the most earnings during the past 12 months its best in the following category:		What was the amount of income received before any deductions?	0210 \$	10.		4 Quarter 7 Twice a month Yes No Amount
	Manager, professional D1 – Administrator, manager D2 – Teacher D3 – Professional Administrative support, technical, sales D4 – Administrative support, including clerical		 b. Income or loss from 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? 	0220 1 Yes 2 No - Go to item 6c 0230		's last pay for – // YES – How much was deducted? Federal income tax? State and local income tax?	0390 1 □
	05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Gervice 08 – Protective service 09 – Private household service 10 – Other service	0070 Code	C. Income or loss from 's own farm? What was the amount of income or loss after expenses?	0250 1 Yes 2 No - Go to item 7	d.	Social Security including Medicare? Railroad Retirement? Government Retirement?	0430 1
	Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair		7. During the past 12 months, did receive from the U.S. Government any money – a. From Social Security checks?	0270 3 Loss 0280 1 Yes 2 No	f.	Private pension fund? If NO in item 10c – Are Social Security payments normally deducted from your paycheck?	0480 1 2 0490 \$.00 0500 1 2 2
F	 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping 		b. From Railroad Retirement checks?	0290 1 Yes 2 No	11.	Ask if "Yes" in item 10c or 10g	0501 1 Yes 2 No
b. \	Armed forces 18 - Armed forces Nas		C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	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?	0510 1 ☐ Yes 2 ☐ No
,	farm – Is the business	Ask if code 5 and not a farm – Is the business incorporated?	Retirement payment received?	0310 \$	13a	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	0520 1 ☐ Yes 2 ☐ No – Go to item 14
3	3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business,	0090 1 Yes 2 No	e. Is this amount AFTER the deduction for a Medicare premium?	0320 1 ☐ Yes 2 ☐ No		. If YES – How much?	0530 \$
(professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?		f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 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 Records 2 No records used

Part E – Third and Fourth Quarter – C	Continued					
1. FIELD PROCESSING USE ONLY ITEM Enter the first name and line number of	1 23 40 6 \$\frac{1}{4}\$	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was CODE		8. During the past 12 months, did receive – a. Any Supplemental Security Income checks from the U.S. Government?	0340 1 Yes 2 No	
each CU member 14 years old and over. b. LINE NUMBER 0010		1 – Retired? 2 – Taking care of home/family? 3 – Going to school?	0100 Code	b. Any Supplemental Security Income checks from the State or local Government? If YES in items 8a and/or 8b –	0350 1 Yes 2 No	
weeks did work either full time or	Weeks □ □ Did not work – Go to item 5	4 – III, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify	4 – III, disabled, unable to work? 5 – Unable to find work?		0360 \$.00
3. In the weeks that worked, how many hours did usually work per week?	Hours per week	receive any money in - a. Wages or salary? Include commissions,	0200 1 ☐ Yes 2 ☐ No – Go to item 6b	Ask items 9–12 only if item 6a is YES (code 1). 9. What was the gross amount of's last pay and what period of time did this cover?		.00 5 Year 6 Other – Specify
Information Booklet, page 44 4a. The job in which received the most earnings during the past 12 months fits best in the following category:		tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$	10	3 ☐ Month 4 ☐ Quarter	7 Twice a month
Manager, professional O1 – Administrator, manager O2 – Teacher O3 – Professional	1	b. Income or loss from 's own nonfarm business, partnership, or professional practice?	0220 1 ☐ Yes 2 ☐ No – <i>Go to item 6c</i>	10. Was there any money deducted from 's last pay for – If YES – How much was deducted? a. Federal income tax?	Yes No	Amount .00
Administrative support, technical, sales 04 – Administrative support, including clerical		What was the amount of income or loss after expenses?	0230 \$.00 0240 3 \(\text{Loss} \)	b. State and local income tax?		0420 \$.00
05 - Sales, retail 06 - Sales, business goods and services 07 - Technician Service		C. Income or loss from 's own farm? What was the amount of income or	0250 1 ☐ Yes 2 ☐ No – <i>Go to item 7</i>	C. Social Security including Medicare? d. Railroad Retirement?	0430 1 2 2	0450 \$.00
08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer	Code	loss after expenses?	0260 \$.00 0270 3 \(\text{Loss} \)	e. Government Retirement?		0470 \$.00
11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer	7.	During the past 12 months, did receive from the U.S. Government	0280 1 ☐ Yes	f. Private pension fund?	0480 1 2	0490 \$.00
Precision production, craft, repair 14 - Mechanic, repairer, precision production		any money – a. From Social Security checks?	2 No	payments normally deducted from your paycheck? Ask if "Yes" in item 10c or 10g	0500 1	
15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping		b. From Railroad Retirement checks?	0290 1 ☐ Yes 2 ☐ No	11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 1 ☐ Yes 2 ☐ No	
Armed forces 18 - Armed forces b. Was		C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8a	for during the last 12 months contribute to a pension or retirement	0510 1 ☐ Yes 2 ☐ No	
CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary?	Ask if code 5 and not a farm – Is the business	d. What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$.00	plan that was enrolled in? 13a. During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account	0520 1 ☐ Yes	
2 - A Federal government employee? 3 - A State government employee? 4 - A local government employee?	incorporated? 1 ☐ Yes 2 ☐ No	e. Is this amount AFTER the deduction for a Medicare premium?	0320 1 Yes 2 No	(IRA & Keogh)? Exclude rollovers. b. If YES – How much?	2 □ No − <i>Go t</i>	.00
professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?		f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 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.	0540 1 ☐ Records 2 ☐ No record	ds used

