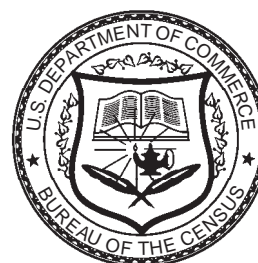


<b>NOTE:</b> Office staff should complete transcription items 1-4 below for interviewed CU's only.										
<b>1.</b> Regional Office code	<b>2.</b> CONTROL NUMBER							<b>3a.</b> HH No.	<b>3b.</b> CU No.	<b>4.</b> Interview No.
	PSU code	Segment number	Segment number suffix	Sample designation	Serial number	Serial suffix	Check digit			
			<b>Q</b> _____					<input type="checkbox"/> 3	<input type="checkbox"/> 5	

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**

**Section 1 - GENERAL SURVEY INFORMATION**

FORM **CE-302**  
(7-1-96)

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

**Part A - Field Representative Records**

1 01 25 3 ↘

**QUESTIONNAIRE**  
**QUARTERLY INTERVIEW SURVEY**  
**CONSUMER EXPENDITURE SURVEYS**

<b>1.</b> Regional Office code	<b>2.</b> Control number							<b>3a.</b> HH No.	<b>3b.</b> CU No.	<b>4.</b> Interview No.	
	PSU code	Segment number	Segment number suffix	Sample designation	Serial number	Serial suffix	Check digit			<input type="checkbox"/> 2	<input type="checkbox"/> 4

**5. RECORD OF TELEPHONE CONTACTS AND REASON FOR CONTACT - Enter code for reason of telephone contact from list of codes below.**

Call (a)	Reason (b)	Call (a)	Reason (b)	Call (a)	Reason (b)	REASON FOR TELEPHONE CONTACT	OFFICE USE ONLY
0010	1	0020		0090	5	0100	
0030	2	0040		0110	6	0120	
0050	3	0060		0130	7	0140	
0070	4	0080		0150	8	0160	

**NOTICE** - Your report to the Census Bureau is **confidential** by law (title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes.

**7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME**

Activity	TIME		OFFICE USE ONLY
	Began	Ended	Total minutes
Interviewing	a.m. p.m.	a.m. p.m.	0620
Field Representative review	a.m. p.m.	a.m. p.m.	0630
Office edit	a.m. p.m.	a.m. p.m.	0640
Office transcription	a.m. p.m.	a.m. p.m.	0650

**6. RECORD OF TRAVEL TIME AND REASON FOR VISIT - Record travel time and enter code for reason of visit from list of codes at right.**

Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY
1	Began	a.m. p.m.	0260	5	Began	a.m. p.m.	0380	9	Began	a.m. p.m.	0500
	Ended	a.m. p.m.	0270		0280	Ended	a.m. p.m.		0390	0400	Ended
2	Began	a.m. p.m.	0290	6	Began	a.m. p.m.	0410	10	Began	a.m. p.m.	0530
	Ended	a.m. p.m.	0300		0310	Ended	a.m. p.m.		0420	0430	Ended
3	Began	a.m. p.m.	0320	7	Began	a.m. p.m.	0440	11	Began	a.m. p.m.	0560
	Ended	a.m. p.m.	0330		0340	Ended	a.m. p.m.		0450	0460	Ended
4	Began	a.m. p.m.	0350	8	Began	a.m. p.m.	0470	12	Began	a.m. p.m.	0590
	Ended	a.m. p.m.	0360		0370	Ended	a.m. p.m.		0480	0490	Ended

**8. QUESTIONNAIRE DEBRIEFING - Complete at the conclusion of interview.**

**a.** Enter the line number of the respondent who answered the most questionnaire sections - Enter code 99 for non CU member.

0660   Line number of main respondent

**b.** Enter the line number(s) of all other respondents - Enter code 99 for non CU member.

0670		0700		0730	
0680		0710		0740	
0690		0720		0750	

**c.** In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records?  
Mark (X) one.

0760 1  Always 3  Mostly 5  Almost never  
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?  
Mark (X) all that apply.

0770	1 <input type="checkbox"/> Bills	0800	4 <input type="checkbox"/> Receipts of purchase (sales slips)	0830	7 <input type="checkbox"/> Bank statements
0780	2 <input type="checkbox"/> Checkbook ledger or stubs	0810	5 <input type="checkbox"/> Home file (provided by Census Bureau)	0840	8 <input type="checkbox"/> Other
0790	3 <input type="checkbox"/> Canceled checks	0820	6 <input type="checkbox"/> Contracts or agreements		

NOTES

**9. LAST SECTION COMPLETED**

If the respondent did not complete the interview to its conclusion, enter the last section completed.

0850   Section number

PROCESSING USE ONLY

0860  9  6

**Section 1 - GENERAL SURVEY INFORMATION**

FORM **CE-302**  
(7-1-96)

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

**Part A - Field Representative Records**

1 01 25 3 ↘

**QUESTIONNAIRE**  
**QUARTERLY INTERVIEW SURVEY**  
**CONSUMER EXPENDITURE SURVEYS**

1. Regional Office code	2. Control number							3a. HH No.	3b. CU No.	4. Interview No.	
	PSU code	Segment number	Segment number suffix	Sample designation	Serial number	Serial suffix	Check digit			<input type="checkbox"/> 2	<input type="checkbox"/> 4

**5. RECORD OF TELEPHONE CONTACTS AND REASON FOR CONTACT - Enter code for reason of telephone contact from list of codes below.**

Call (a)	Reason (b)	Call (a)	Reason (b)	Call (a)	Reason (b)	REASON FOR TELEPHONE CONTACT	OFFICE USE ONLY
0010	1	0020		0090	5		
0030	2	0040		0110	6	0120	
0050	3	0060		0130	7	0140	
0070	4	0080		0150	8	0160	

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**7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME**

Activity	TIME		OFFICE USE ONLY Total minutes
	Began	Ended	
Interviewing	a.m. p.m.	a.m. p.m.	0620
Field Representative review	a.m. p.m.	a.m. p.m.	0630
Office edit	a.m. p.m.	a.m. p.m.	0640
Office transcription	a.m. p.m.	a.m. p.m.	0650

**6. RECORD OF TRAVEL TIME AND REASON FOR VISIT - Record travel time and enter code for reason of visit from list of codes at right.**

REASON FOR VISIT			
Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY
1	Began a.m. p.m.	0270	0280
5	Began a.m. p.m.	0380	0390
9	Began a.m. p.m.	0500	0510
2	Began a.m. p.m.	0300	0310
6	Began a.m. p.m.	0410	0420
10	Began a.m. p.m.	0530	0540
3	Began a.m. p.m.	0330	0340
7	Began a.m. p.m.	0440	0450
11	Began a.m. p.m.	0560	0570
4	Began a.m. p.m.	0360	0370
8	Began a.m. p.m.	0470	0480
12	Began a.m. p.m.	0590	0600

**8. QUESTIONNAIRE DEBRIEFING - Complete at the conclusion of interview.**

**a.** Enter the line number of the respondent who answered the most questionnaire sections - Enter code 99 for non CU member.

0660  Line number of main respondent

**b.** Enter the line number(s) of all other respondents - Enter code 99 for non CU member.

0670  0700  0730

0680  0710  0740

0690  0720  0750

**c.** In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records?  
Mark (X) one.

0760 1  Always 3  Mostly 5  Almost never  
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?  
Mark (X) all that apply.

0770 1  Bills 0800 4  Receipts of purchase (sales slips) 0830 7  Bank statements  
0780 2  Checkbook ledger or stubs 0810 5  Home file (provided by Census Bureau) 0840 8  Other  
0790 3  Canceled checks 0820 6  Contracts or agreements

NOTES

**9. LAST SECTION COMPLETED**

If the respondent did not complete the interview to its conclusion, enter the last section completed.

0850  Section number

**PROCESSING USE ONLY**

0860  9  6

**Section 1 - GENERAL SURVEY INFORMATION**

FORM **CE-302**  
(7-1-96)

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

**Part A - Field Representative Records**

1 01 25 3 ↘

**QUESTIONNAIRE**  
**QUARTERLY INTERVIEW SURVEY**  
**CONSUMER EXPENDITURE SURVEYS**

1. Regional Office code	2. Control number							3a. HH No.	3b. CU No.	4. Interview No.	
	PSU code	Segment number	Segment number suffix	Sample designation	Serial number	Serial suffix	Check digit			<input type="checkbox"/> 2	<input type="checkbox"/> 4

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0070	4	0080		0150	8	0160	

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**6. RECORD OF TRAVEL TIME AND REASON FOR VISIT - Record travel time and enter code for reason of visit from list of codes at right.**

Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY
0260	Began	a.m.	0270	0280	0380	Began	a.m.
	Ended	p.m.				Ended	p.m.

- REASON FOR VISIT**
- 4 Personal visit to collect data
  - 5 Personal visit to schedule appointment
  - 6 Other personal visit

**7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME**

Activity	TIME		OFFICE USE ONLY
	Began	Ended	
Interviewing	a.m.	a.m.	0620
Field Representative review	a.m.	a.m.	0630
Office edit	a.m.	a.m.	0640
Office transcription	a.m.	a.m.	0650

Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY
0290	Began	a.m.	0300	0310	0410	Began	a.m.
	Ended	p.m.				Ended	p.m.

**8. QUESTIONNAIRE DEBRIEFING - Complete at the conclusion of interview.**

**a.** Enter the line number of the respondent who answered the most questionnaire sections - Enter code 99 for non CU member.

0660   Line number of main respondent

**b.** Enter the line number(s) of all other respondents - Enter code 99 for non CU member.

0670   0700   0730

0680   0710   0740

0690   0720   0750

**c.** In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records?

Mark (X) one.

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**d.** If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?

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0770 1  Bills 0800 4  Receipts of purchase (sales slips) 0830 7  Bank statements

0780 2  Checkbook ledger or stubs 0810 5  Home file (provided by Census Bureau) 0840 8  Other

0790 3  Canceled checks 0820 6  Contracts or agreements

NOTES

**9. LAST SECTION COMPLETED**

If the respondent did not complete the interview to its conclusion, enter the last section completed.

0850   Section number

PROCESSING USE ONLY

0860  9  6

**Section 1 - GENERAL SURVEY INFORMATION**

FORM **CE-302**  
(7-1-96)

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

**Part A - Field Representative Records**

1 01 25 3

1. Regional Office code	2. Control number							3a. HH No.	3b. CU No.	4. Interview No.	
	PSU code	Segment number	Segment number suffix	Sample designation	Serial number	Serial suffix	Check digit			<input type="checkbox"/> 2	<input type="checkbox"/> 4

**QUESTIONNAIRE**  
**QUARTERLY INTERVIEW SURVEY**  
**CONSUMER EXPENDITURE SURVEYS**

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1	Began	a.m.	0260	5	Began	a.m.	0380	9	Began	a.m.	0500
	Ended	p.m.	0270		0280	Ended	p.m.		0390	0400	Ended
2	Began	a.m.	0290	6	Began	a.m.	0410	10	Began	a.m.	0530
	Ended	p.m.	0300		0310	Ended	p.m.		0420	0430	Ended
3	Began	a.m.	0320	7	Began	a.m.	0440	11	Began	a.m.	0560
	Ended	p.m.	0330		0340	Ended	p.m.		0450	0460	Ended
4	Began	a.m.	0350	8	Began	a.m.	0470	12	Began	a.m.	0590
	Ended	p.m.	0360		0370	Ended	p.m.		0480	0490	Ended

**7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME**

Activity	TIME		OFFICE USE ONLY
	Began	Ended	
Interviewing	a.m.	a.m.	0620
Field Representative review	a.m.	a.m.	0630
Office edit	a.m.	a.m.	0640
Office transcription	a.m.	a.m.	0650

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0680	0710	0740
0690	0720	0750

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0780	2 <input type="checkbox"/> Checkbook ledger or stubs	0810	5 <input type="checkbox"/> Home file (provided by Census Bureau)	0840	8 <input type="checkbox"/> Other
0790	3 <input type="checkbox"/> Canceled checks	0820	6 <input type="checkbox"/> Contracts or agreements		

NOTES

**9. LAST SECTION COMPLETED**

If the respondent did not complete the interview to its conclusion, enter the last section completed.

0850  Section number

0860	9	6
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PROCESSING USE ONLY





**Section 1 – GENERAL SURVEY INFORMATION – Continued**

FIELD REPRESENTATIVE – Complete part B for new consumer units at their first interview. Hand the respondent the Information Booklet with instructions to read the list of items with you as you proceed.

**Part B – General Housing Characteristics – For New Consumer Units Only (For Returning Consumer Units, Go to Part D)**

1 01 26 1 ↓

<p><i>Ask if not apparent by observation. Information Booklet, page 5</i></p> <p><b>1. Which best describes this building?</b></p>	<p><b>0020</b> 01 <input type="checkbox"/> Single family detached (detached structure with only one primary residence; however, the structure could include a rental unit(s) in the basement, attic, etc.)</p> <p>02 <input type="checkbox"/> Row or townhouse – inner unit (2, 3, or 4 story structure with 2 walls in common with other units and a private ground level entrance; it may have a rental unit as part of the structure)</p> <p>03 <input type="checkbox"/> End row or end townhouse (one common wall)</p> <p>04 <input type="checkbox"/> Duplex (detached two unit structure with one common wall between the units)</p> <p>05 <input type="checkbox"/> 3-plex or 4-plex (3 or 4 unit structure with all units occupying the same level or levels) – <i>Go to item 3</i></p> <p>06 <input type="checkbox"/> 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) – <i>Go to item 3</i></p> <p>07 <input type="checkbox"/> High-rise (a multi-unit structure which has 4 or more floors) – <i>Go to item 3</i></p> <p>08 <input type="checkbox"/> 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) – <i>Go to item 3</i></p> <p>09 <input type="checkbox"/> Mobile home or trailer – <i>Go to item 3</i></p> <p>10 <input type="checkbox"/> College dormitory – <i>Go to section 1, part C</i></p> <p>11 <input type="checkbox"/> Other – <i>Specify and go to item 2</i> ↘</p>	<p><b>3. How many rooms are there in this unit, including all finished living areas and excluding all bathrooms?</b></p> <p><b>0040</b> _____ Number</p>	<p><i>Information Booklet, page 5</i></p> <p><b>9. Does this unit have any of the following?</b> <i>Mark (X) all that apply.</i></p>	<p><b>0160</b> 01 <input type="checkbox"/> Swimming pool</p> <p><b>0170</b> 02 <input type="checkbox"/> Tennis court</p> <p><b>0180</b> 03 <input type="checkbox"/> Barn or stable</p> <p><b>0190</b> 04 <input type="checkbox"/> Greenhouse</p> <p><b>0200</b> 05 <input type="checkbox"/> Guest house or separate servant's quarters</p> <p><b>0210</b> 06 <input type="checkbox"/> Enclosed porch</p> <p><b>0220</b> 07 <input type="checkbox"/> Terrace</p> <p><b>0230</b> 08 <input type="checkbox"/> Patio or balcony</p> <p><b>0240</b> 09 <input type="checkbox"/> Apartment</p> <p><b>0250</b> 10 <input type="checkbox"/> Off street parking</p> <p><b>0260</b> 11 <input type="checkbox"/> Window air conditioning</p> <p><b>0270</b> 12 <input type="checkbox"/> Central air conditioning</p>
<p><b>2. What is the approximate size of the lot on which this unit is located?</b></p>	<p><b>0030</b> Lot size (approximate acreage)</p> <p>01 <input type="checkbox"/> 1/16 acre – 2,722 sq. ft.</p> <p>02 <input type="checkbox"/> 1/8 acre – 5,445 sq. ft.</p> <p>03 <input type="checkbox"/> 1/4 acre – 10,890 sq. ft.</p> <p>04 <input type="checkbox"/> 1/2 acre – 21,780 sq. ft.</p> <p>05 <input type="checkbox"/> 3/4 acre – 32,670 sq. ft.</p> <p>06 <input type="checkbox"/> 1 acre – 43,560 sq. ft.</p> <p>07 <input type="checkbox"/> 2 acres – 87,120 sq. ft.</p> <p>08 <input type="checkbox"/> 3 to 5 acres</p> <p>09 <input type="checkbox"/> 6 to 10 acres</p> <p>10 <input type="checkbox"/> Greater than 10 acres</p> <p>11 <input type="checkbox"/> No lot</p> <p>X <input type="checkbox"/> Don't know ↗</p>	<p><b>4. How many bedrooms are there in this unit?</b> <i>Count all rooms used MAINLY for sleeping, even if also used for other purposes.</i></p> <p><b>0050</b> _____ Number</p> <p>0 <input type="checkbox"/> None</p>	<p><b>10. About when was this building originally built?</b> <i>Do not consider later remodelings.</i></p> <p><b>0450</b> 01 <input type="checkbox"/> 1990 or later</p> <p>02 <input type="checkbox"/> 1985–1989</p> <p>03 <input type="checkbox"/> 1980–1984</p> <p>04 <input type="checkbox"/> 1975–1979</p> <p>05 <input type="checkbox"/> 1970–1974</p> <p>06 <input type="checkbox"/> 1965–1969</p> <p>07 <input type="checkbox"/> 1960–1964</p> <p>08 <input type="checkbox"/> 1955–1959</p> <p>09 <input type="checkbox"/> 1950–1954</p> <p>10 <input type="checkbox"/> 1945–1949</p> <p>11 <input type="checkbox"/> 1940–1944</p> <p>12 <input type="checkbox"/> 1930–1939</p> <p>13 <input type="checkbox"/> 1920–1929</p> <p>14 <input type="checkbox"/> 1910–1919</p> <p>15 <input type="checkbox"/> 1900–1909</p> <p>16 <input type="checkbox"/> Before 1900</p> <p>X <input type="checkbox"/> Don't know</p>	
		<p><b>5a. How many complete bathrooms are there in this unit?</b> <i>A COMPLETE BATHROOM has a flush toilet, a bathtub or shower, and a wash basin with piped water.</i></p> <p><b>0060</b> _____ Number</p> <p>0 <input type="checkbox"/> None</p>		
		<p><b>b. How many half bathrooms are there in this unit?</b> <i>A HALF BATHROOM has at least a flush toilet OR bathtub or shower, but does not have all the facilities of a complete bathroom.</i></p> <p><b>0070</b> _____ Number</p> <p>0 <input type="checkbox"/> None</p>		
		<p><i>Information Booklet, page 5</i></p> <p><b>6. What fuel is used most for heating this unit?</b></p> <p><b>0080</b> 01 <input type="checkbox"/> Gas (underground pipes)</p> <p>03 <input type="checkbox"/> Electricity</p> <p>04 <input type="checkbox"/> Fuel oil</p> <p>09 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>X <input type="checkbox"/> Don't know</p>		
		<p><i>Information Booklet, page 5</i></p> <p><b>7. What fuel is used for heating water in this unit?</b></p> <p><b>0090</b> 01 <input type="checkbox"/> Gas (underground pipes)</p> <p>03 <input type="checkbox"/> Electricity</p> <p>04 <input type="checkbox"/> Fuel oil</p> <p>09 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>X <input type="checkbox"/> Don't know</p>		
		<p><i>Information Booklet, page 5</i></p> <p><b>8. What fuel is used for cooking?</b> <i>Mark (X) all that apply.</i></p> <p><b>0100</b> 01 <input type="checkbox"/> Gas (underground pipes)</p> <p><b>0110</b> 03 <input type="checkbox"/> Electricity</p> <p><b>0120</b> 04 <input type="checkbox"/> Fuel oil</p> <p><b>0130</b> 09 <input type="checkbox"/> Other fuel – <i>Specify</i> _____</p> <p><b>0140</b> 10 <input type="checkbox"/> No fuel used</p> <p><b>0150</b> X <input type="checkbox"/> Don't know ↗</p>		

NOTES

**Section 1 – GENERAL SURVEY INFORMATION – Continued**

**Part C – Major Household Appliances – For New Consumer Units Only**

3 01 28 3 →

NOTES

PROCESSING USE ONLY	a		b	c					NOTES	
	Information Booklet, page 6 Does your CU have any of the following appliances?		If YES – How many?	Was this (Were any of these) – 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		1	2	3	4	5		
0010	Electric cooking stove, range, or oven	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0020	Gas cooking stove, range, or oven	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0030	Microwave oven	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0040	Other cooking stove, range, or oven	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0050	Refrigerator	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0060	Home-freezer	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0070	Built-in dishwasher	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0080	Portable dishwasher	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0090	Garbage disposal	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0100	Clothes washer	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0110	Clothes dryer	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0120	Color television	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0130	Computer, not solely for games	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0140	Sound components, component system, or compact disc sound system	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0150	Video tape recorder, video disc player, or video cassette recorder (VCR)	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
<b>GO TO PART D</b>										



**Section 1 – GENERAL SURVEY INFORMATION – Continued**

**Part D – Living Quarters**

1 01 29 5 ↓

NOTES

<p><i>Ask if not apparent.</i> <b>1a. Is this house in a public housing project, that is, is it owned by a local housing authority or other local public agency?</b></p>	<p>0010 1 <input type="checkbox"/> Yes – Go to item 2 2 <input type="checkbox"/> No</p>
<p><b>b. If NO – Are your housing costs lower because the Federal, State, or local government is paying part of the cost?</b></p>	<p>0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><i>Ask if not apparent.</i> <b>2. Are these living quarters presently used as student housing by a college or university?</b></p>	<p>0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4</p>
<p>FIELD REPRESENTATIVE NOTE <i>You will record housing expenses for college or university regulated living quarters in section 16 "Educational Expenses."</i></p>	
<p><i>Ask if not apparent.</i> <b>3. Which best describes these college or university regulated living quarters?</b></p>	<p>0040 1 <input type="checkbox"/> Student dormitory 2 <input type="checkbox"/> Fraternity 3 <input type="checkbox"/> Sorority 4 <input type="checkbox"/> Housing for married students 5 <input type="checkbox"/> Other housing regulated by a college or university – <i>Specify</i> _____ _____</p>
<p><i>FOR NEW CONSUMER UNITS ONLY</i> <b>4. Did your CU move to this address since the 1st of (month, 3 months ago)?</b></p>	<p>0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to section 2</p>
<p><b>5. If YES – What was the distance moved (in miles)?</b></p>	<p>0060 1 <input type="checkbox"/> Less than 25 miles 2 <input type="checkbox"/> 25–49 miles 3 <input type="checkbox"/> 50 miles or more } <i>Go to section 2</i></p>

**Section 2 – RENTED LIVING QUARTERS**

*FIELD REPRESENTATIVE – Complete part A, item 1, for all consumer units. Complete part A, items 2a through 3e, for rented Sample Units only. Complete part A, items 4a through 7, for both rented Sample Units and Sample Units occupied without payment of cash rent.*

**Part A – CU Tenure, Rental Payments, Facilities, and Services for the Sample Unit**

1 02 01 2 ↓

NOTES

**1. FIELD REPRESENTATIVE CHECK ITEM**

**a.** Mark (X) appropriate box based upon section 1, part D, item 2.

**b.** Are these living quarters owned or being bought by you (or any members of your CU)?

**c.** Do you (or any members of your CU) pay rent for these living quarters?

*ASK IF NOT PREVIOUSLY ANSWERED – IF PREVIOUSLY ANSWERED MARK (X) APPROPRIATE BOX.*

0010 1  Student housing – Go to item 7  
2  Not student housing

0020 1  Yes – Go to item 7  
2  No

0030 1  Yes  
2  No – Go to item 4a

**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)?

**b.** What is the rental charge to another tenant for a similar unit?

**c.** What period of time does this cover?

0300 1  Yes  
2  No – Go to item 5a

0310 \$ \_\_\_\_\_ .00  
x  Don't know

0320 4  Month  
9  Other – Specify \_\_\_\_\_  
x  Don't know

**2a.** What is the rental charge to your CU for this unit? Do not include direct payments by local, State, or Federal government agencies.

**b.** What period of time does this cover?

0040 \$ \_\_\_\_\_ .00  
x  Don't know

0050 4  Month  
9  Other – Specify \_\_\_\_\_

**5a.** Is there an extra charge for garage or parking facilities for this unit?

**b.** If YES – What is the charge?

**c.** What period of time does this charge cover?

0330 1  Yes  
2  No – Go to item 6a

0340 \$ \_\_\_\_\_ .00

0350 4  Month  
9  Other – Specify \_\_\_\_\_

**c.** Since the 1st of (month, 3 months ago), how many payments have been made?

**d.** Were all the payments in the amount of (rental charge reported in item 2a)?

0060 \_\_\_\_\_ Number

0070 1  Yes – Go to item 2f  
2  No

**d.** Since the 1st of (month, 3 months ago), how many payments have been made for this service?

**e.** Were any payments made during the current month?

**f.** If YES – How much was paid?

0360 \_\_\_\_\_ Number

0520 1  Yes  
2  No – Go to item 6a

0530 \$ \_\_\_\_\_ .00

**e.** If NO – What was the amount of each payment and how many payments were made at that amount?

	Payment	Number
0080	\$ .00	0090
0100	\$ .00	0110
0120	\$ .00	0130
0140	\$ .00	0150

	Payment	Number
0080	\$ .00	0090
0100	\$ .00	0110
0120	\$ .00	0130
0140	\$ .00	0150

**6a.** Is any portion of this unit used for your own business?

**b.** What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.

0540 1  Yes  
2  No – Go to item 7

0550 \_\_\_\_\_ .00 Percent

**f.** Were any payments made during the current month?

**g.** If YES – How much?

0200 1  Yes  
2  No – Go to item 3

0210 \$ \_\_\_\_\_ .00

**7.** Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any other houses, apartments, or temporary living quarters not used for business or vacation? Do not include college or university regulated housing.

0620 1  Yes – Complete part B for other rental property  
2  No – Go to next section

**3.** Does the rental payment include the cost of –

**a.** Electricity?  Yes  No

**b.** Gas?  Yes  No

**c.** Piped-in water?  Yes  No

**d.** Heating?  Yes  No

**e.** Trash/Garbage collection?  Yes  No

0220 1  Yes  No

0230 1  Yes  No

0240 1  Yes  No

0250 1  Yes  No

0260 1  Yes  No

**Section 2 – RENTED LIVING QUARTERS – Continued**

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

**Part B – Rental Payments, Facilities, and Services for Other Than Sample Unit**

RENTAL OF OTHER THAN SAMPLE UNIT PROCESSING USE ONLY 1 02 02 0 ↓				NOTES																						
<b>1a. What is the rental charge to your CU for the other unit?</b> [0010] \$ _____ [00] x <input type="checkbox"/> Don't know	<b>b. What period of time does this cover?</b> [0020] 4 <input type="checkbox"/> Month 9 <input type="checkbox"/> Other – Specify ↘ _____	<b>c. Since the 1st of (month, 3 months ago), how many payments have been made?</b> [0030] _____ Number	<b>d. Were all the payments in the amount of (rental charge reported in item 1a)?</b> [0040] 1 <input type="checkbox"/> Yes – Go to item 1f 2 <input type="checkbox"/> No																							
					<b>e. If NO – What was the amount of each payment and how many payments were made at that amount?</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Payment</th> <th style="width:15%;">Number</th> </tr> </thead> <tbody> <tr> <td>[0050] \$ _____</td> <td>[00] .00</td> <td>[0060]</td> </tr> <tr> <td>[0070] \$ _____</td> <td>[00] .00</td> <td>[0080]</td> </tr> <tr> <td>[0090] \$ _____</td> <td>[00] .00</td> <td>[0100]</td> </tr> <tr> <td>[0110] \$ _____</td> <td>[00] .00</td> <td>[0120]</td> </tr> </tbody> </table>		Payment	Number	[0050] \$ _____	[00] .00	[0060]	[0070] \$ _____	[00] .00	[0080]	[0090] \$ _____	[00] .00	[0100]	[0110] \$ _____	[00] .00	[0120]	<b>3a. Is there an extra charge for garage or parking facilities for the unit?</b> [0240] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a	<b>b. If YES – What is the charge?</b> [0250] \$ _____ [00]	<b>c. What period of time does this charge cover?</b> [0260] 4 <input type="checkbox"/> Month 9 <input type="checkbox"/> Other – Specify ↘ _____	<b>d. Since the 1st of (month, 3 months ago), how many payments have been made for this service?</b> [0270] _____ Number	<b>e. Were any payments made during the current month?</b> [0410] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a	<b>f. If YES – How much was paid?</b> [0420] \$ _____ [00]
							Payment	Number																		
						[0050] \$ _____	[00] .00	[0060]																		
						[0070] \$ _____	[00] .00	[0080]																		
					[0090] \$ _____	[00] .00	[0100]																			
					[0110] \$ _____	[00] .00	[0120]																			
					<b>f. Were any payments made during the current month?</b> [0170] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2	<b>4a. Is any portion of the unit used for your own business?</b> [0430] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a	<b>b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.</b> [0440] _____ [00] Percent	<b>5a. Did you or any members of your CU receive any free or reduced rent for the unit as a form of pay since the 1st of (month, 3 months ago)?</b> [0470] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6	<b>b. What is the rental charge to another tenant for a similar unit?</b> [0480] \$ _____ [00] x <input type="checkbox"/> Don't know																	
										<b>g. If YES – How much?</b> [0180] \$ _____ [00]	<b>c. What period of time does this cover?</b> [0490] 4 <input type="checkbox"/> Month 9 <input type="checkbox"/> Other – Specify ↘ _____	<b>6. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any other houses, apartments, or temporary living quarters not used for business or vacation? Do not include college or university regulated housing.</b> [0540] 1 <input type="checkbox"/> Yes – Complete part B for other rental property 2 <input type="checkbox"/> No – Go to next section														
					<b>2. Does the rental payment include the cost of –</b> <table border="0" style="width:100%;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> </tr> <tr> <td><b>a. Electricity?</b> .....</td> <td>[0190] 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td><b>b. Gas?</b> .....</td> <td>[0200] 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td><b>c. Piped-in water?</b> .....</td> <td>[0210] 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td><b>d. Heating?</b> .....</td> <td>[0220] 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td><b>e. Trash/Garbage collection?</b> .....</td> <td>[0230] 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </table>		Yes	No	<b>a. Electricity?</b> .....				[0190] 1 <input type="checkbox"/>	2 <input type="checkbox"/>	<b>b. Gas?</b> .....	[0200] 1 <input type="checkbox"/>	2 <input type="checkbox"/>	<b>c. Piped-in water?</b> .....	[0210] 1 <input type="checkbox"/>	2 <input type="checkbox"/>						
	Yes	No																								
<b>a. Electricity?</b> .....	[0190] 1 <input type="checkbox"/>	2 <input type="checkbox"/>																								
<b>b. Gas?</b> .....	[0200] 1 <input type="checkbox"/>	2 <input type="checkbox"/>																								
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<b>e. Trash/Garbage collection?</b> .....	[0230] 1 <input type="checkbox"/>	2 <input type="checkbox"/>																								

**Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE**

**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. (If property code 300, also complete Part C.)
- For each property previously recorded and disposed of within the last 3 months ("No" in item 1, column g), complete parts D and I. (If property code 300, also complete part C.)
- If a mortgage or lump sum home equity loan payment amount changed since a previous interview ("Yes" in item 1, column k), complete part J for the property.
- If a new or additional mortgage or home equity loan was obtained on a previously recorded property ("Yes" in item 2a), complete parts F, G, or H, as appropriate.
- For each newly acquired property, complete parts B, E, and I. (If property code 300, also complete Part C.)
- For each newly acquired property that was disposed of within the past 3 months, complete parts B, D, E, and I. (If property code 300, also complete Part C.)

**1.** Ask column g for each property listed, except if property has been disposed of previously ("YES" in column b). If mortgage information (amount paid), column j is recorded for a property, ask column k. If column l is "YES," ask column n.

8 03 00 7 →

**PROPERTY INVENTORY CHART**

PROCESSING USE ONLY	Property number	a		b	c	d	e	f	g		h		i	j				k		l		m	n		o	p						
		Property disposed of (part D completed)							Do you still have (property description)?		Are (Were) any of the expenses for this property deducted as business, farm, or rental expenses?			Mortgage or lump sum home equity loan		Mortgage or loan number		TYPE		Amount paid from part F, item 11 or part G, item 11			Has your mortgage (lump sum home equity loan) payment of (amount paid) changed?				Line of Credit Home Equity Loan (Part H)		Since the 1st of (last month), have you (or your CU) made any payments for your line of credit home equity loan?		If "Yes" – What was the amount of the last payment?	
		YES	NO						YES	NO	YES	NO		YES	NO	YES	NO	Mortgage	Home equity loan	YES	NO		YES	NO			YES	NO	YES	NO	YES	NO
0001		1 <input type="checkbox"/>	2 <input type="checkbox"/>					<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00	\$ _____ .00					
0021		1 <input type="checkbox"/>	2 <input type="checkbox"/>					<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00	\$ _____ .00					
0041		1 <input type="checkbox"/>	2 <input type="checkbox"/>					<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00	\$ _____ .00					
0061		1 <input type="checkbox"/>	2 <input type="checkbox"/>					<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00	\$ _____ .00					
0081		1 <input type="checkbox"/>	2 <input type="checkbox"/>					<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00	\$ _____ .00					
0101		1 <input type="checkbox"/>	2 <input type="checkbox"/>					<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00	\$ _____ .00					
0121		1 <input type="checkbox"/>	2 <input type="checkbox"/>					<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00	\$ _____ .00					
0141		1 <input type="checkbox"/>	2 <input type="checkbox"/>					<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00	\$ _____ .00					

**Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued**

**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  Yes  
2  No – Go to item 3a

**b. If YES – For which property was this additional mortgage or home equity loan obtained?**  
*Enter the appropriate property number(s) and property code(s) in item 2g below from the property inventory chart (items 1a and 1e).*

*Ask for each property.*

**c. Was this a mortgage or a home equity loan?** 0020 1  Mortgage – Mark (X) "Yes" in mortgage column in item 2g  
2  Home Equity Loan – Continue with item 2d

**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.**  
**01 A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or**  
**02 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?**

**e. Is this new loan a lump sum home equity loan?** 0030 1  Yes – Mark (X) "Yes" in lump sum home equity loan column in item 2g  
2  No – Continue with item 2f

*Ask or verify.*

**f. Is this new loan a line of credit home equity loan?** 0040 1  Yes – Mark (X) "Yes" in line of credit home equity loan column in item 2g

**g. Complete the chart below for each additional mortgage/home equity loan.**

Property number	Property code	Mortgage (Complete a part F)	Lump sum home equity loan (Complete a part G)	Line of credit home equity loan (Complete a part H)
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?** 0050 1  Yes – Ask items 3b and 3c  
2  No – Go to next part or section

**b. Please look at (page 7, Information Booklet). What kind of 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  
**600** Property for business or investment purposes only  
**300** A second home, vacation home or recreational property  
**400** Unimproved land with no buildings on it  
**500** Other property – Specify \_\_\_\_\_

Property code	Still owned
<span style="border: 1px solid red; padding: 2px;">0060</span> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0070</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<span style="border: 1px solid red; padding: 2px;">0080</span> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0090</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<span style="border: 1px solid red; padding: 2px;">0100</span> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0110</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

**c. Do you still have this property?**  
*Mark (X) the appropriate box in "still owned" column.*

**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.**

Property code	PROPERTY STATUS	
	Currently owned ("Yes" in item 3b)	Disposed of ("No" in item 3b)
300	B, C, E, I	B, C, D, E, I
100, 200, 400, 500	B, E, I	B, D, E, I

(NOTE: Do not fill any parts for property code 600.)

NOTES

**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.

**Part A.2 – Screening Questions – For New Consumer Units Only**

<b>1. Now I want to talk about owned living quarters and other currently owned real estate. I'll be asking separately about each of these types of 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.)</b>	Property code	YES	NO	If YES ask – How many such properties do you (does your CU) own?		NOTES											
	100	0010 1 <input type="checkbox"/>	2 <input type="checkbox"/>														
<b>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)?</b>	200	0020 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 3	0030 _____ Number													
<b>3. Do you (Does your CU) own any property only for business or investment purposes?</b>	600	0035 1 <input type="checkbox"/>	2 <input type="checkbox"/> 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.																	
<b>4. Other than property you have already mentioned, do you (does your CU) own a second home, vacation home, or recreational property?</b>	300	0040 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 5	0050 _____ Number													
<b>5. Other than property you have already mentioned, do you (does your CU) own any unimproved land, that is, land without buildings on it?</b>	400	0060 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 6	0070 _____ Number													
<b>6. Do you (Does your CU) own any other real estate? – Specify ↴</b> _____	500	0080 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 7a	0090 _____ Number													
<b>7a. Since the first of (month, 3 months ago), did you (your CU) own any real estate or land that you (your CU) no longer own(s)?</b>	0100 1 <input type="checkbox"/> Yes		2 <input type="checkbox"/> Go to item 8														
<b>b. If YES – How many different properties?</b>	0110 _____ Number																
<b>c. Please look at page 7 in the Information Booklet. What kind of property(ies) was it (were they)?</b> 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 600 – Property for business or investment purposes only 300 – A second home, vacation home, or recreational property 400 – Unimproved land with no buildings on it 500 – Other property – Specify ↴ _____	0120	<input type="text"/>	0130	<input type="text"/>	0140	<input type="text"/>											
	0150	<input type="text"/>	0160	<input type="text"/>	0170	<input type="text"/>											
	0180	<input type="text"/>	0190	<input type="text"/>	0200	<input type="text"/>											
	0210	<input type="text"/>	0220	<input type="text"/>	0230	<input type="text"/>											
<b>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 for each property currently owned before moving on to next property.</b>  Note – Do not fill any parts for property code 600.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Property type code</th> <th colspan="2">PROPERTY STATUS</th> </tr> <tr> <th>Currently owned ("YES" in items 1–6)</th> <th>Disposed of ("YES" in items 7a)</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>B, C, E, I</td> <td>B, C, D, E, I</td> </tr> <tr> <td>100, 200, 400, 500</td> <td>B, E, I</td> <td>B, D, E, I</td> </tr> </tbody> </table>		Property type code	PROPERTY STATUS		Currently owned ("YES" in items 1–6)	Disposed of ("YES" in items 7a)	300	B, C, E, I	B, C, D, E, I	100, 200, 400, 500	B, E, I	B, D, E, I				
Property type code	PROPERTY STATUS																
	Currently owned ("YES" in items 1–6)	Disposed of ("YES" in items 7a)															
300	B, C, E, I	B, C, D, E, I															
100, 200, 400, 500	B, E, I	B, D, E, I															





**Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued**

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

**Part C – Second Home/Vacation Property**

1. FIELD REPRESENTATIVE CHECK ITEM		PROCESSING USE ONLY				1 03 18 4 ↓				1 03 19 2 ↓				1 03 20 0 ↓			
Enter the property number in item 1a, mark the appropriate box in item 1c, and enter a brief description of the property.		a. PROPERTY NUMBER		0010 _____ Number		0010 _____ Number		0010 _____ Number		0010 _____ Number		0010 _____ Number		0010 _____ Number			
		b. PROPERTY CODE		0020 <b>3 0 0</b> Code		0020 <b>3 0 0</b> Code		0020 <b>3 0 0</b> Code		0020 <b>3 0 0</b> Code		0020 <b>3 0 0</b> Code		0020 <b>3 0 0</b> Code			
		c. DESCRIPTION (From item 12 or 13, part B if first report of property, otherwise from col. C, part A.1)		Description _____ 0030 1 <input type="checkbox"/> Time share – Go to item 2a      2 <input type="checkbox"/> All other ownership – Go to item 3a		Description _____ 0030 1 <input type="checkbox"/> Time share – Go to item 2a      2 <input type="checkbox"/> All other ownership – Go to item 3a		Description _____ 0030 1 <input type="checkbox"/> Time share – Go to item 2a      2 <input type="checkbox"/> All other ownership – Go to item 3a		Description _____ 0030 1 <input type="checkbox"/> Time share – Go to item 2a      2 <input type="checkbox"/> All other ownership – Go to item 3a		Description _____ 0030 1 <input type="checkbox"/> Time share – Go to item 2a      2 <input type="checkbox"/> All other ownership – Go to item 3a		Description _____ 0030 1 <input type="checkbox"/> Time share – Go to item 2a      2 <input type="checkbox"/> All other ownership – Go to item 3a		Description _____ 0030 1 <input type="checkbox"/> Time share – Go to item 2a      2 <input type="checkbox"/> All other ownership – Go to item 3a	
<b>2a. Now I need to ask some questions about how your (your CU's) (property description) was used during the last 3 months. How many days did you (your CU) have ownership of this property during . . .</b> (month, 1 month ago)? _____ (month, 2 months ago)? _____ (month, 3 months ago)? _____		0040 _____ 0050 _____ 0060 _____		Days – If zero to all 3 months, go to part D, E, or I as appropriate.		0040 _____ 0050 _____ 0060 _____		Days – If zero to all 3 months, go to part D, E, or I as appropriate.		0040 _____ 0050 _____ 0060 _____		Days – If zero to all 3 months, go to part D, E, or I as appropriate.					
<b>b. Considering only the time that you (your CU) have (has) had ownership of this property, how many days during . . . was this property –</b> 01 – Occupied, but not rented? _____ 02 – Traded for time in another unit? _____ 03 – Rented by you (your CU) to someone outside your CU? _____ 04 – Unoccupied? _____		Month, 1 month ago      Month, 2 months ago      Month, 3 months ago 0070 _____ 0080 _____ 0090 _____ 0100 _____ 0110 _____ 0120 _____ 0130 _____ 0140 _____ 0150 _____ 0160 _____ 0170 _____ 0180 _____		Number of days (Go to item 4)		Month, 1 month ago      Month, 2 months ago      Month, 3 months ago 0070 _____ 0080 _____ 0090 _____ 0100 _____ 0110 _____ 0120 _____ 0130 _____ 0140 _____ 0150 _____ 0160 _____ 0170 _____ 0180 _____		Number of days (Go to item 4)		Month, 1 month ago      Month, 2 months ago      Month, 3 months ago 0070 _____ 0080 _____ 0090 _____ 0100 _____ 0110 _____ 0120 _____ 0130 _____ 0140 _____ 0150 _____ 0160 _____ 0170 _____ 0180 _____		Number of days (Go to item 4)					
<b>3a. Now I need to ask whether this property was "fit for use" during the last 3 months. By "fit for use" we mean that the property is not closed up for the season, and all facilities are in working order. How many days was this property fit for use during the month of . . .</b> (month, 1 month ago)? _____ (month, 2 months ago)? _____ (month, 3 months ago)? _____		0190 _____ 0200 _____ 0210 _____		Days – If zero to all 3 months, go to part D, E, or I as appropriate.		0190 _____ 0200 _____ 0210 _____		Days – If zero to all 3 months, go to part D, E, or I as appropriate.		0190 _____ 0200 _____ 0210 _____		Days – If zero to all 3 months, go to part D, E, or I as appropriate.					
<b>b. Now consider only the time that the property was fit for use. During the month of . . . how many days was this property –</b> 01 – Occupied, but not rented? _____ 02 – Used by owner(s) outside your CU? _____ 03 – Rented by you (your CU) to someone else outside your CU? _____ 04 – Unoccupied? _____ 05 – Not owned? _____		Month, 1 month ago      Month, 2 months ago      Month, 3 months ago 0220 _____ 0230 _____ 0240 _____ 0250 _____ 0260 _____ 0270 _____ 0280 _____ 0290 _____ 0300 _____ 0310 _____ 0320 _____ 0330 _____ 0340 _____ 0350 _____ 0360 _____		Number of days		Month, 1 month ago      Month, 2 months ago      Month, 3 months ago 0220 _____ 0230 _____ 0240 _____ 0250 _____ 0260 _____ 0270 _____ 0280 _____ 0290 _____ 0300 _____ 0310 _____ 0320 _____ 0330 _____ 0340 _____ 0350 _____ 0360 _____		Number of days		Month, 1 month ago      Month, 2 months ago      Month, 3 months ago 0220 _____ 0230 _____ 0240 _____ 0250 _____ 0260 _____ 0270 _____ 0280 _____ 0290 _____ 0300 _____ 0310 _____ 0320 _____ 0330 _____ 0340 _____ 0350 _____ 0360 _____		Number of days					
<b>4. For months rented – How much did you (your CU) charge to rent this property during the month of . . .</b> (month, 1 month ago)? _____ (month, 2 months ago)? _____ (month, 3 months ago)? _____		0370 \$ _____ .00 0380 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 0390 \$ _____ .00 0400 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 0410 \$ _____ .00 0420 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		Per day      Per week      Per month      Not owned		0370 \$ _____ .00 0380 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 0390 \$ _____ .00 0400 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 0410 \$ _____ .00 0420 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		Per day      Per week      Per month      Not owned		0370 \$ _____ .00 0380 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 0390 \$ _____ .00 0400 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 0410 \$ _____ .00 0420 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		Per day      Per week      Per month      Not owned		0370 \$ _____ .00 0380 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 0390 \$ _____ .00 0400 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 0410 \$ _____ .00 0420 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		Per day      Per week      Per month      Not owned	
<b>5. For months not rented – If this property was rented to someone else (outside your CU), how much could you (your CU) have charged in . . . (If respondent says "would not rent," probe for estimate of rental value.)</b> (month, 1 month ago)? _____ (month, 2 months ago)? _____ (month, 3 months ago)? _____		0430 \$ _____ .00 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 0450 \$ _____ .00 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 0470 \$ _____ .00 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		Per day      Per week      Per month      Not owned		0430 \$ _____ .00 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 0450 \$ _____ .00 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 0470 \$ _____ .00 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		Per day      Per week      Per month      Not owned		0430 \$ _____ .00 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 0450 \$ _____ .00 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 0470 \$ _____ .00 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		Per day      Per week      Per month      Not owned		0430 \$ _____ .00 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 0450 \$ _____ .00 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 0470 \$ _____ .00 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		Per day      Per week      Per month      Not owned	

**Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued**

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 of Property**

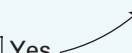
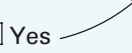
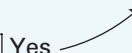
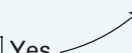
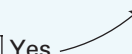
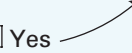

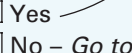
1. FIELD REPRESENTATIVE ITEM <i>Complete at the 1st interview in which the property is reported as being disposed of. Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i>		1 03 33 3 ↓	1 03 34 1 ↓	1 03 35 8 ↓	1 03 36 6 ↓
<b>a. PROPERTY NUMBER</b>	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number
<b>b. PROPERTY CODE</b>	0020 [ ][ ] Code	0020 [ ][ ] Code	0020 [ ][ ] Code	0020 [ ][ ] Code	0020 [ ][ ] Code
<b>c. DESCRIPTION</b>	Description	Description	Description	Description	Description
<b>2. Did you (your CU) sell this property, give it to someone else (outside your CU), or do something else with it?</b>	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↘  _____ <i>Mark property traded-in as "sold."</i>	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↘  _____ <i>Mark property traded-in as "sold."</i>	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↘  _____ <i>Mark property traded-in as "sold."</i>	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↘  _____ <i>Mark property traded-in as "sold."</i>	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↘  _____ <i>Mark property traded-in as "sold."</i>
<b>3. In what month and year did you (your CU) (sell/response to item 2) this property?</b>	0040 [ ][ ] Month      0050 [1][9][ ][ ] Year <i>If "sold" in item 2, go to item 4; otherwise go to part E.</i>	0040 [ ][ ] Month      0050 [1][9][ ][ ] Year <i>If "sold" in item 2, go to item 4; otherwise go to part E.</i>	0040 [ ][ ] Month      0050 [1][9][ ][ ] Year <i>If "sold" in item 2, go to item 4; otherwise go to part E.</i>	0040 [ ][ ] Month      0050 [1][9][ ][ ] Year <i>If "sold" in item 2, go to item 4; otherwise go to part E.</i>	0040 [ ][ ] Month      0050 [1][9][ ][ ] Year <i>If "sold" in item 2, go to item 4; otherwise go to part E.</i>
<b>4. What was the selling price (trade-in value)?</b>	0060 \$ _____ .00	0060 \$ _____ .00	0060 \$ _____ .00	0060 \$ _____ .00	0060 \$ _____ .00
<b>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?</b>	0070 \$ _____ .00	0070 \$ _____ .00	0070 \$ _____ .00	0070 \$ _____ .00	0070 \$ _____ .00
<b>6a. Did you (your CU) finance any part of the sale (trade) for the buyer?</b>	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to part E</i>	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to part E</i>	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to part E</i>	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to part E</i>	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to part E</i>
<b>b. What was the amount of the mortgage that you (your CU) financed?</b>	0090 \$ _____ .00	0090 \$ _____ .00	0090 \$ _____ .00	0090 \$ _____ .00	0090 \$ _____ .00

NOTES

**Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued**

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

**Part E – Mortgage/Home Equity Loan Screening Questions**


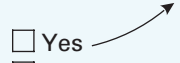


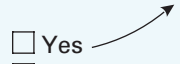
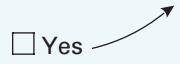
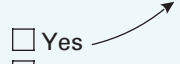
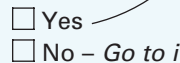
1. FIELD REPRESENTATIVE ITEM <i>Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i>	a. PROPERTY NUMBER	_____ Number	b. PROPERTY CODE	<input type="text"/> <input type="text"/> <input type="text"/> Code	c. DESCRIPTION	Description	7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
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 <i>Mark (X) appropriate box based upon part B, item 10.</i>	1 <input type="checkbox"/> Co-op property – Go to item 4a		2 <input type="checkbox"/> Not co-op				a. Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b)	F	
3a. Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 3b		<i>If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?</i> _____ – Go to item 5 Number		• 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		NOTES		
b. Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)?	<input type="checkbox"/> Yes  <input type="checkbox"/> 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?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 4b		_____ – Go to item 5 Number						
b. Since the 1st 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?	<input type="checkbox"/> Yes  <input type="checkbox"/> 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?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7		<i>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)?</i> _____ 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 writing a check or using a special credit card.	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 6b		_____ Number						
a. Do you (Does your CU) have a lump sum home equity loan?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7		_____ Number						
b. Do you (Does your CU) have a line of credit home equity loan?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7		_____ Number						



**Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued**

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

**Part E – Mortgage/Home Equity Loan Screening Questions – Continued**

1. FIELD REPRESENTATIVE ITEM <i>Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i>	a. PROPERTY NUMBER	_____ Number	7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
	b. PROPERTY CODE	<input type="text"/> <input type="text"/> <input type="text"/> Code			
	c. DESCRIPTION	Description			<b>F</b>
<b>2. I want to ask next about any mortgages you (your CU) had in the last three months on (property description).</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) appropriate box based upon part B, item 10.	1 <input type="checkbox"/> Co-op property – Go to item 4a 2 <input type="checkbox"/> Not co-op				<b>G</b>
<b>3a. Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 3b		If YES ask – <b>How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?</b> _____ – Go to item 5 Number		
<b>b. Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)?</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 5		_____ – Go to item 5 Number		
<b>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?</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 4b		_____ – Go to item 5 Number		
<b>b. Since the 1st 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?</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 5		_____ – Go to item 5 Number		
<b>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?</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7		If YES ask – <b>How many loans like this have you (has your CU) had on this property since the 1st of (month, three months ago)?</b> _____ Number		
<b>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.</b> • 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.	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 6b		_____ Number		
<b>a. Do you (Does your CU) have a lump sum home equity loan?</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7		_____ Number		
<b>b. Do you (Does your CU) have a line of credit home equity loan?</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7		_____ Number		









- 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

NOTES

**Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued**

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

**Part E – Mortgage/Home Equity Loan Screening Questions – Continued**

1. FIELD REPRESENTATIVE ITEM <i>Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i>	a. PROPERTY NUMBER	_____ Number		b. PROPERTY CODE	[ ][ ] Code		c. DESCRIPTION	Description	7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
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 <i>Mark (X) appropriate box based upon part B, item 10.</i>	1 <input type="checkbox"/> Co-op property – Go to item 4a 2 <input type="checkbox"/> Not co-op		a. Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b)			<b>F</b>					
3a. Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?		<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 3b	<i>If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?</i> _____ Number – Go to item 5	b. Enter number of lump sum home equity loans for this property (from item 6a)			<b>G</b>				
b. Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)?		<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 5	_____ Number – Go to item 5	c. Enter number of line of credit home equity loans for this property (from item 6b)			<b>H</b>				
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?		<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 4b	_____ Number – Go to item 5	7. FIELD REPRESENTATIVE INSTRUCTIONS							
b. Since the 1st 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?		<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 5	_____ Number – Go to item 5								
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?		<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7	<i>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)?</i> _____ Number	b. If no mortgages nor home equity loans on this property, go to part I							
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 writing a check or using a special credit card.		<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 6b	_____ Number								
a. Do you (Does your CU) have a lump sum home equity loan?		<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7	_____ Number								
b. Do you (Does your CU) have a line of credit home equity loan?		<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7	_____ Number								
</											



Section 3 - OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE - Continued

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

Part F - Mortgages

Form with 12 numbered sections (1-12) for mortgage data entry. Each section includes instructions and input fields for various mortgage details like property number, description, interest rate, and payment frequency. Includes red-coded input fields and checkboxes.

**Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued**

FIELD REPRESENTATIVE – Complete a separate column for each lump sum home equity loan at the first interview in which the loan is reported.

**Part G – Lump Sum Home Equity Loans**

<b>1. FIELD REPRESENTATIVE ITEM</b> Enter the property number in item 1a, the property code in item 1b, a brief description of the property in item 1c. Enter the 3-digit loan number in item 1d, beginning with 201 and assigning loan numbers consecutively, regardless of property number.	PROCESSING USE ONLY	1 03 58 0 ↓	1 03 59 8 ↓	1 03 60 6 ↓
	<b>a. PROPERTY NUMBER</b>	0010 _____ Number	0010 _____ Number	0010 _____ Number
	<b>b. PROPERTY CODE</b>	0020 [ ][ ] Code	0020 [ ][ ] Code	0020 [ ][ ] Code
	<b>c. DESCRIPTION</b>	Description	Description	Description
	<b>d. LOAN NUMBER</b>	0030 2 [ ][ ] Number	0030 2 [ ][ ] Number	0030 2 [ ][ ] Number
<b>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?</b>	Month	Year	Month	Year
	0035 [ ][ ]	0045 1 9 [ ][ ]	0035 [ ][ ]	0045 1 9 [ ][ ]
<b>3. Is this a 30-year home equity loan, a 15-year home equity loan, or something else?</b>	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year	0065 3 <input type="checkbox"/> Something else – Specify [ ][ ] Number of years	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year	0065 3 <input type="checkbox"/> Something else – Specify [ ][ ] Number of years
<b>4. What was the rate of interest at the time the home equity loan was obtained? Enter in two decimal places, such as 9.50% for 9 1/2%. (Include all FHA guarantee insurance if applicable.)</b>	0075 _____ Percent	0075 _____ Percent	0075 _____ Percent	0075 _____ Percent
<b>5. What is the current interest rate on your (your CU's) home equity loan? (Convert fractions to decimals.)</b>	0080 _____ Percent <i>If same as item 4, go to item 6a. If different, go to item 6b.</i>	0080 _____ Percent <i>If same as item 4, go to item 6a. If different, go to item 6b.</i>	0080 _____ Percent <i>If same as item 4, go to item 6a. If different, go to item 6b.</i>	0080 _____ Percent <i>If same as item 4, go to item 6a. If different, go to item 6b.</i>
<b>6a. Is this a fixed rate home equity loan?</b>	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> 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)?</b>	0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable 5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Reverse annuity 7 <input type="checkbox"/> Other – Specify 8 <input type="checkbox"/> Don't know	0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable 5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Reverse annuity 7 <input type="checkbox"/> Other – Specify 8 <input type="checkbox"/> Don't know	0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable 5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Reverse annuity 7 <input type="checkbox"/> Other – Specify 8 <input type="checkbox"/> Don't know	0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable 5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Reverse annuity 7 <input type="checkbox"/> Other – Specify 8 <input type="checkbox"/> Don't know
<b>7. Have you (Has your CU) refinanced or renegotiated this lump sum home equity loan?</b>	0105 1 <input type="checkbox"/> Yes – Read to respondent – <b>The following question refers to this current lump sum home equity loan.</b> 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – <b>The following question refers to this current lump sum home equity loan.</b> 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – <b>The following question refers to this current lump sum home equity loan.</b> 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – <b>The following question refers to this current lump sum home equity loan.</b> 2 <input type="checkbox"/> No
<b>8. What was the amount of the lump sum home equity loan when you (your CU) obtained it, excluding any interest?</b>	0130 \$ _____ .00	0130 \$ _____ .00	0130 \$ _____ .00	0130 \$ _____ .00
<b>9. How often are (were) loan payments due?</b>	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify
<b>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.</b>	0175 1 <input type="checkbox"/> Principal and interest 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0230 6 <input type="checkbox"/> Any other payments – Specify	0175 1 <input type="checkbox"/> Principal and interest 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0230 6 <input type="checkbox"/> Any other payments – Specify	0175 1 <input type="checkbox"/> Principal and interest 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0230 6 <input type="checkbox"/> Any other payments – Specify	0175 1 <input type="checkbox"/> Principal and interest 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0230 6 <input type="checkbox"/> Any other payments – Specify
<b>11. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things?</b>	0235 \$ _____ .00	0235 \$ _____ .00	0235 \$ _____ .00	0235 \$ _____ .00
<b>12. If any of codes 2–6 marked in item 10, ask – How much of that amount was for principal and interest?</b>	0245 \$ _____ .00 x <input type="checkbox"/> Don't know	0245 \$ _____ .00 x <input type="checkbox"/> Don't know	0245 \$ _____ .00 x <input type="checkbox"/> Don't know	0245 \$ _____ .00 x <input type="checkbox"/> Don't know

**Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued**

FIELD REPRESENTATIVE – Complete a separate column for each line of credit home equity loan at the 1st interview in which the loan is reported.

**Part H – Line of Credit Home Equity Loans**

1. FIELD REPRESENTATIVE ITEM <i>Enter the property number in item 1a, the property code in item 1b, a brief description of the property in item 1c. Enter the 3-digit loan number in item 1d, beginning with 301 and assigning loan numbers consecutively, regardless of property number.</i>	PROCESSING USE ONLY	1 03 68 9 ↓	1 03 69 7 ↓	1 03 70 5 ↓	NOTES
<b>a. PROPERTY NUMBER</b>	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number	
<b>b. PROPERTY CODE</b>	0020 [ ][ ] Code	0020 [ ][ ] Code	0020 [ ][ ] Code	0020 [ ][ ] Code	
<b>c. DESCRIPTION</b>	Description	Description	Description	Description	
<b>d. LOAN NUMBER</b>	0030 3 [ ][ ] Number	0030 3 [ ][ ] Number	0030 3 [ ][ ] Number	0030 3 [ ][ ] Number	
<b>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?</b>	0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next loan or part I	0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next loan or part I	0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next loan or part I	0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next loan or part I	
<b>3. If YES – What was the amount of the last payment?</b>	0050 \$ _____ .00	0050 \$ _____ .00	0050 \$ _____ .00	0050 \$ _____ .00	
<b>4. Prior to the last payment, what was the total amount owed?</b>	0060 \$ _____ .00	0060 \$ _____ .00	0060 \$ _____ .00	0060 \$ _____ .00	

**Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued**

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

**Part I – Ownership Costs**

<p><b>1.</b> FIELD REPRESENTATIVE ITEM <i>Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i></p>	<p>PROCESSING USE ONLY <span style="color: red;">1 03 77 0 ↓</span></p> <p><b>a.</b> PROPERTY NUMBER <span style="border: 1px solid black; padding: 2px;">0010</span> _____ Number</p> <p><b>b.</b> PROPERTY CODE <span style="border: 1px solid black; padding: 2px;">0020</span> <span style="border: 1px solid black; padding: 2px;"> </span><span style="border: 1px solid black; padding: 2px;"> </span><span style="border: 1px solid black; padding: 2px;"> </span> Code</p> <p><b>c.</b> DESCRIPTION Description</p>	<p><b>8.</b> <i>If property is co-op, ask –</i> <b>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?</b> <i>Mark (X) all that apply.</i> <i>If any entry in boxes 1–11, go to item 10a.</i> <i>If no entries in boxes 1–11, go to item 11a.</i></p> <p><span style="border: 1px solid black; padding: 2px;">0160</span> 01 <input type="checkbox"/> Repayment of loans owed by cooperative</p> <p><span style="border: 1px solid black; padding: 2px;">0170</span> 02 <input type="checkbox"/> Property taxes</p> <p><span style="border: 1px solid black; padding: 2px;">0180</span> 03 <input type="checkbox"/> Property insurance</p> <p><span style="border: 1px solid black; padding: 2px;">0190</span> 04 <input type="checkbox"/> Management</p> <p><span style="border: 1px solid black; padding: 2px;">0200</span> 05 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal</p> <p><span style="border: 1px solid black; padding: 2px;">0210</span> 06 <input type="checkbox"/> Improvements</p> <p><span style="border: 1px solid black; padding: 2px;">0220</span> 07 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities</p> <p><span style="border: 1px solid black; padding: 2px;">0230</span> 08 <input type="checkbox"/> Security, including guards and alarm systems</p> <p><span style="border: 1px solid black; padding: 2px;">0240</span> 09 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat</p> <p><span style="border: 1px solid black; padding: 2px;">0250</span> 10 <input type="checkbox"/> Trash collection</p> <p><span style="border: 1px solid black; padding: 2px;">0260</span> 11 <input type="checkbox"/> Other – <i>Specify</i> _____</p>	<p><b>11a.</b> <i>If property is co-op: Hand respondent Information Booklet, page 12.</i> <i>If property is condo/ something else: Hand respondent Information Booklet, page 13.</i> <b>Have you (Has your CU) made any SPECIAL payments to a management service for any of these items?</b> <span style="border: 1px solid black; padding: 2px;">0430</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to item 12a</i></p> <p><b>b.</b> <i>Since the 1st of (month, 3 months ago), what services were provided?</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center; border-bottom: 1px solid black;">SERVICES FOR CO-OPS</th> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><span style="border: 1px solid black; padding: 2px;">0440</span></td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;"><span style="border: 1px solid black; padding: 2px;">0450</span></td> <td style="border: 1px solid black; padding: 2px;">0</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><span style="border: 1px solid black; padding: 2px;">0460</span></td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;"><span style="border: 1px solid black; padding: 2px;">0470</span></td> <td style="border: 1px solid black; padding: 2px;">0</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><span style="border: 1px solid black; padding: 2px;">0480</span></td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;"><span style="border: 1px solid black; padding: 2px;">0490</span></td> <td style="border: 1px solid black; padding: 2px;">0</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><span style="border: 1px solid black; padding: 2px;">0500</span></td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;"><span style="border: 1px solid black; padding: 2px;">0510</span></td> <td style="border: 1px solid black; padding: 2px;">0</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><span style="border: 1px solid black; padding: 2px;">0520</span></td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;"><span style="border: 1px solid black; padding: 2px;">0530</span></td> <td style="border: 1px solid black; padding: 2px;">1</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><span style="border: 1px solid black; padding: 2px;">0540</span></td> <td style="border: 1px solid black; padding: 2px;">1</td> <td></td> <td></td> </tr> <tr> <th colspan="4" style="text-align: center; border-bottom: 1px solid black;">SERVICES FOR CONDOS/ SOMETHING ELSE</th> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><span style="border: 1px solid black; padding: 2px;">0550</span></td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;"><span style="border: 1px solid black; padding: 2px;">0560</span></td> <td style="border: 1px solid black; padding: 2px;">2</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><span style="border: 1px solid black; padding: 2px;">0570</span></td> <td style="border: 1px solid black; 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padding: 2px;">0630</span></td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;"><span style="border: 1px solid black; padding: 2px;">0640</span></td> <td style="border: 1px solid black; padding: 2px;">3</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><span style="border: 1px solid black; padding: 2px;">0650</span></td> <td style="border: 1px solid black; padding: 2px;">3</td> <td></td> <td></td> </tr> </table> <p><b>c.</b> <i>Since the 1st of (month, 3 months ago), how much were these special payments?</i> <span style="border: 1px solid black; padding: 2px;">0660</span> \$ _____ .00</p> <p><b>d.</b> <i>Of the (amount in item 11c), how much was paid since the 1st of (current month)?</i> <span style="border: 1px solid black; padding: 2px;">0670</span> \$ _____ .00</p> <p><b>12a.</b> <i>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?</i> <span style="border: 1px solid black; padding: 2px;">0680</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to item 13</i></p> <p><b>b.</b> <i>What was the total amount paid?</i> <span style="border: 1px solid black; padding: 2px;">0690</span> \$ _____ .00</p> <p><b>c.</b> <i>How much of the (amount in item 12b) was paid since the 1st of (current month)?</i> <span style="border: 1px solid black; padding: 2px;">0700</span> \$ _____ .00</p> <p><b>13.</b> <i>Ask if code 100 or 200 in item 1b.</i> <b>If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?</b> <span style="border: 1px solid black; padding: 2px;">0710</span> \$ _____ .00 x <input type="checkbox"/> Don't know</p>	SERVICES FOR CO-OPS				<span style="border: 1px solid black; padding: 2px;">0440</span>	0	<span style="border: 1px solid black; padding: 2px;">0450</span>	0	<span style="border: 1px solid black; padding: 2px;">0460</span>	0	<span style="border: 1px solid black; padding: 2px;">0470</span>	0	<span style="border: 1px solid black; padding: 2px;">0480</span>	0	<span style="border: 1px solid black; padding: 2px;">0490</span>	0	<span style="border: 1px solid black; padding: 2px;">0500</span>	0	<span style="border: 1px solid black; padding: 2px;">0510</span>	0	<span style="border: 1px solid black; padding: 2px;">0520</span>	0	<span style="border: 1px solid black; padding: 2px;">0530</span>	1	<span style="border: 1px solid black; padding: 2px;">0540</span>	1			SERVICES FOR CONDOS/ SOMETHING ELSE				<span style="border: 1px solid black; padding: 2px;">0550</span>	2	<span style="border: 1px solid black; padding: 2px;">0560</span>	2	<span style="border: 1px solid black; padding: 2px;">0570</span>	2	<span style="border: 1px solid black; padding: 2px;">0580</span>	2	<span style="border: 1px solid black; padding: 2px;">0590</span>	2	<span style="border: 1px solid black; padding: 2px;">0600</span>	2	<span style="border: 1px solid black; padding: 2px;">0610</span>	2	<span style="border: 1px solid black; padding: 2px;">0620</span>	2	<span style="border: 1px solid black; padding: 2px;">0630</span>	2	<span style="border: 1px solid black; padding: 2px;">0640</span>	3	<span style="border: 1px solid black; padding: 2px;">0650</span>	3		
SERVICES FOR CO-OPS																																																											
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<span style="border: 1px solid black; padding: 2px;">0460</span>	0	<span style="border: 1px solid black; padding: 2px;">0470</span>	0																																																								
<span style="border: 1px solid black; padding: 2px;">0480</span>	0	<span style="border: 1px solid black; padding: 2px;">0490</span>	0																																																								
<span style="border: 1px solid black; padding: 2px;">0500</span>	0	<span style="border: 1px solid black; padding: 2px;">0510</span>	0																																																								
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<span style="border: 1px solid black; padding: 2px;">0570</span>	2	<span style="border: 1px solid black; padding: 2px;">0580</span>	2																																																								
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<p><b>2.</b> FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box.</i> <i>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.</i></p> <p><span style="border: 1px solid black; padding: 2px;">0030</span> 1 <input type="checkbox"/> Mortgage/lump sum home equity loan 2 <input type="checkbox"/> No mortgage/no lump sum home equity loan – <i>Go to item 4a</i></p>	<p><b>9.</b> <i>If property is not co-op, ask –</i> <b>Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments?</b> <i>Mark (X) all that apply.</i></p> <p><span style="border: 1px solid black; padding: 2px;">0270</span> 21 <input type="checkbox"/> Management</p> <p><span style="border: 1px solid black; padding: 2px;">0280</span> 22 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal</p> <p><span style="border: 1px solid black; padding: 2px;">0290</span> 23 <input type="checkbox"/> Improvements</p> <p><span style="border: 1px solid black; padding: 2px;">0300</span> 24 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat</p> <p><span style="border: 1px solid black; padding: 2px;">0310</span> 25 <input type="checkbox"/> Parking</p> <p><span style="border: 1px solid black; padding: 2px;">0320</span> 26 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities</p> <p><span style="border: 1px solid black; padding: 2px;">0330</span> 27 <input type="checkbox"/> Security, including guards and alarm systems</p> <p><span style="border: 1px solid black; padding: 2px;">0340</span> 28 <input type="checkbox"/> Maid service</p> <p><span style="border: 1px solid black; padding: 2px;">0350</span> 29 <input type="checkbox"/> Medical services</p> <p><span style="border: 1px solid black; padding: 2px;">0360</span> 30 <input type="checkbox"/> Trash collection</p> <p><span style="border: 1px solid black; padding: 2px;">0370</span> 31 <input type="checkbox"/> Other – <i>Specify</i> _____</p>	<p><b>10a.</b> <b>Are any of the costs included in your (your CU's) mortgage payment?</b> <span style="border: 1px solid black; padding: 2px;">0380</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to item 10d</i></p> <p><b>b.</b> <i>If YES – How much per month?</i> <span style="border: 1px solid black; padding: 2px;">0390</span> \$ _____ .00</p> <p><b>c.</b> <b>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?</b> <span style="border: 1px solid black; padding: 2px;">0400</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to item 11a</i></p> <p><b>d.</b> <i>Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?</i> <span style="border: 1px solid black; padding: 2px;">0410</span> \$ _____ .00</p> <p><b>e.</b> <i>How much of the (amount in item 10d) was paid since the 1st of (current month)?</i> <span style="border: 1px solid black; padding: 2px;">0420</span> \$ _____ .00</p>																																																									
<p><b>3a.</b> <b>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?</b> <span style="border: 1px solid black; padding: 2px;">0040</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to item 4a</i></p> <p><b>b.</b> <i>Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?</i> <span style="border: 1px solid black; padding: 2px;">0050</span> \$ _____ .00</p> <p><b>c.</b> <i>How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?</i> <span style="border: 1px solid black; padding: 2px;">0060</span> \$ _____ .00</p> <p><b>d.</b> <b>Were there any penalty charges as a result of the extra payments?</b> <span style="border: 1px solid black; padding: 2px;">0070</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to item 4a</i></p> <p><b>e.</b> <i>Since the 1st of (month, 3 months ago), how much were these penalty charges?</i> <span style="border: 1px solid black; padding: 2px;">0080</span> \$ _____ .00</p> <p><b>f.</b> <i>How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?</i> <span style="border: 1px solid black; padding: 2px;">0090</span> \$ _____ .00</p>	<p><b>4a.</b> <i>Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)?</i> <span style="border: 1px solid black; padding: 2px;">0100</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to item 5</i></p> <p><b>b.</b> <i>If YES – What was the total amount paid?</i> <span style="border: 1px solid black; padding: 2px;">0110</span> \$ _____ .00</p> <p><b>c.</b> <i>How much of the (amount in item 4b) was paid since the 1st of (current month)?</i> <span style="border: 1px solid black; padding: 2px;">0120</span> \$ _____ .00</p>	<p><b>5.</b> FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box.</i> <i>If property is condo, mark box 1.</i> <i>If property is co-op, mark box 2.</i> <i>If property is neither, mark box 3.</i></p> <p><span style="border: 1px solid black; padding: 2px;">0130</span> 1 <input type="checkbox"/> Condominium – <i>Go to item 7</i> 2 <input type="checkbox"/> Co-op – <i>Go to item 8</i> 3 <input type="checkbox"/> Neither condo nor co-op – <i>Continue with item 6</i></p> <p><b>6.</b> <i>If property is not condo/co-op, ask –</i> <b>Do you (Does your CU) make regular payments to a homeowner's association?</b> <span style="border: 1px solid black; padding: 2px;">0140</span> 1 <input type="checkbox"/> Yes – <i>Go to item 9</i> 2 <input type="checkbox"/> No – <i>Go to item 11a</i></p> <p><b>7.</b> <i>If property is condo, ask –</i> <b>Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?</b> <span style="border: 1px solid black; padding: 2px;">0150</span> 1 <input type="checkbox"/> Yes – <i>Go to item 9</i> 2 <input type="checkbox"/> No – <i>Go to item 11a</i></p>																																																									



Section 3 - OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE - Continued

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

Part I - Ownership Costs - Continued

Form with multiple sections (1-13) for reporting ownership costs, including property details, mortgage information, and various services provided. Includes checkboxes and input fields for amounts and dates.

**Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued**

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

**Part I – Ownership Costs – Continued**

<p><b>1.</b> 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.</p>	<p>PROCESSING USE ONLY <b>a.</b> PROPERTY NUMBER <b>b.</b> PROPERTY CODE <b>c.</b> DESCRIPTION</p>	<p>1 03 79 6 ↓ 0010 _____ Number 0020 [ ][ ] Code Description</p>	<p><b>8.</b> If property is co-op, ask – <b>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?</b> 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.</p>	<p>0160 01 <input type="checkbox"/> Repayment of loans owed by cooperative 0170 02 <input type="checkbox"/> Property taxes 0180 03 <input type="checkbox"/> Property insurance 0190 04 <input type="checkbox"/> Management 0200 05 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal 0210 06 <input type="checkbox"/> Improvements 0220 07 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities 0230 08 <input type="checkbox"/> Security, including guards and alarm systems 0240 09 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat 0250 10 <input type="checkbox"/> Trash collection 0260 11 <input type="checkbox"/> Other – Specify _____</p>	<p><b>11a.</b> If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. <b>Have you (Has your CU) made any SPECIAL payments to a management service for any of these items?</b></p>	<p>0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a</p>
<p><b>2.</b> 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.</p>		<p>0030 1 <input type="checkbox"/> Mortgage/lump sum home equity loan 2 <input type="checkbox"/> No mortgage/no lump sum home equity loan – Go to item 4a</p>	<p><b>9.</b> If property is not co-op, ask – <b>Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments?</b> Mark (X) all that apply.</p>	<p>0270 21 <input type="checkbox"/> Management 0280 22 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal 0290 23 <input type="checkbox"/> Improvements 0300 24 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat 0310 25 <input type="checkbox"/> Parking 0320 26 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities 0330 27 <input type="checkbox"/> Security, including guards and alarm systems 0340 28 <input type="checkbox"/> Maid service 0350 29 <input type="checkbox"/> Medical services 0360 30 <input type="checkbox"/> Trash collection 0370 31 <input type="checkbox"/> Other – Specify _____</p>	<p><b>b.</b> Since the 1st of (month, 3 months ago), what services were provided?</p> <p>SERVICES FOR CO-OPS</p> <p>0440 [ ][ ] 0450 [ ][ ] 0460 [ ][ ] 0470 [ ][ ] 0480 [ ][ ] 0490 [ ][ ] 0500 [ ][ ] 0510 [ ][ ] 0520 [ ][ ] 0530 [ ][ ] 0540 [ ][ ]</p> <p>SERVICES FOR CONDOS/ SOMETHING ELSE</p> <p>0550 [ ][ ] 0560 [ ][ ] 0570 [ ][ ] 0580 [ ][ ] 0590 [ ][ ] 0600 [ ][ ] 0610 [ ][ ] 0620 [ ][ ] 0630 [ ][ ] 0640 [ ][ ] 0650 [ ][ ]</p>	<p>0660 \$ _____ .00</p> <p>0670 \$ _____ .00</p>
<p><b>3a.</b> 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?</p> <p><b>b.</b> Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?</p> <p><b>c.</b> How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?</p> <p><b>d.</b> Were there any penalty charges as a result of the extra payments?</p> <p><b>e.</b> Since the 1st of (month, 3 months ago), how much were these penalty charges?</p> <p><b>f.</b> How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?</p>		<p>0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a</p> <p>0050 \$ _____ .00</p> <p>0060 \$ _____ .00</p> <p>0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a</p> <p>0080 \$ _____ .00</p> <p>0090 \$ _____ .00</p>	<p><b>10a.</b> Are any of the costs included in your (your CU's) mortgage payment?</p> <p><b>b.</b> If YES – How much per month?</p> <p><b>c.</b> 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?</p> <p><b>d.</b> Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?</p> <p><b>e.</b> How much of the (amount in item 10d) was paid since the 1st of (current month)?</p>	<p>0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10d</p> <p>0390 \$ _____ .00</p> <p>0400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a</p> <p>0410 \$ _____ .00</p> <p>0420 \$ _____ .00</p>	<p><b>c.</b> Since the 1st of (month, 3 months ago), how much were these special payments?</p> <p><b>d.</b> Of the (amount in item 11c), how much was paid since the 1st of (current month)?</p> <p><b>12a.</b> 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?</p> <p><b>b.</b> What was the total amount paid?</p> <p><b>c.</b> How much of the (amount in item 12b) was paid since the 1st of (current month)?</p>	<p>0680 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13</p> <p>0690 \$ _____ .00</p> <p>0700 \$ _____ .00</p>
<p><b>4a.</b> Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)?</p> <p><b>b.</b> If YES – What was the total amount paid?</p> <p><b>c.</b> How much of the (amount in item 4b) was paid since the 1st of (current month)?</p>		<p>0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5</p> <p>0110 \$ _____ .00</p> <p>0120 \$ _____ .00</p>			<p><b>13.</b> Ask if code 100 or 200 in item 1b. <b>If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?</b></p>	<p>0710 \$ _____ .00 x <input type="checkbox"/> Don't know</p>
<p><b>5.</b> 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, column d If property is co-op, mark box 2. } If property is neither, mark box 3. }</p> <p><b>6.</b> If property is not condo/co-op, ask – <b>Do you (Does your CU) make regular payments to a homeowner's association?</b></p> <p><b>7.</b> If property is condo, ask – <b>Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?</b></p>		<p>0130 1 <input type="checkbox"/> Condominium – Go to item 7 2 <input type="checkbox"/> Co-op – Go to item 8 3 <input type="checkbox"/> Neither condo nor co-op – Continue with item 6</p> <p>0140 1 <input type="checkbox"/> Yes – Go to item 9 2 <input type="checkbox"/> No – Go to item 11a</p> <p>0150 1 <input type="checkbox"/> Yes – Go to item 9 2 <input type="checkbox"/> No – Go to item 11a</p>				



**Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued**

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

**Part J – Change in Mortgage or Lump Sum Home Equity Loan Payment**

<p><b>1. FIELD REPRESENTATIVE ITEM</b></p> <p>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.</p> <p>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 (X) the appropriate type of loan in item 1e.</p>	<p>PROCESSING USE ONLY</p> <p><b>a. PROPERTY NUMBER</b></p> <p><b>b. PROPERTY CODE</b></p> <p><b>c. DESCRIPTION</b></p> <p><b>d. MORTGAGE (LOAN) NUMBER</b></p> <p><b>e. TYPE OF LOAN</b></p>	<p>1 03 92 9 ↓</p> <p>0010 _____ Number</p> <p>0020 [ ][ ] Code</p> <p>Description</p> <p>0030 _____ Number</p> <p>0035 1 <input type="checkbox"/> Mortgage 2 <input type="checkbox"/> Lump sum home equity loan</p>	<p><b>6. How often are (were) mortgage (lump sum home equity loan) payments due?</b></p> <p><b>7. What is the current interest rate for this mortgage (lump sum home equity loan)?</b> Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.)</p> <p>Hand respondent Information Booklet, page 11.</p> <p><b>8. On your (your CU's) last regular payment, which of these things were included?</b></p> <p><b>9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?</b></p> <p>If any of Codes 2–6 marked in item 8 ask –</p> <p><b>10. How much of that amount was for principal and interest?</b></p> <p><b>11. In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?</b></p>	<p>0090 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify ↘</p> <p>0100 _____ . _____ Percent</p> <p>0125 1 <input type="checkbox"/> Principal and interest 0130 2 <input type="checkbox"/> Property taxes 0140 3 <input type="checkbox"/> Property insurance 0150 4 <input type="checkbox"/> Life insurance 0160 5 <input type="checkbox"/> Mortgage guarantee insurance 0170 6 <input type="checkbox"/> Any other payments – Specify ↘</p> <p>0175 \$ _____ .00</p> <p>0185 \$ _____ .00 x <input type="checkbox"/> Don't know</p> <p>0195 [ ][ ] Month } Go to next property or next section</p>
<p><b>2. What was the reason for the change in the amount of your mortgage (lump sum home equity loan) payment for (property description)?</b></p> <p>1 – Change in escrow account payment 2 – Change in interest rate 3 – Paid off 4 – Change in amount of the graduated payment for a graduated payment mortgage (loan) 5 – Mortgage (loan) renegotiated (rollover or renegotiable mortgage (loan)) 6 – Refinanced mortgage (loan) (this includes changing the term of the mortgage (loan)) 7 – Other reasons 8 – More than one of the above X – Don't know</p>		<p>0040 1 <input type="checkbox"/> Go to item 8 2 <input type="checkbox"/> Go to item 7 3 <input type="checkbox"/> Go to item 11 4 <input type="checkbox"/> Go to item 8 5 <input type="checkbox"/> } 6 <input type="checkbox"/> } Go to item 3 7 <input type="checkbox"/> } 8 <input type="checkbox"/> } X <input type="checkbox"/> }</p>		
<p><b>3. Is this a 30-year mortgage (lump sum home equity loan), a 15-year mortgage (home equity loan), or something else?</b></p>		<p>0045 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify ↘</p> <p>0050 [ ][ ] Number of years</p>		
<p><b>4a. Is this a fixed rate mortgage (lump sum home equity loan)?</b></p> <p>Hand respondent Information Booklet, page 10.</p> <p><b>b. There are many different kinds of mortgages (lump sum home equity loans). Which one of these comes closest to yours (your CU's)?</b></p>		<p>0055 1 <input type="checkbox"/> Yes – Go to item 5 2 <input type="checkbox"/> No</p> <p>0060 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable interest rate 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable 5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Reverse annuity 7 <input type="checkbox"/> Other – Specify ↘</p> <p>x <input type="checkbox"/> Don't know</p>		
<p><b>5. What was the amount of the mortgage (lump sum home equity loan) when you (your CU) obtained it, excluding any interest?</b></p>		<p>0070 \$ _____ .00</p>		
NOTES				

**Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued**

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

**Part J – Change in Mortgage or Lump Sum Home Equity Loan Payment – Continued**

<p><b>1. FIELD REPRESENTATIVE ITEM</b></p> <p>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.</p> <p>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 (X) the appropriate type of loan in item 1e.</p>	PROCESSING USE ONLY	1 03 93 7 ↓	<p><b>6. How often are (were) mortgage (lump sum home equity loan) payments due?</b></p> <p>0090 1 <input type="checkbox"/> Weekly                  2 <input type="checkbox"/> Biweekly                  3 <input type="checkbox"/> Monthly                  4 <input type="checkbox"/> Quarterly                  5 <input type="checkbox"/> Semiannually                  6 <input type="checkbox"/> Annually                  7 <input type="checkbox"/> Other – Specify _____</p>
	a. PROPERTY NUMBER	0010 _____ Number	
	b. PROPERTY CODE	0020 <input type="text"/> <input type="text"/> <input type="text"/> Code	
	c. DESCRIPTION	Description	
	d. MORTGAGE (LOAN) NUMBER	0030 _____ Number	
e. TYPE OF LOAN	0035 1 <input type="checkbox"/> Mortgage 2 <input type="checkbox"/> Lump sum home equity loan		
<p><b>2. What was the reason for the change in the amount of your mortgage (lump sum home equity loan) payment for (property description)?</b></p> <p>1 – Change in escrow account payment                  2 – Change in interest rate                  3 – Paid off                  4 – Change in amount of the graduated payment for a graduated payment mortgage (loan)                  5 – Mortgage (loan) renegotiated (rollover or renegotiable mortgage (loan))                  6 – Refinanced mortgage (loan) (this includes changing the term of the mortgage (loan))                  7 – Other reasons                  8 – More than one of the above                  X – Don't know</p>	<p>0040 1 <input type="checkbox"/> Go to item 8                  2 <input type="checkbox"/> Go to item 7                  3 <input type="checkbox"/> Go to item 11                  4 <input type="checkbox"/> Go to item 8                  5 <input type="checkbox"/> }                  6 <input type="checkbox"/> }                  7 <input type="checkbox"/> } Go to item 3                  8 <input type="checkbox"/> }                  X <input type="checkbox"/> }</p>		<p><b>7. What is the current interest rate for this mortgage (lump sum home equity loan)?</b></p> <p>Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.)</p> <p>0100 _____ . _____ Percent</p>
	<p><b>8. On your (your CU's) last regular payment, which of these things were included?</b></p> <p>Hand respondent Information Booklet, page 11.</p> <p>0125 1 <input type="checkbox"/> Principal and interest                  0130 2 <input type="checkbox"/> Property taxes                  0140 3 <input type="checkbox"/> Property insurance                  0150 4 <input type="checkbox"/> Life insurance                  0160 5 <input type="checkbox"/> Mortgage guarantee insurance                  0170 6 <input type="checkbox"/> Any other payments – Specify _____</p>		
<p><b>3. Is this a 30-year mortgage (lump sum home equity loan), a 15-year mortgage (home equity loan), or something else?</b></p>	<p>0045 1 <input type="checkbox"/> 30-year                  2 <input type="checkbox"/> 15-year                  3 <input type="checkbox"/> Something else – Specify _____</p>		<p><b>9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?</b></p> <p>0175 \$ _____ .00</p>
	<p>0050 <input type="text"/> <input type="text"/> Number of years</p>		
<p><b>4a. Is this a fixed rate mortgage (lump sum home equity loan)?</b></p> <p>Hand respondent Information Booklet, page 10.</p> <p><b>b. There are many different kinds of mortgages (lump sum home equity loans). Which one of these comes closest to yours (your CU's)?</b></p>	<p>0055 1 <input type="checkbox"/> Yes – Go to item 5                  2 <input type="checkbox"/> No</p>		<p><b>10. How much of that amount was for principal and interest?</b></p> <p>If any of Codes 2–6 marked in item 8 ask –</p> <p>0185 \$ _____ .00                  X <input type="checkbox"/> Don't know</p>
	<p>0060 1 <input type="checkbox"/> Fixed rate of interest                  2 <input type="checkbox"/> Variable or adjustable interest rate                  3 <input type="checkbox"/> Graduated payment                  4 <input type="checkbox"/> Rollover or renegotiable                  5 <input type="checkbox"/> Deferred interest                  6 <input type="checkbox"/> Reverse annuity                  7 <input type="checkbox"/> Other – Specify _____</p> <p>X <input type="checkbox"/> Don't know</p>		
<p><b>5. What was the amount of the mortgage (lump sum home equity loan) when you (your CU) obtained it, excluding any interest?</b></p>	<p>0070 \$ _____ .00</p>		<p><b>11. In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?</b></p> <p>0195 <input type="text"/> <input type="text"/> Month } Go to next property or next section</p> <p>NOTES</p>

**Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued**

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

**Part J – Change in Mortgage or Lump Sum Home Equity Loan Payment – Continued**

<p><b>1. FIELD REPRESENTATIVE ITEM</b></p> <p>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.</p> <p>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 (X) the appropriate type of loan in item 1e.</p>	<p>PROCESSING USE ONLY</p> <p>1 03 94 5 ↓</p>	<p><b>a. PROPERTY NUMBER</b> 0010 _____ Number</p> <p><b>b. PROPERTY CODE</b> 0020 [ ][ ] Code</p> <p><b>c. DESCRIPTION</b> Description</p> <p><b>d. MORTGAGE (LOAN) NUMBER</b> 0030 _____ Number</p> <p><b>e. TYPE OF LOAN</b> 0035 1 <input type="checkbox"/> Mortgage 2 <input type="checkbox"/> Lump sum home equity loan</p>	<p><b>6. How often are (were) mortgage (lump sum home equity loan) payments due?</b></p> <p>0090 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify _____</p>
<p><b>2. What was the reason for the change in the amount of your mortgage (lump sum home equity loan) payment for (property description)?</b></p> <p>1 – Change in escrow account payment 2 – Change in interest rate 3 – Paid off 4 – Change in amount of the graduated payment for a graduated payment mortgage (loan) 5 – Mortgage (loan) renegotiated (rollover or renegotiable mortgage (loan)) 6 – Refinanced mortgage (loan) (this includes changing the term of the mortgage (loan)) 7 – Other reasons 8 – More than one of the above X – Don't know</p>	<p>0040 1 <input type="checkbox"/> Go to item 8 2 <input type="checkbox"/> Go to item 7 3 <input type="checkbox"/> Go to item 11 4 <input type="checkbox"/> Go to item 8 5 <input type="checkbox"/> } 6 <input type="checkbox"/> } Go to item 3 7 <input type="checkbox"/> } 8 <input type="checkbox"/> } X <input type="checkbox"/> }</p>	<p><b>7. What is the current interest rate for this mortgage (lump sum home equity loan)?</b></p> <p>Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.)</p> <p>0100 _____ . _____ Percent</p> <p>Hand respondent Information Booklet, page 11.</p> <p><b>8. On your (your CU's) last regular payment, which of these things were included?</b></p> <p>0125 1 <input type="checkbox"/> Principal and interest 0130 2 <input type="checkbox"/> Property taxes 0140 3 <input type="checkbox"/> Property insurance 0150 4 <input type="checkbox"/> Life insurance 0160 5 <input type="checkbox"/> Mortgage guarantee insurance 0170 6 <input type="checkbox"/> Any other payments – Specify _____</p>	<p><b>9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?</b></p> <p>0175 \$ _____ .00</p> <p>If any of Codes 2–6 marked in item 8 ask –</p> <p><b>10. How much of that amount was for principal and interest?</b></p> <p>0185 \$ _____ .00 x <input type="checkbox"/> Don't know</p>
<p><b>3. Is this a 30-year mortgage (lump sum home equity loan), a 15-year mortgage (home equity loan), or something else?</b></p>	<p>0045 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify _____</p> <p>0050 [ ][ ] Number of years</p>	<p><b>11. In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?</b></p> <p>0195 [ ][ ] Month } Go to next property or next section</p>	<p>NOTES</p>
<p><b>4a. Is this a fixed rate mortgage (lump sum home equity loan)?</b></p> <p>Hand respondent Information Booklet, page 10.</p> <p><b>b. There are many different kinds of mortgages (lump sum home equity loans). Which one of these comes closest to yours (your CU's)?</b></p>	<p>0055 1 <input type="checkbox"/> Yes – Go to item 5 2 <input type="checkbox"/> No</p> <p>0060 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable interest rate 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable 5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Reverse annuity 7 <input type="checkbox"/> Other – Specify _____ x <input type="checkbox"/> Don't know</p>		
<p><b>5. What was the amount of the mortgage (lump sum home equity loan) when you (your CU) obtained it, excluding any interest?</b></p>	<p>0070 \$ _____ .00</p>		

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

**Part A – Telephone Expenses**

	PROCESSING USE ONLY	1 04 01 8 ↴	PROCESSING USE ONLY	1 04 02 6 ↴	NOTES							
<b>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any bills for telephone services? Do not include bills for telephones used entirely for business purposes.</b>	0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part B											
<b>2. What property(ies) was (were) the telephone bills for?</b> • 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 Property reported at this interview in section 3, part B, item 1a • All other properties – Mark (X) appropriate box and enter a description of the property.	0020 _____ Property number 96 <input type="checkbox"/> Mobile (car) phone 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU	Description	0020 _____ Property number 96 <input type="checkbox"/> Mobile (car) phone 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU	Description								
<b>3. What is the name of the company which provides telephone services for (property description)?</b>	<b>OFFICE USE ONLY</b> 0030 _____	Name of telephone company	<b>OFFICE USE ONLY</b> 0030 _____	Name of telephone company								
<b>4. How many telephone bills were received for (property description) from (company name)?</b>	0040 _____ Number		0040 _____ Number									
<b>5a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period.</b>	Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4	<b>PRE</b>			
	0060 0 <input type="checkbox"/> None \$ _____ .00	0120 0 <input type="checkbox"/> None \$ _____ .00	0180 0 <input type="checkbox"/> None \$ _____ .00	0240 0 <input type="checkbox"/> None \$ _____ .00	0060 0 <input type="checkbox"/> None \$ _____ .00	0120 0 <input type="checkbox"/> None \$ _____ .00	0180 0 <input type="checkbox"/> None \$ _____ .00	0240 0 <input type="checkbox"/> None \$ _____ .00				
<b>b. In what month was the bill received?</b>	Month	Month	Month	Month	Month	Month	Month	Month	Property No. from item 2	Month bill received from item 5b	Total amount of bill from item 5a	
	0070	0130	0190	0250	0070	0130	0190	0250			\$ _____ .00	
<b>6. Does the total amount of the bill include –</b>									Name of telephone company			
<b>a. A basic service charge?</b>	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Outlet code			
<b>b. Long distance call charges?</b>	0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Property No. from item 2	Month bill received from item 5b	Total amount of bill from item 5a	
<b>c. Equipment purchases such as the purchase of a telephone?</b>	0095 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0155 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0215 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0275 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0095 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0155 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0215 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0275 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			\$ _____ .00	
<b>d. FIELD REPRESENTATIVE CHECK ITEM</b> Was a bill or checkbook used or was an estimate given?	0110 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book	0170 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book	0230 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book	0290 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book	0110 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book	0170 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book	0230 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book	0290 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book	Name of telephone company			
<b>7a. Is any of the total charge to be deducted as a business expense?</b>	0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8								Property No. from item 2		Month bill received from item 5b	Total amount of bill from item 5a
<b>b. If YES – What percentage will be deducted?</b>	0430 _____ .00 Percent											\$ _____ .00
<b>8. Did you (or any members of your CU) receive any other telephone bills for telephones that are not used entirely for business purposes?</b>	0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company 2 <input type="checkbox"/> No – Go to part B								Name of telephone company		Outlet code	



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

**Part A - Telephone Expenses - Continued**

		PROCESSING USE ONLY	1 04 03 4 ↕				PROCESSING USE ONLY	1 04 04 2 ↕				NOTES							
<b>2. What property(ies) was (were) the telephone bills for?</b> • Owned properties – Enter a description of the property and enter a property number for – <i>Property previously reported in section 3, part A.1, item 1, column a</i> <i>Property reported at this interview in section 3, part B, item 1a</i>  • All other properties – Mark (X) appropriate box and enter a description of the property.	<input type="text" value="0020"/> _____ Property number  <input type="checkbox"/> 96 Mobile (car) phone <input type="checkbox"/> 97 Rented sample unit <input type="checkbox"/> 98 Other rented unit <input type="checkbox"/> 99 Property not owned or rented by CU	Description				<input type="text" value="0020"/> _____ Property number  <input type="checkbox"/> 96 Mobile (car) phone <input type="checkbox"/> 97 Rented sample unit <input type="checkbox"/> 98 Other rented unit <input type="checkbox"/> 99 Property not owned or rented by CU	Description												
<b>3. What is the name of the company which provides telephone services for (property description)?</b>	<b>OFFICE USE ONLY</b>				Name of telephone company				<b>OFFICE USE ONLY</b>				Name of telephone company						
	<input type="text" value="0030"/> _____		<input type="text" value="0030"/> _____				<input type="text" value="0030"/> _____				<input type="text" value="0030"/> _____								
<b>4. How many telephone bills were received for (property description) from (company name)?</b>	<input type="text" value="0040"/> _____ Number				<input type="text" value="0040"/> _____ Number														
<b>5a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period.</b>  <b>b. In what month was the bill received?</b>	Bill 1		Bill 2		Bill 3		Bill 4		Bill 1		Bill 2		Bill 3		Bill 4		<b>PRE</b>		
	<input type="text" value="0060"/> 0 <input type="checkbox"/> None \$ _____ .00		<input type="text" value="0120"/> 0 <input type="checkbox"/> None \$ _____ .00		<input type="text" value="0180"/> 0 <input type="checkbox"/> None \$ _____ .00		<input type="text" value="0240"/> 0 <input type="checkbox"/> None \$ _____ .00		<input type="text" value="0060"/> 0 <input type="checkbox"/> None \$ _____ .00		<input type="text" value="0120"/> 0 <input type="checkbox"/> None \$ _____ .00		<input type="text" value="0180"/> 0 <input type="checkbox"/> None \$ _____ .00		<input type="text" value="0240"/> 0 <input type="checkbox"/> None \$ _____ .00		Property No. from item 2    Month bill received from item 5b    Total amount of bill from item 5a _____    _____    \$ _____ .00		
<input type="text" value="0070"/> _____ <input type="text" value="0130"/> _____ <input type="text" value="0190"/> _____ <input type="text" value="0250"/> _____		<input type="text" value="0070"/> _____ <input type="text" value="0130"/> _____ <input type="text" value="0190"/> _____ <input type="text" value="0250"/> _____		<input type="text" value="0070"/> _____ <input type="text" value="0130"/> _____ <input type="text" value="0190"/> _____ <input type="text" value="0250"/> _____		<input type="text" value="0070"/> _____ <input type="text" value="0130"/> _____ <input type="text" value="0190"/> _____ <input type="text" value="0250"/> _____		<input type="text" value="0070"/> _____ <input type="text" value="0130"/> _____ <input type="text" value="0190"/> _____ <input type="text" value="0250"/> _____		<input type="text" value="0070"/> _____ <input type="text" value="0130"/> _____ <input type="text" value="0190"/> _____ <input type="text" value="0250"/> _____		<input type="text" value="0070"/> _____ <input type="text" value="0130"/> _____ <input type="text" value="0190"/> _____ <input type="text" value="0250"/> _____		<input type="text" value="0070"/> _____ <input type="text" value="0130"/> _____ <input type="text" value="0190"/> _____ <input type="text" value="0250"/> _____		Name of telephone company Outlet code			
<b>6. Does the total amount of the bill include –</b> <b>a. A basic service charge?</b> <b>b. Long distance call charges?</b> <b>c. Equipment purchases such as the purchase of a telephone?</b> <b>d. FIELD REPRESENTATIVE CHECK ITEM</b> <i>Was a bill or checkbook used or was an estimate given?</i>	<input type="text" value="0080"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0140"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0200"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0260"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0080"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0140"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0200"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0260"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Name of telephone company Outlet code		
	<input type="text" value="0090"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0150"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0210"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0270"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0090"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0150"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0210"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0270"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Property No. from item 2    Month bill received from item 5b    Total amount of bill from item 5a _____    _____    \$ _____ .00		
<input type="text" value="0095"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0155"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0215"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0275"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0095"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0155"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0215"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<input type="text" value="0275"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Name of telephone company Outlet code			
<input type="text" value="0110"/> 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book		<input type="text" value="0170"/> 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book		<input type="text" value="0230"/> 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book		<input type="text" value="0290"/> 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book		<input type="text" value="0110"/> 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book		<input type="text" value="0170"/> 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book		<input type="text" value="0230"/> 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book		<input type="text" value="0290"/> 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book		Name of telephone company Outlet code			
<b>7a. Is any of the total charge to be deducted as a business expense?</b>  <b>b. If YES – What percentage will be deducted?</b>	<input type="text" value="0420"/> 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to item 8				<input type="text" value="0420"/> 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to item 8														
	<input type="text" value="0430"/> _____ .00 Percent		<input type="text" value="0430"/> _____ .00 Percent		<input type="text" value="0430"/> _____ .00 Percent		<input type="text" value="0430"/> _____ .00 Percent		<input type="text" value="0430"/> _____ .00 Percent		<input type="text" value="0430"/> _____ .00 Percent		Name of telephone company Outlet code						
<b>8. Did you (or any members of your CU) receive any other telephone bills for telephones that are not used entirely for business purposes?</b>	<input type="text" value="0440"/> 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company 2 <input type="checkbox"/> No – Go to part B				<input type="text" value="0440"/> 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company 2 <input type="checkbox"/> No – Go to part B														
	<input type="text" value="0440"/> 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company 2 <input type="checkbox"/> No – Go to part B		<input type="text" value="0440"/> 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company 2 <input type="checkbox"/> No – Go to part B		<input type="text" value="0440"/> 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company 2 <input type="checkbox"/> No – Go to part B		<input type="text" value="0440"/> 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company 2 <input type="checkbox"/> No – Go to part B		<input type="text" value="0440"/> 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company 2 <input type="checkbox"/> No – Go to part B		<input type="text" value="0440"/> 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company 2 <input type="checkbox"/> No – Go to part B		Name of telephone company Outlet code						

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

**Part B – Screening Questions**

1 04 25 7 ↘

**1. Since the first of (month, 3 months ago), have you (or any members of your CU) received any bills for any of the following utilities, fuels, or services? Do not include bills for rented vacation properties or properties used entirely for business.**

FIELD REPRESENTATIVE: Read each item in bold listed below.

**2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any bills for utilities or fuels for a rented vacation property, such as a cottage?**

**0010** 1  Yes 2  No – Go to part C

If YES –

**b. Which utility or fuel was the charge for? Enter a utility code below for each bill reported.**

**c. In what month was the bill received? Enter month below for each bill reported.**

**d. What was the total amount of the charges? Enter amount below for each bill reported.**

	UTILITY CODE	YES	NO
<b>Electricity</b> .....	<b>100</b>		
<b>Natural or utility gas</b> .....	<b>110</b>		
<i>Combined gas and electricity</i> .....	<b>120</b>		
<b>Fuel oil</b> .....	<b>130</b>		
<b>Kerosene</b> .....	<b>140</b>		
<b>Bottled or tank gas</b> .....	<b>150</b>		
<b>Wood</b> .....	<b>160</b>		
<b>Coal</b> .....	<b>170</b>		
<b>Other fuels</b> .....	<b>180</b>		
<i>Combined expenses for items 130–180</i> .....	<b>190</b>		
<b>Piped-in water</b> .....	<b>200</b>		
<b>Trash/Garbage collection</b> .....	<b>210</b>		
<b>Sewerage maintenance</b> .....	<b>220</b>		
<i>Combined trash/garbage/water/sewerage</i> .....	<b>230</b>		
<i>Combined trash/garbage/water</i> .....	<b>240</b>		
<i>Combined trash/garbage/sewerage</i> .....	<b>250</b>		
<i>Combined water/sewerage</i> .....	<b>260</b>		
<b>Water softening service</b> .....	<b>270</b>		
<b>Septic tank cleaning</b> .....	<b>280</b>		
<b>Cable TV, satellite services, or community antenna</b> .....	<b>290</b>		
<i>Combined electric/water/sewerage</i> .....	<b>310</b>		

PROCESSING USE ONLY	Utility code	PROCESSING USE ONLY	Month	PROCESSING USE ONLY	Amount	PRE		
						Utility code	Month	Amount
<b>0020</b>		<b>0030</b>		<b>0040</b>	\$ .00			\$ .00
<b>0050</b>		<b>0060</b>		<b>0070</b>	\$ .00			\$ .00
<b>0080</b>		<b>0090</b>		<b>0100</b>	\$ .00			\$ .00
<b>0110</b>		<b>0120</b>		<b>0130</b>	\$ .00			\$ .00

**PRE**  
TRANSCRIBE LAST 2 BILLS PER PROPERTY FOR EACH UTILITY OR SERVICE REPORTED IN PART C

1	2	3	4	5	6	
Property number from part C, item 2	Utility code from part C, item 1a	Month bill received from part C, item 7b	Amount of bill from part C, item 7a	Unit-of-measure from part C, item 7c	Quantity consumed from part C, item 7d	Name of utility company or government agency from part C, item 3
			\$ .00			Company code
			\$ .00			
			\$ .00			
			\$ .00			
			\$ .00			
			\$ .00			
			\$ .00			
			\$ .00			
			\$ .00			

NOTES

Ask item 2, then complete a column in part C for each utility, fuel, or service reported in item 1.



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

**Part C – Detailed Questions**

<b>1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM</b> Enter a utility code in item 1a and a description of utility or fuel in item 1b from part B, item 1.	PROCESSING USE ONLY				1 04 51 3 ↓ ↗				1 04 52 1 ↓ ↗			
	<b>a. UTILITY CODE</b> Code		Description		<b>a. UTILITY CODE</b> Code		Description					
<b>2. What property were the charges for?</b> • 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, col. a Property reported at this interview in section 3, part B, item 1a • All other properties – Mark (X) appropriate box and enter a description of the property.		<b>0020</b> _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU		Description		<b>0020</b> _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU		Description				
<b>3. What is the name of the company or government agency which provides (utility or fuel description)?</b> Ask for utility codes 100–120, 200–260, and 290 only.		Name				Name						
<b>OFFICE USE ONLY</b>												
<b>4. How many bills were received for (utility or fuel) for (property description)?</b>		<b>0045</b> _____ Number				<b>0045</b> _____ Number						
<b>5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.</b>		<b>0055</b> 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____		<b>0055</b> 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____								
<b>6. Do you have any of these bills or other records showing these (utility or fuel) charges?</b>		<b>0060</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<b>0060</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
<b>7a. What was the amount of bill (bill number)?</b> Complete a separate column for each bill received since the 1st of (month, 3 months ago).		Bill 1 <b>0070</b> \$ _____ .00	Bill 2 <b>0140</b> \$ _____ .00	Bill 3 <b>0210</b> \$ _____ .00	Bill 4 <b>0280</b> \$ _____ .00	Bill 1 <b>0070</b> \$ _____ .00	Bill 2 <b>0140</b> \$ _____ .00	Bill 3 <b>0210</b> \$ _____ .00	Bill 4 <b>0280</b> \$ _____ .00			
<b>b. In what month was the bill received?</b>		Month <b>0080</b>	Month <b>0150</b>	Month <b>0220</b>	Month <b>0290</b>	Month <b>0080</b>	Month <b>0150</b>	Month <b>0220</b>	Month <b>0290</b>			
<b>c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms?</b> Ask items 7c–g for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7h.		Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure			
<b>OFFICE USE ONLY</b>												
<b>d. What was the quantity consumed for bill (bill number)?</b>		Quantity <b>0105</b>	Quantity <b>0175</b>	Quantity <b>0245</b>	Quantity <b>0315</b>	Quantity <b>0105</b>	Quantity <b>0175</b>	Quantity <b>0245</b>	Quantity <b>0315</b>			
<b>e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?</b>		<b>0110</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7h	<b>0180</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7h	<b>0250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7h	<b>0320</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7h	<b>0110</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7h	<b>0180</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7h	<b>0250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7h	<b>0320</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7h			
<b>f. What were these charges for?</b>		Description	Description	Description	Description	Description	Description	Description	Description			
<b>g. How much were these charges?</b>		<b>0120</b> \$ _____ .00	<b>0190</b> \$ _____ .00	<b>0260</b> \$ _____ .00	<b>0330</b> \$ _____ .00	<b>0120</b> \$ _____ .00	<b>0190</b> \$ _____ .00	<b>0260</b> \$ _____ .00	<b>0330</b> \$ _____ .00			
<b>h. FIELD REPRESENTATIVE CHECK ITEM</b> Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.		<b>0130</b> 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	<b>0200</b> 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	<b>0270</b> 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	<b>0340</b> 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	<b>0130</b> 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	<b>0200</b> 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	<b>0270</b> 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	<b>0340</b> 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗			
<b>8. Was any part of the charge deducted as a business expense?</b>		<b>0420</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<b>0420</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
<b>9. Are you billed for (utility or fuel) on a predetermined budget plan?</b>		<b>0430</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know		<b>0430</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know								
<b>10. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?</b>		<b>0440</b> 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No				<b>0440</b> 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No						

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

**Part C – Detailed Questions – Continued**

<b>1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM</b> <i>Enter a utility code in item 1a and a description of utility or fuel in item 1b from part B, item 1.</i>	PROCESSING USE ONLY	1 04 53 9 ↘				1 04 54 7 ↘																														
<b>a. UTILITY CODE</b>		0010			Code	0010			Code																											
<b>b. DESCRIPTION OF UTILITY OR FUEL</b>		Description				Description																														
<b>2. What property were the charges for?</b> • 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, col. a Property reported at this interview in section 3, part B, item 1a • All other properties – Mark (X) appropriate box and enter a description of the property.		0020	Property number			Description			0020	Property number			Description																							
			97	<input type="checkbox"/> Rented sample unit						97	<input type="checkbox"/> Rented sample unit						98	<input type="checkbox"/> Other rented unit																		
			98	<input type="checkbox"/> Other rented unit						98	<input type="checkbox"/> Other rented unit						99	<input type="checkbox"/> Property not owned or rented by CU																		
			99	<input type="checkbox"/> Property not owned or rented by CU						99	<input type="checkbox"/> Property not owned or rented by CU																									
<b>3. What is the name of the company or government agency which provides (utility or fuel description)?</b> <i>Ask for utility codes 100–120, 200–260, and 290 only.</i>		Name				Name																														
<b>OFFICE USE ONLY</b>		0030				0030																														
<b>4. How many bills were received for (utility or fuel) for (property description)?</b>		0045	Number			0045	Number																													
<b>5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.</b>		0055	1	<input type="checkbox"/> Month		3	<input type="checkbox"/> Quarter		0055	1	<input type="checkbox"/> Month		3	<input type="checkbox"/> Quarter																						
			2	<input type="checkbox"/> 2 months		4	<input type="checkbox"/> Other – Specify _____			2	<input type="checkbox"/> 2 months		4	<input type="checkbox"/> Other – Specify _____																						
<b>6. Do you have any of these bills or other records showing these (utility or fuel) charges?</b>		0060	1	<input type="checkbox"/> Yes		2	<input type="checkbox"/> No		0060	1	<input type="checkbox"/> Yes		2	<input type="checkbox"/> No																						
<b>7a. What was the amount of bill (bill number)?</b> <i>Complete a separate column for each bill received since the 1st of (month, 3 months ago).</i>		0070	Bill 1	0140	Bill 2	0210	Bill 3	0280	Bill 4	0070	Bill 1	0140	Bill 2	0210	Bill 3	0280	Bill 4																			
			\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00																			
	<b>b. In what month was the bill received?</b>		0080	Month	0150	Month	0220	Month	0290	Month	0080	Month	0150	Month	0220	Month	0290	Month																		
	<b>c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms?</b> <i>Ask items 7c–g for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7h.</i>			Unit-of-measure		Unit-of-measure		Unit-of-measure		Unit-of-measure		Unit-of-measure		Unit-of-measure		Unit-of-measure		Unit-of-measure																		
<b>OFFICE USE ONLY</b>		0095		0165		0235		0305		0095		0165		0235		0305																				
<b>d. What was the quantity consumed for bill (bill number)?</b>		0105	Quantity	0175	Quantity	0245	Quantity	0315	Quantity	0105	Quantity	0175	Quantity	0245	Quantity	0315	Quantity																			
<b>e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?</b>		0110	1	<input type="checkbox"/> Yes		2	<input type="checkbox"/> No – Go to item 7h		0110	1	<input type="checkbox"/> Yes		2	<input type="checkbox"/> No – Go to item 7h		0180	1	<input type="checkbox"/> Yes		2	<input type="checkbox"/> No – Go to item 7h		0250	1	<input type="checkbox"/> Yes		2	<input type="checkbox"/> No – Go to item 7h		0320	1	<input type="checkbox"/> Yes		2	<input type="checkbox"/> No – Go to item 7h	
<b>f. What were these charges for?</b>			Description		Description		Description		Description		Description		Description		Description		Description		Description																	
<b>g. How much were these charges?</b>		0120	\$ _____ .00	0190	\$ _____ .00	0260	\$ _____ .00	0330	\$ _____ .00	0120	\$ _____ .00	0190	\$ _____ .00	0260	\$ _____ .00	0330	\$ _____ .00																			
<b>h. FIELD REPRESENTATIVE CHECK ITEM</b> <i>Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.</i>		0130	1	<input type="checkbox"/> Records used		2	<input type="checkbox"/> Estimate ↗		0130	1	<input type="checkbox"/> Records used		2	<input type="checkbox"/> Estimate ↗		0200	1	<input type="checkbox"/> Records used		2	<input type="checkbox"/> Estimate ↗		0270	1	<input type="checkbox"/> Records used		2	<input type="checkbox"/> Estimate ↗		0340	1	<input type="checkbox"/> Records used		2	<input type="checkbox"/> Estimate ↘	
<b>8. Was any part of the charge deducted as a business expense?</b>		0420	1	<input type="checkbox"/> Yes		2	<input type="checkbox"/> No		0420	1	<input type="checkbox"/> Yes		2	<input type="checkbox"/> No																						
<b>9. Are you billed for (utility or fuel) on a predetermined budget plan?</b>		0430	1	<input type="checkbox"/> Yes		2	<input type="checkbox"/> No		x	<input type="checkbox"/> Don't know		0430	1	<input type="checkbox"/> Yes		2	<input type="checkbox"/> No		x	<input type="checkbox"/> Don't know																
<b>10. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?</b>		0440	1	<input type="checkbox"/> Yes – Complete a separate column for each property				2	<input type="checkbox"/> No				0440	1	<input type="checkbox"/> Yes – Complete a separate column for each property				2	<input type="checkbox"/> No																

<b>Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued</b>												
<b>Part C – Detailed Questions – Continued</b>												
<b>1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM</b> <i>Enter a utility code in item 1a and a description of utility or fuel in item 1b from part B, item 1.</i>	PROCESSING USE ONLY				1 04 55 4 ↴				1 04 56 2 ↴			
	<b>a. UTILITY CODE</b>		Code		Code		Code		Code		Code	
<b>b. DESCRIPTION OF UTILITY OR FUEL</b>		Description				Description						
<b>2. What property were the charges for?</b> <i>• 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, col. a Property reported at this interview in section 3, part B, item 1a</i> <i>• All other properties – Mark (X) appropriate box and enter a description of the property.</i>		<b>0020</b> _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				<b>0020</b> _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU						
<b>3. What is the name of the company or government agency which provides (utility or fuel description)?</b> <i>Ask for utility codes 100–120, 200–260, and 290 only.</i>		Name				Name						
<b>OFFICE USE ONLY</b>												
<b>4. How many bills were received for (utility or fuel) for (property description)?</b>		<b>0045</b> _____ Number				<b>0045</b> _____ Number						
<b>5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.</b>		<b>0055</b> 1 <input type="checkbox"/> Month      3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months      4 <input type="checkbox"/> Other – Specify _____				<b>0055</b> 1 <input type="checkbox"/> Month      3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months      4 <input type="checkbox"/> Other – Specify _____						
<b>6. Do you have any of these bills or other records showing these (utility or fuel) charges?</b>		<b>0060</b> 1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No				<b>0060</b> 1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No						
<b>7a. What was the amount of bill (bill number)?</b> <i>Complete a separate column for each bill received since the 1st of (month, 3 months ago).</i>		Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4			
<b>b. In what month was the bill received?</b>		Month	Month	Month	Month	Month	Month	Month	Month			
<b>c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms?</b> <i>Ask items 7c–g for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7h.</i>		Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure			
<b>OFFICE USE ONLY</b>												
<b>d. What was the quantity consumed for bill (bill number)?</b>		Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity			
<b>e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?</b>		<b>0110</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7h	<b>0180</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7h	<b>0250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7h	<b>0320</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7h	<b>0110</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7h	<b>0180</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7h	<b>0250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7h	<b>0320</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7h			
<b>f. What were these charges for?</b>		Description	Description	Description	Description	Description	Description	Description	Description			
<b>g. How much were these charges?</b>		<b>0120</b> \$ _____ .00	<b>0190</b> \$ _____ .00	<b>0260</b> \$ _____ .00	<b>0330</b> \$ _____ .00	<b>0120</b> \$ _____ .00	<b>0190</b> \$ _____ .00	<b>0260</b> \$ _____ .00	<b>0330</b> \$ _____ .00			
<b>h. FIELD REPRESENTATIVE CHECK ITEM</b> <i>Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.</i>		<b>0130</b> 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	<b>0200</b> 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	<b>0270</b> 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	<b>0340</b> 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	<b>0130</b> 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	<b>0200</b> 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	<b>0270</b> 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	<b>0340</b> 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗			
<b>8. Was any part of the charge deducted as a business expense?</b>		<b>0420</b> 1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No				<b>0420</b> 1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No						
<b>9. Are you billed for (utility or fuel) on a predetermined budget plan?</b>		<b>0430</b> 1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No      x <input type="checkbox"/> Don't know				<b>0430</b> 1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No      x <input type="checkbox"/> Don't know						
<b>10. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?</b>		<b>0440</b> 1 <input type="checkbox"/> Yes – Complete a separate column for each property      2 <input type="checkbox"/> No				<b>0440</b> 1 <input type="checkbox"/> Yes – Complete a separate column for each property      2 <input type="checkbox"/> No						

**Section 5 – CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY**

FIELD REPRESENTATIVE – In this section, **all** expenditures should be collected except where renters have been or will be totally reimbursed by someone outside of the CU (such as landlords or insurance companies).

**Part A – Screening Questions**

<p><i>Information Booklet, page 14</i></p> <p><b>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for –?</b></p>	<p><b>Dwellings under construction including a vacation or second home</b> . . . . .</p>	JOB CODE	YES	NO	PROCESSING USE ONLY	1 05 00 7 ↘
		100			<p><b>4a. Have there been any expenses for any other property (property that you do not own or rent) by you (or any members of your CU)?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5</p>	
<p><i>Information Booklet, page 14</i></p> <p><b>2. Have there been any expenses for property you owned or rented since the 1st of (month, 3 months ago), for any of the following jobs? (Renters should not include jobs that have been or will be totally reimbursed by anyone outside of their CU.)</b></p>	<p><b>Building an addition to the house or a new structure, such as a porch, garage, or new wing</b> . . . . .</p> <p><b>Finishing a basement or an attic or enclosing a porch</b> . . . . .</p> <p><b>Remodeling one or more rooms in the house</b> . . . . .</p> <p><b>Landscaping the ground or planting new shrubs or trees</b> . . . . .</p> <p><b>Building outdoor patios, walks, fences, or other enclosures, driveways, or permanent swimming pools</b> . . . . .</p>	110			<p><b>b. Which jobs were those expenses for?</b> <i>Enter job code(s) from items 1 through 3.</i></p> <p>0010 [ ][ ] [ ][ ]      0020 [ ][ ] [ ][ ]</p> <p>0030 [ ][ ] [ ][ ]      0040 [ ][ ] [ ][ ]</p>	
		120			<p><b>5. FIELD REPRESENTATIVE CHECK ITEM</b> Job codes items 1, 2, 3, and 4</p> <p>0050 1 <input type="checkbox"/> All "No" 2 <input type="checkbox"/> At least one "Yes" marked</p>	
		130			<p><b>6a. Since the 1st of (month, 3 months ago), excluding the current month, have you (or any members of your CU) purchased any materials or supplies for jobs not yet started?</b></p> <p>0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</p>	
<p><i>Information Booklet, page 14</i></p> <p><b>3a. Have there been any expenses that deal with the upkeep or improvement of this 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 anyone outside of their CU.)</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No – Go to item 4a</p>	<p><b>Repairing outdoor patios, walks, fences, driveways, or permanent swimming pools</b> . . . . .</p> <p><b>Inside painting or papering</b> . . . . .</p> <p><b>Outside painting</b> . . . . .</p> <p><b>Plastering or paneling</b> . . . . .</p> <p><b>Plumbing or water heating installations and repairs</b> . . . . .</p> <p><b>Electrical work</b> . . . . .</p> <p><b>Heating or air-conditioning jobs</b> . . . . .</p> <p><b>Flooring repair or replacement, including inlaid linoleum or vinyl tile</b> . . . . .</p> <p><b>Insulation</b> . . . . .</p> <p><b>Termite or other pest control</b> . . . . .</p> <p><b>Roofing, gutters, or downspouts</b> . . . . .</p> <p><b>Siding</b> . . . . .</p> <p><b>Installation, repair, or replacement of window panes, screens, storm doors, awnings, and the like</b> . . . . .</p> <p><b>Masonry, brick, or stucco work</b> . . . . .</p> <p><b>Other improvements or repairs</b> . . . . .</p> <p><i>Use only if unable to itemize above – Combined expenses</i> . . . . .</p>	160			<p><b>b. If YES – What kind of job will the materials be used for?</b> <i>Enter a job code.</i></p> <p>Description</p> <p>0070 [ ][ ] [ ][ ] Job code</p>	
<p><b>b. Which of the following?</b></p>		170			<p><b>c. What was the total cost of these materials and supplies?</b></p> <p>0080 \$ _____ .00</p>	
		180			<p><b>7a. Since the 1st of (month, 3 months ago), excluding the current month, have you (or any members of your CU) purchased any materials or supplies not for any specific job?</b></p> <p>0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8</p>	
		190			<p><b>b. If YES – What was the total cost?</b></p> <p>0100 \$ _____ .00</p>	
		200			<p><b>8. FIELD REPRESENTATIVE INSTRUCTION – If any box marked "Yes" in item 1, 2, 3, or 4, fill section 5B.</b></p>	
		210			<b>PRE</b>	
		220			1                      2                      3                      4                      5	
		230			Job code from part B, item 1      Property description from part B, item 2a      Property description code from part B, item 2b      Description from part B, item 3a      Total cost from part B, item 4	
		240				\$ .00
		250				\$ .00
		260				\$ .00
		270				\$ .00
		280				\$ .00
		290				\$ .00
		300				\$ .00
		310				\$ .00



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

Part B - Job Description

1. FIELD REPRESENTATIVE ITEM		PROCESSING USE ONLY	7. Which of these items did it include and what was the cost of each?		OFFICE USE ONLY	Description	NOTES
		1 05 50 2 ↓	1		0130		
JOB NUMBER		1			0140	\$ .00 x <input type="checkbox"/> Don't know	
Enter the job code from part A. (For combined jobs use code 310.)		0010			0150		
2a. On which property was the (job description) done?		Description			0160	\$ .00 x <input type="checkbox"/> Don't know	
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			0250	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 9a	
		97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU	8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?		0260	\$ .00 <input type="checkbox"/> None	
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 -		0270	\$ .00 <input type="checkbox"/> None	
FIELD REPRESENTATIVE CHECK ITEM		0030	(month, 3 months ago)?		0280	\$ .00 <input type="checkbox"/> None	
b. Job classification - Mark (X) one.		1 <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair 5 <input type="checkbox"/> New construction	(month, 2 months ago)?		0290	\$ .00 <input type="checkbox"/> None	
OFFICE USE ONLY - Enter detail job codes.		0040	(last month)?				
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	(the current month)?		0300	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 9a	
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?		0060	9a. Have you (or any members of your CU) RENTED any tools or equipment for doing this job?		0310	\$ .00 <input type="checkbox"/> None	
b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN -		0070	b. What was the total cost for all items rented for this job in -		0320	\$ .00 <input type="checkbox"/> None	
(month, 3 months ago)?		0080	(month, 3 months ago)?		0330	\$ .00 <input type="checkbox"/> None	
(month, 2 months ago)?		0090	(month, 2 months ago)?		0340	\$ .00 <input type="checkbox"/> None	
(last month)?		0100	(last month)?				
(the current month)?		0110	(the current month)?		0350	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 10a	
c. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?		0120	10a. Was (Will) any of the total cost of (read entry in item 4) (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. Information Booklet, page 15		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 8a	b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?		0380	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next job	
6. Did the charge(s) include the cost of any appliances or equipment?			11a. Were (Will) any of these expenses for this job (be) deducted as a business expense?		0390	\$ .00 Percent	
			b. What percent was (will be) deducted?				