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Section 22 – WORK EXPERIENCE AND IN	ICOME – Continued	FIELD REPRESENTATIVE – Ask these items for the entire CU as a group in the Fifth Quarter.
Part F – Occupational Expenses and Cont	tributions – Fifth Quart	er Only
During the past 12 months, did you (or any members of your CU) have any occupational	1 22 98 6 ↓	NOTES
expenses such as union dues, tools, uniforms, business or professional association dues, licenses, or permits?	1 ☐ Yes OCCEX PN 2 ☐ No – Go to item 2a	
If YES – What was the total amount of these occupational expenses?	0020 \$ OCCEXPNX .00	
2. During the past 12 months, did you (or any members of your CU) make any –		
Cash contributions for support of persons not in the CU, including alimony, child support, or students living away at college?	1 Yes CSH CN T RB	
If YES – How much?	0040 \$ CSHCNTBX .00	
(1) How much of this amount was for	0041 \$ ALIMOX .00	
alimony?	x □ Don't know	
(2) How much of this amount was for child support?	0042 \$ CHLDSUPX .00 x □ Don't know	
(3) How much of this amount was for the	0060 s COLLEXPX .00	
expenses of college or university students while attending school away from home?	x Don't know	
b. Gifts of cash, bonds, or stocks to persons not in the CU?	0070 1 Yes CBSGIFT	
<i>If YES</i> – How much?	2 □ No − Go to item 2c 0080	
C. Contributions to charities, such as United Way,		
Red Cross, etc.?	0090 1 Yes CNTRCHAR 2 No - Go to item 2d	
<i>If YES</i> – How much?	0100 \$CNTRCHRX .00	
d. Contributions to church and other religious organizations, excluding parochial school expenses?	0110 1 Yes CNTRELG	
If YES – How much?	0120 \$ CNTRELGX .00	
e. Contributions to educational organizations?		
Or Contributions to educational organizations.	0130 1 ☐ Yes CNTREDOR 2 ☐ No - Go to item 2f	
If YES – How much?	0140 \$ CNTEDORX .00	
f. Political contributions?	0150 1 Yes CNTRPOL	
10V50 He 12	2 □ No − Go to item 2g 0160	
If YES – How much?	U100 \$ OKTK! OLX [.00]	
g. Other contributions? – Specify in "Notes"	0170 1 Yes MISCCNTR	
If YES – How much?	0180 \$ MISCCNTRX.00	

FIELD REPRESENTATIVE – Ask these items for the entire CU as a group in the Fifth Quarter.