**Section 5 – CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY – Continued**

**Part B – Job Description – Continued**

	PROCESSING USE ONLY	1 05 51 0 ↓				
<b>1. FIELD REPRESENTATIVE ITEM</b>  <i>Enter the job code from part A. (For combined jobs use code 310.)</i>	JOB NUMBER  2					
	<b>0010</b> [ ][ ] Code					
<b>2a. On which property was the (job description) done?</b>	Description					
<b>b. Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties.</b>	<b>0020</b> _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU					
<b>3a. What work was done?</b> <i>Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview.</i>	Description					
<b>b. Job classification – Mark (X) one.</b>	<b>0030</b> 1 <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair 5 <input type="checkbox"/> New construction					
<b>OFFICE USE ONLY – Enter detail job codes.</b>	<b>0040</b> [ ][ ]					
<b>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.</b>	<b>0050</b> \$ _____ .00					
<b>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?</b>	<b>0060</b> 1 <input type="checkbox"/> Self only – Go to item 8a 2 <input type="checkbox"/> Paid or contracted with someone else					
<b>b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN –</b> <i>(month, 3 months ago)?</i> .....  <i>(month, 2 months ago)?</i> .....  <i>(last month)?</i> .....  <i>(the current month)?</i> .....	<b>0070</b> \$ _____ .00 0 <input type="checkbox"/> None					
	<b>0080</b> \$ _____ .00 0 <input type="checkbox"/> None					
	<b>0090</b> \$ _____ .00 0 <input type="checkbox"/> None					
	<b>0100</b> \$ _____ .00 0 <input type="checkbox"/> None					
<b>c. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?</b>	<b>0110</b> \$ _____ .00 0 <input type="checkbox"/> None – Go to item 8a					
<i>If codes 100–130, 200–220, or 300 in item 1, ask items 6 and 7; for all other codes, go to item 8a. Information Booklet, page 15</i>						
<b>6. Did the charge(s) include the cost of any appliances or equipment?</b>	<b>0120</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a					
<b>7. Which of these items did it include and what was the cost of each?</b>	<b>1</b>		<b>OFFICE USE ONLY</b> <b>0130</b> [ ][ ]	Description	NOTES	
			<b>0140</b> \$ _____ .00 x <input type="checkbox"/> Don't know			
	<b>2</b>		<b>OFFICE USE ONLY</b> <b>0150</b> [ ][ ]	Description		
			<b>0160</b> \$ _____ .00 x <input type="checkbox"/> Don't know			
	<b>8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?</b>					
	<b>0250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a					
	<b>b. What was the total cost for all items purchased for this job in –</b> <i>(month, 3 months ago)?</i> .....					
	<b>0260</b> \$ _____ .00 0 <input type="checkbox"/> None					
	<i>(month, 2 months ago)?</i> .....					
	<b>0270</b> \$ _____ .00 0 <input type="checkbox"/> None					
<i>(last month)?</i> .....						
<b>0280</b> \$ _____ .00 0 <input type="checkbox"/> None						
<i>(the current month)?</i> .....						
<b>0290</b> \$ _____ .00 0 <input type="checkbox"/> None						
<b>9a. Have you (or any members of your CU) RENTED any tools or equipment for doing this job?</b>						
<b>0300</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a						
<b>b. What was the total cost for all items rented for this job in –</b> <i>(month, 3 months ago)?</i> .....						
<b>0310</b> \$ _____ .00 0 <input type="checkbox"/> None						
<i>(month, 2 months ago)?</i> .....						
<b>0320</b> \$ _____ .00 0 <input type="checkbox"/> None						
<i>(last month)?</i> .....						
<b>0330</b> \$ _____ .00 0 <input type="checkbox"/> None						
<i>(the current month)?</i> .....						
<b>0340</b> \$ _____ .00 0 <input type="checkbox"/> None						
<b>10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?</b>						
<b>0350</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a						
<b>b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?</b>						
<b>0370</b> _____ .00 Percent						
<b>11a. Were (Will) any of these expenses for this job (be) deducted as a business expense?</b>						
<b>0380</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next job						
<b>b. What percent was (will be) deducted?</b>						
<b>0390</b> _____ .00 Percent						

**Section 5 – CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY – Continued**

**Part B – Job Description – Continued**

1. FIELD REPRESENTATIVE ITEM		PROCESSING USE ONLY	1 05 52 8 ↓	7. Which of these items did it include and what was the cost of each?	OFFICE USE ONLY		Description	NOTES
JOB NUMBER		3			1			
Enter the job code from part A. (For combined jobs use code 310.)		0010	Code		0130			
<b>2a. On which property was the (job description) done?</b>		Description			0140	\$ .00	x <input type="checkbox"/> Don't know	
<b>b. Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties.</b>		0020	Property number		0150			
			<input type="checkbox"/> Rented sample unit <input type="checkbox"/> Other rented unit <input type="checkbox"/> Property not owned or rented by CU		0160	\$ .00	x <input type="checkbox"/> Don't know	
<b>3a. What work was done?</b> Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview.		Description		<b>8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?</b>	0250	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 9a		
<b>b. Job classification – Mark (X) one.</b>		0030	<input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement <input type="checkbox"/> Maintenance and repair <input type="checkbox"/> New construction		<b>b. What was the total cost for all items purchased for this job in –</b>	0260	\$ .00	<input type="checkbox"/> None
				(month, 3 months ago)? .....	0270	\$ .00	<input type="checkbox"/> None	
				(month, 2 months ago)? .....	0280	\$ .00	<input type="checkbox"/> None	
				(last month)? .....	0290	\$ .00	<input type="checkbox"/> None	
				(the current month)? .....				
<b>OFFICE USE ONLY – Enter detail job codes.</b>		0040		<b>9a. Have you (or any members of your CU) RENTED any tools or equipment for doing this job?</b>	0300	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 10a		
<b>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.</b>		0050	\$ .00	<b>b. What was the total cost for all items rented for this job in –</b>	0310	\$ .00	<input type="checkbox"/> None	
<b>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?</b>		0060	<input type="checkbox"/> Self only – Go to item 8a <input type="checkbox"/> Paid or contracted with someone else	(month, 3 months ago)? .....	0320	\$ .00	<input type="checkbox"/> None	
<b>b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN –</b>		0070	\$ .00	(month, 2 months ago)? .....	0330	\$ .00	<input type="checkbox"/> None	
				(last month)? .....	0340	\$ .00	<input type="checkbox"/> None	
				(the current month)? .....				
<b>c. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?</b>		0110	\$ .00	<b>10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?</b>	0350	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 11a		
			<input type="checkbox"/> None – Go to item 8a	<b>b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?</b>	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. Information Booklet, page 15		0120	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 8a	<b>11a. Were (Will) any of these expenses for this job (be) deducted as a business expense?</b>	0380	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to next job		
<b>6. Did the charge(s) include the cost of any appliances or equipment?</b>				<b>b. What percent was (will be) deducted?</b>	0390	.00	Percent	

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

*FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the list of items as you proceed. Ask column a, question 1 and read the headings (in bold print). If YES, then read the individual items and complete a separate line in columns b through k as each item is reported.*

**Part A – Purchase of Household Appliances**

8 06 02 6 →

a		b	c	d	e	f	g		h	i		j		k		PRE			
							NEW	USED		YES	NO	NO	YES	NO	1	2	3		
Information Booklet, page 16 <b>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or rented any of the following items for your CU, or as a gift to someone outside your CU?</b>  Do not list any appliance previously reported in section 5B, item 7. If an appliance is reported in both section 5 and section 6, probe to verify that they are not duplicated.		<b>What type did you purchase or rent?</b> Enter a brand name or a brief description of item.	PROCESSING USE ONLY	ENTER ITEM CODE from column a.  1 – Purchased for own use? 2 – Rented? Go to column h. 3 – Purchased as gift to others?  Mark (X) box	When did you purchase it?  Month	What was the purchase price after any trade-in allowance?	Was it new or used when you acquired it?  Go to column i.	If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?	Did this include sales tax?	Were there any extra charges for installation?  If "Yes" – How much?	Did you purchase or rent any other...?  If "No" go 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 h and section 5B item 6					
ITEM CODE	YES														NO	YES	NO	YES	NO
<b>COOKING STOVE, RANGE, OR OVEN</b>																			
Electric	100					\$ .00													\$ .00
Gas	110		0010			\$ .00													\$ .00
Microwave	120					\$ .00													\$ .00
Other	130		0020			\$ .00													\$ .00
<b>REFRIGERATOR</b>	140		0030			\$ .00													\$ .00
<b>HOME-FREEZER</b>	150		0040			\$ .00													\$ .00
<b>DISHWASHER</b>						\$ .00													\$ .00
Built-in	160		0050			\$ .00													\$ .00
Portable	170		0060			\$ .00													\$ .00
<b>GARBAGE DISPOSAL</b>	180		0070			\$ .00													\$ .00
<b>CLOTHES WASHER</b>	190		0080			\$ .00													\$ .00
<b>CLOTHES DRYER</b>	200		0090			\$ .00													\$ .00
<b>RANGE HOOD</b>	210		0090			\$ .00													\$ .00
Combination of any of the above items	220		0100			\$ .00													\$ .00
<b>2. FIELD REPRESENTATIVE CHECK ITEM</b>  Mark (X) box if there are no entries recorded in columns b–k.						\$ .00													\$ .00
			0010			\$ .00													\$ .00
						\$ .00													\$ .00
NOTES			0130			\$ .00													\$ .00
			0140			\$ .00													\$ .00
			0150			\$ .00													\$ .00
			0160			\$ .00													\$ .00
			0170			\$ .00													\$ .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 Household Appliances and Other Selected Items**

6 06 04 6 →

a				b	PROCESSING USE ONLY	c	d	e	f	g	h		i		NOTES	PRE								
Information Booklet, pages 16–18											What type did you purchase or rent? <i>Enter brand name or a brief description of the item.</i>	ENTER ITEM CODE from column a.	Was this – 1 – Purchased for own use? 2 – Rented? Go to column g 3 – Purchased as gift to others? <i>Mark (X) box</i>	When did you purchase it?  Month		What did it cost? <i>(Include delivery charges, exclude installation charges.)</i>	If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?	Did this include sales tax?	Did you purchase or rent any other . . . ?  <i>If "No," go to next item in column a.</i>		Description from column b	1	2	3
ITEM CODE	YES	NO	YES																NO	Month from column e				
<b>SMALL HOUSEHOLD APPLIANCES</b>																								
Small electrical kitchen appliances	230				0010		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
Electric personal care appliances	240				0020		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
Smoke detectors	250				0030		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
Electric floor cleaning equipment	260				0040		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
<b>OTHER HOUSEHOLD APPLIANCES</b>	270				0050		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
<b>SEWING MACHINES</b>	280				0060		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
<b>CALCULATORS</b>	590				0070		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
<b>TELEPHONE AND ACCESSORIES</b>	660				0080		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
<b>TELEPHONE ANSWERING DEVICES</b>	610				0090		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
<b>TYPEWRITERS AND OTHER OFFICE MACHINES FOR NON-BUSINESS USE</b>	620				0100		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
<b>COMPUTERS, COMPUTER SYSTEMS AND RELATED HARDWARE FOR NON-BUSINESS USE</b>	640				0110		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
<b>COMPUTER SOFTWARE AND ACCESSORIES FOR NON-BUSINESS USE</b>	650				0120		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
<b>PHOTOGRAPHIC EQUIPMENT</b>	300				0130		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
<b>LAWNMOWING EQUIPMENT AND OTHER YARD MACHINERY</b>	310				0140		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
<b>TOOLS FOR HOME USE</b>					0150		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
Power tools	320				0160		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
Non-power tools	330				0170		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
<b>HEATING AND COOLING EQUIPMENT</b>					0180		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
Window air conditioners	340				0190		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
Portable cooling and heating equipment	350				0200		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00							
<i>Use only if unable to itemize above – Combined expenses</i>	800																							
<b>2. FIELD REPRESENTATIVE CHECK ITEM</b>																								
<i>Mark (X) box if there are no entries recorded in columns b–i.</i>	1 06 03 9 ↓																							
	0010 999 <input type="checkbox"/>																							



**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 Household Appliances and Other Selected Items – Continued**

6 06 06 1 →

a			b	c	d	e	f	g	h		i		NOTES	PRE		
									1	2	3	1		2	3	
Information Booklet, page 18			What type did you purchase or rent? <i>Enter a brand name or a brief description of the item.</i>	ENTER ITEM CODE from column a.	Was this – 1 – Purchased for own use? 2 – Rented? Go to column g. 3 – Purchased as gift to others?  Mark (X) box	When did you purchase it?  Month	What did it cost? (Include delivery charges, exclude installation charges.)  Go to column h.	If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?	Did this include sales tax?		Did you 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 or column g
ITEM CODE	YES	NO							PROCESSING USE ONLY	Month	YES	NO				
<b>TELEVISIONS, RADIO, VIDEO, SOUND EQUIPMENT (DO NOT INCLUDE PURCHASES INSTALLED IN VEHICLES) . . .</b>																
Color televisions (portable and table models) . . . . .	360			0010	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
Color televisions consoles and combinations of TV; large screen color TV projection equipment; color monitors and other items . . . . .	370			0020	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
Black and white TV's and combinations of TV's with other items . . . . .	380			0030	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
VCR, video camera, video disc player, camcorder . . . . .	390			0040	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
Satellite dishes . . . . .	670			0050	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
Radio, all types . . . . .	400			0060	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
Phonographs or record players . . . . .	410			0070	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
Tape recorders and players . . . . .	420			0080	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
Sound components, component systems, and compact disc sound systems . . . . .	430			0090	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
Other sound and video equipment, including accessories (audio/video tapes, etc. should be recorded in Section 17) . . . . .	440			0100	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
Use only if unable to itemize above – Combined expenses . . . . .	810			0110	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
<b>MUSICAL INSTRUMENTS, SUPPLIES AND ACCESSORIES</b> . . . . .				0120	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
Piano, organ, or keyboard . . . . .	450			0130	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
Other . . . . .	460			0140	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
<b>2. FIELD REPRESENTATIVE CHECK ITEM</b>	1 06 05 4 ↓			0150	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
Mark (X) box if there are no entries recorded in columns b-i.	0010	999		0160	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
				0170	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
				0180	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
				0190	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.00
				0200	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$ .00	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$	.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.*

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

**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					Part B – Household Equipment Repairs and Service Contracts							5 07 02 0 →										
<p><i>Information Booklet, page 20</i></p> <p><b>1a. Since the 1st of (month, 3 months ago), did you (or any members of your CU) have any expenses for maintenance or repair of household equipment?</b></p> <p><input type="checkbox"/> Yes – Go to column 1a below  <input type="checkbox"/> No</p> <p><b>b. Did you (or any members of your CU) have any expenses for service contracts?</b></p> <p><input type="checkbox"/> Yes – Go to column 1b below  <input type="checkbox"/> No</p>					Repair or contract No.	<b>a</b>		PROCESSING USE ONLY	<b>b</b>		<b>c</b>		<b>d</b>		<b>e</b>		<b>f</b>		<b>PRE</b>			
						What is/was (repaired/covered by service contract)? <i>Describe the item repaired or the type of service or equipment covered by the service contract. Include all items covered.</i>			1 – Equipment repair 2 – Service contract <i>Mark (X)</i>		ENTER ITEM CODE from part A.		In what month was (repair done/service contract purchased)?  Month		What was the total cost?  \$ .00		Did this include sales tax?  YES NO		1 Description from column a    2 Repair or service contract from column b    3 Month from column d    4 Cost from column e			
					1			0010	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					2			0020	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					3			0030	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					4			0040	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					5			0050	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					6			0060	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					7			0070	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					8			0080	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					9			0090	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					10			0100	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					11			0110	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					12			0120	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					13			0130	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					14			0140	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					15			0150	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					16			0160	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					17			0170	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					18			0180	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					19			0190	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
					20			0200	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>									
<p><b>2. FIELD REPRESENTATIVE CHECK ITEM</b></p> <p>Mark (X) box if there are no entries recorded in columns a–f in part B.</p>					1 07 01 1 ↓					0010 999 <input type="checkbox"/> Go to part C												
					NOTES																	

**Section 7 – HOUSEHOLD EQUIPMENT REPAIRS, SERVICE CONTRACTS, AND FURNITURE REPAIR AND REUPHOLSTERING – Continued**

FIELD REPRESENTATIVE – Read part C screening question and complete a line in part D for each job.

Part C – Screening Question		1 07 03 7 ↓		PRE			NOTES		
Did you (or any members of your CU) have any expenses for repairing, refinishing or reupholstering furniture, including the costs for fabric?		0010 1 <input type="checkbox"/> Yes – Go to part D 2 <input type="checkbox"/> No – Go to next section		1	2	3			
				Description from column a	Month from column c	Cost from column d			
Item No.	a	PROCESSING USE ONLY	b	c	d	e			
	What item of furniture was repaired or reupholstered? <i>Describe type of furniture.</i>		OFFICE USE ONLY	In what month did you have it repaired or reupholstered?  Month	How much did it cost?	Did this include sales tax?  YES NO			
							\$	.00	
1		0010	220		\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$	.00
2		0020	220		\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$	.00
3		0030	220		\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$	.00
4		0040	220		\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$	.00
5		0050	220		\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$	.00
6		0060	220		\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$	.00
7		0070	220		\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$	.00
8		0080	220		\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$	.00
9		0090	220		\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$	.00
10		0100	220		\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$	.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. Read the headings (in bold print) in column a. If you get a YES response, then read the individual items within the group. Complete columns b through h as each item is reported. Enter each item on a separate line.*

Part A – Purchases				5 08 01 0 →																	
a				b	c	d	e	f	g		h		NOTES	PRE							
Information Booklet, pages 21 and 22 Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased for your CU or as a gift to someone outside of your CU any of the following?									PROCESSING USE ONLY	ENTER ITEM CODE from column a.	In what month did you purchase it?	Was this purchased for your CU or as a gift to someone outside the CU?  1 – For use by the CU.  2 – As a gift to someone outside CU.		What was the purchase price?	Did this include sales tax?		Did you purchase any other...?		Description from column b	Month from column d	Cost from column f
ITEM CODE	YES	NO	Month												Mark box	YES	NO	YES			
<b>LIVING, FAMILY, OR RECREATION ROOM FURNITURE</b>																					
Sofas	100						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
Living room chairs	101						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
Living room tables	102						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
Modular wall units, shelves or cabinets	103						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
Ping-pong, pool tables and other similar recreation room items	104						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
Other living room, family or recreation room furniture including desks	105						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
Living room furniture combinations	106						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
<b>DINING ROOM AND KITCHEN FURNITURE</b>																					
All dining room and kitchen furniture	110						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
<b>BEDROOM FURNITURE</b>																					
Mattress and springs	120						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
Bedroom furniture other than mattresses and springs	121						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
Combined bedroom furniture (codes 120 and 121)	122						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
<b>INFANTS FURNITURE AND EQUIPMENT</b>																					
Infants furniture	130						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
Infants equipment	131						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
<b>OUTDOOR FURNITURE AND EQUIPMENT</b>																					
Patio, porch or outdoor furniture	140						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
Outdoor equipment	141						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
<b>OFFICE FURNITURE FOR HOME USE</b>																					
All office furniture for home use. Exclude any furniture used exclusively for business	150						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
Combined furniture expense. Use only if unable to itemize separately	160						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
<b>HOUSEHOLD DECORATIVE ITEMS</b>																					
Clocks	170						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
Lamps, and other lighting fixtures	171						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					
Other household decorative items	173						1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00					

**Section 8 – HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS – Continued**

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Read the headings (in bold print) in column a. If you get a YES response, then read the individual items within the group. Complete columns b through h as each item is reported. Enter each item on a separate line.

Part A – Purchases – Continued				5 08 02 8 →															
a				b				c	d	e	f	g		h		NOTES	PRE		
												1	2	3	1		2	3	
Information Booklet, pages 23 and 24 Have you (or any members of your CU) purchased for your CU or as a gift to someone outside of your CU any of the following?				What did you purchase? Enter a brief description of the item purchased.				ENTER ITEM CODE from column a.	In what month did you purchase it?	Was this purchased for your CU or as a gift to someone outside the CU?  1 – For use by the CU. 2 – As a gift to someone outside CU.	What was the purchase price?	Did this include sales tax?		Did you purchase any other . . . ?  If "No," go to next item in column a.		Description from column b	Month from column d	Cost from column f	
ITEM CODE	YES	NO	PROCESSING USE ONLY	Month	Mark box	YES	NO					YES	NO	Month					
<b>CLOSET STORAGE AND TRAVEL ITEMS</b>																			
Storage items	180																		
Travel items	181																		
<b>DISHES, DINNERWARE, FLATWARE, GLASSWARE, AND COOKWARE</b>																			
Plastic dinnerware	190																		
China and other dinnerware	191																		
Stainless, silver, and other flatware	192																		
Glassware	193																		
Serving pieces other than silver	195																		
Non-electric cookware	196																		
Use only if unable to itemize above – Combined kitchenware (Codes 190–196)	197																		
Silver serving pieces	198																		
<b>HOUSEHOLD LINENS</b>																			
Bedroom linens	200																		
Bathroom linens	201																		
Kitchen and dining room linens	202																		
Other linens	203																		
Use only if unable to itemize above – Combined linens (Codes 200–203)	204																		
Slipcovers, decorative pillows and cushions	205																		
<b>FLOOR AND WINDOW COVERINGS</b>																			
<b>WALL-TO-WALL CARPETING FOR ONE OR MORE ROOMS</b>																			
Installed (original carpeting)	210																		
Installed (replacement carpeting)	216																		
Non-installed (original carpeting)	211																		
Non-installed (replacement carpeting)	217																		
Carpet squares	212																		
Room-size rugs and other non-permanent floor coverings	213																		
Curtains and drapes	214																		
Venetian blinds, window shades, other window coverings	215																		
Use only if unable to itemize above – Combined expenses	220																		

Part B – Rental or Leasing of Furniture		1 08 03 5 ↓					
<b>1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented or leased any furniture?</b>		0010	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No –Go to next section			
<b>b. If YES – What was the total expense for renting or leasing furniture, excluding any expenses for the current month?</b>		0020	\$ _____	.00			



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.

**Section 9 – CLOTHING AND SEWING MATERIALS**

**Part A – Clothing**

6 09 02 4 →

a				b	c	d		e	f	g	h		i		PRE				
											1	2	3	4					
Information Booklet, page 25				What did you buy? <i>Describe briefly the item purchased.</i>	PROCESSING USE ONLY	ENTER ITEM CODE from column a.	For whom was it purchased? If CU member, enter name and line number from Control Card. If someone outside CU, enter name and appropriate code as follows:		How many did you purchase? <i>Enter number of identical items purchased.</i>	In what month did you purchase it?	How much did it cost?	Did this include sales tax?		Did you purchase any other . . . ? <i>If "No," go to next item in column a.</i>		Description from column b	Person from column d	Month from column f	Cost from column g
ITEM CODE	YES	NO	Name				Line No. or code	Month				YES	NO	YES	NO				
<b>1. Since the 1st of (month, 3 months ago), 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 or for someone outside your CU?</b>																			
Coats, jackets, and furs . . . . .	100																		
Sport coats and tailored jackets . . . . .	110				0010														
Suits . . . . .	120				0020														
Vests . . . . .	130				0030														
Sweaters and sweater sets . . . . .	140				0040														
Trousers, slacks, jeans, and dungarees . . . . .	150				0050														
Shorts and short sets <i>Exclude all athletic shorts</i>	160				0060														
Dresses . . . . .	170				0070														
Skirts and culottes . . . . .	180				0080														
Shirts, blouses, and tops . . . . .	190				0090														
<b>2. FIELD REPRESENTATIVE CHECK ITEM</b>  <i>Mark (X) box if there are no entries recorded in columns b-i.</i>	1 09 01 7 ↓				0100														
	0010 999 <input type="checkbox"/> Go to next page				0110														
NOTES					0120														
					0130														
					0140														
					0150														
					0160														
					0170														
					0180														

**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.

a			b		c			d		e	f	g		h		i		PRE					
Information Booklet, page 26 <b>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 or for someone outside your CU?</b>			<b>What did you buy?</b> Describe briefly the item purchased.		PROCESSING USE ONLY	ENTER ITEM CODE from column a.		<b>For whom was it purchased?</b> If CU member, enter name and line number from Control Card. 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 93 - Female 2-15		<b>How many did you purchase?</b> Enter number of identical items purchased.	<b>In what month did you purchase it?</b>	<b>How much did it cost?</b>		<b>Did this include sales tax?</b>		<b>Did you purchase any other . . . ?</b>		1 Description from column b	2 Person from column d	3 Month from column f	4 Cost from column g		
														YES	NO	YES	NO					YES	NO
Undergarments . . . . .	ITEM CODE	YES	NO	200								\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
Hosiery . . . . .	210				0010							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0020							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0030							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0040							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0050							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0060							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0070							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0080							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0090							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0100							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0110							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0120							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0130							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0140							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0150							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0160							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0170							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0180							\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00



**Section 9 - CLOTHING AND SEWING MATERIALS - Continued**

**Part A - Clothing - Continued**      6 09 07 3 →

b What did you buy? <i>Describe briefly the item purchased.</i>	c ENTER ITEM CODE from column a from the preceding pages.	d For whom was it purchased? <i>If CU member, enter name and line number from Control Card. 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 93 - Female 2-15</i>		e How many did you purchase? <i>Enter number of identical items purchased.</i>	f In what month did you purchase it?  Month	g How much did it cost?		h Did this include sales tax?		i Did you purchase any other...? <i>If "No," go to next item in column a.</i>		NOTES	PRE				
		Name	Line No. or code			YES	NO	YES	NO	Description from column b	Person from column d  Name		Month from column f  Month	Cost from column g			
	0010					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0020					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0030					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0040					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0050					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0060					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0070					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0080					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0090					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0100					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0110					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0120					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0130					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0140					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0150					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0160					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0170					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0180					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.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.

**Part B – Infants Clothing, Watches, Jewelry, and Hairpieces** 6 09 12 3 →

a				b				c	d		e	f		g		h		i		PRE				
1a. Have you (or any members of your CU) purchased clothing for infants under 2 years of age either for members of your CU or for someone outside your CU?				What did you buy? <i>Describe briefly the item purchased.</i>					ENTER ITEM CODE from column a.	CU member		Non-CU member	How many did you purchase? <i>Enter number of identical items purchased.</i>	In what month did you purchase it?		How much did it cost?		Did this include sales tax?		Did you purchase any other...?		1	2	3
Such as –	ITEM CODE	YES	NO	PROCESSING USE ONLY													YES	NO	YES	NO	Description from column b	Month from column f	Cost from column g	
Coats, jackets, or snowsuits	290						0010							\$	.00							\$	.00	
Dresses and other outerwear	300						0020							\$	.00							\$	.00	
Underwear and diapers, including disposable	310						0030							\$	.00							\$	.00	
Sleeping garments	320						0040							\$	.00							\$	.00	
Layettes	330						0050							\$	.00							\$	.00	
Accessories <i>Combined clothing for infants – This should be used only if the respondent cannot itemize clothing purchases. Specify (in the Notes) the types of clothing combined.</i>	360						0060							\$	.00							\$	.00	
							0070							\$	.00							\$	.00	
b. Have you (or any members of your CU) purchased any other infants clothing which you have not previously mentioned? <i>If YES – probe and assign an item code.</i>	360						0080							\$	.00							\$	.00	
							0090							\$	.00							\$	.00	
							0100								\$	.00							\$	.00
							0110								\$	.00							\$	.00
2. Have you (or any members of your CU) purchased any of the following items, either for members of your CU or for someone outside your CU? Watches Jewelry Hairpieces, wigs, or toupees	370-390						0120							\$	.00							\$	.00	
							0130							\$	.00							\$	.00	
							0140							\$	.00							\$	.00	
							0150								\$	.00						\$	.00	
							0160								\$	.00							\$	.00
3. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) box if there are no entries recorded in columns b–i.</i>	1 09 11 6 ↓ 0010 999 ☐ Go to part C						0170							\$	.00							\$	.00	
							0180							\$	.00							\$	.00	
														\$	.00							\$	.00	



**Section 9 - CLOTHING AND SEWING MATERIALS - Continued**

**Part B - Infants Clothing, Watches, Jewelry, and Hairpieces - Continued**

6 09 13 1 →

b What did you buy? <i>Describe briefly the item purchased.</i>	PROCESSING USE ONLY	c ENTER ITEM CODE from column a from the preceding page.	d Was this purchased for your CU or for someone outside of your CU?		e How many did you purchase? <i>Enter number of identical items purchased.</i>	f In what month did you purchase it?	g How much did it cost?		h Did this include sales tax?		i Did you purchase any other...? <i>If "No," go to next item in column a.</i>		NOTES	PRE			
			CU member	Non-CU member			Month			YES	NO	YES		NO	1 Description from column b	2 Month from column f	3 Cost from column g
			1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>											
	0010		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0020		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0030		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0040		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0050		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0060		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0070		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0080		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0090		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0100		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0110		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0120		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0130		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0140		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0150		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0160		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0170		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
	0180		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	.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 h 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.

**Part C – Sewing Materials**

5 09 22 4 →

a				b			c	d		e	f		g		h		PRE								
								Was this purchased for your CU or for someone outside of your CU?			How much did it cost?	Did this include sales tax?		Did you purchase any other . . . ?		1	2	3							
1. Have you (or any members of your CU) purchased any sewing materials, either for members of your CU or for someone outside your CU?  <input type="checkbox"/> YES <input type="checkbox"/> NO – Go to item 2  If YES, read the list of individual items below. Complete columns b–h for each item purchased.  Were these –				What did you buy? <i>Describe briefly the item purchased.</i>			PROCESSING USE ONLY	ENTER ITEM CODE from column a.	CU member	Non-CU member		Month	\$	.00	YES	NO	YES	NO	Description from column b	Month from column e	Cost from column f				
ITEM CODE	YES	NO	1 <input type="checkbox"/>						2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Sewing materials for making slipcovers, curtains, etc., and for handwork in the home including yarn? . . . . .				400			0010													\$		.00			
Sewing materials for making clothes? . . . . .				410			0020													\$		.00			
Sewing notions? . . . . .				420			0030													\$		.00			
Other sewing materials? . . .				430			0040													\$		.00			
Use only if unable to itemize separately – Combined sewing materials . . . . .				440			0050													\$		.00			
							0060												\$		.00				
2. FIELD REPRESENTATIVE CHECK ITEM							0070												\$		.00				
Mark (X) box if there are no entries recorded in columns b–h.				0010			999 <input type="checkbox"/> Go to part D													\$		.00			
NOTES							0080													\$		.00			
							0090															\$		.00	
							0100															\$		.00	
							0110															\$		.00	
							0120															\$		.00	
							0130																\$		.00
							0140																\$		.00
							0150																\$		.00
							0160																\$		.00
							0170																\$		.00
			0180																\$		.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 h 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.*

a				b			c	d		e		f		g		h		PRE			
1. Have you (or any members of your CU) had expenses for any of the following, either for members of your CU or for someone outside your CU?				What did you buy? <i>Describe briefly the item purchased.</i>				PROCESSING USE ONLY	Was this purchased for your CU or for someone outside of your CU?		In what month did you purchase it?		How much did it cost?		Did this include sales tax?		Did you purchase any other . . . ? <i>If "No," go to next item in column a.</i>		1	2	3
ITEM CODE	YES	NO		CU member	Non-CU member	Month					YES	NO	YES	NO	Description from column b	Month from column e	Cost from column f				
Repair, alteration, and tailoring for clothing and accessories . . . . .	450						0010	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
Shoe repair and other shoe services . . . . .	460						0020	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
Watch or jewelry repair . . . . .	470						0030	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
Clothing rental . . . . .	480						0040	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
Clothing storage . . . . .	490						0050	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
2. FIELD REPRESENTATIVE CHECK ITEM	1 09 31 4 ↓						0060	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
Mark (X) box if there are no entries in columns b-h.	0010	999	<input type="checkbox"/>	Go to section 10			0070	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
NOTES							0080	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
							0090	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
							0100	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
							0110	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
							0120	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
							0130	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
							0140	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
							0150	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
							0160	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
							0170	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		
							0180	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00		

**FIELD REPRESENTATIVE** – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask question 1 for all items and then complete a column in questions 2–6 for each vehicle rented. For like vehicles rented more than once during the reference period for the same purpose, combine entries into one column. Otherwise, complete a separate column for each vehicle rented. Complete item 7 for each leased vehicle listed.

**Section 10 – RENTED AND LEASED VEHICLES**

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

Information Booklet, page 28		PROCESSING USE ONLY		1 10 01 5 ↓			1 10 02 3 ↓			1 10 03 1 ↓			1 10 04 9 ↓								
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.		VEHICLE NUMBER		1			2			3			4								
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.		VEHICLE NUMBER		Description			Description			Description			Description								
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.		VEHICLE NUMBER		Code			Code			Code			Code								
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.		VEHICLE NUMBER		1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 7			1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 7			1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 7			1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 7								
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.		VEHICLE NUMBER		2 <input type="checkbox"/> No			2 <input type="checkbox"/> No			2 <input type="checkbox"/> No			2 <input type="checkbox"/> No								
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.		VEHICLE NUMBER		0080 \$ _____ .00			0080 \$ _____ .00			0080 \$ _____ .00			0080 \$ _____ .00								
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.		VEHICLE NUMBER		0090 1 <input type="checkbox"/> Yes			0090 1 <input type="checkbox"/> Yes			0090 1 <input type="checkbox"/> Yes			0090 1 <input type="checkbox"/> Yes								
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.		VEHICLE NUMBER		2 <input type="checkbox"/> No – Go to item 6a			2 <input type="checkbox"/> No – Go to item 6a			2 <input type="checkbox"/> No – Go to item 6a			2 <input type="checkbox"/> No – Go to item 6a								
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.		VEHICLE NUMBER		0100 \$ _____ .00			0100 \$ _____ .00			0100 \$ _____ .00			0100 \$ _____ .00								
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.		VEHICLE NUMBER		0130 1 <input type="checkbox"/> Yes			0130 1 <input type="checkbox"/> Yes			0130 1 <input type="checkbox"/> Yes			0130 1 <input type="checkbox"/> Yes								
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.		VEHICLE NUMBER		2 <input type="checkbox"/> No – Go to next rented vehicle or item 7			2 <input type="checkbox"/> No – Go to next rented vehicle or item 7			2 <input type="checkbox"/> No – Go to next rented vehicle or item 7			2 <input type="checkbox"/> No – Go to next rented vehicle or item 7								
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.		VEHICLE NUMBER		0140 _____ .00 Percent			0140 _____ .00 Percent			0140 _____ .00 Percent			0140 _____ .00 Percent								
<b>LEASED VEHICLES</b>																					
<input type="checkbox"/> If this box is marked, no vehicles were previously reported – Go to item 8a. <b>7.</b> Ask column f for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column b below).																					
<b>LEASED VEHICLE INVENTORY CHART</b>																					
		a			b			c			e		f		g		h		i		j
		Vehicle number			Vehicle disposed of			Vehicle identification from part B, item 2			Enter vehicle code from part B, item 1b.		Do you still have vehicle? If NO – mark box and go to item 7h.		How many miles are on the vehicle? Enter and go to next vehicle or to item 8a.		What month was the lease terminated?		Were any fees incurred at the termination of the lease?		If YES – How much? Enter and go to next vehicle or item 8a.
		YES NO			YEAR MAKE MODEL			YES NO		YES NO		YES NO		Month		YES NO					
Automobile		100																			
Truck, including vans		110																			
Motorized camper-coach		120																			
Trailer-type camper		130																			
Other attachable-type camper		140																			
Motorcycle, motor scooter, or moped (motorized bicycle)		150																			
Boat, with a motor		160																			
Boat, without a motor		170																			
Trailer, other than camper type, such as for a boat or cycle		180																			
Private plane		190																			
Any other vehicle		200																			
NOTES		0040	4			19															
		0050	5			19															
		0060	6			19															
		0070	7			19															

**Section 10 – RENTED AND LEASED VEHICLES – Continued**

FIELD REPRESENTATIVE – Ask item 8 for all respondents.

**Part A.1 – Screening Questions – Continued**

8a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) begun leasing any automobile or truck not used ENTIRELY for business?		1 10 11 4 ↓		NOTES
		0010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to section 11	
b. If YES – What kind of vehicle was it? Enter vehicle code		0020	<input type="text"/>	
		0030	<input type="text"/>	
		0040	<input type="text"/>	
		0050	<input type="text"/>	
Automobile . . . . .		0060	<input type="text"/>	
Truck, including vans . . . . .		0070	<input type="text"/>	
		0080	<input type="text"/>	
		0090	<input type="text"/>	
		0100	<input type="text"/>	
		0110	<input type="text"/>	
FIELD REPRESENTATIVE INSTRUCTION Complete part B for each newly leased vehicle.				



**Section 10 – RENTED AND LEASED VEHICLES – Continued** *FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask question 1 for all items and then complete a column in questions 2–6 for each vehicle rented. For like vehicles rented more than once during the reference period for the same purpose, combine entries into one column. Otherwise, complete a separate column for each vehicle rented. Ask item 7 for all respondents.*

**Part A.2 – Screening Questions – FOR NEW CONSUMER UNITS ONLY**

Information Booklet, page 28 <b>1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 7a If YES – Read the list of individual items below and mark (X) the appropriate "Yes" or "No" box.					PROCESSING USE ONLY		1 10 12 2 ↓		1 10 13 0 ↓		1 10 14 8 ↓		1 10 15 5 ↓	
					VEHICLE NUMBER		1		2		3		4	
<b>1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 7a If YES – Read the list of individual items below and mark (X) the appropriate "Yes" or "No" box.					<b>2. FIELD REPRESENTATIVE ITEM</b>		Description		Description		Description		Description	
					<b>a. Describe briefly the type of vehicle rented, such as "auto" or "boat."</b>		Code		Code		Code		Code	
<b>b. If YES to an individual item ask – How many?</b>					<b>3. Was it rented solely for use on a vacation, overnight trip, or a trip of 75 miles or more one way?</b> 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 7 2 <input type="checkbox"/> No		<b>0030</b> 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 7 2 <input type="checkbox"/> No		<b>0030</b> 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 7 2 <input type="checkbox"/> No		<b>0030</b> 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 7 2 <input type="checkbox"/> No			
					<b>4. Since the 1st of (month, 3 months ago), excluding (the current month) what has been your expense for renting this vehicle?</b> If periodic payments were made, enter in the notes the amount of the payment and the number of payments incurred during the reference period. Compute the total expense and enter the amount in this item.		<b>0080</b> \$ _____ .00		<b>0080</b> \$ _____ .00		<b>0080</b> \$ _____ .00		<b>0080</b> \$ _____ .00	
<b>5a. Since the 1st of (month, 3 months ago), excluding (the current month) have you paid any additional expenses to the rental agency such as for extra insurance or mileage charges? Do not include gasoline or other operating expenses.</b> <b>b. If YES – How much was paid?</b>					<b>0090</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		<b>0090</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		<b>0090</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		<b>0090</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a			
					<b>6a. Were (Will) any of the rental expenses or additional charges (be) deducted as business expenses, reimbursed, or paid by someone else?</b> <b>b. If YES – What percent of the total expense will this cover? Enter to nearest whole percent.</b>		<b>0100</b> \$ _____ .00		<b>0100</b> \$ _____ .00		<b>0100</b> \$ _____ .00		<b>0100</b> \$ _____ .00	
<b>6a. Were (Will) any of the rental expenses or additional charges (be) deducted as business expenses, reimbursed, or paid by someone else?</b> <b>b. If YES – What percent of the total expense will this cover? Enter to nearest whole percent.</b>					<b>0130</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 7		<b>0130</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 7		<b>0130</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 7		<b>0130</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 7			
					<b>7a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any lease payments or begun leasing any automobile or truck not used ENTIRELY for business?</b> <b>b. If YES – What kind of vehicle was it? Enter vehicle code</b>		<b>0140</b> _____ .00 Percent		<b>0140</b> _____ .00 Percent		<b>0140</b> _____ .00 Percent		<b>0140</b> _____ .00 Percent	
<b>7a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any lease payments or begun leasing any automobile or truck not used ENTIRELY for business?</b> <b>b. If YES – What kind of vehicle was it? Enter vehicle code</b>					<b>0010</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to section 11		LEASED VEHICLES 1 10 20 5 ↓		NOTES					
					Enter vehicle code		<b>0020</b> [ ] [ ] [ ] <b>0030</b> [ ] [ ] [ ] <b>0040</b> [ ] [ ] [ ] <b>0050</b> [ ] [ ] [ ] <b>0060</b> [ ] [ ] [ ] <b>0070</b> [ ] [ ] [ ] <b>0080</b> [ ] [ ] [ ] <b>0090</b> [ ] [ ] [ ] <b>0100</b> [ ] [ ] [ ] <b>0110</b> [ ] [ ] [ ] <b>0120</b> [ ] [ ] [ ] <b>0130</b> [ ] [ ] [ ]		VEHICLE CODE <b>Automobile</b> ..... <b>100</b> <b>Truck, including vans</b> ..... <b>110</b>					
NOTES														
FIELD REPRESENTATIVE INSTRUCTION Complete part B on next page for each leased vehicle.														

Section 10 - RENTED AND LEASED VEHICLES - Continued

Part B - Detailed Questions for Leased Vehicles

<b>1. FIELD REPRESENTATIVE ITEM</b> <b>a. New CU's</b> - Assign vehicle numbers in consecutive order beginning with 1. <b>2nd through 5th interviews</b> - Assign the next available vehicle number from chart in part A.1, column a. <b>b.</b> Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY 1 10 21 3 ↓	<b>10a. What was the number of payments contracted for?</b> 1 10 23 9 ↓ 0190 _____ Payments	NOTES
<b>2. What is the year, make, and model?</b>		a. VEHICLE NUMBER 0010 _____ Number b. VEHICLE CODE 0020 _____ Code	<b>b. In what month and year was the first payment made?</b> Month Year 0200 [ ] [ ] 0210 1 9 [ ] [ ]	
<b>3. How many cylinders does it have?</b>		Year Make Model 0030 1 9 [ ] [ ] [ ] [ ] [ ] [ ]	<b>c. What is the amount of each payment?</b> 0220 \$ _____ .00	
<b>4. Does it have -</b> <b>a. Automatic transmission?</b> <b>b. Power steering?</b> <b>c. Power brakes?</b> <b>d. Air conditioning?</b> <b>e. Sun roof?</b> <b>f. Turbo charged engine?</b> <b>g. Diesel engine?</b> <b>h. Four wheel drive?</b>		<b>OFFICE USE ONLY</b> Enter auto code 0040 [ ] [ ] [ ] [ ] [ ] [ ]	<b>d. What period is covered by each payment?</b> 0230 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other - Specify ↘ 4 <input type="checkbox"/> Quarter	
<b>5a. How many doors does it have?</b> <b>b. Is it a . . . ?</b>		0050 _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine or electric)	<b>e. Does the payment include any charges other than the lease amount such as auto insurance or maintenance?</b> 0240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to item 11	
<b>6a. Is it used for business?</b> <b>b. If used for business - What percent of the mileage is counted as a business expense?</b>		Yes No 0060 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0080 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0090 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0100 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0110 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0120 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0121 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<b>f. If YES - How much of the payment is for these extra charges?</b> 0250 \$ _____ .00 x <input type="checkbox"/> Don't know	
<b>7. How many miles are currently on the vehicle?</b>		0122 _____ Doors 0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?	<b>11. Is any of the (period reported in item 10d) leasing cost paid by an employer?</b> 0260 1 <input type="checkbox"/> Yes - If YES - How much? ↘ 2 <input type="checkbox"/> No 0270 \$ _____ .00	
<b>8. Was it new or used when first leased?</b>		0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only - Go to item 7	<b>12. Was a trade-in allowance received?</b> 0280 1 <input type="checkbox"/> Yes - If YES - How much? ↘ 2 <input type="checkbox"/> No 0290 \$ _____ .00	
<b>9. Was this vehicle leased from a -</b>		0140 _____ Percent { If 100%, delete this vehicle and go to next vehicle.	<b>13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)</b> 0300 1 <input type="checkbox"/> Yes - If YES - How much? ↘ 2 <input type="checkbox"/> No - Go to item 14a 0310 \$ _____ .00	
<b>10a. What was the number of payments contracted for?</b>		0150 _____ Miles (Enter to nearest whole mile)	<b>b. Was any portion of the cash down payment paid by an employer?</b> 0320 1 <input type="checkbox"/> Yes - If YES - How much? ↘ 2 <input type="checkbox"/> No 0330 \$ _____ .00	
<b>10b. In what month and year was the first payment made?</b>		0160 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used	<b>14a. Do you still have this vehicle?</b> 0340 1 <input type="checkbox"/> Yes - Go to next vehicle or section 11 2 <input type="checkbox"/> No	
<b>10c. What is the amount of each payment?</b>		0170 1 <input type="checkbox"/> New or used vehicle dealer? 2 <input type="checkbox"/> Independent leasing company? 3 <input type="checkbox"/> Bank? 4 <input type="checkbox"/> Someplace else? - Specify ↘	<b>b. In what month was the lease terminated?</b> Month 0350 [ ] [ ]	
<b>10d. What period is covered by each payment?</b>			<b>c. Were any fees incurred at the termination of the lease?</b> 0360 1 <input type="checkbox"/> Yes - If YES - How much? ↘ 2 <input type="checkbox"/> No - Go to next vehicle or section 11 0370 \$ _____ .00	

**Section 10 – RENTED AND LEASED VEHICLES – Continued**

**Part B – Detailed Questions for Leased Vehicles – Continued**

1. FIELD REPRESENTATIVE ITEM		PROCESSING USE ONLY	1 10 26 2 ↓	10a. What was the number of payments contracted for?	1 10 26 2 ↓	NOTES
<b>a. New CU's – Assign vehicle numbers in consecutive order beginning with 1.</b> <b>2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a.</b> <b>b. Enter a vehicle code from part A.1 or A.2.</b>		a. VEHICLE NUMBER	0010 _____ Number		0190 _____ Payments	
		b. VEHICLE CODE	0020 [ ][ ][ ][ ] Code	b. In what month and year was the first payment made?	0200 [ ][ ] 0210 [ 1 ][ 9 ][ ][ ]	
2. What is the year, make, and model?		Year	0030 [ 1 ][ 9 ][ ][ ]	c. What is the amount of each payment?	0220 \$ _____ .00	
		Make		d. What period is covered by each payment?	0230 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↘ 4 <input type="checkbox"/> Quarter	
		Model		e. Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to item 11	
		OFFICE USE ONLY Enter auto code	0040 [ ][ ][ ][ ]	f. If YES – How much of the payment is for these extra charges?	0250 \$ _____ .00 x <input type="checkbox"/> Don't know	
3. How many cylinders does it have?		0050 _____ Cylinders		11. Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No	
		0 <input type="checkbox"/> No cylinders (rotary, turbine or electric)			0270 \$ _____ .00	
4. Does it have –		Yes No		12. Was a trade-in allowance received?	0280 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No	
a. Automatic transmission?		0060 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0290 \$ _____ .00	
b. Power steering?		0070 1 <input type="checkbox"/> 2 <input type="checkbox"/>		13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)	0300 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No – Go to item 14a	
c. Power brakes?		0080 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0310 \$ _____ .00	
d. Air conditioning?		0090 1 <input type="checkbox"/> 2 <input type="checkbox"/>		b. Was any portion of the cash down payment paid by an employer?	0320 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No	
e. Sun roof?		0100 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0330 \$ _____ .00	
f. Turbo charged engine?		0110 1 <input type="checkbox"/> 2 <input type="checkbox"/>		14a. Do you still have this vehicle?	0340 1 <input type="checkbox"/> Yes – Go to next vehicle or section 11 2 <input type="checkbox"/> No	
g. Diesel engine?		0120 1 <input type="checkbox"/> 2 <input type="checkbox"/>		b. In what month was the lease terminated?	0350 [ ][ ]	
h. Four wheel drive?		0121 1 <input type="checkbox"/> 2 <input type="checkbox"/>		c. Were any fees incurred at the termination of the lease?	0360 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No – Go to next vehicle or section 11	
(Ask for vehicle code 100)					0370 \$ _____ .00	
5a. How many doors does it have?		0122 _____ Doors				
b. Is it a . . . ?		0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?				
6a. Is it used for business?		0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 7				
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.				
7. How many miles are currently on the vehicle?		0150 _____ Miles (Enter to nearest whole mile)				
8. Was it new or used when first leased?		0160 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used				
9. Was this vehicle leased from a –		0170 1 <input type="checkbox"/> New or used vehicle dealer? 2 <input type="checkbox"/> Independent leasing company? 3 <input type="checkbox"/> Bank? 4 <input type="checkbox"/> Someplace else? – Specify ↘				

**Section 10 – RENTED AND LEASED VEHICLES – Continued**

**Part B – Detailed Questions for Leased Vehicles – Continued**

1. FIELD REPRESENTATIVE ITEM		PROCESSING USE ONLY	10a. What was the number of payments contracted for?	NOTES
<b>a. New CU's</b> – Assign vehicle numbers in consecutive order beginning with 1. <b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a. <b>b.</b> Enter a vehicle code from part A.1 or A.2.		1 10 27 0 ↓	1 10 29 6 ↓	
<b>a. VEHICLE NUMBER</b>		0010 _____ Number	0190 _____ Payments	
<b>b. VEHICLE CODE</b>		0020 [ ][ ] [ ][ ] Code	0200 [ ][ ] [ ][ ] 0210 [ ][ ] [ ][ ] Month Year	
<b>2. What is the year, make, and model?</b>		Year Make Model 0030 [ ][ ] [ ][ ] [ ][ ]	<b>c. What is the amount of each payment?</b>	
<b>OFFICE USE ONLY</b> Enter auto code		0040 [ ][ ] [ ][ ] [ ][ ]	0220 \$ _____ .00	
<b>3. How many cylinders does it have?</b>		0050 _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine or electric)	<b>d. What period is covered by each payment?</b>	
<b>4. Does it have –</b>		Yes No 0060 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0080 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0090 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0100 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0110 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0120 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0121 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0230 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↘ 4 <input type="checkbox"/> Quarter	
<b>5a. How many doors does it have?</b>		0122 _____ Doors	<b>e. Does the payment include any charges other than the lease amount such as auto insurance or maintenance?</b>	
<b>b. Is it a . . . ?</b>		0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?	0240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to item 11	
<b>6a. Is it used for business?</b>		0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 7	<b>f. If YES – How much of the payment is for these extra charges?</b>	
<b>b. If used for business – What percent of the mileage is counted as a business expense?</b>		0140 _____ Percent { If 100%, delete this vehicle and go to next vehicle.	0250 \$ _____ .00 x <input type="checkbox"/> Don't know	
<b>7. How many miles are currently on the vehicle?</b>		0150 _____ Miles (Enter to nearest whole mile)	<b>11. Is any of the (period reported in item 10d) leasing cost paid by an employer?</b>	
<b>8. Was it new or used when first leased?</b>		0160 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used	0260 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No	
<b>9. Was this vehicle leased from a –</b>		0170 1 <input type="checkbox"/> New or used vehicle dealer? 2 <input type="checkbox"/> Independent leasing company? 3 <input type="checkbox"/> Bank? 4 <input type="checkbox"/> Someplace else? – Specify ↘	0270 \$ _____ .00	
			<b>12. Was a trade-in allowance received?</b>	
			0280 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No	
			0290 \$ _____ .00	
			<b>13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)</b>	
			0300 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No – Go to item 14a	
			0310 \$ _____ .00	
			<b>b. Was any portion of the cash down payment paid by an employer?</b>	
			0320 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No	
			0330 \$ _____ .00	
			<b>14a. Do you still have this vehicle?</b>	
			0340 1 <input type="checkbox"/> Yes – Go to next vehicle or section 11 2 <input type="checkbox"/> No	
			<b>b. In what month was the lease terminated?</b>	
			0350 [ ][ ] Month	
			<b>c. Were any fees incurred at the termination of the lease?</b>	
			0360 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No – Go to next vehicle or section 11	
			0370 \$ _____ .00	

**Section 11 – OWNED VEHICLES**

FIELD REPRESENTATIVE – Ask part A.1 questions 1 and 2. Complete part B for each newly acquired vehicle. Complete part C for each vehicle disposed of.