I	Part G – Changes In Assets – Fifth Quarter Only						
1.	On the last day of (last month), what was the total amount your CU had in -	1 22 99 4 🗼	5.	During the past 12 months, did you (or any members of your CU) sell any stocks, mutual funds or bonds?	0160 1 Yes SELLSEC 2 No – Go to item 6	NOTES	
a	Savings accounts in banks, savings and loans, credit unions and similar accounts?	SAVACCTX .00 None		If YES – What was the net amount received from sales after subtracting broker fees?	0170 \$ SELLSECX .00		
b	Checking accounts, brokerage accounts and other similar accounts?	0020 \$ CKBKACTX .00 None	6.	During the past 12 months, did you (or any members of your CU) make any investments to your own business or farm?	0180 1 Yes BSINVST 2 No - Go to item 7		
C	U.S. Savings bonds?	0030 \$ USBNDX .00	7.	If YES – How much did you invest? During the past 12 months, did you (or any	0190 \$ BSINVSTX .00		
2.	How does the amount your CU had at the end of the last day of (last month) compare with the amount your CU had on the last day of (last month, one year ago) in – If more or less – How much more (less)?	0040 1 ☐ Same – Go to item 2b 2 ☐ More COMPSAV 3 ☐ Less		members of your CU) withdraw any assets from your own business or farm? If YES – What was the value of such assets?	2 No - Go to item 8a 0210 \$ W DBSASTX .00		
_	Savings accounts?	0050 \$ COMPSAVX.00	8a.	During the past 12 months, were any goods or services from your own business or farm withdrawn for personal use?	1 Yes WDBSGDS 2 No - Go to item 9a		
b	Checking accounts?	O060 1 Same - Go to item 2c 2 More COMPCKG 3 Less COMPCKGX .00	b	. What was the value of these goods or services?	0230 \$ W DBSGDSX 900		
C	U.S. Savings bonds?	O080 1 Same - Go to item 3a 2 More COM PBND 3 Less		On the last day of (last month), did anyone outside of your CU owe money to you or any member of your CU?	0240 1 ☐ Yes 2 ☐ No – Go to item 10 M O N Y O W E		
3a	Did you (or any members of your CU) own any securities, such as stocks, mutual funds, private bonds, government bonds or Treasury notes on the last day of (last month)?	0100 1 Yes 0 2 No - Go to item 4 SECOW ND	b.	. How does the amount owed to your CU on the last day of (last month) compare with the amount owed to your CU by persons outside your CU on the last day of (last month, one year ago)? If more or less – How much more (less)?	0250 1 Same - Go to item 10 2 More 3 Less COM POW D 0260 \$COM POW DX.00		
b	If YES – What was the estimated value of all such securities on the last day of (last month)?	0110 \$ SECESTX ^o .00	10.	Did anyone outside of your CU owe money to you	0270 1 Yes MONYOW D		
C	How does this compare with the value of such securities your CU held on the last day of (last month, one year ago)? If more or less – How much more (less)?	0120 1 Same - G 2 More COMPSEC 3 Less		or any member of your CU on the last day of (last month, one year ago)? If YES – How much was owed?	2 No – Go to item 11 0280 MONYOW DX .00		
4.	During the past 12 months, did you (or any members of your CU) purchase any stocks,	0130 \$COMPSECX .00 0140 1 Yes PURSSEC 2 No - Go to item 5	11a	During the past 12 months, did you (or any members of your CU) receive settlement on surrender of any insurance policies (life or annuity)?	0290 1 Yes SETLINS		
	mutual funds or bonds? If YES – What was the total purchase price including broker fees?	0150 \$ PURSSECX .00		If YES – How much did you receive?	0300 \$ SETLINSX .00		

Section 24 – TOTAL CU I	NCOME – For New Consumer Units Only	FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as proceed. Ask the question and read each income range category beginning with code 1				
TOTAL CU INCOME Information Booklet, page 43 1. Which category represents the total combined income of this CU during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments, and any other money income received by all CU members 14 years of age or older.	0010 1 Loss 2 Under \$3,000 3 \$3,000-5,999 4 \$6,000-7,499 5 \$7,500-9,999 6 \$10,000-12,999 7 \$13,000-14,999 8 \$15,000-19,999 9 \$20,000-24,999 10 \$25,000-29,999 11 \$30,000-34,999 12 \$35,000-49,999 13 \$50,000-74,999 14 \$75,000+ 15 □ Refused x □ Don't know	NOTES				

WORK EXPERIENCE AND INCOME

TOTAL CU INCOME