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

If this box is marked, no vehicles were previously reported – Go to item 2a.

**1.** Ask column h for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column b).

For each vehicle code 100 through 120 and 150 listed which has not been disposed of, ask column i.

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**2a.** Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or acquired any vehicle not used exclusively for business? Include those vehicles purchased for your own use or as a gift to others.

1  Yes  
2  No – Go to next part or section

1 11 01 3 ↓

**b.** If YES – What kind of vehicle was it?

Enter vehicle code from item 3 below.

0020		0030	
0040		0050	
0060		0070	
0080		0090	
0100		0110	

4 11 00 9 →

**OWNED VEHICLE INVENTORY CHART**

PROCESSING USE ONLY	a Vehicle number	b Vehicle disposed of (part C completed)		c Vehicle description from part B, item 2	d Vehicle identification from part B, item 3			e Vehicle used for business from part B, item 7a		f Codes 100–120 and 150 only Enter mileage from part B, item 10b or part A.1, column i	g Enter vehicle code from part B, item 1b.			h Do you still have (vehicle)? If NO – complete part C for all vehicles disposed of.		i Codes 100–120 and 150 only How many miles are currently on the vehicle? Enter to nearest whole mile.
		YES	NO		YEAR	MAKE	MODEL	YES	NO		YES	NO				
		0010	1		<input type="checkbox"/>	<input type="checkbox"/>	19 _____					<input type="checkbox"/>	<input type="checkbox"/>			
0020	2	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		
0030	3	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		
0040	4	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		
0050	5	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		
0060	6	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		
0070	7	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		
0080	8	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		
0090	9	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		
0100	10	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		
0110	11	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		
0120	12	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		
0130	13	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		
0140	14	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		
0150	15	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		
0160	16	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		
0170	17	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		
0180	18	<input type="checkbox"/>	<input type="checkbox"/>	19 _____				<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>		

**3.** FIELD REPRESENTATIVE INSTRUCTION

Complete part B for each new vehicle.

Automobile . . . . .	<b>100</b>
Truck, including vans . . . . .	<b>110</b>
Motorized camper-coach . . . . .	<b>120</b>
Trailer type camper . . . . .	<b>130</b>
Other attachable type camper . . . . .	<b>140</b>
Motorcycle, motor scooter, or moped (motorized bicycle) . . . . .	<b>150</b>
Boat, purchased with a motor . . . . .	<b>160</b>
Boat, purchased without a motor . . . . .	<b>170</b>
Trailer other than camper type, such as for a boat or cycle . . . . .	<b>180</b>
Private plane . . . . .	<b>190</b>
Any other vehicle (snowmobile, dune buggy, riding golf cart, etc.) . . . . .	<b>200</b>

NOTES



**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 CONSUMER UNITS ONLY**

1 11 02 1 ↘

<i>Information Booklet, page 28</i>	VEHICLE CODE	YES	NO	If YES – How many?	4. FIELD REPRESENTATIVE INSTRUCTIONS
<b>1. Do you (or any members of your CU) own any of the following vehicles not used exclusively for business?</b>					Complete part B for each vehicle reported in items 1 and 2. Complete parts B and C for each vehicle reported in item 3.  NOTES
<b>a.</b> Automobile	100	0010 <input type="checkbox"/>	2 <input type="checkbox"/>	0020	
<b>b.</b> Truck, including vans	110	0030 <input type="checkbox"/>	2 <input type="checkbox"/>	0040	
<b>c.</b> Motorized camper-coach	120	0050 <input type="checkbox"/>	2 <input type="checkbox"/>	0060	
<b>d.</b> Trailer type camper	130	0070 <input type="checkbox"/>	2 <input type="checkbox"/>	0080	
<b>e.</b> Other attachable type camper	140	0090 <input type="checkbox"/>	2 <input type="checkbox"/>	0100	
<b>f.</b> Motorcycle, motor scooter, or moped (motorized bicycle)	150	0110 <input type="checkbox"/>	2 <input type="checkbox"/>	0120	
<b>g.</b> Boat, purchased with a motor	160	0130 <input type="checkbox"/>	2 <input type="checkbox"/>	0140	
<b>h.</b> Boat, purchased without a motor	170	0150 <input type="checkbox"/>	2 <input type="checkbox"/>	0160	
<b>i.</b> Trailer other than camper type, such as for a boat or cycle	180	0170 <input type="checkbox"/>	2 <input type="checkbox"/>	0180	
<b>j.</b> Private plane	190	0190 <input type="checkbox"/>	2 <input type="checkbox"/>	0200	
<b>k.</b> Any other vehicle	200	0210 <input type="checkbox"/>	2 <input type="checkbox"/>	0220	
<b>2a. Have you (or any members of your CU) purchased any such vehicles within the past 12 months as a gift to someone outside of your CU?</b>		0230 <input type="checkbox"/> Yes – Ask items 2b and 2c <input type="checkbox"/> No – Go to item 3a			
<b>b. If YES – How many?</b>		0240 _____ Number			
<b>c. What kind of vehicle(s) did you purchase?</b> <i>Enter a separate code for each vehicle.</i>		0250 <input type="text"/> <input type="text"/> <input type="text"/> 0260 <input type="text"/> <input type="text"/> <input type="text"/> 0270 <input type="text"/> <input type="text"/> <input type="text"/> 0280 <input type="text"/> <input type="text"/> <input type="text"/> 0290 <input type="text"/> <input type="text"/> <input type="text"/> 0300 <input type="text"/> <input type="text"/> <input type="text"/> 0310 <input type="text"/> <input type="text"/> <input type="text"/> 0320 <input type="text"/> <input type="text"/> <input type="text"/> 0330 <input type="text"/> <input type="text"/> <input type="text"/>			
<b>3a. Have you (or any members of your CU) disposed of any automobiles or other vehicles since the 1st of (month, 3 months ago)?</b>		0340 <input type="checkbox"/> Yes – Ask items 3b and 3c <input type="checkbox"/> No – Go to item 4			
<b>b. If YES – How many?</b>		0350 _____ Number			
<b>c. What kind of vehicle(s) did you dispose of?</b> <i>Enter a separate code for each vehicle.</i>		0360 <input type="text"/> <input type="text"/> <input type="text"/> 0370 <input type="text"/> <input type="text"/> <input type="text"/> 0380 <input type="text"/> <input type="text"/> <input type="text"/> 0390 <input type="text"/> <input type="text"/> <input type="text"/> 0400 <input type="text"/> <input type="text"/> <input type="text"/> 0410 <input type="text"/> <input type="text"/> <input type="text"/> 0420 <input type="text"/> <input type="text"/> <input type="text"/> 0430 <input type="text"/> <input type="text"/> <input type="text"/> 0440 <input type="text"/> <input type="text"/> <input type="text"/> 0450 <input type="text"/> <input type="text"/> <input type="text"/> 0460 <input type="text"/> <input type="text"/> <input type="text"/> 0470 <input type="text"/> <input type="text"/> <input type="text"/>			

**Section 11 – OWNED VEHICLES – Continued**

**Part B – Detailed Questions**

<p><b>1. FIELD REPRESENTATIVE ITEM</b>  <b>a. New CU's</b> – Assign vehicle numbers in consecutive order beginning with 1.  <b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a.  <b>b.</b> Enter a vehicle code from part A.1 or A.2.</p>		<p>PROCESSING USE ONLY                  1 11 03 9 ↓</p>	<p><b>11. In what month and year was it purchased?</b>                  Month: 0190 [ ] [ ] Year: 0200 1 9 [ ] [ ]</p>
<p><b>2. Briefly describe the (vehicle).</b>                  Do not ask for vehicle codes 100 or 110.</p>	<p><b>a. VEHICLE NUMBER</b> 0010 _____ Number</p>	<p><b>b. VEHICLE CODE</b> 0020 [ ] [ ] [ ] Code</p>	<p><b>12a. Was any portion of the purchase price financed?</b>                  0210 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – If item 11 is prior to 12 months ago, go to next vehicle. If item 11 is during the past 12 months, go to item 13a.</p>
<p><b>3. What is the year, make, and model?</b>                  Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</p>	<p>Description</p> <p>Year: 0030 1 9 [ ] [ ] Make: [ ] Model: [ ]</p>	<p><b>OFFICE USE ONLY</b>                  Enter auto code 0040 [ ] [ ] [ ] [ ]</p>	<p><b>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?</b>                  0220 1 <input type="checkbox"/> Paid off – If item 11 is prior to 12 months ago, go to next vehicle.                  2 <input type="checkbox"/> Remaining payments</p>
<p><b>4. How many cylinders does it have?</b></p>	<p>0050 _____ Cylinders  <input type="checkbox"/> No cylinders (rotary, turbine, or electric)</p>		<p><b>13a. Was a trade-in allowance received?</b>                  0230 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – Go to item 13c</p>
<p><b>5. Does it have –</b>  <b>a. Automatic transmission?</b>  <b>b. Power steering?</b>  <b>c. Power brakes?</b>  <b>d. Air conditioning?</b>  <b>e. Sun roof?</b>  <b>f. Turbo charged engine?</b>  <b>g. Diesel engine?</b>  <b>h. Four wheel drive?</b></p>	<p>Yes No                  0060 1 <input type="checkbox"/> 2 <input type="checkbox"/>                  0070 1 <input type="checkbox"/> 2 <input type="checkbox"/>                  0080 1 <input type="checkbox"/> 2 <input type="checkbox"/>                  0090 1 <input type="checkbox"/> 2 <input type="checkbox"/>                  0100 1 <input type="checkbox"/> 2 <input type="checkbox"/>                  0110 1 <input type="checkbox"/> 2 <input type="checkbox"/>                  0120 1 <input type="checkbox"/> 2 <input type="checkbox"/>                  0121 1 <input type="checkbox"/> 2 <input type="checkbox"/></p>		<p><b>b. If YES – How much?</b>                  0240 \$ _____ .00</p>
<p><b>6a. How many doors does it have?</b>                  Ask for vehicle code 100.</p>	<p>0122 _____ Doors</p>		<p><b>c. What was the amount paid for it after trade-in allowance and discount?</b>                  0250 \$ _____ .00</p>
<p><b>b. Is it a . . . ?</b></p>	<p>0123 1 <input type="checkbox"/> Station wagon?                  2 <input type="checkbox"/> Convertible?                  3 <input type="checkbox"/> Hatchback?                  4 <input type="checkbox"/> Other?</p>		<p><b>d. Did this price include sales tax?</b>                  0260 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know                  2 <input type="checkbox"/> No</p>
<p><b>7a. Is it used for business?</b></p>	<p>0130 1 <input type="checkbox"/> Yes, used for business                  2 <input type="checkbox"/> Personal use only – Go to item 8</p>		<p><b>e. Was any of the amount or price paid by an employer?</b>                  0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p>
<p><b>b. If used for business – What percent of the mileage is counted as a business expense?</b></p>	<p>0140 _____ Percent { If 100%, delete this vehicle and go to next vehicle.</p>		<p><b>f. If YES – How much?</b>                  0280 \$ _____ .00</p>
<p><b>8. Was it new or used when acquired?</b></p>	<p>0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used</p>		<p><b>14. What was the amount of the cash down payment?</b>                  Ask items 14 and 15 for credit payments only, "2" marked in item 12b.                  0290 \$ _____ .00</p>
<p><b>9. Was this vehicle purchased from –</b></p>	<p>0160 1 <input type="checkbox"/> Vehicle dealership?                  2 <input type="checkbox"/> Private individual?                  3 <input type="checkbox"/> Other? – Specify _____</p>		<p><b>15a. What was the source of credit?</b>                  0300 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company                  2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual                  3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify _____                  4 <input type="checkbox"/> Credit Union</p>
<p><b>10a. Was this vehicle –</b></p>	<p>0170 1 <input type="checkbox"/> Purchased for own use?                  2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11                  3 <input type="checkbox"/> Received as gift?</p>		<p><b>b. Was this a home equity loan?</b>                  Ask if codes "2," "3," or "4" marked in item 15a.                  0305 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>b. How many miles are currently on the vehicle?</b>                  Ask for item codes 100–120 and 150 only.</p>	<p>0180 _____ Miles – If item 10a is code 3, go to next vehicle</p>		<p><b>c. How much was borrowed, excluding any interest?</b>                  0310 \$ _____ .00</p>
			<p><b>d. What was the number of payments contracted for?</b>                  0320 _____ Payments</p>
			<p><b>e. In what month and year was the first payment made?</b>                  Month: 0330 [ ] [ ] Year: 0340 1 9 [ ] [ ]</p>
			<p><b>f. What is the amount of each payment?</b>                  0350 \$ _____ .00</p>
			<p><b>g. What period is covered by each payment?</b>                  0360 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually                  2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually                  3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____                  4 <input type="checkbox"/> Quarter</p>
			<p><b>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</b>                  0370 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No } Go to next vehicle or part or section                  x <input type="checkbox"/> Don't know</p>
			<p><b>i. If YES – How much of the payment is for these extra charges?</b>                  0380 \$ _____ .00 x <input type="checkbox"/> Don't know</p>

**Section 11 – OWNED VEHICLES – Continued**

**Part B – Detailed Questions – Continued**

<p><b>1. FIELD REPRESENTATIVE ITEM</b></p> <p><b>a. New CU's</b> – Assign vehicle numbers in consecutive order beginning with 1. <b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a.</p> <p><b>b.</b> Enter a vehicle code from part A.1 or A.2.</p>		<p>PROCESSING USE ONLY</p> <p style="text-align: center;">1 11 04 7 ↓</p>	<p><b>11. In what month and year was it purchased?</b></p> <p>Month: <input type="text" value="0190"/> <input type="text" value="0200"/> Year: <input type="text" value="1"/> <input type="text" value="9"/></p>
<p><b>2. Briefly describe the (vehicle).</b></p> <p><i>Do not ask for vehicle codes 100 or 110.</i></p>	<p><b>a. VEHICLE NUMBER</b> <input type="text" value="0010"/> _____ Number</p> <p><b>b. VEHICLE CODE</b> <input type="text" value="0020"/> _____ Code</p>	<p>Description</p>	<p><b>12a. Was any portion of the purchase price financed?</b></p> <p><input type="text" value="0210"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – If item 11 is prior to 12 months ago, go to next vehicle. If item 11 is during the past 12 months, go to item 13a.</p>
<p><b>3. What is the year, make, and model?</b></p> <p><i>Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</i></p>	<p>Year: <input type="text" value="0030"/> <input type="text" value="1"/> <input type="text" value="9"/> _____</p> <p>Make: _____ Model: _____</p> <p><b>OFFICE USE ONLY</b> Enter auto code <input type="text" value="0040"/> _____</p>	<p><b>13a. Was a trade-in allowance received?</b></p> <p><input type="text" value="0230"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c</p>	<p><b>b. If YES – How much?</b></p> <p><input type="text" value="0240"/> \$ _____ .00</p>
<p><b>4. How many cylinders does it have?</b></p>	<p><input type="text" value="0050"/> _____ Cylinders</p> <p><input type="checkbox"/> No cylinders (rotary, turbine, or electric)</p>	<p><b>13b. If YES – How much?</b></p> <p><input type="text" value="0250"/> \$ _____ .00</p>	<p><b>c. What was the amount paid for it after trade-in allowance and discount?</b></p> <p><input type="text" value="0260"/> \$ _____ .00</p>
<p><b>5. Does it have –</b></p> <p><b>a. Automatic transmission?</b> <input type="text" value="0060"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>b. Power steering?</b> <input type="text" value="0070"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>c. Power brakes?</b> <input type="text" value="0080"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>d. Air conditioning?</b> <input type="text" value="0090"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>e. Sun roof?</b> <input type="text" value="0100"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>f. Turbo charged engine?</b> <input type="text" value="0110"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>g. Diesel engine?</b> <input type="text" value="0120"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>h. Four wheel drive?</b> <input type="text" value="0121"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>14. What was the amount of the cash down payment?</b></p> <p><input type="text" value="0270"/> \$ _____ .00</p>	<p><b>15a. What was the source of credit?</b></p> <p><input type="text" value="0300"/> 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Credit Union</p>	<p><b>d. Did this price include sales tax?</b></p> <p><input type="text" value="0280"/> 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No</p>
<p><b>6a. How many doors does it have?</b></p> <p><i>Ask for vehicle code 100.</i></p> <p><input type="text" value="0122"/> _____ Doors</p>	<p><b>15b. Was this a home equity loan?</b></p> <p><input type="text" value="0305"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>15c. How much was borrowed, excluding any interest?</b></p> <p><input type="text" value="0310"/> \$ _____ .00</p>	<p><b>e. Was any of the amount or price paid by an employer?</b></p> <p><input type="text" value="0290"/> \$ _____ .00</p>
<p><b>6b. Is it a . . . ?</b></p> <p><input type="text" value="0123"/> 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?</p>	<p><b>15d. What was the number of payments contracted for?</b></p> <p><input type="text" value="0320"/> _____ Payments</p>	<p><b>15e. In what month and year was the first payment made?</b></p> <p>Month: <input type="text" value="0330"/> <input type="text" value="0340"/> Year: <input type="text" value="1"/> <input type="text" value="9"/></p>	<p><b>f. What is the amount of each payment?</b></p> <p><input type="text" value="0350"/> \$ _____ .00</p>
<p><b>7a. Is it used for business?</b></p> <p><input type="text" value="0130"/> 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 8</p>	<p><b>15f. What period is covered by each payment?</b></p> <p><input type="text" value="0360"/> 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Quarter</p>	<p><b>15g. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</b></p> <p><input type="text" value="0370"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Go to next vehicle or part x <input type="checkbox"/> Don't know } or section</p>	<p><b>15h. If YES – How much of the payment is for these extra charges?</b></p> <p><input type="text" value="0380"/> \$ _____ .00 x <input type="checkbox"/> Don't know</p>
<p><b>7b. If used for business – What percent of the mileage is counted as a business expense?</b></p> <p><input type="text" value="0140"/> _____ Percent <i>{ If 100%, delete this vehicle and go to next vehicle. }</i></p>	<p><b>8. Was it new or used when acquired?</b></p> <p><input type="text" value="0150"/> 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used</p>	<p><b>9. Was this vehicle purchased from –</b></p> <p><input type="text" value="0160"/> 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify _____</p>	<p><b>10a. Was this vehicle –</b></p> <p><input type="text" value="0170"/> 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?</p>
<p><b>10b. How many miles are currently on the vehicle?</b></p> <p><i>Ask for item codes 100–120 and 150 only.</i></p> <p><input type="text" value="0180"/> _____ Miles – If item 10a is code 3, go to next vehicle</p>	<p><b>11. In what month and year was it purchased?</b></p> <p>Month: <input type="text" value="0190"/> <input type="text" value="0200"/> Year: <input type="text" value="1"/> <input type="text" value="9"/></p>	<p><b>12a. Was any portion of the purchase price financed?</b></p> <p><input type="text" value="0210"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – If item 11 is prior to 12 months ago, go to next vehicle. If item 11 is during the past 12 months, go to item 13a.</p>	<p><b>12b. 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?</b></p> <p><input type="text" value="0220"/> 1 <input type="checkbox"/> Paid off – If item 11 is prior to 12 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments</p>

**Section 11 – OWNED VEHICLES – Continued**

**Part B – Detailed Questions – Continued**

<p><b>1. FIELD REPRESENTATIVE ITEM</b>  <b>a. New CU's</b> – Assign vehicle numbers in consecutive order beginning with 1.  <b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a.  <b>b.</b> Enter a vehicle code from part A.1 or A.2.</p>		<p>PROCESSING USE ONLY</p> <p style="text-align: center;">1 11 05 4 ↓</p>	<p><b>11. In what month and year was it purchased?</b></p> <p>0190 <input type="text"/> <input type="text"/> 0200 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/></p>
<p><b>2. Briefly describe the (vehicle).</b>          Do not ask for vehicle codes 100 or 110.</p>	<p><b>a. VEHICLE NUMBER</b> 0010 _____ Number</p> <p><b>b. VEHICLE CODE</b> 0020 <input type="text"/> <input type="text"/> <input type="text"/> Code</p>	<p>Description</p>	<p><b>12a. Was any portion of the purchase price financed?</b></p> <p>0210 1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No – If item 11 is prior to 12 months ago, go to next vehicle. If item 11 is during the past 12 months, go to item 13a.</p>
<p><b>3. What is the year, make, and model?</b>          Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</p>	<p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Make _____ Model _____</p> <p>0030 1 9</p>	<p>0040 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OFFICE USE ONLY          Enter auto code</p>	<p><b>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?</b></p> <p>0220 1 <input type="checkbox"/> Paid off – If item 11 is prior to 12 months ago, go to next vehicle.          2 <input type="checkbox"/> Remaining payments</p>
<p><b>4. How many cylinders does it have?</b></p>	<p>0050 _____ Cylinders          0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)</p>		<p><b>13a. Was a trade-in allowance received?</b></p> <p>0230 1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No – Go to item 13c</p>
<p><b>5. Does it have –</b></p> <p><b>a. Automatic transmission?</b> 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>b. Power steering?</b> 0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>c. Power brakes?</b> 0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>d. Air conditioning?</b> 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>e. Sun roof?</b> 0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>f. Turbo charged engine?</b> 0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>g. Diesel engine?</b> 0120 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>h. Four wheel drive?</b> 0121 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>			<p><b>b. If YES – How much?</b></p> <p>0240 \$ _____ .00</p>
<p><b>6a. How many doors does it have?</b></p> <p>0122 _____ Doors</p>			<p><b>c. What was the amount paid for it after trade-in allowance and discount?</b></p> <p>0250 \$ _____ .00</p>
<p><b>b. Is it a . . . ?</b></p> <p>0123 1 <input type="checkbox"/> Station wagon?          2 <input type="checkbox"/> Convertible?          3 <input type="checkbox"/> Hatchback?          4 <input type="checkbox"/> Other?</p>			<p><b>d. Did this price include sales tax?</b></p> <p>0260 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know          2 <input type="checkbox"/> No</p>
<p><b>7a. Is it used for business?</b></p> <p>0130 1 <input type="checkbox"/> Yes, used for business          2 <input type="checkbox"/> Personal use only – Go to item 8</p>			<p><b>e. Was any of the amount or price paid by an employer?</b></p> <p>0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p>
<p><b>b. If used for business – What percent of the mileage is counted as a business expense?</b></p> <p>0140 _____ Percent { If 100%, delete this vehicle and go to next vehicle.</p>			<p><b>f. If YES – How much?</b></p> <p>0280 \$ _____ .00</p>
<p><b>8. Was it new or used when acquired?</b></p> <p>0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used</p>			<p>Ask items 14 and 15 for credit payments only, "2" marked in item 12b.</p> <p><b>14. What was the amount of the cash down payment?</b></p> <p>0290 \$ _____ .00</p>
<p><b>9. Was this vehicle purchased from –</b></p> <p>0160 1 <input type="checkbox"/> Vehicle dealership?          2 <input type="checkbox"/> Private individual?          3 <input type="checkbox"/> Other? – Specify _____</p>			<p><b>15a. What was the source of credit?</b></p> <p>0300 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company          2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual          3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify _____          4 <input type="checkbox"/> Credit Union</p>
<p><b>10a. Was this vehicle –</b></p> <p>0170 1 <input type="checkbox"/> Purchased for own use?          2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11          3 <input type="checkbox"/> Received as gift?</p>			<p><b>b. Was this a home equity loan?</b></p> <p>0305 1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No</p>
<p><b>b. How many miles are currently on the vehicle?</b></p> <p>0180 _____ Miles – If item 10a is code 3, go to next vehicle</p>			<p><b>c. How much was borrowed, excluding any interest?</b></p> <p>0310 \$ _____ .00</p>
			<p><b>d. What was the number of payments contracted for?</b></p> <p>0320 _____ Payments</p>
			<p><b>e. In what month and year was the first payment made?</b></p> <p>0330 <input type="text"/> <input type="text"/> 0340 1 9 <input type="text"/> <input type="text"/></p>
			<p><b>f. What is the amount of each payment?</b></p> <p>0350 \$ _____ .00</p>
			<p><b>g. What period is covered by each payment?</b></p> <p>0360 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually          2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually          3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____          4 <input type="checkbox"/> Quarter</p>
			<p><b>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</b></p> <p>0370 1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No } Go to next vehicle or part          x <input type="checkbox"/> Don't know } or section</p>
			<p><b>i. If YES – How much of the payment is for these extra charges?</b></p> <p>0380 \$ _____ .00 x <input type="checkbox"/> Don't know</p>



**Section 11 – OWNED VEHICLES – Continued**

**Part B – Detailed Questions – Continued**

<p><b>1. FIELD REPRESENTATIVE ITEM</b></p> <p><b>a. New CU's</b> – Assign vehicle numbers in consecutive order beginning with 1. <b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a.</p> <p><b>b.</b> Enter a vehicle code from part A.1 or A.2.</p>		<p>PROCESSING USE ONLY</p> <p style="text-align: center;">1 11 06 2 ↓</p>	<p><b>11. In what month and year was it purchased?</b></p> <p>0190 <input type="text"/> <input type="text"/> 0200 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/></p>
<p><b>2. Briefly describe the (vehicle).</b></p> <p>Do not ask for vehicle codes 100 or 110.</p>	<p><b>a. VEHICLE NUMBER</b> 0010 _____ Number</p> <p><b>b. VEHICLE CODE</b> 0020 <input type="text"/> <input type="text"/> <input type="text"/> Code</p>	<p>Description</p>	<p><b>12a. Was any portion of the purchase price financed?</b></p> <p>0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – If item 11 is prior to 12 months ago, go to next vehicle. If item 11 is during the past 12 months, go to item 13a.</p>
<p><b>3. What is the year, make, and model?</b></p> <p>Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</p>	<p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Make _____ Model _____</p> <p>0030 1 9 <input type="text"/> <input type="text"/></p>	<p>OFFICE USE ONLY Enter auto code</p> <p>0040 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>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?</b></p> <p>0220 1 <input type="checkbox"/> Paid off – If item 11 is prior to 12 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments</p>
<p><b>4. How many cylinders does it have?</b></p>	<p>0050 _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)</p>		<p><b>13a. Was a trade-in allowance received?</b></p> <p>0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c</p>
<p><b>5. Does it have –</b></p> <p><b>a. Automatic transmission?</b> 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>b. Power steering?</b> 0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>c. Power brakes?</b> 0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>d. Air conditioning?</b> 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>e. Sun roof?</b> 0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>f. Turbo charged engine?</b> 0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>g. Diesel engine?</b> 0120 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>h. Four wheel drive?</b> 0121 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>			<p><b>b. If YES – How much?</b></p> <p>0240 \$ _____ .00</p>
<p><b>6a. How many doors does it have?</b></p> <p>0122 _____ Doors</p>			<p><b>c. What was the amount paid for it after trade-in allowance and discount?</b></p> <p>0250 \$ _____ .00</p>
<p><b>b. Is it a . . . ?</b></p> <p>0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?</p>			<p><b>d. Did this price include sales tax?</b></p> <p>0260 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No</p>
<p><b>7a. Is it used for business?</b></p> <p>0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 8</p>			<p><b>e. Was any of the amount or price paid by an employer?</b></p> <p>0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p>
<p><b>b. If used for business – What percent of the mileage is counted as a business expense?</b></p> <p>0140 _____ Percent { If 100%, delete this vehicle and go to next vehicle.</p>			<p><b>f. If YES – How much?</b></p> <p>0280 \$ _____ .00</p>
<p><b>8. Was it new or used when acquired?</b></p> <p>0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used</p>			<p><b>14. What was the amount of the cash down payment?</b></p> <p>0290 \$ _____ .00</p>
<p><b>9. Was this vehicle purchased from –</b></p> <p>0160 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify _____</p>			<p><b>15a. What was the source of credit?</b></p> <p>0300 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Credit Union</p>
<p><b>10a. Was this vehicle –</b></p> <p>0170 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?</p>			<p><b>b. Was this a home equity loan?</b></p> <p>0305 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>b. How many miles are currently on the vehicle?</b></p> <p>0180 _____ Miles – If item 10a is code 3, go to next vehicle</p>			<p><b>c. How much was borrowed, excluding any interest?</b></p> <p>0310 \$ _____ .00</p>
			<p><b>d. What was the number of payments contracted for?</b></p> <p>0320 _____ Payments</p>
			<p><b>e. In what month and year was the first payment made?</b></p> <p>0330 <input type="text"/> <input type="text"/> 0340 1 9 <input type="text"/> <input type="text"/></p>
			<p><b>f. What is the amount of each payment?</b></p> <p>0350 \$ _____ .00</p>
			<p><b>g. What period is covered by each payment?</b></p> <p>0360 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Quarter</p>
			<p><b>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</b></p> <p>0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Go to next vehicle or part or section x <input type="checkbox"/> Don't know</p>
			<p><b>i. If YES – How much of the payment is for these extra charges?</b></p> <p>0380 \$ _____ .00 x <input type="checkbox"/> Don't know</p>



**Section 11 – OWNED VEHICLES – Continued**

**Part B – Detailed Questions – Continued**

<p><b>1. FIELD REPRESENTATIVE ITEM</b>  <b>a. New CU's</b> – Assign vehicle numbers in consecutive order beginning with 1.  <b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a.  <b>b.</b> Enter a vehicle code from part A.1 or A.2.</p>		<p>PROCESSING USE ONLY</p> <p style="text-align: center;">1 11 07 0 ↓</p>	<p><b>11. In what month and year was it purchased?</b></p> <p>0190 <input type="text"/> <input type="text"/> 0200 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/></p>
<p><b>2. Briefly describe the (vehicle).</b>          Do not ask for vehicle codes 100 or 110.</p>	<p><b>a. VEHICLE NUMBER</b> 0010 _____ Number</p> <p><b>b. VEHICLE CODE</b> 0020 <input type="text"/> <input type="text"/> <input type="text"/> Code</p>	<p>Description</p>	<p><b>12a. Was any portion of the purchase price financed?</b></p> <p>0210 1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No – If item 11 is prior to 12 months ago, go to next vehicle. If item 11 is during the past 12 months, go to item 13a.</p>
<p><b>3. What is the year, make, and model?</b>          Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</p>	<p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Make _____ Model _____</p> <p>0030 1 9</p>	<p>0040 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OFFICE USE ONLY          Enter auto code</p>	<p><b>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?</b></p> <p>0220 1 <input type="checkbox"/> Paid off – If item 11 is prior to 12 months ago, go to next vehicle.          2 <input type="checkbox"/> Remaining payments</p>
<p><b>4. How many cylinders does it have?</b></p>	<p>0050 _____ Cylinders          0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)</p>		<p><b>13a. Was a trade-in allowance received?</b></p> <p>0230 1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No – Go to item 13c</p>
<p><b>5. Does it have –</b></p> <p><b>a. Automatic transmission?</b> 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>b. Power steering?</b> 0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>c. Power brakes?</b> 0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>d. Air conditioning?</b> 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>e. Sun roof?</b> 0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>f. Turbo charged engine?</b> 0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>g. Diesel engine?</b> 0120 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>h. Four wheel drive?</b> 0121 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>			<p><b>b. If YES – How much?</b></p> <p>0240 \$ _____ .00</p>
<p><b>6a. How many doors does it have?</b></p> <p>0122 _____ Doors</p>			<p><b>c. What was the amount paid for it after trade-in allowance and discount?</b></p> <p>0250 \$ _____ .00</p>
<p><b>b. Is it a . . . ?</b></p> <p>0123 1 <input type="checkbox"/> Station wagon?          2 <input type="checkbox"/> Convertible?          3 <input type="checkbox"/> Hatchback?          4 <input type="checkbox"/> Other?</p>			<p><b>d. Did this price include sales tax?</b></p> <p>0260 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know          2 <input type="checkbox"/> No</p>
<p><b>7a. Is it used for business?</b></p> <p>0130 1 <input type="checkbox"/> Yes, used for business          2 <input type="checkbox"/> Personal use only – Go to item 8</p>			<p><b>e. Was any of the amount or price paid by an employer?</b></p> <p>0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p>
<p><b>b. If used for business – What percent of the mileage is counted as a business expense?</b></p> <p>0140 _____ Percent { If 100%, delete this vehicle and go to next vehicle.</p>			<p><b>f. If YES – How much?</b></p> <p>0280 \$ _____ .00</p>
<p><b>8. Was it new or used when acquired?</b></p> <p>0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used</p>			<p>Ask items 14 and 15 for credit payments only, "2" marked in item 12b.</p> <p><b>14. What was the amount of the cash down payment?</b></p> <p>0290 \$ _____ .00</p>
<p><b>9. Was this vehicle purchased from –</b></p> <p>0160 1 <input type="checkbox"/> Vehicle dealership?          2 <input type="checkbox"/> Private individual?          3 <input type="checkbox"/> Other? – Specify _____</p>			<p><b>15a. What was the source of credit?</b></p> <p>0300 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company          2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual          3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify _____          4 <input type="checkbox"/> Credit Union</p>
<p><b>10a. Was this vehicle –</b></p> <p>0170 1 <input type="checkbox"/> Purchased for own use?          2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11          3 <input type="checkbox"/> Received as gift?</p>			<p><b>b. Was this a home equity loan?</b></p> <p>0305 1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No</p>
<p><b>b. How many miles are currently on the vehicle?</b></p> <p>0180 _____ Miles – If item 10a is code 3, go to next vehicle</p>			<p><b>c. How much was borrowed, excluding any interest?</b></p> <p>0310 \$ _____ .00</p>
			<p><b>d. What was the number of payments contracted for?</b></p> <p>0320 _____ Payments</p>
			<p><b>e. In what month and year was the first payment made?</b></p> <p>0330 <input type="text"/> <input type="text"/> 0340 1 9 <input type="text"/> <input type="text"/></p>
			<p><b>f. What is the amount of each payment?</b></p> <p>0350 \$ _____ .00</p>
			<p><b>g. What period is covered by each payment?</b></p> <p>0360 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually          2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually          3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____          4 <input type="checkbox"/> Quarter</p>
			<p><b>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</b></p> <p>0370 1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No } Go to next vehicle or part          x <input type="checkbox"/> Don't know } or section</p>
			<p><b>i. If YES – How much of the payment is for these extra charges?</b></p> <p>0380 \$ _____ .00 x <input type="checkbox"/> Don't know</p>

Section 11 - OWNED VEHICLES - Continued

Part B - Detailed Questions - Continued

<b>1. FIELD REPRESENTATIVE ITEM</b> <b>a. New CU's</b> - Assign vehicle numbers in consecutive order beginning with 1. <b>2nd through 5th interviews</b> - Assign the next available vehicle number from chart in part A.1, column a. <b>b.</b> Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY 1 11 08 8 ↓	<b>11. In what month and year was it purchased?</b> 0190 <input type="text"/> <input type="text"/> 0200 1 9 <input type="text"/> <input type="text"/>
<b>2. Briefly describe the (vehicle).</b> Do not ask for vehicle codes 100 or 110.	<b>a. VEHICLE NUMBER</b> 0010 _____ Number <b>b. VEHICLE CODE</b> 0020 <input type="text"/> <input type="text"/> <input type="text"/> Code	Description	<b>12a. Was any portion of the purchase price financed?</b> 0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - If item 11 is prior to 12 months ago, go to next vehicle. If item 11 is during the past 12 months, go to item 13a.
<b>3. What is the year, make, and model?</b> Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Make _____ Model _____ 0030 1 9 <input type="text"/> <input type="text"/>	Description	<b>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?</b> 0220 1 <input type="checkbox"/> Paid off - If item 11 is prior to 12 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments
<b>4. How many cylinders does it have?</b>	0040 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OFFICE USE ONLY Enter auto code	Description	<b>13a. Was a trade-in allowance received?</b> 0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 13c
<b>5. Does it have -</b> <b>a. Automatic transmission?</b> <b>b. Power steering?</b> <b>c. Power brakes?</b> <b>d. Air conditioning?</b> <b>e. Sun roof?</b> <b>f. Turbo charged engine?</b> <b>g. Diesel engine?</b> <b>h. Four wheel drive?</b>	0050 _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Make _____ Model _____ 0030 1 9 <input type="text"/> <input type="text"/>	<b>b. If YES - How much?</b> 0240 \$ _____ .00
<b>6a. How many doors does it have?</b> <b>b. Is it a . . . ?</b>	0060 Yes <input type="checkbox"/> No <input type="checkbox"/> 0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0080 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0090 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0100 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0110 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0120 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0121 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Description	<b>c. What was the amount paid for it after trade-in allowance and discount?</b> 0250 \$ _____ .00
<b>7a. Is it used for business?</b> <b>b. If used for business - What percent of the mileage is counted as a business expense?</b>	0122 _____ Doors 0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?	Description	<b>d. Did this price include sales tax?</b> 0260 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No
<b>8. Was it new or used when acquired?</b>	0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only - Go to item 8	Description	<b>e. Was any of the amount or price paid by an employer?</b> 0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14
<b>9. Was this vehicle purchased from -</b>	0140 _____ Percent { If 100%, delete this vehicle and go to next vehicle.	Description	<b>f. If YES - How much?</b> 0280 \$ _____ .00
<b>10a. Was this vehicle -</b> <b>b. How many miles are currently on the vehicle?</b>	0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used	Description	<b>14. What was the amount of the cash down payment?</b> 0290 \$ _____ .00
Ask for item codes 100-120 and 150 only.	0160 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? - Specify _____	Description	<b>15a. What was the source of credit?</b> 0300 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other - Specify _____ 4 <input type="checkbox"/> Credit Union
<b>11. In what month and year was it purchased?</b>	0170 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? - Go to item 11 3 <input type="checkbox"/> Received as gift?	Description	<b>b. Was this a home equity loan?</b> 0305 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>12. Was any portion of the purchase price financed?</b>	0180 _____ Miles - If item 10a is code 3, go to next vehicle	Description	<b>c. How much was borrowed, excluding any interest?</b> 0310 \$ _____ .00
<b>13. Was a trade-in allowance received?</b>	0190 <input type="text"/> <input type="text"/> 0200 1 9 <input type="text"/> <input type="text"/>	Description	<b>d. What was the number of payments contracted for?</b> 0320 _____ Payments
<b>14. What was the amount of the cash down payment?</b>	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 13a.	Description	<b>e. In what month and year was the first payment made?</b> 0330 <input type="text"/> <input type="text"/> 0340 1 9 <input type="text"/> <input type="text"/>
<b>15. What was the source of credit?</b>	0210 1 <input type="checkbox"/> Paid off - If item 11 is prior to 12 months ago, go to next vehicle. If item 11 is during the past 12 months, go to item 13a. 2 <input type="checkbox"/> Remaining payments	Description	<b>f. What is the amount of each payment?</b> 0350 \$ _____ .00
<b>16. Was this a home equity loan?</b>	0220 1 <input type="checkbox"/> Paid off - If item 11 is prior to 12 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments	Description	<b>g. What period is covered by each payment?</b> 0360 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other - Specify _____ 4 <input type="checkbox"/> Quarter
<b>17. How much was borrowed, excluding any interest?</b>	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 13c	Description	<b>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</b> 0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Go to next vehicle or part or section x <input type="checkbox"/> Don't know
<b>18. What was the number of payments contracted for?</b>	0240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 13c	Description	<b>i. If YES - How much of the payment is for these extra charges?</b> 0380 \$ _____ .00 x <input type="checkbox"/> Don't know

**Section 11 – OWNED VEHICLES – Continued**

**Part C – Disposed of Vehicles**

1. FIELD REPRESENTATIVE ITEM <i>Complete a column in the 1st interview in which the vehicle is disposed of. Enter vehicle number and vehicle code.</i>	PROCESSING USE ONLY	1 11 51 8 ↓	1 11 52 6 ↓	1 11 53 4 ↓	1 11 54 2 ↓
	a. VEHICLE NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number
	b. VEHICLE CODE	0020 [ ][ ] Code	0020 [ ][ ] Code	0020 [ ][ ] Code	0020 [ ][ ] Code
2a. How did you dispose of the vehicle? <i>Mark (X) one box.</i>	0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____	0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____	0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____	0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____	0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____
b. In what month was it (read answer from item 2a)?	0040 [ ][ ] Month – If code 3 in item 2a, go to item 5a	0040 [ ][ ] Month – If code 3 in item 2a, go to item 5a	0040 [ ][ ] Month – If code 3 in item 2a, go to item 5a	0040 [ ][ ] Month – If code 3 in item 2a, go to item 5a	0040 [ ][ ] Month – If code 3 in item 2a, go to item 5a
3. How much did you sell it for? <i>If sold (code 1, item 2a).</i>	0050 \$ _____ .00 Go to item 5a	0050 \$ _____ .00 Go to item 5a	0050 \$ _____ .00 Go to item 5a	0050 \$ _____ .00 Go to item 5a	0050 \$ _____ .00 Go to item 5a
4a. Were you reimbursed for the value of the vehicle? <i>If damaged beyond repair (code 4, item 2a) or stolen (code 5, item 2a).</i>	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c
b. How much did you receive for the vehicle?	0070 \$ _____ .00 Go to item 5a	0070 \$ _____ .00 Go to item 5a	0070 \$ _____ .00 Go to item 5a	0070 \$ _____ .00 Go to item 5a	0070 \$ _____ .00 Go to item 5a
c. Do you expect to be reimbursed for the value of the vehicle?	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a 3 <input type="checkbox"/> Don't know	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a 3 <input type="checkbox"/> Don't know	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a 3 <input type="checkbox"/> Don't know	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a 3 <input type="checkbox"/> Don't know	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a 3 <input type="checkbox"/> Don't know
d. How much will you receive for the vehicle?	0090 \$ _____ .00 x <input type="checkbox"/> Don't know	0090 \$ _____ .00 x <input type="checkbox"/> Don't know	0090 \$ _____ .00 x <input type="checkbox"/> Don't know	0090 \$ _____ .00 x <input type="checkbox"/> Don't know	0090 \$ _____ .00 x <input type="checkbox"/> Don't know
5a. Were there any outstanding loans on the vehicle when it was disposed of?	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle
b. Were any final payments made on the loan?	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle
c. If YES – How much was the final payment?	0120 \$ _____ .00	0120 \$ _____ .00	0120 \$ _____ .00	0120 \$ _____ .00	0120 \$ _____ .00

NOTES

**Section 11 – OWNED VEHICLES – Continued**

**Part C – Disposed of Vehicles – Continued**

1. FIELD REPRESENTATIVE ITEM <i>Complete a column in the 1st interview in which the vehicle is disposed of. Enter vehicle number and vehicle code.</i>	PROCESSING USE ONLY	1 11 55 9 ↓	1 11 56 7 ↓	1 11 57 5 ↓	1 11 58 3 ↓
	a. VEHICLE NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number
b. VEHICLE CODE	0020 [ ][ ] Code	0020 [ ][ ] Code	0020 [ ][ ] Code	0020 [ ][ ] Code	
<b>2a. How did you dispose of the vehicle?</b> <i>Mark (X) one box.</i>	0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____	0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____	0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____	0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____	0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____
<b>b. In what month was it</b> (read answer from item 2a)?	0040 [ ][ ] Month – If code 3 in item 2a, go to item 5a	0040 [ ][ ] Month – If code 3 in item 2a, go to item 5a	0040 [ ][ ] Month – If code 3 in item 2a, go to item 5a	0040 [ ][ ] Month – If code 3 in item 2a, go to item 5a	0040 [ ][ ] Month – If code 3 in item 2a, go to item 5a
<b>3. How much did you sell it for?</b> <i>If sold (code 1, item 2a).</i>	0050 \$ _____ .00 Go to item 5a	0050 \$ _____ .00 Go to item 5a	0050 \$ _____ .00 Go to item 5a	0050 \$ _____ .00 Go to item 5a	0050 \$ _____ .00 Go to item 5a
<b>4a. Were you reimbursed for the value of the vehicle?</b> <i>If damaged beyond repair (code 4, item 2a) or stolen (code 5, item 2a).</i>	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c
<b>b. How much did you receive for the vehicle?</b>	0070 \$ _____ .00 Go to item 5a	0070 \$ _____ .00 Go to item 5a	0070 \$ _____ .00 Go to item 5a	0070 \$ _____ .00 Go to item 5a	0070 \$ _____ .00 Go to item 5a
<b>c. Do you expect to be reimbursed for the value of the vehicle?</b>	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a 3 <input type="checkbox"/> Don't know	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a 3 <input type="checkbox"/> Don't know	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a 3 <input type="checkbox"/> Don't know	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a 3 <input type="checkbox"/> Don't know	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a 3 <input type="checkbox"/> Don't know
<b>d. How much will you receive for the vehicle?</b>	0090 \$ _____ .00 x <input type="checkbox"/> Don't know	0090 \$ _____ .00 x <input type="checkbox"/> Don't know	0090 \$ _____ .00 x <input type="checkbox"/> Don't know	0090 \$ _____ .00 x <input type="checkbox"/> Don't know	0090 \$ _____ .00 x <input type="checkbox"/> Don't know
<b>5a. Were there any outstanding loans on the vehicle when it was disposed of?</b>	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle
<b>b. Were any final payments made on the loan?</b>	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle
<b>c. If YES – How much was the final payment?</b>	0120 \$ _____ .00	0120 \$ _____ .00	0120 \$ _____ .00	0120 \$ _____ .00	0120 \$ _____ .00

NOTES

**Section 12 – VEHICLE OPERATING EXPENSES**

*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 Maintenance and Repair, Parts, and Equipment**

8 12 02 4 →

a				PROCESSING USE ONLY	b	c	d		e		f	g		h		i		j	k		PRE																
							YES	NO	Description	Vehicle code		Month	YES	NO	YES	NO	YES		NO	Description from column b	Month from column f	Cost from column g															
<p><i>Information Booklet, pages 29 and 30</i>  <b>I will now ask about expenses for vehicle services, parts, and equipment. Please do not include expenses for vehicles used entirely for business.</b></p> <p><b>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following?</b></p>				<p>0010</p>			1	2				\$	.00	1	2	1	2	\$	.00	1	2																
							Oil change, lubrication, and oil filter	100						1	2	\$	.00	1	2	1	2				\$	.00	1	2	\$	.00	1	2					
							Motor tune-up	110						1	2	\$	.00	1	2	1	2				\$	.00	1	2	\$	.00	1	2					
							Brake work	120						1	2	\$	.00	1	2	1	2				\$	.00	1	2	\$	.00	1	2					
							Battery purchases and installation	130						1	2	\$	.00	1	2	1	2				\$	.00	1	2	\$	.00	1	2					
							Tire purchases and mounting	140						1	2	\$	.00	1	2	1	2				\$	.00	1	2	\$	.00	1	2					
							Tire repair	150						1	2	\$	.00	1	2	1	2				\$	.00	1	2	\$	.00	1	2					
							Front end alignment, wheel balancing and wheel rotation	160						1	2	\$	.00	1	2	1	2				\$	.00	1	2	\$	.00	1	2					
							Steering or front-end work	170						1	2	\$	.00	1	2	1	2				\$	.00	1	2	\$	.00	1	2					
							Electrical system work	180						1	2	\$	.00	1	2	1	2				\$	.00	1	2	\$	.00	1	2					
							Engine repair or replacement	190						1	2	\$	.00	1	2	1	2				\$	.00	1	2	\$	.00	1	2					
							Air conditioning work	200						1	2	\$	.00	1	2	1	2				\$	.00	1	2	\$	.00	1	2					
							Engine cooling system work	210						1	2	\$	.00	1	2	1	2				\$	.00	1	2	\$	.00	1	2					
												0150			1	2				\$	.00				1	2	1	2	\$	.00	1	2					
							NOTES																														
<p><b>2. FIELD REPRESENTATIVE CHECK ITEM</b></p> <p>Mark (X) box if there are no entries recorded in columns b–k.</p>				<p>1 12 01 1 ↓</p> <p>0010 999 <input type="checkbox"/> Go to next page</p>																																	
																					Automobile		100														
																					Truck		110														
																					Motorized camper		120														
																					Trailer camper		130														
																					Other attachable-type camper		140														
																					Motorcycle, scooter, or moped		150														
																					Boat, with motor		160														
																					Boat, without motor		170														
																					Trailer, other than camper such as for boat		180														
																					Private plane		190														
																					Any other vehicle		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 Maintenance and Repair, Parts, and Equipment** 8 12 04 0 →

a			PROCESSING USE ONLY	b	c	d		e		f	g		h		i		j	k		PRE		
ITEM CODE	YES	NO		What was the expense for? <i>Enter a brief description.</i>	ENTER ITEM CODE from column a.	YES	NO	Description	Vehicle code	Month	What was the total cost?	YES	NO	YES	NO	Has (will) any of this expense been (be) reimbursed? <i>If "No", go to column k.</i>	IF YES – How much was (will be) reimbursed?	YES	NO	Description from column b	Month from column f	Cost from column g
<p><b>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following?</b></p> <p>Information Booklet, pages 30 and 31</p>																						
300			Exhaust system work . . . . .																			\$ .00
310			Clutch or transmission work . . . . .	0010						\$ .00												\$ .00
320			Body work and painting . . . . .	0020						\$ .00												\$ .00
330			Shock absorber replacement . . . . .	0030						\$ .00												\$ .00
340			Drive shaft or rear-end work . . . . .	0040						\$ .00												\$ .00
350			Audio equipment and installation . . . . .	0050						\$ .00												\$ .00
360			Vehicle accessories and customizing . . . . .	0060						\$ .00												\$ .00
370			Other vehicle services, parts, and equipment . . . . .	0070						\$ .00												\$ .00
				0080						\$ .00												\$ .00
			<i>Use only if unable to itemize separately.</i>	0090						\$ .00												\$ .00
			<i>Combined expenses (Codes 100–370) . . . . .</i>	0100						\$ .00												\$ .00
				0110						\$ .00												\$ .00
				0120						\$ .00												\$ .00
				0130						\$ .00												\$ .00
				0140						\$ .00												\$ .00
				0150						\$ .00												\$ .00
<p><b>2. FIELD REPRESENTATIVE CHECK ITEM</b></p> <p>Mark (X) box if there are no entries recorded in columns b–k.</p>																						
<p>1 12 03 7 ↓</p> <p>0010 999 <input type="checkbox"/> Go to Part B</p>																						

**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.*

**Part B – Licensing, Registration, and Inspection of Vehicles** 3 12 26 4 →

a				PROCESSING USE ONLY	b		c		d		e		f		PRE			NOTES			
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for –					0010	Enter the item description from column a.	ENTER ITEM CODE from column a.	In what month did you have this expense?	What was the total amount of the expense?	Did you have any other expenses for . . . ? <i>If "No," go to next item in column a.</i>	1 2 3			Description from column b	Month from column d	Cost from column e					
ITEM CODE	YES	NO									\$	.	00			\$	.		00		
Driver's license? . . . . .	400																				
Vehicle inspection? . . . . .	410																				
Vehicle registration? . . . . .	420								Month												
<i>Use only if unable to itemize above – Combined expenses . . . . .</i>	430				0010						\$ .00						\$ .00				
2. FIELD REPRESENTATIVE CHECK ITEM	1 12 25 0 ↓				0020						\$ .00						\$ .00				
<i>Mark (X) box if there are no entries recorded in columns b–f.</i>	0010 999 <input type="checkbox"/> Go to part C				0030						\$ .00						\$ .00				
NOTES					0040						\$ .00						\$ .00				
					0050						\$ .00						\$ .00				
					0060						\$ .00						\$ .00				
					0070						\$ .00						\$ .00				
					0080						\$ .00						\$ .00				
					0090						\$ .00						\$ .00				
					0100						\$ .00						\$ .00				
					0110						\$ .00						\$ .00				
					0120						\$ .00						\$ .00				
					0130						\$ .00						\$ .00				
					0140						\$ .00						\$ .00				
					0150						\$ .00						\$ .00				
					0160						\$ .00						\$ .00				
					0170						\$ .00						\$ .00				
					0180						\$ .00						\$ .00				

**Section 12 - VEHICLE OPERATING EXPENSES - Continued**

<b>Part C - Other Vehicle Operating Expenses</b>	1 12 51 6 ↓	
<b>1a.</b> 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?	0010 \$ _____ .00 0 <input type="checkbox"/> None - Go to item 2a	<b>4.</b> Since the 1st of (month, 3 months ago), have any members of your CU had expenses for -
<b>b.</b> Was any of this expense for the purchase of diesel fuel?	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 1d	<b>a.</b> 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 entirely for business.
<b>c.</b> If YES - How much?	0030 \$ _____ .00	<b>b.</b> If YES - How much was paid, excluding any payments made this month?
<b>d.</b> Was any of the average monthly cost counted as a business expense?	0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 2a	<b>c.</b> Towing charges, excluding contracted or pre-paid towing charges?
<b>e.</b> How much of the (dollar amount in item 1a) was counted as a business expense?	0050 \$ _____ .00	<b>d.</b> If YES - How much was paid, excluding any payments made in the current month?
<b>2a.</b> 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 purchases for vehicles used entirely for business.	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 3a	<b>e.</b> Docking and landing fees for boats and planes?
<b>b.</b> What was the total cost?	0070 \$ _____ .00	<b>f.</b> If YES - How much was paid, excluding any payments made in the current month?
<b>c.</b> Was any of this purchased this month?	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 3a	<b>5a.</b> Since the 1st of (month, 3 months ago), excluding (this month), have you (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.
<b>d.</b> If YES - How much was purchased this month?	0090 \$ _____ .00	<b>b.</b> If YES - How much?
<b>3a.</b> Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) purchased any motor coolant-antifreeze, brake fluid, transmission fluid, gasoline additives, oil additives, and radiator/cooling system protectors, except if purchased with a tune-up? Do not include purchases for vehicles used entirely for business.	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 4a	<b>6a.</b> 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?
<b>b.</b> What was the total cost of these purchases?	0110 \$ _____ .00	<b>b.</b> If YES - How much?

NOTES

**Section 13 – INSURANCE OTHER THAN HEALTH**

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

**Part A.1 – SCREENING QUESTIONS (For New Consumer Units, Go to Part A.2)**

1 13 01 9 ↘

If this box is marked, no policies were previously reported – Go to item 2a

**1.** Complete columns i through m for each previously reported policy. Do not ask for policies previously discontinued ("Yes" box checked in column e). Also do not ask for policies for which premiums are entirely paid by someone outside of the CU ("Yes" box checked in column f).

**NONHEALTH INSURANCE POLICY INVENTORY CHART**

PROCESSING USE ONLY	a Policy number	b Insurance description from part B, item 2a	c INSURANCE CODE from part B, item 2b	d Insurance company name from part B, item 3	e Policy discontinued from part B, item 1b		f Premiums paid entirely by someone outside the CU from part B, item 6a, (codes 3 and 4)		g Payroll deduction from part B, item 6b		h Expenses reported in previous interview from part B, items 7, 8a, and 8c			i Do you still have (policy description)?		j Since the 1st of (month, 3 months ago), have you had any expense for (policy)?		k If YES – How much?		l Was any of the amount paid this month?		m If YES – How much was paid this month?		
					YES	NO	YES	NO	YES	NO	Payment period	Total paid	Amount paid this month	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
0010	1																							
0020	2																							
0030	3																							
0040	4																							
0050	5																							
0060	6																							
0070	7																							
0080	8																							
0090	9																							
0100	10																							
0110	11																							
0120	12																							
0130	13																							
0140	14																							
0150	15																							

Information Booklet, page 32

**2a.** Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any (additional) insurance, other than health insurance? . . . . .  
If YES – Ask items 2b and 2c.

0010 1  Yes  
2  No – Go to item 3a

**b.** What kind of insurance is it? Enter the insurance code from below.

Insurance code How many?

0020 0030

**c.** How many policies did you purchase?  
Complete a column in part B for each new policy or plan.

0040 0050

0060 0070

Information Booklet, page 32

**3a.** Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance, other than health, for persons not in your CU?  
If YES – Ask items 3b and 3c.

0080 1  Yes  
2  No

**b.** What kind of insurance policy(ies) was it (were they)? Enter the insurance code from below.

Insurance code How many?

0090 0100

0110 0120

**c.** How many?  
Complete a column in part B for each policy reported.

0130 0140

CODES FOR INSURANCE CHART		INSURANCE CODE
Life insurance or other policies which provide benefits in case of death or disability . . . . .		100
Automobile or other vehicle insurance . . . . .		200
Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means –		
Homeowner's insurance . . . . .		300
Tenant's insurance . . . . .		400
Fire and extended coverage . . . . .		500
Other types of nonhealth insurance . . . . .		600

**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.

<b>Part A.2 – Screening Questions – FOR NEW CONSUMER UNITS ONLY</b>				1 13 02 7 ↓	NOTES
<i>Information Booklet, page 32</i>	Insurance code	YES	NO	<i>If YES – How many policies or plans does your CU have?</i>	
<b>1. Do you (or any members of your CU) have any –</b>					
<b>a. Life insurance or other policies which provide benefits in case of death or disability?</b>	<b>100</b>	<span style="border: 1px solid red; padding: 2px;">0010</span> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0020</span> _____ Number	
<b>b. Automobile or other vehicle insurance?</b>	<b>200</b>	<span style="border: 1px solid red; padding: 2px;">0030</span> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0040</span> _____ Number	
<b>c. Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means –</b>					
<b>(1) Homeowner’s insurance?</b>	<b>300</b>	<span style="border: 1px solid red; padding: 2px;">0050</span> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0060</span> _____ Number	
<b>(2) Tenant’s insurance?</b>	<b>400</b>	<span style="border: 1px solid red; padding: 2px;">0070</span> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0080</span> _____ Number	
<b>(3) Fire and extended coverage insurance?</b>	<b>500</b>	<span style="border: 1px solid red; padding: 2px;">0090</span> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0100</span> _____ Number	
<b>d. Other types of nonhealth insurance?</b>	<b>600</b>	<span style="border: 1px solid red; padding: 2px;">0110</span> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0120</span> _____ Number	
<b>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 longer have?</b>	<span style="border: 1px solid red; padding: 2px;">0130</span> 1 <input type="checkbox"/> Yes – Ask items 2b and 2c 2 <input type="checkbox"/> No – Go to item 3a				
<b>b. What kind of insurance policy(ies) was it (were they)?</b> <i>Enter insurance code from items 1a–d for each policy reported.</i>	<span style="border: 1px solid red; padding: 2px;">0140</span>			<span style="border: 1px solid red; padding: 2px;">0150</span> _____ Number	
<b>c. How many?</b>	<span style="border: 1px solid red; padding: 2px;">0160</span>			<span style="border: 1px solid red; padding: 2px;">0170</span> _____ Number	
	<span style="border: 1px solid red; padding: 2px;">0180</span>			<span style="border: 1px solid red; padding: 2px;">0190</span> _____ Number	
	<span style="border: 1px solid red; padding: 2px;">0200</span>			<span style="border: 1px solid red; padding: 2px;">0210</span> _____ Number	
	<span style="border: 1px solid red; padding: 2px;">0220</span>			<span style="border: 1px solid red; padding: 2px;">0230</span> _____ Number	
<b>3a. Have you (or any members of your CU) made any payments for insurance policies, other than health, for persons not in your CU?</b>	<span style="border: 1px solid red; padding: 2px;">0300</span> 1 <input type="checkbox"/> Yes – Ask items 3b and 3c 2 <input type="checkbox"/> No – Go to item 4				
<b>b. What kind of insurance policy(ies) was it (were they)?</b> <i>Enter insurance code from items 1a–d for each policy reported.</i>	<span style="border: 1px solid red; padding: 2px;">0310</span>			<span style="border: 1px solid red; padding: 2px;">0320</span> _____ Number	
<b>c. How many?</b>	<span style="border: 1px solid red; padding: 2px;">0330</span>			<span style="border: 1px solid red; padding: 2px;">0340</span> _____ Number	
	<span style="border: 1px solid red; padding: 2px;">0350</span>			<span style="border: 1px solid red; padding: 2px;">0360</span> _____ Number	
	<span style="border: 1px solid red; padding: 2px;">0370</span>			<span style="border: 1px solid red; padding: 2px;">0380</span> _____ Number	
	<span style="border: 1px solid red; padding: 2px;">0390</span>			<span style="border: 1px solid red; padding: 2px;">0400</span> _____ Number	
<b>4. FIELD REPRESENTATIVE INSTRUCTIONS</b> <i>Complete a column in part B for each policy reported.</i> <i>Complete a column in part B for each discontinued policy. Be sure to mark the discontinued box, part B, item 1b.</i>					



**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.*

**Part B – Detailed Questions**

<b>1. FIELD REPRESENTATIVE ITEM New CU's</b> – Enter policy numbers in consecutive order beginning with 1. <b>2nd through 5th interviews</b> – Enter the next available policy number from chart in part A.1.	PROCESSING USE ONLY	1 13 03 5 ↘ ↗	1 13 04 3 ↘ ↗	1 13 05 0 ↘ ↗	1 13 06 8 ↘ ↗	
	<b>a. POLICY NUMBER</b> <b>b. DISCONTINUED</b>	0010 _____ Number 0020 1 <input type="checkbox"/>	0010 _____ Number 0020 1 <input type="checkbox"/>	0010 _____ Number 0020 1 <input type="checkbox"/>	0010 _____ Number 0020 1 <input type="checkbox"/>	0010 _____ Number 0020 1 <input type="checkbox"/>
<b>2a. What type of insurance is (was) it?</b>	Description	Description	Description	Description	Description	
<b>b. Enter insurance code from part A.1 or part A.2.</b>	0030 _____ Code	0030 _____ Code	0030 _____ Code	0030 _____ Code	0030 _____ Code	
<b>3. What is the name of the insurance company?</b> <i>Enter name of insurance company, not the insurance agent.</i>	Insurance company name	Insurance company name	Insurance company name	Insurance company name	Insurance company name	
<b>4. Ask only for insurance code 200 from item 2b.</b> <i>Describe briefly what vehicles are covered.</i>	Description	Description	Description	Description	Description	
<b>5a. Ask only for insurance codes 300 and 500 from item 2b.</b> <i>Describe briefly the property this policy covers.</i>	Description	Description	Description	Description	Description	
<b>b. Enter property number from section 3, part B.</b>	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	
<b>6a. Are the policy premiums paid . . . ?</b>	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } <i>Go to next policy</i>	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } <i>Go to next policy</i>	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } <i>Go to next policy</i>	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } <i>Go to next policy</i>	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } <i>Go to next policy</i>	
<b>b. Are any premiums paid through payroll deductions?</b>	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>7. How often are premiums on this policy paid?</b> <i>Mark (X) the appropriate box.</i>	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – <i>Go to next policy</i> 9 <input type="checkbox"/> Other – <i>Specify</i> ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – <i>Go to next policy</i> 9 <input type="checkbox"/> Other – <i>Specify</i> ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – <i>Go to next policy</i> 9 <input type="checkbox"/> Other – <i>Specify</i> ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – <i>Go to next policy</i> 9 <input type="checkbox"/> Other – <i>Specify</i> ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – <i>Go to next policy</i> 9 <input type="checkbox"/> Other – <i>Specify</i> ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – <i>Go to next policy</i> 9 <input type="checkbox"/> Other – <i>Specify</i> ↘
<b>8a. Since the 1st of (month, 3 months ago), what was your total expense for this insurance policy?</b> <i>Enter the actual amount the CU paid, do not include any expenses paid for the CU by others.</i>	0250 \$ _____ .00 0 <input type="checkbox"/> None – <i>Go to next policy</i>	0250 \$ _____ .00 0 <input type="checkbox"/> None – <i>Go to next policy</i>	0250 \$ _____ .00 0 <input type="checkbox"/> None – <i>Go to next policy</i>	0250 \$ _____ .00 0 <input type="checkbox"/> None – <i>Go to next policy</i>	0250 \$ _____ .00 0 <input type="checkbox"/> None – <i>Go to next policy</i>	
<b>b. Were any payments made this month?</b>	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to next policy</i>	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to next policy</i>	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to next policy</i>	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to next policy</i>	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to next policy</i>	
<b>c. If YES – How much was paid this month?</b>	0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00	

**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.*

**Part B – Detailed Questions – Continued**

1. FIELD REPRESENTATIVE ITEM New CU's – Enter policy numbers in consecutive order beginning with 1. 2nd through 5th interviews – Enter the next available policy number from chart in part A.1.		PROCESSING USE ONLY 1 13 07 6 ↓ ↘	1 13 08 4 ↓ ↘	1 13 09 2 ↓ ↘	1 13 10 0 ↓ ↘
<b>a. POLICY NUMBER</b>		0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number
<b>b. DISCONTINUED</b>		0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>
<b>2a. What type of insurance is (was) it?</b>		Description	Description	Description	Description
<b>b. Enter insurance code from part A.1 or part A.2.</b>		0030 _____ Code	0030 _____ Code	0030 _____ Code	0030 _____ Code
<b>3. What is the name of the insurance company?</b> Enter name of insurance company, not the insurance agent.		Insurance company name	Insurance company name	Insurance company name	Insurance company name
<b>4. Ask only for insurance code 200 from item 2b.</b> Describe briefly what vehicles are covered.		Description	Description	Description	Description
<b>5a. Ask only for insurance codes 300 and 500 from item 2b.</b> Describe briefly the property this policy covers.		Description	Description	Description	Description
<b>b. Enter property number from section 3, part B.</b>		0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____
<b>6a. Are the policy premiums paid . . . ?</b>		0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy
<b>b. Are any premiums paid through payroll deductions?</b>		0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>7. How often are premiums on this policy paid?</b> Mark (X) the appropriate box.		0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘
<b>8a. Since the 1st of (month, 3 months ago), what was your total expense for this insurance policy?</b> Enter the actual amount the CU paid, do not include any expenses paid for the CU by others.		0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy
<b>b. Were any payments made this month?</b>		0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
<b>c. If YES – How much was paid this month?</b>		0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00

**Section 14 – HOSPITALIZATION AND HEALTH INSURANCE**

FIELD REPRESENTATIVE – Complete questions 1, 2, and 3 of part A.1 and for each new policy reported, complete part B. Complete part C for all CU's.

**Part A.1 – Screening Questions (For New Consumer Units, Go to Part A.2)**

If this box is marked, no policies were previously reported – Go to item 2a.

1. Complete columns h through l 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**

PROCESSING USE ONLY	a Policy number	b Insurance description from part B, item 4a	c Type code from part B, item 4a	d Name of insurance company from part B, item 2	e Payroll deductions from part B, item 7.		f Policy discontinued from part B, item 1b		g Expenses reported in previous interview			h Premium paid entirely by someone outside the CU from part B, item 6 (code 3 or 4)		i Do you still have (policy)?		j Since the 1st of (month, 3 months ago), were any payments made on this policy by any member of your CU? (Include those made by payroll deductions.) If NO – Go to next policy		k Since the 1st of (month, 3 months ago), what was the total amount paid by CU members for this policy?		l Were any payments made during the current month? If NO – Go to next policy or if last policy go to item 2a		m If YES – How much was paid this month?		
					YES	NO	YES	NO	Enter payment from part B, item 8a or item 10 or 14A.1 column n	Enter time period covered from part B, item 8b	Enter payments made this month from part B, item 11b or 14A.1 column l	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO			
																							YES	NO
0010	1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00
0020	2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00
0030	3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00
0040	4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00
0050	5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00
0060	6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00
0070	7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00
0080	8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00
0090	9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00
0100	10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00
0110	11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00
0120	12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	\$	.00

1 14 01 7 ↓

**2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any (additional) health or hospitalization insurance?**  
 Yes  
 No – Go to item 3a

**b. If YES – How many policies did you buy?**  
 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?**  
 Yes  
 No – Go to next part

**b. If YES – How many policies did you buy?**  
 Complete a column in part B for each policy.  
 \_\_\_\_\_ Number

NOTES

**4. 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 INSURANCE – Continued**

FIELD REPRESENTATIVE – Ask items 1, 2, and 3 and complete part B for each policy reported. Complete part C for all CU's.

**Part A.2 – Screening Questions – FOR NEW CONSUMER UNITS ONLY – Continued**

1 14 02 5 ↓

NOTES

<p><b>1a.</b> 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.</p>	<p><b>0010</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a</p>
<p><b>b.</b> If YES – How many policies do you have?</p>	<p><b>0020</b> _____ Number</p>
<p><b>2a.</b> 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?</p>	<p><b>0030</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>
<p><b>b.</b> If YES – How many policies?</p>	<p><b>0040</b> _____ Number</p>
<p><b>3a.</b> Have you (or any members of your CU) made any payments for health insurance plans for persons outside of your CU?</p>	<p><b>0050</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4</p>
<p><b>b.</b> If YES – How many policies?</p>	<p><b>0060</b> _____ Number</p>
<p><b>4.</b> 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 box in part B, item 1b.                  If "No," to items 1, 2, and 3 – Go to part C.</p>	

**Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued**

**Part B – Detailed Questions**

		1 14 03 3 ↓	1 14 04 1 ↓	1 14 05 8 ↓	1 14 06 6 ↓	1 14 07 4 ↓
<b>1. FIELD REPRESENTATIVE ITEM</b> 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.	PROCESSING USE ONLY					
	a. POLICY NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number
	b. DISCONTINUED	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>
<b>2. What is the name of the insurance company?</b> Enter name of insurance company, not the insurance agent. → If Blue Cross/Blue Shield, Mark (X) box.	Insurance company name	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield
<b>3. How many CU members are covered by this policy?</b>	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None
<b>4a. What type of insurance plan is it?</b> <i>Information Booklet, page 32a</i> 1 – Health Maintenance Organization 2 – Fee for Service Plan 3 – Commercial Medicare Supplement 4 – Other special purpose plan	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5
<b>b. 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?</b> <i>Ask only if item 4a is "1."</i>	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }
<b>c. Is this fee for service plan a –</b> 1 – Traditional Fee for Service Plan? 2 – Preferred Provider Option Plan <i>Ask only if item 4a is "4."</i>	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }
<b>d. Is this special purpose insurance plan–</b> 1 – Dental insurance? 4 – Mental health insurance? 2 – Vision insurance? 5 – Dread disease policy? 3 – Prescription drug insurance? 6 – Other type of special purpose health insurance?	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗
<b>5. Was the policy obtained on an individual or group basis?</b> 1 – Individually obtained 3 – Group through other organization 2 – Group through place of employment	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
<b>6. Are premiums paid –</b> 1 – Entirely by CU members? 4 – Entirely by another group or person outside of the CU? 2 – Partially by CU members? 3 – Entirely by an employer or union?	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy
<b>7. Are any of the premiums paid through payroll deductions?</b>	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>8a. What is your part of the regular health insurance payment, (including all payroll deductions)?</b>	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00
<b>b. What period of time is covered by the regular payment?</b>	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter
<b>9a. Since the 1st of (month, 3 months ago), were any payments made on this policy?</b>	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
<b>b. Was each payment in the amount of (regular payment amount reported in item 8a)?</b>	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10
<b>c. How many payments were made?</b>	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a
<b>10. What was the total expense paid for this policy?</b> <i>Ask only if item 9b is "NO."</i>	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00
<b>11a. Were any payments made during the current month?</b>	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
<b>b. If YES – How much was paid during the current month?</b>	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00



**Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued**

**Part B – Detailed Questions**

		1 14 08 2 ↓	1 14 09 0 ↓	1 14 10 8 ↓	1 14 11 6 ↓	1 14 12 4 ↓
<b>1. FIELD REPRESENTATIVE ITEM</b> 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.	PROCESSING USE ONLY					
	a. POLICY NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number
	b. DISCONTINUED	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>
<b>2. What is the name of the insurance company?</b> Enter name of insurance company, not the insurance agent. → If Blue Cross/Blue Shield, Mark (X) box.	Insurance company name					
		0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield
<b>3. How many CU members are covered by this policy?</b>		0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None
<b>4a. What type of insurance plan is it?</b> <i>Information Booklet, page 32a</i> 1 – Health Maintenance Organization 2 – Fee for Service Plan 3 – Commercial Medicare Supplement 4 – Other special purpose plan		0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5
	b. 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? <i>Ask only if item 4a is "1."</i>		0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }
c. Is this fee for service plan a – 1 – Traditional Fee for Service Plan? 2 – Preferred Provider Option Plan <i>Ask only if item 4a is "4."</i>		0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }
	d. Is this special purpose insurance plan– 1 – Dental insurance? 4 – Mental health insurance? 2 – Vision insurance? 5 – Dread disease policy? 3 – Prescription drug insurance? 6 – Other type of special purpose health insurance?		0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ✓	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ✓	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ✓	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ✓
<b>5. Was the policy obtained on an individual or group basis?</b> 1 – Individually obtained 3 – Group through other organization 2 – Group through place of employment		0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
	<b>6. Are premiums paid –</b> 1 – Entirely by CU members? 4 – Entirely by another group or person outside of the CU? 2 – Partially by CU members? 3 – Entirely by an employer or union?		0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }
<b>7. Are any of the premiums paid through payroll deductions?</b>		0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>8a. What is your part of the regular health insurance payment, including all payroll deductions?</b>		0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00
	b. What period of time is covered by the regular payment?	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ✓ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ✓ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ✓ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ✓ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ✓ 4 <input type="checkbox"/> Quarter
<b>9a. Since the 1st of (month, 3 months ago), were any payments made on this policy?</b>		0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
	b. Was each payment in the amount of (regular payment amount reported in item 8a)?	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10
c. How many payments were made?		0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a
<i>Ask only if item 9b is "NO."</i> <b>10. What was the total expense paid for this policy?</b>		0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00
<b>11a. Were any payments made during the current month?</b>		0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
	b. If YES – How much was paid during the current month?	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00

**Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued**

FIELD REPRESENTATIVE – Ask part C for all CU's.

**Part C – Medicare, Medicaid, and Other Health Insurance Plans Not Directly Paid For By The 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.**

**0010** 1  Yes  
2  No – Go to item 2a

**b. If YES – How many members of your CU are covered by Medicare?**

**0020** \_\_\_\_\_ Number

**c. Who is (was) enrolled in Medicare?**

Enter the line number and first name of all CU members enrolled in Medicare.

	Line number	Name
<b>0030</b>		
<b>0040</b>		
<b>0050</b>		
<b>0060</b>		
<b>0070</b>		
<b>0080</b>		
<b>0090</b>		
<b>0100</b>		
<b>0110</b>		
<b>0120</b>		
<b>0130</b>		
<b>0140</b>		
<b>0150</b>		
<b>0160</b>		
<b>0170</b>		

**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)?**

**0180** 1  Yes  
2  No – Go to item 3

**b. If YES – How many members of your CU are covered by Medicaid?**

**0190** \_\_\_\_\_ Number

**c. Who is (was) enrolled in Medicaid?**

Enter the line number and first name of all CU members enrolled in Medicaid.

	Line number	Name
<b>0200</b>		
<b>0210</b>		
<b>0220</b>		
<b>0230</b>		
<b>0240</b>		
<b>0250</b>		
<b>0260</b>		
<b>0270</b>		
<b>0280</b>		
<b>0290</b>		
<b>0300</b>		
<b>0310</b>		
<b>0320</b>		
<b>0330</b>		
<b>0340</b>		

**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?**

**0350** 1  Yes  
2  No

NOTES

NOTES

**FIELD REPRESENTATIVE** – Hand the respondent the Information Booklet. Read the introduction and definition for payment. 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.

**Section 15 – MEDICAL AND HEALTH EXPENDITURES**

**Part A – Screening Questions for Payments**

Hand respondent Information Booklet, pages 33 and 34.

**Now I am going to ask you some questions about medical payments and reimbursements. I will begin with your payments.**

**By payments I mean any expenses paid by any members of your CU directly to a medical provider by cash, check, or credit card for a medical service or item. Include all payments, even those for persons who are not CU members.**

**1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for the following?**  
Read all bold items below.

**Part B – Payments For Medical Expenses**

4 15 02 6 →

PROCESSING USE ONLY	a ENTER ITEM CODE from part A.	b Ask if not apparent – What was the (care/service or item)? Who received the (care/service or item)? Was the person a CU member?	c Always ask – In what month was (were) the payment(s) made? Month	d What was the amount of the payment? \$	e Did you make any other payment(s) for . . . ? If "No," go to next item in part A. YES   NO	PRE			
						1	2	3	4
						Care/service or item from column b	Name from column b	Month from column c	Total from column d
	0010			\$ .00					\$ .00
	0020			\$ .00					\$ .00
	0030			\$ .00					\$ .00
	0040			\$ .00					\$ .00
	0050			\$ .00					\$ .00
	0060			\$ .00					\$ .00
	0070			\$ .00					\$ .00
	0080			\$ .00					\$ .00
	0090			\$ .00					\$ .00
	0100			\$ .00					\$ .00
	0110			\$ .00					\$ .00
	0120			\$ .00					\$ .00
	0130			\$ .00					\$ .00
	0140			\$ .00					\$ .00
	0150			\$ .00					\$ .00
	0160			\$ .00					\$ .00
	0170			\$ .00					\$ .00
						NOTES			

ITEM CODE	Payments	
	YES	NO
110		
120		
130		
200		
310		
320		
330		
410		
420		
430		

**2. FIELD REPRESENTATIVE CHECK ITEM**

Mark (X) box if there are no entries recorded in part B.

1 15 01 4 ↓  
0010 999  Go to next page





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.

**Section 15 – MEDICAL AND HEALTH EXPENDITURES – Continued**

Part C – Screening Questions for Reimbursements		Part D – Reimbursements For Medical Expenses				4 15 07 5 →				PRE										
						1		2		3		4								
Hand respondent Information Booklet, pages 33 and 34. Now I am going to ask you some questions about your reimbursements.  By reimbursements I mean money received for any members of your CU from an insurance company, medical care provider, or non CU member, for medical expenses which you previously paid or will pay.  1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any reimbursements for the following? Read all bold items below.		PROCESSING USE ONLY	a		b		c		d		e		Care/service or item from column b		Name from column b		Month from column c		Total from column d	
			ENTER ITEM CODE from part C.	Ask if not apparent – What was the (care/service or item)? Who received the (care/service or item)? Was the person a CU member?		Always ask – In what month was (were) the reimbursement(s) received?		What was the amount of the reimbursements?		Did you receive any other reimbursement(s) for ...? If "No," go to next item in part C.		1		2		3		4		
			Care/service or item	Person's name	CU member	Month	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
		0010					1	2			\$		.00					\$		.00
		0020					1	2			\$		.00					\$		.00
		0030					1	2			\$		.00					\$		.00
<b>EYE CARE, such as</b>							1	2			\$		.00					\$		.00
Eye examinations, treatment, or surgery	110						1	2			\$		.00					\$		.00
Purchase of eye glasses or contact lenses	120						1	2			\$		.00					\$		.00
Combined eye care services	130						1	2			\$		.00					\$		.00
<b>DENTAL CARE</b>	200						1	2			\$		.00					\$		.00
<b>INPATIENT HOSPITAL CARE, such as</b>							1	2			\$		.00					\$		.00
Hospital room	310						1	2			\$		.00					\$		.00
Hospital services	320						1	2			\$		.00					\$		.00
Combined hospital room and services	330						1	2			\$		.00					\$		.00
<b>SERVICES BY MEDICAL PROFESSIONALS OTHER THAN PHYSICIANS</b>	410						1	2			\$		.00					\$		.00
<b>PHYSICIAN SERVICES</b>	420						1	2			\$		.00					\$		.00
Combined hospital care and physicians' services	430						1	2			\$		.00					\$		.00
<b>2. FIELD REPRESENTATIVE CHECK ITEM</b>		0010					1	2			\$		.00					\$		.00
Mark (X) box if there are no entries recorded in part D.		0010					1	2			\$		.00					\$		.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 – Screening Questions for Reimbursements – Continued			Part D – Reimbursements for Medical Expenses – Continued							4 15 09 1 →					
Hand respondent Information Booklet, pages 34 and 35.  <b>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any reimbursements for the following?</b> Read all bold items below.			PROCESSING USE ONLY	a ENTER ITEM CODE from part C.	b Ask if not apparent – <b>What was the (care/service or item)?</b> <b>Who received the (care/service or item)?</b> <b>Was the person a CU member?</b>			c Always ask – <b>In what month was (were) the reimbursement(s) received?</b>	d <b>What was the amount of the reimbursements?</b>	e <b>Did you receive any other reimbursement(s) for . . . ?</b> If "No," go to next item in part C.		PRE			
					Care/service or item	Person's name	CU member YES   NO			Month	YES	NO	1 Care/service or item from column b	2 Name from column b	3 Month from column c
<b>OTHER MEDICAL CARE SERVICES, such as</b>  Lab tests or x-rays . . . . . Care in convalescent or nursing home . . . . . Other medical care . . . . . Combined medical care services . . . . .  <b>MEDICINE AND MEDICAL SUPPLIES, such as</b>  Hearing aids . . . . . Prescribed medicines or prescribed drugs . . . . . Rental of supportive or convalescent equipment . . . . . Purchase of supportive or convalescent equipment . . . . . Rental of medical or surgical equipment for general use . . . . . Purchase of medical or surgical equipment for general use . . . . . Combined medicine and medical supplies . . . . .	ITEM CODE	Reimbursements	0010			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00	
		YES	NO	0020			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00
				0030			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00
				0040			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00
				0050			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00
				0060			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00
				0070			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00
				0080			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00
				0090			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00
				0100			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00
				0110			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00
				0120			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00
				0130			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>	NOTES			
				0140			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00
				0150			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00
<b>2. FIELD REPRESENTATIVE CHECK ITEM</b> Mark (X) box if there are no entries recorded in part D.	1 15 08 9 ↓		0160			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00	
	0010 999 <input type="checkbox"/> Go to next page		0170			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>				\$ .00	

**Section 16 – EDUCATIONAL EXPENSES**

**FIELD REPRESENTATIVE –** Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask column a questions 1, 2, and 3 and complete columns b through j as each payment is reported. Complete a separate line for each payment or combined payment. Combined payments are for the same person in the same month.

a				b ENTER ITEM CODE from column a.	c What was the expense for? <i>Describe briefly the expense.</i>	d Who was it for? <i>If CU member, enter name and line number from Control Card. If someone outside CU, enter 99.</i>		e Complete without asking if information is known. <b>What kind of school was it?</b> 1 – College or university 2 – Elementary or high school 3 – Child day care center 4 – Nursery school or preschool 5 – Other school Mark (X) box		f In what month was the payment made?	g How much was paid?	h Has any of this amount been or will any of it be reimbursed by an employer, agency, or other person?  <i>If "No," go to column j.</i>		i If "Yes" in column h –  How much was or will be reimbursed?	j Did you make any other payments for . . . ?  <i>If "No," go to next item in column a.</i>		PRE						
Information Booklet, page 36.	ITEM CODE	YES	NO			PROCESSING USE ONLY	Name	Line No. or code	1	3	4	Month	\$	1	2	\$	YES	NO	1	2	3	4	
<b>1.</b> Since the 1st of (month, 3 months ago), have you (or any members of your CU) paid for any recreational lessons or other instructions for members of this CU or other persons? . . . .	100																						
<b>2.</b> Have you (or any members of your CU) paid for nursery school or child day care centers for members of this CU or other persons? . . . .	200							1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>						\$ .00	
<b>3a.</b> Have you (or any members of your CU) paid for any (other) school related expenses for members of this CU or other persons? . . . .	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> </div>			0010				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>						\$ .00	
					0020				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>						\$ .00
<b>b.</b> If YES – Did you pay for –					0030				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>						\$ .00
Tuition? . . . . .		300			0040				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>						\$ .00
Housing while attending school? . . . . .		310			0050				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>						\$ .00
Food or board while attending school? . . . . .		320			0060				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>						\$ .00
<i>Use only if unable to separate – Combined room and board (Codes 310 and 320) . . . . .</i>		330			0070				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>						\$ .00
			0080						1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>						\$ .00
			0090						1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>						\$ .00
				0100				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>						\$ .00	
				0110				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>						\$ .00	
<b>4.</b> FIELD REPRESENTATIVE CHECK ITEM	1 16 01 2 ↓			0120				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>						\$ .00	
<i>Mark (X) box if there are no entries recorded in columns b–j.</i>	0010 999 <input type="checkbox"/> Go to next page			0130				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>						\$ .00	
				0140				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>						\$ .00	
				0150				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>			\$ .00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$ .00	<input type="checkbox"/>	<input type="checkbox"/>						\$ .00	

**Section 16 – EDUCATIONAL EXPENSES – Continued**

7 16 04 3 →

a			PROCESSING USE ONLY	b	c	d		e	f	g	h		i	j		PRE				
						Name	Line No. or code				YES	NO		YES	NO	1	2	3	4	
Information Booklet, page 36. <b>3b. Did you pay for – (Continued)</b>				ENTER ITEM CODE from column a.	What was the expense for? Describe briefly the expense.	Who was it for? If CU member, enter name and line number from Control Card. If someone outside CU, enter 99.		Complete without asking if information is known. What kind of school was it? 1 – College or university 2 – Elementary or high school 3 – Child day care center 4 – Nursery school or preschool 5 – Other school Mark (X) box	In what month was the payment made? Month	How much was paid? \$	Has any of this amount been or will any of it be reimbursed by an employer, agency, or other person? If "No," go to column j.	If "Yes" in column h – How much was or will be reimbursed? \$	Did you make any other payments for . . . ? If "No," go to next item in column a.	YES NO	YES NO	Item code from column b	Name from column d	Month from column f Month	Cost from column g	
	ITEM CODE	YES NO						1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>								
	340			0010						\$ .00		\$ .00								\$ .00
	350			0020						\$ .00		\$ .00								\$ .00
	360			0030						\$ .00		\$ .00								\$ .00
	370			0040						\$ .00		\$ .00								\$ .00
	380			0050						\$ .00		\$ .00								\$ .00
				0060						\$ .00		\$ .00								\$ .00
				0070						\$ .00		\$ .00								\$ .00
				0080						\$ .00		\$ .00								\$ .00
				0090						\$ .00		\$ .00								\$ .00
				0100						\$ .00		\$ .00								\$ .00
				0110						\$ .00		\$ .00								\$ .00
				0120						\$ .00		\$ .00								\$ .00
				0130						\$ .00		\$ .00								\$ .00
				0140						\$ .00		\$ .00								\$ .00
				0150						\$ .00		\$ .00								\$ .00
<b>4. FIELD REPRESENTATIVE CHECK ITEM</b> Mark (X) box if there are no entries recorded in columns b-j.	1 16 03 8 ↓ 0010 999 <input type="checkbox"/> Go to next section			0120						\$ .00		\$ .00								\$ .00
				0130						\$ .00		\$ .00								\$ .00
				0140						\$ .00		\$ .00								\$ .00
				0150						\$ .00		\$ .00								\$ .00







**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 – Subscriptions and Memberships**

4 17 02 2 →

a				PROCESSING USE ONLY	b	c	d		e	f			g		PRE				NOTES	
							OWN USE	GIFT		None	YES	NO	1	2	3		4			
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any of the following for your own use?				ITEM CODE	YES	NO	Mark (X) the appropriate box.		What was the total cost during this period? (Include shipping and handling fees.)	How much of this amount was paid this month?			Did you purchase any other...?		Description from column c	Item code from column b	COST		None	
FIELD REPRESENTATIVE – Read each item listed below.							1	2		Total from column e		This month from column f								
Newspaper delivery . . . . .				100																
Books purchased from a book club . . . . .				200			0010													
Compact discs, tapes, videos, or records purchased from a mail-order club . . . . .				300			0020													
Magazine or periodical subscriptions . . . . .				400			0030													
Theater, concert, opera, or other musical series, season tickets . . . . .				500			0040													
Season tickets to sporting events . . . . .				600			0050													
Reference books NOT in sets . . . . .				900			0060													
Encyclopedias or other sets of reference books . . . . .				700			0070													
2a. Have you (or any members of your CU) purchased any of these as a gift to someone outside the CU? <input type="checkbox"/> YES <input type="checkbox"/> NO – Go to item 3							0080													
If YES –							0090													
b. What was purchased? Complete a separate line for each gift purchased.							0100													
3. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–g.							0110													
							0120													
							0130													
							0140													
							0150													
							0160													
							0170													
							0180													
							0190													
							0200													

**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.

Part A – Subscriptions and Memberships – Continued				4 17 04 8 →																				
a				PROCESSING USE ONLY	b		c		d		e		f			g				PRE				NOTES
													1			2	3		4	COST		COST		
4. Have you (or any members of your CU) had any membership costs or other expenses related to any of the following? <i>Do not include contributions to or membership in religious, professional, business, or other tax deductible organizations.</i>													None	YES	NO	Description from column c	Item code from column b	Total from column e	This month from column f	None				
FIELD REPRESENTATIVE – Read each item listed below.																					OWN USE	GIFT		
Country clubs, health clubs, swimming pools, tennis clubs, social or other recreational organizations . . . . .				800					1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ .00	\$ .00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00	\$ .00	<input type="checkbox"/>				
Civic, service, or fraternal organizations . . . . .				810					1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ .00	\$ .00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00	\$ .00	<input type="checkbox"/>				
Credit card memberships . . . . .				820					1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ .00	\$ .00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00	\$ .00	<input type="checkbox"/>				
Automobile service clubs . . . . .				830					1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ .00	\$ .00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00	\$ .00	<input type="checkbox"/>				
5a. Have you (or any members of your CU) purchased any memberships as a gift to someone outside the CU? <input type="checkbox"/> YES <input type="checkbox"/> NO – Go to item 6									1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ .00	\$ .00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00	\$ .00	<input type="checkbox"/>				
b. What memberships were purchased? <i>Complete a separate line for each gift membership.</i>									1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ .00	\$ .00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00	\$ .00	<input type="checkbox"/>				
6. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) box if there are no entries recorded in columns b–g.</i>									1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ .00	\$ .00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00	\$ .00	<input type="checkbox"/>				
NOTES									1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ .00	\$ .00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00	\$ .00	<input type="checkbox"/>				
									1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ .00	\$ .00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00	\$ .00	<input type="checkbox"/>				
									1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ .00	\$ .00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00	\$ .00	<input type="checkbox"/>				
									1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ .00	\$ .00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00	\$ .00	<input type="checkbox"/>				
									1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ .00	\$ .00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$ .00	\$ .00	<input type="checkbox"/>				

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

<b>Part B – Books and Entertainment Expenses</b>		1 17 26 7 ↓
<b>1a.</b> 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, or swimming?	<input type="checkbox"/> 0010 Yes <input type="checkbox"/> 2 No – Go to item 2a	
<b>b.</b> What was the total expense for them?	<input type="text" value="0020"/> \$ <input type="text" value="00"/> .00	
<b>c.</b> How much of the total amount was spent this month?	<input type="text" value="0030"/> \$ <input type="text" value="00"/> .00 <input type="checkbox"/> 0 None	
<b>2a.</b> Have you (or any members of your CU) paid any single admissions to spectator sporting events such as football, baseball, hockey, or soccer?	<input type="checkbox"/> 0040 Yes <input type="checkbox"/> 2 No – Go to item 3a	
<b>b.</b> What was the total expense for them?	<input type="text" value="0050"/> \$ <input type="text" value="00"/> .00	
<b>c.</b> How much of the total amount was spent this month?	<input type="text" value="0060"/> \$ <input type="text" value="00"/> .00 <input type="checkbox"/> 0 None	
<b>3a.</b> Have you (or any members of your CU) paid any single admissions to entertainment activities such as movies, plays, operas, or concerts?	<input type="checkbox"/> 0070 Yes <input type="checkbox"/> 2 No – Go to item 4a	
<b>b.</b> What was the total expense for them?	<input type="text" value="0080"/> \$ <input type="text" value="00"/> .00	
<b>c.</b> How much of the total amount was spent this month?	<input type="text" value="0090"/> \$ <input type="text" value="00"/> .00 <input type="checkbox"/> 0 None	
<b>4a.</b> Have you (or any members of your CU) bought any (other) books, including paperbacks, not purchased through a book club? (Exclude reference books or school books.)	<input type="checkbox"/> 0100 Yes <input type="checkbox"/> 2 No – Go to item 5a	
<b>b.</b> What was the total expense for them?	<input type="text" value="0110"/> \$ <input type="text" value="00"/> .00	
<b>c.</b> How much of the total amount was spent this month?	<input type="text" value="0120"/> \$ <input type="text" value="00"/> .00 <input type="checkbox"/> 0 None	
<b>5a.</b> Have any CU members bought any magazines not included in a subscription?	<input type="checkbox"/> 0130 Yes <input type="checkbox"/> 2 No – Go to item 6a	
<b>b.</b> What was the total expense for them?	<input type="text" value="0140"/> \$ <input type="text" value="00"/> .00	
<b>c.</b> How much of the total amount was spent this month?	<input type="text" value="0150"/> \$ <input type="text" value="00"/> .00 <input type="checkbox"/> 0 None	
<b>6a.</b> Have any CU members purchased single copies of newspapers (non-subscription)?	<input type="checkbox"/> 0160 Yes <input type="checkbox"/> 2 No – Go to item 7a	
<b>b.</b> What was the total expense for them?	<input type="text" value="0170"/> \$ <input type="text" value="00"/> .00	
<b>c.</b> How much of the total amount was spent this month?	<input type="text" value="0180"/> \$ <input type="text" value="00"/> .00 <input type="checkbox"/> 0 None	
<b>7a.</b> Have any CU members purchased compact discs, audio tapes, needles, or records other than through a mail-order club?	<input type="checkbox"/> 0190 Yes <input type="checkbox"/> 2 No – Go to item 8a	
<b>b.</b> What was the total expense for them?	<input type="text" value="0200"/> \$ <input type="text" value="00"/> .00	
<b>c.</b> How much of the total amount was spent this month?	<input type="text" value="0210"/> \$ <input type="text" value="00"/> .00 <input type="checkbox"/> 0 None	
<b>8a.</b> Have any CU members purchased any photographic film?	<input type="checkbox"/> 0220 Yes <input type="checkbox"/> 2 No – Go to item 9a	
<b>b.</b> What was the total amount spent?	<input type="text" value="0230"/> \$ <input type="text" value="00"/> .00	
<b>c.</b> How much of the total amount was spent this month?	<input type="text" value="0240"/> \$ <input type="text" value="00"/> .00 <input type="checkbox"/> 0 None	
<b>9a.</b> Have any CU members paid for film processing?	<input type="checkbox"/> 0250 Yes <input type="checkbox"/> 2 No – Go to item 10a	
<b>b.</b> What was the total amount spent?	<input type="text" value="0260"/> \$ <input type="text" value="00"/> .00	
<b>c.</b> How much of the total amount was spent this month?	<input type="text" value="0270"/> \$ <input type="text" value="00"/> .00 <input type="checkbox"/> 0 None	
<b>10a.</b> Have any CU members purchased any video cassettes, video tapes, or video discs other than through a mail-order club?	<input type="checkbox"/> 0280 Yes <input type="checkbox"/> 2 No – Go to item 11a	
<b>b.</b> What was the total expense for them?	<input type="text" value="0290"/> \$ <input type="text" value="00"/> .00	
<b>c.</b> How much of the total amount was spent this month?	<input type="text" value="0300"/> \$ <input type="text" value="00"/> .00 <input type="checkbox"/> 0 None	
<b>11a.</b> Have any CU members rented any video cassettes, video tapes, or video discs?	<input type="checkbox"/> 0310 Yes <input type="checkbox"/> 2 No – Go to next section	
<b>b.</b> What was the total expense for them?	<input type="text" value="0320"/> \$ <input type="text" value="00"/> .00	
<b>c.</b> How much of the total amount was spent this month?	<input type="text" value="0330"/> \$ <input type="text" value="00"/> .00 <input type="checkbox"/> 0 None	
NOTES		





**Section 18 – TRIPS AND VACATIONS**

*FIELD REPRESENTATIVE – Ask part A items 1–7, filling in item 8 for each trip or set of identical trips reported. 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 ↻																																																																
<p><b>1a.</b> 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 your CU) which were paid for by someone else. Since the 1st of (month, 3 months ago), have you (or any members of your CU) taken any trips entirely paid for by anyone outside your CU, such as a business, employer, or relative?</p> <p><b>b.</b> If YES – How many trips like this did you have?</p> <p><input type="checkbox"/> FIELD REPRESENTATIVE – Ask if box is marked.</p> <p><b>2.</b> Last interview you reported _____ trip(s) which had not yet ended. I'd like to ask about that trip (those trips) now.</p> <p><b>3a.</b> (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 to visit relatives or friends?</p> <p><b>b.</b> If YES – How many trips were taken to visit relatives or friends?</p> <p><b>4a.</b> (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 for business?</p> <p><b>b.</b> If YES – How many trips were taken for business?</p> <p><b>5a.</b> (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 for recreation such as sightseeing, sports events, club or organizational meetings, or outdoor recreation?</p> <p><b>b.</b> If YES – How many trips were taken for these reasons?</p> <p><b>6a.</b> (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?</p> <p><b>b.</b> If YES – How many trips were taken for these reasons?</p> <p><b>7a.</b> 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?</p> <p><b>b.</b> If YES – How many such trips were taken?</p>	<p><b>0010</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2</p> <p><b>0020</b> _____ Trips Go to item 2</p> <p>Complete items 8e–8i for each trip checked in 8a.</p> <p><b>0030</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a</p> <p><b>0040</b> _____ Trips Ask items 8c–8i for each trip reported</p> <p><b>0050</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a</p> <p><b>0060</b> _____ Trips Ask items 8c–8i for each trip reported</p> <p><b>0070</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a</p> <p><b>0080</b> _____ Trips Ask items 8c–8i for each trip reported</p> <p><b>0090</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</p> <p><b>0100</b> _____ Trips Ask items 8c–8i for each trip reported</p> <p><b>0110</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9</p> <p><b>0120</b> _____ Trips Ask items 8c–8i for each trip reported</p>	<p><b>8.</b> 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 recorded in part D.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">a</th> <th style="width: 5%;">b</th> <th style="width: 25%;">c</th> <th style="width: 10%;">d</th> <th style="width: 10%;">e</th> <th style="width: 10%;">f</th> <th style="width: 10%;">g</th> <th style="width: 10%;">h</th> <th style="width: 10%;">i</th> </tr> <tr> <th>Trip not ended</th> <th>Line No.</th> <th>Trip type</th> <th>Where did you (they) go on this trip?</th> <th>In what month did this trip end?</th> <th>How many trips did you (or members of your CU) take to (destination) in (month ended)?</th> <th>Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?</th> <th>How many of these trips were paid for entirely by you (your CU)?</th> <th>How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td><b>0001</b> FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)</td> <td>City or place State Foreign country</td> <td><b>0005</b> ____ Month 0 <input type="checkbox"/> Not ended – Go to next trip</td> <td><b>0010</b> ____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)</td> <td><b>0020</b> 1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</td> <td><b>0030</b> ____ 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. <b>0040</b> ____ Trip identification No.</td> <td><b>0050</b> ____ Trips partially reimbursed – Enter trip I.D. No. below <b>0060</b> ____ Trip identification No.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td><b>0070</b> FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)</td> <td>City or place State Foreign country</td> <td><b>0080</b> ____ Month 0 <input type="checkbox"/> Not ended – Go to next trip</td> <td><b>0090</b> ____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)</td> <td><b>0100</b> 1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</td> <td><b>0110</b> ____ 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. <b>0120</b> ____ Trip identification No.</td> <td><b>0130</b> ____ Trips partially reimbursed – Enter trip I.D. No. below <b>0140</b> ____ Trip identification No.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">3</td> <td><b>0150</b> FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)</td> <td>City or place State Foreign country</td> <td><b>0160</b> ____ Month 0 <input type="checkbox"/> Not ended – Go to next trip</td> <td><b>0170</b> ____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)</td> <td><b>0180</b> 1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</td> <td><b>0190</b> ____ 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. <b>0200</b> ____ Trip identification No.</td> <td><b>0210</b> ____ Trips partially reimbursed – Enter trip I.D. No. below <b>0220</b> ____ Trip identification No.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">4</td> <td><b>0230</b> FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)</td> <td>City or place State Foreign country</td> <td><b>0240</b> ____ Month 0 <input type="checkbox"/> Not ended – Go to next trip</td> <td><b>0250</b> ____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)</td> <td><b>0260</b> 1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</td> <td><b>0270</b> ____ 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. <b>0280</b> ____ Trip identification No.</td> <td><b>0290</b> ____ Trips partially reimbursed – Enter trip I.D. No. below <b>0300</b> ____ Trip identification No.</td> </tr> </tbody> </table>							a	b	c	d	e	f	g	h	i	Trip not ended	Line No.	Trip type	Where did you (they) go on this trip?	In what month did this trip end?	How many trips did you (or members of your CU) take to (destination) in (month ended)?	Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?	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?	<input type="checkbox"/>	1	<b>0001</b> FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<b>0005</b> ____ Month 0 <input type="checkbox"/> Not ended – Go to next trip	<b>0010</b> ____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<b>0020</b> 1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	<b>0030</b> ____ 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. <b>0040</b> ____ Trip identification No.	<b>0050</b> ____ Trips partially reimbursed – Enter trip I.D. No. below <b>0060</b> ____ Trip identification No.	<input type="checkbox"/>	2	<b>0070</b> FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<b>0080</b> ____ Month 0 <input type="checkbox"/> Not ended – Go to next trip	<b>0090</b> ____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<b>0100</b> 1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	<b>0110</b> ____ 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. <b>0120</b> ____ Trip identification No.	<b>0130</b> ____ Trips partially reimbursed – Enter trip I.D. No. below <b>0140</b> ____ Trip identification No.	<input type="checkbox"/>	3	<b>0150</b> FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<b>0160</b> ____ Month 0 <input type="checkbox"/> Not ended – Go to next trip	<b>0170</b> ____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<b>0180</b> 1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	<b>0190</b> ____ 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. <b>0200</b> ____ Trip identification No.	<b>0210</b> ____ Trips partially reimbursed – Enter trip I.D. No. below <b>0220</b> ____ Trip identification No.	<input type="checkbox"/>	4	<b>0230</b> FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<b>0240</b> ____ Month 0 <input type="checkbox"/> Not ended – Go to next trip	<b>0250</b> ____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<b>0260</b> 1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	<b>0270</b> ____ 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. <b>0280</b> ____ Trip identification No.	<b>0290</b> ____ Trips partially reimbursed – Enter trip I.D. No. below <b>0300</b> ____ Trip identification No.					
a	b	c	d	e	f	g	h	i																																																											
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<input type="checkbox"/>	1	<b>0001</b> FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<b>0005</b> ____ Month 0 <input type="checkbox"/> Not ended – Go to next trip	<b>0010</b> ____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<b>0020</b> 1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	<b>0030</b> ____ 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. <b>0040</b> ____ Trip identification No.	<b>0050</b> ____ Trips partially reimbursed – Enter trip I.D. No. below <b>0060</b> ____ Trip identification No.																																																											
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<p><b>9. TRIP TALLY CHART</b></p> <ul style="list-style-type: none"> <li>For trips ENTIRELY paid for by someone outside the CU, complete one part D.</li> <li>For trips paid for by CU or trips partially paid for by someone outside the CU, fill out the chart below and complete the appropriate detailed part for each trip.</li> </ul> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6"></th> <th colspan="2" style="text-align: center;">PRE</th> </tr> <tr> <th colspan="6"></th> <th style="width: 10%;">1</th> <th style="width: 10%;">2</th> </tr> <tr> <th colspan="6"></th> <th style="text-align: center;">Destination</th> <th style="text-align: center;">Month ended</th> </tr> </thead> <tbody> <tr> <th>Trip identification No.</th> <th>Trip paid for entirely by CU (from column h)</th> <th>Trip partially paid for by non-CU members (from column i)</th> <th>Trip identification No.</th> <th>Trip paid for entirely by CU (from column h)</th> <th>Trip partially paid for by non-CU members (from column i)</th> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td><input type="checkbox"/> Complete part B</td> <td><input type="checkbox"/> Complete part C</td> <td style="text-align: center;">5</td> <td><input type="checkbox"/> Complete part B</td> <td><input type="checkbox"/> Complete part C</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td><input type="checkbox"/> Complete part B</td> <td><input type="checkbox"/> Complete part C</td> <td style="text-align: center;">6</td> <td><input type="checkbox"/> Complete part B</td> <td><input type="checkbox"/> Complete part C</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td><input type="checkbox"/> Complete part B</td> <td><input type="checkbox"/> Complete part C</td> <td style="text-align: center;">7</td> <td><input type="checkbox"/> Complete part B</td> <td><input type="checkbox"/> Complete part C</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td><input type="checkbox"/> Complete part B</td> <td><input type="checkbox"/> Complete part C</td> <td style="text-align: center;">8</td> <td><input type="checkbox"/> Complete part B</td> <td><input type="checkbox"/> Complete part C</td> <td></td> <td></td> </tr> </tbody> </table>										PRE								1	2							Destination	Month ended	Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)	Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)			1	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	5	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			2	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	6	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			3	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	7	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			4	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	8	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C		
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**Section 18 – TRIPS AND VACATIONS – Continued**

**Part A – Screening Questions – Continued**

1 18 02 6 ↘

NOTES

**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 recorded in part D.

a	b	c	d	e	f	g	h	i
Trip not ended	Line No.	Trip type	Where did you (they) go on this trip?	In what month did this trip end?	How many trips did you (or members of your CU) take to (destination) in (month ended)?	Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?	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?
<input type="checkbox"/>	5	<b>0001</b> FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<b>0005</b> ____ Month 0 <input type="checkbox"/> Not ended – Go to next trip	<b>0010</b> ____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<b>0020</b> 1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	<b>0030</b> ____ 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. <b>0040</b> ____ Trip identification No.	<b>0050</b> ____ Trips partially reimbursed – Enter trip I.D. No. below <b>0060</b> ____ Trip identification No.
<input type="checkbox"/>	6	<b>0070</b> FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<b>0080</b> ____ Month 0 <input type="checkbox"/> Not ended – Go to next trip	<b>0090</b> ____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<b>0100</b> 1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	<b>0110</b> ____ 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. <b>0120</b> ____ Trip identification No.	<b>0130</b> ____ Trips partially reimbursed – Enter trip I.D. No. below <b>0140</b> ____ Trip identification No.
<input type="checkbox"/>	7	<b>0150</b> FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<b>0160</b> ____ Month 0 <input type="checkbox"/> Not ended – Go to next trip	<b>0170</b> ____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<b>0180</b> 1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	<b>0190</b> ____ 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. <b>0200</b> ____ Trip identification No.	<b>0210</b> ____ Trips partially reimbursed – Enter trip I.D. No. below <b>0220</b> ____ Trip identification No.
<input type="checkbox"/>	8	<b>0230</b> FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<b>0240</b> ____ Month 0 <input type="checkbox"/> Not ended – Go to next trip	<b>0250</b> ____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<b>0260</b> 1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	<b>0270</b> ____ 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. <b>0280</b> ____ Trip identification No.	<b>0290</b> ____ Trips partially reimbursed – Enter trip I.D. No. below <b>0300</b> ____ Trip identification No.

**9. TRIP TALLY CHART – Continued**

- For trips ENTIRELY paid for by someone outside the CU, complete one part D.
- For trips paid for by CU or trips partially paid for by someone outside the CU, fill out the chart below and complete the appropriate detailed part for each trip.

NOTES

Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)	Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)
<b>9</b>	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	<b>13</b>	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C
<b>10</b>	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	<b>14</b>	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C
<b>11</b>	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	<b>15</b>	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C
<b>12</b>	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	<b>16</b>	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C





**Section 18 – TRIPS AND VACATIONS – Continued**

<b>Part B – Trips Paid Entirely by CU – Continued</b>		1 18 35 6 ↓	NOTES
<b>5a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c	
<b>b.</b> How much did you (or any members of your CU) spend for that?	0020	\$ _____ .00	
<b>c.</b> While on the trip, did you (or any members of your CU) spend anything for tolls?	0030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e	
<i>If YES –</i> <b>d.</b> How much did you (or any members of your CU) spend for tolls?	0040	\$ _____ .00	
<b>e.</b> Did you (or any members of your CU) have any parking fees?	0050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a	
<i>If YES –</i> <b>f.</b> How much were they?	0060	\$ _____ .00	
<b>6a.</b> 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)?	0070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a	
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?	0080	\$ _____ .00	
<b>7a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?	0100	\$ _____ .00	
<b>c.</b> Was any of the (amount in item 7b) for alcoholic beverages?	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	
<i>If YES –</i> <b>d.</b> What was the cost for alcoholic beverages, including taxes and tips?	0120	\$ _____ .00	
<b>8a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a	
<i>If YES –</i> <b>b.</b> What were the expenses, including taxes?	0140	\$ _____ .00	
<b>c.</b> Was any of the (amount in item 8b) for alcoholic beverages?	0150	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a	
<i>If YES –</i> <b>d.</b> What was the cost for alcoholic beverages, including taxes?	0160	\$ _____ .00	
<b>9a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a	
<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) pay to rent sports equipment?	0180	\$ _____ .00	
<b>10a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a	
<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) pay?	0200	\$ _____ .00	
<b>11a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a	
<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) spend?	0220	\$ _____ .00	
<b>12a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a	
<i>If YES –</i> <b>b.</b> How much were these expenses?	0240	\$ _____ .00	
<b>13a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D	
<b>b.</b> Did these expenses include anything for . . . ?  <i>FIELD REPRESENTATIVE – Read each item listed.</i>			
	0260	<b>Food and beverages . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
	0270	<b>Lodging . . . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
	0280	<b>Transportation . . . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
	0290	<b>Other expenses . . . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
<b>c.</b> How much of the total expenses for this trip were for persons outside your CU?	0300	\$ _____ .00	
<b>14a.</b> <i>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.</i>	0310	\$ _____ .00	
<b>b.</b> Does this (amount) include anything for . . . ?  <i>FIELD REPRESENTATIVE – Read each item listed.</i>			
	0320	<b>Food and beverages . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
	0330	<b>Lodging . . . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
	0340	<b>Transportation . . . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
	0350	<b>Other expenses . . . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
	0360	<b>Expenses for others . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
<b>GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.</b>			

**Section 18 – TRIPS AND VACATIONS – Continued**

*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.)*

**Part B – Trips Paid Entirely By CU – Continued**

<p><b>1. FIELD REPRESENTATIVE ITEM</b> <i>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.</i></p>	<p>PROCESSING USE ONLY</p> <p style="color: red;">1 18 36 4 ↓</p>																											
<p><b>a. TRIP IDENTIFICATION NUMBER</b> <span style="border: 1px solid red; padding: 2px;">0010</span> _____ Identification number</p>																												
<p><b>b. DESTINATION</b></p>																												
<p><b>OFFICE USE ONLY</b> <span style="border: 1px solid red; padding: 2px;">0020</span> _____</p>																												
<p><b>c. NUMBER OF (IDENTICAL) TRIPS</b> <span style="border: 1px solid red; padding: 2px;">0030</span> _____ Number</p>																												
<p><b>d. MONTH ENDED</b> <span style="border: 1px solid red; padding: 2px;">0040</span> <input type="text"/> <input type="text"/></p>																												
<p><b>e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.</b></p>																												
<p><b>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.</b></p>																												
<p><b>g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?</b></p>				<span style="border: 1px solid red; padding: 2px;">0050</span> _____ Nights																								
<p><b>2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?</b></p>	<p><span style="border: 1px solid red; padding: 2px;">0060</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>																											
<p><b>b. If "Yes," ask for each item: Did the package deal include . . .</b> <i>FIELD REPRESENTATIVE – Read each item listed.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td><span style="border: 1px solid red; padding: 2px;">0070</span> Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><span style="border: 1px solid red; padding: 2px;">0080</span> Lodging . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><span style="border: 1px solid red; padding: 2px;">0090</span> Transportation . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><span style="border: 1px solid red; padding: 2px;">0100</span> Anything else ↗ . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Specify _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Yes	No	DK	<span style="border: 1px solid red; padding: 2px;">0070</span> Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0080</span> Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0090</span> Transportation . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0100</span> Anything else ↗ . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	Specify _____				
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<span style="border: 1px solid red; padding: 2px;">0080</span> Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																									
<span style="border: 1px solid red; padding: 2px;">0090</span> Transportation . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																									
<span style="border: 1px solid red; padding: 2px;">0100</span> Anything else ↗ . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																									
Specify _____																												
<p><b>c. How much did you (or any members of your CU) pay for the package deal?</b></p>	<p><span style="border: 1px solid red; padding: 2px;">0110</span> \$ _____ .00</p>																											
NOTES																												

*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.*

COMMERCIAL		COMMERCIAL
<span style="border: 1px solid red; padding: 2px;">0120</span> 01 <input type="checkbox"/> Local (taxi, etc.) . . . . .		<span style="border: 1px solid red; padding: 2px;">0290</span> 01 \$ _____ .00 0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0130</span> 02 <input type="checkbox"/> Airplane . . . . .		<span style="border: 1px solid red; padding: 2px;">0300</span> 02 \$ _____ .00 0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0140</span> 03 <input type="checkbox"/> Train . . . . .		<span style="border: 1px solid red; padding: 2px;">0310</span> 03 \$ _____ .00 0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0150</span> 04 <input type="checkbox"/> Bus . . . . .		<span style="border: 1px solid red; padding: 2px;">0320</span> 04 \$ _____ .00 0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0160</span> 05 <input type="checkbox"/> Ship . . . . .		<span style="border: 1px solid red; padding: 2px;">0330</span> 05 \$ _____ .00 0 <input type="checkbox"/> None
RENTED		RENTED
<span style="border: 1px solid red; padding: 2px;">0170</span> 06 <input type="checkbox"/> Car, jeep . . . . .		<span style="border: 1px solid red; padding: 2px;">0340</span> 06 \$ _____ .00 0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0180</span> 07 <input type="checkbox"/> Truck, van . . . . .		<span style="border: 1px solid red; padding: 2px;">0350</span> 07 \$ _____ .00 0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0190</span> 08 <input type="checkbox"/> Motorcycle, moped . . . . .		<span style="border: 1px solid red; padding: 2px;">0360</span> 08 \$ _____ .00 0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0200</span> 09 <input type="checkbox"/> Private plane . . . . .		<span style="border: 1px solid red; padding: 2px;">0370</span> 09 \$ _____ .00 0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0210</span> 10 <input type="checkbox"/> Boat, trailer . . . . .		<span style="border: 1px solid red; padding: 2px;">0380</span> 10 \$ _____ .00 0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0220</span> 11 <input type="checkbox"/> Camper . . . . .		<span style="border: 1px solid red; padding: 2px;">0390</span> 11 \$ _____ .00 0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0230</span> 12 <input type="checkbox"/> Other vehicles . . . . .		<span style="border: 1px solid red; padding: 2px;">0400</span> 12 \$ _____ .00 0 <input type="checkbox"/> None
PRIVATE		
<span style="border: 1px solid red; padding: 2px;">0240</span> 13 <input type="checkbox"/> Car owned by CU		
<span style="border: 1px solid red; padding: 2px;">0250</span> 14 <input type="checkbox"/> Vehicle leased by CU		
<span style="border: 1px solid red; padding: 2px;">0260</span> 15 <input type="checkbox"/> Other vehicle owned by CU		
<span style="border: 1px solid red; padding: 2px;">0270</span> 16 <input type="checkbox"/> Vehicle owned by someone else		
<span style="border: 1px solid red; padding: 2px;">0280</span> 17 <input type="checkbox"/> Other transport		

**4. Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6a. If any codes 6–17 marked, continue with item 5a.**



**Section 18 – TRIPS AND VACATIONS – Continued**

<b>Part B – Trips Paid Entirely by CU – Continued</b>		1 18 37 2 ↓	NOTES																							
<b>5a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c																								
<b>b.</b> How much did you (or any members of your CU) spend for that?	0020	\$ _____ .00																								
<b>c.</b> While on the trip, did you (or any members of your CU) spend anything for tolls?	0030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e																								
If YES – <b>d.</b> How much did you (or any members of your CU) spend for tolls?	0040	\$ _____ .00																								
<b>e.</b> Did you (or any members of your CU) have any parking fees?	0050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a																								
If YES – <b>f.</b> How much were they?	0060	\$ _____ .00																								
<b>6a.</b> 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)?	0070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a																								
If YES – <b>b.</b> What was the cost, including taxes and tips?	0080	\$ _____ .00																								
<b>7a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a																								
If YES – <b>b.</b> What was the cost, including taxes and tips?	0100	\$ _____ .00																								
<b>c.</b> Was any of the (amount in item 7b) for alcoholic beverages?	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a																								
If YES – <b>d.</b> What was the cost for alcoholic beverages, including taxes and tips?	0120	\$ _____ .00																								
<b>8a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																								
If YES – <b>b.</b> What were the expenses, including taxes?	0140	\$ _____ .00																								
<b>c.</b> Was any of the (amount in item 8b) for alcoholic beverages?	0150	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																								
If YES – <b>d.</b> What was the cost for alcoholic beverages, including taxes?	0160	\$ _____ .00																								
<b>9a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a																								
If YES – <b>b.</b> How much did you (or any members of your CU) pay to rent sports equipment?	0180	\$ _____ .00																								
<b>10a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a																								
If YES – <b>b.</b> How much did you (or any members of your CU) pay?	0200	\$ _____ .00																								
<b>11a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a																								
If YES – <b>b.</b> How much did you (or any members of your CU) spend?	0220	\$ _____ .00																								
<b>12a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a																								
If YES – <b>b.</b> How much were these expenses?	0240	\$ _____ .00																								
<b>13a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D																								
<b>b.</b> Did these expenses include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.	0260	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td><b>Food and beverages</b> . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>Lodging</b> . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>Transportation</b> . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>Other expenses</b> . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	<b>Food and beverages</b> . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>Lodging</b> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>Transportation</b> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>Other expenses</b> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>				
	YES	NO	DK																							
<b>Food and beverages</b> . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																							
<b>Lodging</b> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																							
<b>Transportation</b> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																							
<b>Other expenses</b> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																							
<b>c.</b> How much of the total expenses for this trip were for persons outside your CU?	0300	\$ _____ .00																								
<b>14a.</b> 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>b.</b> Does this (amount) include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.	0320	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td><b>Food and beverages</b> . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>Lodging</b> . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>Transportation</b> . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>Other expenses</b> . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>Expenses for others</b> . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	<b>Food and beverages</b> . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>Lodging</b> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>Transportation</b> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>Other expenses</b> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>Expenses for others</b> . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
	YES	NO	DK																							
<b>Food and beverages</b> . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																							
<b>Lodging</b> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																							
<b>Transportation</b> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																							
<b>Other expenses</b> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																							
<b>Expenses for others</b> . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																							
GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.																										

**Section 18 – TRIPS AND VACATIONS – Continued**

*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.)*

**Part B – Trips Paid Entirely By CU – Continued**

<p><b>1. FIELD REPRESENTATIVE ITEM</b> <i>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.</i></p>	<p>PROCESSING USE ONLY</p> <p style="color: red; font-weight: bold;">1 18 38 0 ↓</p>																											
<p><b>a. TRIP IDENTIFICATION NUMBER</b> <span style="border: 1px solid red; padding: 2px;">0010</span> _____ Identification number</p>																												
<p><b>b. DESTINATION</b></p>																												
<p><b>OFFICE USE ONLY</b> <span style="border: 1px solid red; padding: 2px;">0020</span> _____</p>																												
<p><b>c. NUMBER OF (IDENTICAL) TRIPS</b> <span style="border: 1px solid red; padding: 2px;">0030</span> _____ Number</p>																												
<p><b>d. MONTH ENDED</b> <span style="border: 1px solid red; padding: 2px;">0040</span> <input type="text"/> <input type="text"/></p>																												
<p><b>e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.</b></p>																												
<p><b>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.</b></p>																												
<p><b>g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?</b></p>	<p><span style="border: 1px solid red; padding: 2px;">0050</span> _____ Nights</p>																											
<p><b>2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?</b></p>	<p><span style="border: 1px solid red; padding: 2px;">0060</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>																											
<p><b>b. If "Yes," ask for each item: Did the package deal include . . .</b> <i>FIELD REPRESENTATIVE – Read each item listed.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td><span style="border: 1px solid red; padding: 2px;">0070</span> Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><span style="border: 1px solid red; padding: 2px;">0080</span> Lodging . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><span style="border: 1px solid red; padding: 2px;">0090</span> Transportation . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><span style="border: 1px solid red; padding: 2px;">0100</span> Anything else <input checked="" type="checkbox"/> . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><i>Specify _____</i></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Yes	No	DK	<span style="border: 1px solid red; padding: 2px;">0070</span> Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0080</span> Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0090</span> Transportation . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0100</span> Anything else <input checked="" type="checkbox"/> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<i>Specify _____</i>				
	Yes	No	DK																									
<span style="border: 1px solid red; padding: 2px;">0070</span> Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																									
<span style="border: 1px solid red; padding: 2px;">0080</span> Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																									
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<span style="border: 1px solid red; padding: 2px;">0100</span> Anything else <input checked="" type="checkbox"/> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																									
<i>Specify _____</i>																												
<p><b>c. How much did you (or any members of your CU) pay for the package deal?</b></p>	<p><span style="border: 1px solid red; padding: 2px;">0110</span> \$ _____ .00</p>																											
NOTES																												

*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.*

COMMERCIAL				
<span style="border: 1px solid red; padding: 2px;">0120</span>	01	<input type="checkbox"/> Local (taxi, etc.) . . . . .		
<span style="border: 1px solid red; padding: 2px;">0130</span>	02	<input type="checkbox"/> Airplane . . . . .		
<span style="border: 1px solid red; padding: 2px;">0140</span>	03	<input type="checkbox"/> Train . . . . .		
<span style="border: 1px solid red; padding: 2px;">0150</span>	04	<input type="checkbox"/> Bus . . . . .		
<span style="border: 1px solid red; padding: 2px;">0160</span>	05	<input type="checkbox"/> Ship . . . . .		
RENTED				
<span style="border: 1px solid red; padding: 2px;">0170</span>	06	<input type="checkbox"/> Car, jeep . . . . .		
<span style="border: 1px solid red; padding: 2px;">0180</span>	07	<input type="checkbox"/> Truck, van . . . . .		
<span style="border: 1px solid red; padding: 2px;">0190</span>	08	<input type="checkbox"/> Motorcycle, moped . . . . .		
<span style="border: 1px solid red; padding: 2px;">0200</span>	09	<input type="checkbox"/> Private plane . . . . .		
<span style="border: 1px solid red; padding: 2px;">0210</span>	10	<input type="checkbox"/> Boat, trailer . . . . .		
<span style="border: 1px solid red; padding: 2px;">0220</span>	11	<input type="checkbox"/> Camper . . . . .		
<span style="border: 1px solid red; padding: 2px;">0230</span>	12	<input type="checkbox"/> Other vehicles . . . . .		
PRIVATE				
<span style="border: 1px solid red; padding: 2px;">0240</span>	13	<input type="checkbox"/> Car owned by CU		
<span style="border: 1px solid red; padding: 2px;">0250</span>	14	<input type="checkbox"/> Vehicle leased by CU		
<span style="border: 1px solid red; padding: 2px;">0260</span>	15	<input type="checkbox"/> Other vehicle owned by CU		
<span style="border: 1px solid red; padding: 2px;">0270</span>	16	<input type="checkbox"/> Vehicle owned by someone else		
<span style="border: 1px solid red; padding: 2px;">0280</span>	17	<input type="checkbox"/> Other transport		

**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)?*

COMMERCIAL				
<span style="border: 1px solid red; padding: 2px;">0290</span>	01	\$ _____	.00	0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0300</span>	02	\$ _____	.00	0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0310</span>	03	\$ _____	.00	0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0320</span>	04	\$ _____	.00	0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0330</span>	05	\$ _____	.00	0 <input type="checkbox"/> None
RENTED				
<span style="border: 1px solid red; padding: 2px;">0340</span>	06	\$ _____	.00	0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0350</span>	07	\$ _____	.00	0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0360</span>	08	\$ _____	.00	0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0370</span>	09	\$ _____	.00	0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0380</span>	10	\$ _____	.00	0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0390</span>	11	\$ _____	.00	0 <input type="checkbox"/> None
<span style="border: 1px solid red; padding: 2px;">0400</span>	12	\$ _____	.00	0 <input type="checkbox"/> None

**4. Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6a. If any codes 6–17 marked, continue with item 5a.**

**Section 18 – TRIPS AND VACATIONS – Continued**

<b>Part B – Trips Paid Entirely by CU – Continued</b>		1 18 39 8 ↓	NOTES
<b>5a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c	
<b>b.</b> How much did you (or any members of your CU) spend for that?	0020	\$ _____ .00	
<b>c.</b> While on the trip, did you (or any members of your CU) spend anything for tolls?	0030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e	
<i>If YES –</i> <b>d.</b> How much did you (or any members of your CU) spend for tolls?	0040	\$ _____ .00	
<b>e.</b> Did you (or any members of your CU) have any parking fees?	0050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a	
<i>If YES –</i> <b>f.</b> How much were they?	0060	\$ _____ .00	
<b>6a.</b> 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)?	0070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a	
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?	0080	\$ _____ .00	
<b>7a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?	0100	\$ _____ .00	
<b>c.</b> Was any of the (amount in item 7b) for alcoholic beverages?	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	
<i>If YES –</i> <b>d.</b> What was the cost for alcoholic beverages, including taxes and tips?	0120	\$ _____ .00	
<b>8a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a	
<i>If YES –</i> <b>b.</b> What were the expenses, including taxes?	0140	\$ _____ .00	
<b>c.</b> Was any of the (amount in item 8b) for alcoholic beverages?	0150	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a	
<i>If YES –</i> <b>d.</b> What was the cost for alcoholic beverages, including taxes?	0160	\$ _____ .00	
<b>9a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a	
<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) pay to rent sports equipment?	0180	\$ _____ .00	
<b>10a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a	
<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) pay?	0200	\$ _____ .00	
<b>11a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a	
<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) spend?	0220	\$ _____ .00	
<b>12a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a	
<i>If YES –</i> <b>b.</b> How much were these expenses?	0240	\$ _____ .00	
<b>13a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D	
<b>b.</b> Did these expenses include anything for . . . ?  <i>FIELD REPRESENTATIVE – Read each item listed.</i>			
	0260	<b>Food and beverages . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
	0270	<b>Lodging . . . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
	0280	<b>Transportation . . . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
	0290	<b>Other expenses . . . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
<b>c.</b> How much of the total expenses for this trip were for persons outside your CU?	0300	\$ _____ .00	
<b>14a.</b> <i>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.</i>	0310	\$ _____ .00	
<b>b.</b> Does this (amount) include anything for . . . ?  <i>FIELD REPRESENTATIVE – Read each item listed.</i>			
	0320	<b>Food and beverages . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
	0330	<b>Lodging . . . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
	0340	<b>Transportation . . . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
	0350	<b>Other expenses . . . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
	0360	<b>Expenses for others . . .</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK	
<b>GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.</b>			

**Section 18 – TRIPS AND VACATIONS – Continued**

*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.)*

**Part B – Trips Paid Entirely By CU – Continued**

<p><b>1. FIELD REPRESENTATIVE ITEM</b> <i>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.</i></p> <p><b>e.</b> <i>If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.</i></p> <p><b>f.</b> <i>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.</i></p> <p><b>g.</b> <i>Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?</i></p>	PROCESSING USE ONLY	1 18 40 6 ↓			
	<b>a.</b> TRIP IDENTIFICATION NUMBER	0010	_____ Identification number		
	<b>b.</b> DESTINATION				
	<b>OFFICE USE ONLY</b>	0020			
	<b>c.</b> NUMBER OF (IDENTICAL) TRIPS	0030	_____ Number		
<b>d.</b> MONTH ENDED	0040				
<b>e.</b>	0050	_____ Nights			
<b>2a.</b> Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?	0060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a			
<b>b.</b> If "Yes," ask for each item: Did the package deal include . . . <i>FIELD REPRESENTATIVE – Read each item listed.</i>		Yes	No	DK	
0070 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>		
0080 Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>		
0090 Transportation . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>		
0100 Anything else ↗ . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>		
Specify _____					
<b>c.</b> How much did you (or any members of your CU) pay for the package deal?	0110	\$ _____	.00		
NOTES					

*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.*

COMMERCIAL				
0120	01	<input type="checkbox"/> Local (taxi, etc.) . . . . .		
0130	02	<input type="checkbox"/> Airplane . . . . .		
0140	03	<input type="checkbox"/> Train . . . . .		
0150	04	<input type="checkbox"/> Bus . . . . .		
0160	05	<input type="checkbox"/> Ship . . . . .		
RENTED				
0170	06	<input type="checkbox"/> Car, jeep . . . . .		
0180	07	<input type="checkbox"/> Truck, van . . . . .		
0190	08	<input type="checkbox"/> Motorcycle, moped . . . . .		
0200	09	<input type="checkbox"/> Private plane . . . . .		
0210	10	<input type="checkbox"/> Boat, trailer . . . . .		
0220	11	<input type="checkbox"/> Camper . . . . .		
0230	12	<input type="checkbox"/> Other vehicles . . . . .		
PRIVATE				
0240	13	<input type="checkbox"/> Car owned by CU		
0250	14	<input type="checkbox"/> Vehicle leased by CU		
0260	15	<input type="checkbox"/> Other vehicle owned by CU		
0270	16	<input type="checkbox"/> Vehicle owned by someone else		
0280	17	<input type="checkbox"/> Other transport		

**4.** Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6a. If any codes 6–17 marked, continue with item 5a.

**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)?*

COMMERCIAL				
0290	01	\$ _____	.00	0 <input type="checkbox"/> None
0300	02	\$ _____	.00	0 <input type="checkbox"/> None
0310	03	\$ _____	.00	0 <input type="checkbox"/> None
0320	04	\$ _____	.00	0 <input type="checkbox"/> None
0330	05	\$ _____	.00	0 <input type="checkbox"/> None
RENTED				
0340	06	\$ _____	.00	0 <input type="checkbox"/> None
0350	07	\$ _____	.00	0 <input type="checkbox"/> None
0360	08	\$ _____	.00	0 <input type="checkbox"/> None
0370	09	\$ _____	.00	0 <input type="checkbox"/> None
0380	10	\$ _____	.00	0 <input type="checkbox"/> None
0390	11	\$ _____	.00	0 <input type="checkbox"/> None
0400	12	\$ _____	.00	0 <input type="checkbox"/> None



**Section 18 – TRIPS AND VACATIONS – Continued**

<b>Part B – Trips Paid Entirely by CU – Continued</b>		1 18 41 4 ↓	NOTES
<b>5a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c	
<b>b.</b> How much did you (or any members of your CU) spend for that?	0020	\$ _____ .00	
<b>c.</b> While on the trip, did you (or any members of your CU) spend anything for tolls?	0030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e	
<i>If YES –</i> <b>d.</b> How much did you (or any members of your CU) spend for tolls?	0040	\$ _____ .00	
<b>e.</b> Did you (or any members of your CU) have any parking fees?	0050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a	
<i>If YES –</i> <b>f.</b> How much were they?	0060	\$ _____ .00	
<b>6a.</b> 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)?	0070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a	
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?	0080	\$ _____ .00	
<b>7a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?	0100	\$ _____ .00	
<b>c.</b> Was any of the (amount in item 7b) for alcoholic beverages?	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	
<i>If YES –</i> <b>d.</b> What was the cost for alcoholic beverages, including taxes and tips?	0120	\$ _____ .00	
<b>8a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a	
<i>If YES –</i> <b>b.</b> What were the expenses, including taxes?	0140	\$ _____ .00	
<b>c.</b> Was any of the (amount in item 8b) for alcoholic beverages?	0150	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a	
<i>If YES –</i> <b>d.</b> What was the cost for alcoholic beverages, including taxes?	0160	\$ _____ .00	
<b>9a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a	
<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) pay to rent sports equipment?	0180	\$ _____ .00	
<b>10a.</b> 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
<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) pay?			0200
<b>11a.</b> 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
<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) spend?			0220
<b>12a.</b> 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
<i>If YES –</i> <b>b.</b> How much were these expenses?			0240
<b>13a.</b> 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
<b>b.</b> Did these expenses include anything for . . . ?			
<i>FIELD REPRESENTATIVE – Read each item listed.</i>			
0260 Food and beverages . . .			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK
0270 Lodging . . . . .			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK
0280 Transportation . . . . .			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK
0290 Other expenses . . . . .			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK
<b>c.</b> How much of the total expenses for this trip were for persons outside your CU?			0300
<b>14a.</b> 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>b.</b> Does this (amount) include anything for . . . ?			
<i>FIELD REPRESENTATIVE – Read each item listed.</i>			
0320 Food and beverages . . .			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK
0330 Lodging . . . . .			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK
0340 Transportation . . . . .			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK
0350 Other expenses . . . . .			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK
0360 Expenses for others . . .			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK
GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.			



**Section 18 – TRIPS AND VACATIONS – Continued**

*FIELD REPRESENTATIVE – Ask part C for partially reimbursed trips. (Ask all questions in part C first for one trip or set of identical trips before asking questions in this part about other trips.)*

**Part C – Partially Reimbursed Trips**

<p><b>1. FIELD REPRESENTATIVE ITEM</b> <i>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.</i></p>	<p>PROCESSING USE ONLY</p> <p style="color: red;">1 77 01 4 ↓</p>																											
<p><b>a. TRIP IDENTIFICATION NUMBER</b> <span style="border: 1px solid red; padding: 2px;">0010</span> _____ Identification number</p>																												
<p><b>b. DESTINATION</b></p>																												
<p><b>OFFICE USE ONLY</b> <span style="border: 1px solid red; padding: 2px;">0020</span> _____</p>																												
<p><b>c. NUMBER OF (IDENTICAL) TRIPS</b> <span style="border: 1px solid red; padding: 2px;">0030</span> _____ Number</p>																												
<p><b>d. MONTH ENDED</b> <span style="border: 1px solid red; padding: 2px;">0040</span> <input type="text"/> <input type="text"/></p>																												
<p><b>e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.</b></p>																												
<p><b>f. You told me that someone outside your CU paid for part of the trip(s) you (your CU) took to (trip destination). In the next questions I'm interested only in the costs you (your CU) had to pay, not those paid or to be paid by a business or employer. If day trip, go to item 2a.</b></p>																												
<p><b>g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?</b></p>	<p><span style="border: 1px solid red; padding: 2px;">0050</span> _____ Nights</p>																											
<p><b>2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?</b></p>	<p><span style="border: 1px solid red; padding: 2px;">0060</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>																											
<p><b>b. If "Yes," ask for each item: Did the package deal include . . .</b> <i>FIELD REPRESENTATIVE – Read each item listed.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td><span style="border: 1px solid red; padding: 2px;">0070</span> Food and beverages . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><span style="border: 1px solid red; padding: 2px;">0080</span> Lodging . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><span style="border: 1px solid red; padding: 2px;">0090</span> Transportation . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><span style="border: 1px solid red; padding: 2px;">0100</span> Anything else <input checked="" type="checkbox"/> . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;">Specify _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Yes	No	DK	<span style="border: 1px solid red; padding: 2px;">0070</span> Food and beverages . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0080</span> Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0090</span> Transportation . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0100</span> Anything else <input checked="" type="checkbox"/> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	Specify _____				
	Yes	No	DK																									
<span style="border: 1px solid red; padding: 2px;">0070</span> Food and beverages . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																									
<span style="border: 1px solid red; padding: 2px;">0080</span> Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																									
<span style="border: 1px solid red; padding: 2px;">0090</span> Transportation . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																									
<span style="border: 1px solid red; padding: 2px;">0100</span> Anything else <input checked="" type="checkbox"/> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																									
Specify _____																												
<p><b>c. How much did you (or any members of your CU) pay for the package deal?</b></p>	<p><span style="border: 1px solid red; padding: 2px;">0110</span> \$ _____ .00</p>																											
NOTES																												

*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.*

COMMERCIAL	
<p><span style="border: 1px solid red; padding: 2px;">0120</span> 01 <input type="checkbox"/> Local (taxi, etc.) . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0130</span> 02 <input type="checkbox"/> Airplane . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0140</span> 03 <input type="checkbox"/> Train . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0150</span> 04 <input type="checkbox"/> Bus . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0160</span> 05 <input type="checkbox"/> Ship . . . . .</p>	<p><span style="border: 1px solid red; padding: 2px;">0290</span> 01 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0300</span> 02 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0310</span> 03 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0320</span> 04 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0330</span> 05 \$ _____ .00 0 <input type="checkbox"/> None</p>
RENTED	
<p><span style="border: 1px solid red; padding: 2px;">0170</span> 06 <input type="checkbox"/> Car, jeep . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0180</span> 07 <input type="checkbox"/> Truck, van . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0190</span> 08 <input type="checkbox"/> Motorcycle, moped . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0200</span> 09 <input type="checkbox"/> Private plane . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0210</span> 10 <input type="checkbox"/> Boat, trailer . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0220</span> 11 <input type="checkbox"/> Camper . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0230</span> 12 <input type="checkbox"/> Other vehicles . . . . .</p>	<p><span style="border: 1px solid red; padding: 2px;">0340</span> 06 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0350</span> 07 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0360</span> 08 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0370</span> 09 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0380</span> 10 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0390</span> 11 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0400</span> 12 \$ _____ .00 0 <input type="checkbox"/> None</p>
PRIVATE	
<p><span style="border: 1px solid red; padding: 2px;">0240</span> 13 <input type="checkbox"/> Car owned by CU</p> <p><span style="border: 1px solid red; padding: 2px;">0250</span> 14 <input type="checkbox"/> Vehicle leased by CU</p> <p><span style="border: 1px solid red; padding: 2px;">0260</span> 15 <input type="checkbox"/> Other vehicle owned by CU</p> <p><span style="border: 1px solid red; padding: 2px;">0270</span> 16 <input type="checkbox"/> Vehicle owned by someone else</p> <p><span style="border: 1px solid red; padding: 2px;">0280</span> 17 <input type="checkbox"/> Other transport</p>	

**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)?*

**4. Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6a. If any codes 6–17 marked, continue with item 5a.**

**Section 18 – TRIPS AND VACATIONS – Continued**

<b>Part C – Partially Reimbursed Trips – Continued</b>		1 77 02 2 ↓	NOTES																								
<b>5a.</b> While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	<b>0010</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c	<b>10a.</b> 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.)	<b>0190</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a																								
<b>b.</b> What costs for gasoline or other fuels won't be reimbursed?	<b>0020</b> \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> <b>b.</b> What costs for playing sports won't be reimbursed?	<b>0200</b> \$ _____ .00 0 <input type="checkbox"/> None																								
<b>c.</b> While on the trip, did you (or any members of your CU) spend anything for tolls?	<b>0030</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e	<b>11a.</b> 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.)	<b>0210</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a																								
<i>If YES –</i> <b>d.</b> What costs for tolls won't be reimbursed?	<b>0040</b> \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> <b>b.</b> What costs for entertainment and admissions won't be reimbursed?	<b>0220</b> \$ _____ .00 0 <input type="checkbox"/> None																								
<b>e.</b> Did you (or any members of your CU) have any parking fees?	<b>0050</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a	<b>12a.</b> Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?	<b>0230</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a																								
<i>If YES –</i> <b>f.</b> What costs for parking fees won't be reimbursed?	<b>0060</b> \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> <b>b.</b> What costs for these things won't be reimbursed?	<b>0240</b> \$ _____ .00 0 <input type="checkbox"/> None																								
<b>6a.</b> 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)?	<b>0070</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a	<b>13a.</b> 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?	<b>0250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D																								
<i>If YES –</i> <b>b.</b> What costs for lodging, including taxes and tips, won't be reimbursed?	<b>0080</b> \$ _____ .00 0 <input type="checkbox"/> None	<b>b.</b> Did these expenses include anything for . . . ?  <i>FIELD REPRESENTATIVE – Read each item listed.</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td><b>0260</b> Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>0270</b> Lodging . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>0280</b> Transportation . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>0290</b> Other expenses . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	<b>0260</b> Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0270</b> Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0280</b> Transportation . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0290</b> Other expenses . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>				
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<b>0290</b> Other expenses . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																								
<b>7a.</b> 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)?	<b>0090</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	<b>c.</b> How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	<b>0300</b> \$ _____ .00																								
<i>If YES –</i> <b>b.</b> What costs for these things won't be reimbursed?	<b>0100</b> \$ _____ .00 0 <input type="checkbox"/> None	<b>14a.</b> 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 non-reimbursed expenses a respondent is not able to break down should be combined and entered here . . . . .	<b>0310</b> \$ _____ .00																								
<b>c.</b> Was any of the (amount in item 7b) for alcoholic beverages?	<b>0110</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	<b>b.</b> Does this (amount) include anything for . . . ?  <i>FIELD REPRESENTATIVE – Read each item listed.</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td><b>0320</b> Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>0330</b> Lodging . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>0340</b> Transportation . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>0350</b> Other expenses . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>0360</b> Expenses for others . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	<b>0320</b> Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0330</b> Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0340</b> Transportation . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0350</b> Other expenses . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0360</b> Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
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<b>0360</b> Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																								
<i>If YES –</i> <b>d.</b> What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?	<b>0120</b> \$ _____ .00 0 <input type="checkbox"/> None	<b>GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.</b>																									
<b>8a.</b> 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?	<b>0130</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																										
<i>If YES –</i> <b>b.</b> What costs, including taxes, won't be reimbursed?	<b>0140</b> \$ _____ .00 0 <input type="checkbox"/> None																										
<b>c.</b> Was any of the (amount in item 8b) for alcoholic beverages?	<b>0150</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																										
<i>If YES –</i> <b>d.</b> What cost for alcoholic beverages, including taxes, won't be reimbursed?	<b>0160</b> \$ _____ .00 0 <input type="checkbox"/> None																										
<b>9a.</b> 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.)	<b>0170</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a																										
<i>If YES –</i> <b>b.</b> What costs for renting sports equipment won't be reimbursed?	<b>0180</b> \$ _____ .00 0 <input type="checkbox"/> None																										

**Section 18 – TRIPS AND VACATIONS – Continued**

*FIELD REPRESENTATIVE – Ask part C for partially reimbursed trips. (Ask all questions in part C first for one trip or set of identical trips before asking questions in this part about other trips.)*

**Part C – Partially Reimbursed Trips – Continued**

<p><b>1. FIELD REPRESENTATIVE ITEM</b> <i>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.</i></p>	<p>PROCESSING USE ONLY</p> <p style="color: red; font-weight: bold;">1 77 03 0 ↓</p>																											
<p><b>a. TRIP IDENTIFICATION NUMBER</b> <span style="border: 1px solid red; padding: 2px;">0010</span> _____ Identification number</p>																												
<p><b>b. DESTINATION</b></p>																												
<p><b>OFFICE USE ONLY</b> <span style="border: 1px solid red; padding: 2px;">0020</span> _____</p>																												
<p><b>c. NUMBER OF (IDENTICAL) TRIPS</b> <span style="border: 1px solid red; padding: 2px;">0030</span> _____ Number</p>																												
<p><b>d. MONTH ENDED</b> <span style="border: 1px solid red; padding: 2px;">0040</span> <input type="text"/> <input type="text"/></p>																												
<p><b>e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.</b></p>																												
<p><b>f. You told me that someone outside your CU paid for part of the trip(s) you (your CU) took to (trip destination). In the next questions I'm interested only in the costs you (your CU) had to pay, not those paid or to be paid by a business or employer. If day trip, go to item 2a.</b></p>																												
<p><b>g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?</b></p>	<p><span style="border: 1px solid red; padding: 2px;">0050</span> _____ Nights</p>																											
<p><b>2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?</b></p>	<p><span style="border: 1px solid red; padding: 2px;">0060</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>																											
<p><b>b. If "Yes," ask for each item: Did the package deal include . . .</b> <i>FIELD REPRESENTATIVE – Read each item listed.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td><span style="border: 1px solid red; padding: 2px;">0070</span> Food and beverages . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><span style="border: 1px solid red; padding: 2px;">0080</span> Lodging . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><span style="border: 1px solid red; padding: 2px;">0090</span> Transportation . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><span style="border: 1px solid red; padding: 2px;">0100</span> Anything else <input checked="" type="checkbox"/> . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;">Specify _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Yes	No	DK	<span style="border: 1px solid red; padding: 2px;">0070</span> Food and beverages . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0080</span> Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0090</span> Transportation . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<span style="border: 1px solid red; padding: 2px;">0100</span> Anything else <input checked="" type="checkbox"/> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	Specify _____				
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Specify _____																												
<p><b>c. How much did you (or any members of your CU) pay for the package deal?</b></p>	<p><span style="border: 1px solid red; padding: 2px;">0110</span> \$ _____ .00</p>																											
NOTES																												

*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.*

COMMERCIAL	
<p><span style="border: 1px solid red; padding: 2px;">0120</span> 01 <input type="checkbox"/> Local (taxi, etc.) . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0130</span> 02 <input type="checkbox"/> Airplane . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0140</span> 03 <input type="checkbox"/> Train . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0150</span> 04 <input type="checkbox"/> Bus . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0160</span> 05 <input type="checkbox"/> Ship . . . . .</p>	<p><span style="border: 1px solid red; padding: 2px;">0290</span> 01 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0300</span> 02 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0310</span> 03 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0320</span> 04 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0330</span> 05 \$ _____ .00 0 <input type="checkbox"/> None</p>
RENTED	
<p><span style="border: 1px solid red; padding: 2px;">0170</span> 06 <input type="checkbox"/> Car, jeep . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0180</span> 07 <input type="checkbox"/> Truck, van . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0190</span> 08 <input type="checkbox"/> Motorcycle, moped . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0200</span> 09 <input type="checkbox"/> Private plane . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0210</span> 10 <input type="checkbox"/> Boat, trailer . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0220</span> 11 <input type="checkbox"/> Camper . . . . .</p> <p><span style="border: 1px solid red; padding: 2px;">0230</span> 12 <input type="checkbox"/> Other vehicles . . . . .</p>	<p><span style="border: 1px solid red; padding: 2px;">0340</span> 06 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0350</span> 07 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0360</span> 08 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0370</span> 09 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0380</span> 10 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0390</span> 11 \$ _____ .00 0 <input type="checkbox"/> None</p> <p><span style="border: 1px solid red; padding: 2px;">0400</span> 12 \$ _____ .00 0 <input type="checkbox"/> None</p>
PRIVATE	
<p><span style="border: 1px solid red; padding: 2px;">0240</span> 13 <input type="checkbox"/> Car owned by CU</p> <p><span style="border: 1px solid red; padding: 2px;">0250</span> 14 <input type="checkbox"/> Vehicle leased by CU</p> <p><span style="border: 1px solid red; padding: 2px;">0260</span> 15 <input type="checkbox"/> Other vehicle owned by CU</p> <p><span style="border: 1px solid red; padding: 2px;">0270</span> 16 <input type="checkbox"/> Vehicle owned by someone else</p> <p><span style="border: 1px solid red; padding: 2px;">0280</span> 17 <input type="checkbox"/> Other transport</p>	

**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)?*

**4. Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6a. If any codes 6–17 marked, continue with item 5a.**

**Section 18 – TRIPS AND VACATIONS – Continued**

<b>Part C – Partially Reimbursed Trips – Continued</b>		1 77 04 8 ↓	NOTES																								
<b>5a.</b> While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	<b>0010</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c	<b>10a.</b> 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.)	<b>0190</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a																								
<b>b.</b> What costs for gasoline or other fuels won't be reimbursed?	<b>0020</b> \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> <b>b.</b> What costs for playing sports won't be reimbursed?	<b>0200</b> \$ _____ .00 0 <input type="checkbox"/> None																								
<b>c.</b> While on the trip, did you (or any members of your CU) spend anything for tolls?	<b>0030</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e	<b>11a.</b> 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.)	<b>0210</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a																								
<i>If YES –</i> <b>d.</b> What costs for tolls won't be reimbursed?	<b>0040</b> \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> <b>b.</b> What costs for entertainment and admissions won't be reimbursed?	<b>0220</b> \$ _____ .00 0 <input type="checkbox"/> None																								
<b>e.</b> Did you (or any members of your CU) have any parking fees?	<b>0050</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a	<b>12a.</b> Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?	<b>0230</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a																								
<i>If YES –</i> <b>f.</b> What costs for parking fees won't be reimbursed?	<b>0060</b> \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> <b>b.</b> What costs for these things won't be reimbursed?	<b>0240</b> \$ _____ .00 0 <input type="checkbox"/> None																								
<b>6a.</b> 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)?	<b>0070</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a	<b>13a.</b> 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?	<b>0250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D																								
<i>If YES –</i> <b>b.</b> What costs for lodging, including taxes and tips, won't be reimbursed?	<b>0080</b> \$ _____ .00 0 <input type="checkbox"/> None	<b>b.</b> Did these expenses include anything for . . . ?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td><b>0260</b> Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>0270</b> Lodging . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>0280</b> Transportation . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>0290</b> Other expenses . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	<b>0260</b> Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0270</b> Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0280</b> Transportation . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0290</b> Other expenses . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>				
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<b>7a.</b> 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)?	<b>0090</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	<i>FIELD REPRESENTATIVE – Read each item listed.</i>																									
<i>If YES –</i> <b>b.</b> What costs for these things won't be reimbursed?	<b>0100</b> \$ _____ .00 0 <input type="checkbox"/> None	<b>c.</b> How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	<b>0300</b> \$ _____ .00																								
<b>c.</b> Was any of the (amount in item 7b) for alcoholic beverages?	<b>0110</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	<b>14a.</b> 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 non-reimbursed expenses a respondent is not able to break down should be combined and entered here . . . . .	<b>0310</b> \$ _____ .00																								
<i>If YES –</i> <b>d.</b> What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?	<b>0120</b> \$ _____ .00 0 <input type="checkbox"/> None	<b>b.</b> Does this (amount) include anything for . . . ?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td><b>0320</b> Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>0330</b> Lodging . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>0340</b> Transportation . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>0350</b> Other expenses . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td><b>0360</b> Expenses for others . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	<b>0320</b> Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0330</b> Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0340</b> Transportation . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0350</b> Other expenses . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0360</b> Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
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<b>8a.</b> 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?	<b>0130</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a	<i>FIELD REPRESENTATIVE – Read each item listed.</i>																									
<i>If YES –</i> <b>b.</b> What costs, including taxes, won't be reimbursed?	<b>0140</b> \$ _____ .00 0 <input type="checkbox"/> None	<i>GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.</i>																									
<b>c.</b> Was any of the (amount in item 8b) for alcoholic beverages?	<b>0150</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																										
<i>If YES –</i> <b>d.</b> What cost for alcoholic beverages, including taxes, won't be reimbursed?	<b>0160</b> \$ _____ .00 0 <input type="checkbox"/> None																										
<b>9a.</b> 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.)	<b>0170</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a																										
<i>If YES –</i> <b>b.</b> What costs for renting sports equipment won't be reimbursed?	<b>0180</b> \$ _____ .00 0 <input type="checkbox"/> None																										

**Section 18 – TRIPS AND VACATIONS – Continued**

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.

**0010** \_\_\_\_\_ Trips  
0  None – Go to part E

**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  Yes  
2  No – Go to part E

**b.** Did these expenses include anything for – ?

FIELD REPRESENTATIVE – Read each item listed.

	YES	NO	DK
<b>0030</b> Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>0040</b> Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>0050</b> Transportation . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>0060</b> Anything else – Specify ↙	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>

**C.** What was the total amount for these  
expenses?

**0070** \$ \_\_\_\_\_ .00

**GO TO PART E**



**Section 18 – TRIPS AND VACATIONS – Continued**

FIELD REPRESENTATIVE – Ask part E for all CU's.

<b>Part E – Trip Expenses for Non-CU Members</b>	1 77 68 3 ↓		NOTES																				
<p><b>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?</b></p> <p>_____</p> <p><i>If Yes –</i></p>	<p>0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part F</p>																						
<p><b>b. How many trips was that?</b></p> <p>_____</p>	<p>0020 _____ Trips</p>																						
<p><b>c. Did these expenses include anything for – ?</b> <i>FIELD REPRESENTATIVE – Read each item listed.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>0030 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td>0040 Lodging . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td>0050 Transportation . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td>0060 Anything else – Specify <input checked="" type="checkbox"/></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0030 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	0040 Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	0050 Transportation . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	0060 Anything else – Specify <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>		
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0040 Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																				
0050 Transportation . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																				
0060 Anything else – Specify <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																				
<p><b>d. What was the total amount that you (your CU) paid for that trip (those trips)?</b></p> <p>_____</p>	<p>0070 \$ _____ .00</p>																						
<b>GO TO PART F</b>																							

**Section 18 – TRIPS AND VACATIONS – Continued**

FIELD REPRESENTATIVE – Ask part F for all CU's.  
(Ask all questions in this part for one stay before asking about other stays.)

**Part F – Local Overnight Stays** 1 77 69 1 ↓

<p><b>1.</b> 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?</p> <p><b>0010</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section</p>	<p><b>6a.</b> Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?</p> <p><b>0150</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</p>																				
<p><b>2.</b> VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?</p> <p><b>0020</b> _____ Nights</p>	<p><b>b.</b> What were the expenses, including taxes?</p> <p><b>0160</b> \$ _____ .00</p>																				
<p><b>3a.</b> 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?</p> <p><b>0030</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a</p>	<p><b>c.</b> Was any of the (amount in item 6b) for alcoholic beverages?</p> <p><b>0170</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</p>																				
<p><b>b.</b> Ask for each item – Did the package deal include anything for . . . ?</p> <p>FIELD REPRESENTATIVE – Read each item listed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td><b>0040</b> Food and beverages . . . . .</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>8 <input type="checkbox"/></td> </tr> <tr> <td><b>0050</b> Lodging . . . . .</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>8 <input type="checkbox"/></td> </tr> <tr> <td><b>0060</b> Entertainment . . . . .</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>8 <input type="checkbox"/></td> </tr> <tr> <td><b>0070</b> Anything else – Specify <u>      </u></td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>8 <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	<b>0040</b> Food and beverages . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0050</b> Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0060</b> Entertainment . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>0070</b> Anything else – Specify <u>      </u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<p><b>d.</b> What was the cost for alcoholic beverages, including taxes?</p> <p><b>0180</b> \$ _____ .00</p>
	YES	NO	DK																		
<b>0040</b> Food and beverages . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																		
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<b>0070</b> Anything else – Specify <u>      </u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																		
<p><b>c.</b> How much did you (or any members of your CU) pay for the package deal?</p> <p><b>0080</b> \$ _____ .00</p>	<p><b>7a.</b> (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)?</p> <p><b>0190</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8</p>																				
<p><b>4a.</b> 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)?</p> <p><b>0090</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a</p>	<p><b>b.</b> How much did you (or any members of your CU) pay?</p> <p><b>0200</b> \$ _____ .00</p>																				
<p><b>b.</b> What was the cost, including taxes and tips?</p> <p><b>0100</b> \$ _____ .00</p>	<p><b>8.</b> If the respondent is unable to break down food and beverages, lodging, entertainment, or other expenses, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.</p> <p><b>0210</b> \$ _____ .00</p>																				
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<b>0250</b> Other expenses . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																		
<p><b>b.</b> What was the cost, including taxes and tips?</p> <p><b>0120</b> \$ _____ .00</p>	<p><b>9.</b> Did you (or any members of your CU) have any other stays at local hotels or motels?</p> <p><b>0260</b> 1 <input type="checkbox"/> Yes – Complete part F for each stay 2 <input type="checkbox"/> No – Go to next section</p>																				
<p><b>c.</b> Was any of the (amount in item 5b) for alcoholic beverages?</p> <p><b>0130</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a</p>	<p>NOTES</p>																				
<p><b>d.</b> What was the cost for alcoholic beverages, including taxes and tips?</p> <p><b>0140</b> \$ _____ .00</p>																					

**Section 18 – TRIPS AND VACATIONS – Continued**

FIELD REPRESENTATIVE – Ask part F for all CU's.  
(Ask all questions in this part for one stay before asking about other stays.)

<b>Part F – Local Overnight Stays – Continued</b>		1 77 70 9 ↓																																								
<b>1.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section	<b>6a.</b> Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?  <b>b.</b> What were the expenses, including taxes?  0150 \$ _____ .00  <b>c.</b> Was any of the (amount in item 6b) for alcoholic beverages?  0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a  <b>d.</b> What was the cost for alcoholic beverages, including taxes?  0180 \$ _____ .00																																								
<b>2.</b> 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 _____ Nights	<b>7a.</b> (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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8  <b>b.</b> How much did you (or any members of your CU) pay?  0200 \$ _____ .00																																								
<b>3a.</b> 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?  <b>b.</b> Ask for each item – Did the package deal include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.	0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a  <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>0040 Food and beverages . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td>0050 Lodging . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td>0060 Entertainment . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td>0070 Anything else – Specify ↗ _____</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0040 Food and beverages . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	0050 Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	0060 Entertainment . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	0070 Anything else – Specify ↗ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<b>8.</b> If the respondent is unable to break down food and beverages, lodging, entertainment, or other expenses, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.  0210 \$ _____ .00  <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>0220 Food and beverages . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td>0230 Lodging . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td>0240 Entertainment . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td>0250 Other expenses . . . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0220 Food and beverages . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	0230 Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	0240 Entertainment . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	0250 Other expenses . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
	YES	NO	DK																																							
0040 Food and beverages . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																																							
0050 Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																																							
0060 Entertainment . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																																							
0070 Anything else – Specify ↗ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																																							
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0220 Food and beverages . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																																							
0230 Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																																							
0240 Entertainment . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																																							
0250 Other expenses . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>																																							
<b>c.</b> How much did you (or any members of your CU) pay for the package deal?  0080 \$ _____ .00	<b>4a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a  <b>b.</b> What was the cost, including taxes and tips?  0100 \$ _____ .00	<b>9.</b> Did you (or any members of your CU) have any other stays at local hotels or motels?  0260 1 <input type="checkbox"/> Yes – Complete part F for each stay 2 <input type="checkbox"/> No – Go to next section																																								
<b>5a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a  <b>b.</b> What was the cost, including taxes and tips?  0120 \$ _____ .00  <b>c.</b> Was any of the (amount in item 5b) for alcoholic beverages?  0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a  <b>d.</b> What was the cost for alcoholic beverages, including taxes and tips?  0140 \$ _____ .00	NOTES																																									

**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 enter the total expense for the reference period, excluding the current month.*

4 19 02 8 →

a				b	PROCESSING USE ONLY	c			d		e		f		g		NOTES	PRE																				
						ENTER ITEM CODE from column a.	In what month did you have this expense? <i>If it is a continuous expense throughout the reference period, mark box.</i>		Was this expense for your CU or someone outside of your CU? 1 – For CU 2 – For someone outside your CU		What was the total amount of the expense? <i>For continuing expenses, do not include expenses for the current month.</i>		Did you have any other expenses for . . . ?		1	2		3																				
ITEM CODE	YES	NO		Month	Continuous expense	CU	Outside CU			YES	NO	Description from column b	Month or code from column d	Expense from column f																								
<p><b>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?</b></p> <p><i>Information Booklet, page 41</i></p>				<p><b>What was the expense for?</b> <i>Describe briefly.</i></p>	<p>0010</p>																																	
<b>FUNERALS, BURIALS, OR CREMATION . . .</b>																					1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00						
<b>PURCHASE OR UPKEEP OF CEMETERY LOTS OR VAULTS . . .</b>																					1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00						
<b>COMBINATIONS OF THE ABOVE</b> <i>Use only if cannot itemize the above . . .</i>																					1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00						
<b>CATERED AFFAIRS . . .</b>																					1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00						
<b>FRESH FLOWERS OR POTTED PLANTS . . .</b>																					1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00						
<b>LEGAL FEES . . .</b> <i>Do not include legal fees related to real estate closing costs which were reported in section 3.</i>																					1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00						
<b>ACCOUNTING FEES . . .</b>																					1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00						
<b>HOME SERVICES . . .</b>																					1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00						
Gardening or lawn care services . . . . .																					1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00						
Housekeeping services . . . . .																					1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00						
Other home services and small repair jobs around the house, not previously reported . . .																					1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00						
Babysitting or other child care in your own home . . . . .																					1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00						
Babysitting or other child care in someone else's home . . . . .																					1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00						
Care for invalids, convalescents, handicapped or elderly persons in the home . . .																					1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00						
<b>ADULT DAY CARE CENTERS . . . . .</b>																					1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00						
<b>2. FIELD REPRESENTATIVE CHECK ITEM</b>	1 19 01 6 ↓																																					
<i>Mark (X) box if there are no entries recorded in columns b–g.</i>	0010	999	<input type="checkbox"/>																		Go to next page	0200				1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00	
																						0210				1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00	
																						0220				1 3 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00	

**Section 19 – MISCELLANEOUS EXPENSES – Continued**

4 19 04 4 →

a				b	PROCESSING USE ONLY	c	d		e		f		g		NOTES	PRE		
							1	2	3	4	5	6	7	8		9	10	11
3. 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?				What was the expense for? Describe briefly.		ENTER ITEM CODE from column a.	In what month did you have this expense? If it is a continuous expense throughout the reference period, mark box.		Was this expense for your CU or someone outside of your CU? 1 – For CU 2 – For someone outside your CU		What was the total amount of the expense? For continuing expenses, do not include expenses for the current month.		Did you have any other expenses for...?			Description from column b	Month or code from column d	Expense from column f
ITEM CODE	YES	NO				Month	Continuous expense	CU	Outside CU			YES	NO			Month		
COMPUTER INFORMATION SERVICES	280				0010		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
TV COMPUTER GAMES AND COMPUTER GAME SOFTWARE	290				0020		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
HAND HELD COMPUTER GAMES AND COMPUTER BOARD GAMES	300				0030		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
TOYS AND GAMES	330				0040		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
HOBBIES	340				0050		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
MOVING, STORAGE, AND FREIGHT EXPRESS	230				0060		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
PURCHASE OF PETS, PET SUPPLIES, AND MEDICINE FOR PETS	240				0070		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
PET SERVICES	250				0080		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
VETERINARIAN EXPENSES FOR PETS	260				0090		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
ALIMONY	310				0100		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
CHILD SUPPORT	320				0110		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
MONEY GIVEN TO NON-CU MEMBERS, CHARITIES, AND OTHER ORGANIZATIONS	270				0120		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0130		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0140		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0150		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0160		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0170		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0180		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0190		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0200		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0210		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
					0220		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
4. FIELD REPRESENTATIVE CHECK ITEM							13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
Mark (X) box if there are no entries recorded in columns b-g.							13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00



**Section 20 – EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS**

**Part A – Food and Beverages** 1 20 01 4 ↓

**1a.** Since the 1st of (month, 3 months ago), what has been your usual WEEKLY expense at the grocery store or supermarket? 0010 \$ \_\_\_\_\_ .00  
 None – Go to item 2a

**b.** About how much of this amount was for nonfood items, such as paper products, detergents, home cleaning supplies, pet foods, and alcoholic beverages? 0020 \$ \_\_\_\_\_ .00  
 None

**2a.** Have you (or any members of your CU) purchased any food or nonalcoholic beverages from places other than grocery stores, such as home delivery, specialty stores, bakeries, convenience stores, dairy stores, vegetable stands, or farmers' markets? Include any large purchases made for freezing or canning. 0030  Yes  No – Go to item 3a

**b.** What was your usual WEEKLY expense at these places? 0040 \$ \_\_\_\_\_ .00

**3a.** Do you (or any members of your CU) ever buy alcoholic beverages to be served at home? 0050  Yes  No – Go to item 4a

**b.** What was your usual MONTHLY expense for beer and wine? 0060 \$ \_\_\_\_\_ .00  
 None

**c.** What was your usual MONTHLY expense for other alcoholic beverages? 0070 \$ \_\_\_\_\_ .00  
 None

**4a.** Have you (or any members of your CU) purchased any alcoholic beverages in restaurants, taverns, or cocktail lounges? 0080  Yes  No – Go to item 5a

**b.** What was the usual MONTHLY expense? 0090 \$ \_\_\_\_\_ .00

**5a.** Have you (or any members of your CU) purchased dinners, other meals or snacks in restaurants, cafeterias, cafes, drive-ins, or other such places? 0100  Yes  No – Go to item 6a

**b.** What was the usual MONTHLY expense for these purchases? 0110 \$ \_\_\_\_\_ .00

**6a.** Have you (or any members of your CU) paid for board not received in a boarding house? 0120  Yes  No – Go to item 7a

**b.** What was the usual MONTHLY expense? 0130 \$ \_\_\_\_\_ .00

**7a.** Have you (or any members of your CU) received any food stamps? 0140  Yes  No – Go to item 8

**b.** For how many months since the 1st of (month, 3 months ago), were food stamps received? 0150  1 month  2 months  3 months  4 months

**c.** What was the value of all food stamps received? 0160 \$ \_\_\_\_\_ .00

**8.** Have you (or any members of your CU) received any free food, beverages, or meals through public or private welfare agencies, including religious organizations? Do not include free meals in school or preschool programs. 0170  Yes  No

**9a.** Have you (or any members of your CU) received any free meals at work as part of your pay? 0180  Yes  No – Go to item 10a

**b.** About what was the WEEKLY dollar value of such meals? 0190 \$ \_\_\_\_\_ .00

**c.** Since the 1st of (month, 3 months ago), how many weeks did members of your CU receive such meals? 0200 \_\_\_\_\_ Number of weeks

*Ask only if preschool or school age students; otherwise mark "No."*

**10a.** Since the 1st of (month, 3 months ago), excluding (this month), have you (or members of your CU) purchased any meals at school or in a preschool program for preschool or school age children? 0210  Yes  No – Go to part B

**b.** If YES – What are the names of all CU members who purchased meals at school? Enter the name of each CU member purchasing meals at school in column a, then ask columns b through d for each name entered.

PROCESSING USE ONLY	a	b	c	d
	Name	Enter line number from Control Card.	What is the usual WEEKLY expense for the meals . . . purchased at school?	How many weeks did . . . purchase meals?  Enter number of weeks.
	3 20 02 8 →			
0010			\$ .00	
0020			\$ .00	
0030			\$ .00	
0040			\$ .00	
0050			\$ .00	
0060			\$ .00	
0070			\$ .00	
0080			\$ .00	
0090			\$ .00	

NOTES

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

<b>Part B – Selected Services and Goods</b>		1 20 03 0 ↓												
<b>1a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a												
<b>b.</b> What was the total expense?	0020	\$ _____ .00 0 <input type="checkbox"/> None												
<b>2a.</b> Have you (or any members of your CU) used coin-operated laundry or dry cleaning machines?	0030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a												
<b>b.</b> What was the total cost for these machines?	0040	\$ _____ .00												
<b>c.</b> Was any of this amount for items other than clothes?	0050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a												
<b>d.</b> How much?	0060	\$ _____ .00 x <input type="checkbox"/> Don't know												
<b>3a.</b> Have you (or any members of your CU) sent clothes or other items to the dry cleaners or laundry?	0070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a												
<b>b.</b> What was the total cost for dry cleaning or laundry services?	0080	\$ _____ .00												
<b>c.</b> Was any of this amount for items other than clothes?	0090	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a												
<b>d.</b> How much?	0100	\$ _____ .00 x <input type="checkbox"/> Don't know												
<b>4.</b> Do any members of your CU use tobacco products, such as –	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c												
<b>a.</b> Cigarettes?														
<b>b.</b> If YES – What is the usual WEEKLY expense for cigarettes?	0120	\$ _____ .00												
<b>c.</b> Cigars, pipe tobacco, or other tobaccos, including chewing tobacco?	0130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5												
<b>d.</b> If YES – What is the usual WEEKLY expense for cigars, pipe tobacco, or other tobaccos?	0140	\$ _____ .00												
Ask only if males in CU. <b>5.</b> What is the usual MONTHLY expense for haircutting, styling, and other related services for all male members of your CU?	0150	\$ _____ .00 0 <input type="checkbox"/> None												
Ask only if females in CU. <b>6.</b> What is the usual MONTHLY expense for haircutting, styling, and all other related services for all female members of your CU?	0160	\$ _____ .00 0 <input type="checkbox"/> None												
<b>7a.</b> Do you (or any members of your CU) rent a safe deposit box located in a bank or a similar financial institution?	0170	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a												
<b>b.</b> What was the total rental expense for the safe deposit box since the 1st of (month, 3 months ago)?	0180	\$ _____ .00 0 <input type="checkbox"/> None												
<b>8a.</b> Do you (or any members of your CU) have any expenses for checking accounts or other banking services?	0190	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a												
<b>b.</b> What is the usual MONTHLY charge?	0200	\$ _____ .00												
<b>9a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a												
<b>b.</b> If YES – What was the total expense?	0220	\$ _____ .00												
<b>10a.</b> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a												
<b>b.</b> How many members of the CU use mass transit to go to – What is the usual MONTHLY cost?		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Number of persons using service</th> <th style="width: 20%;">Usual monthly cost</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <b>(1) Work?</b> .....                             </td> <td style="padding: 5px;">                                 0320 _____                                  0 <input type="checkbox"/> None                             </td> <td style="padding: 5px;">                                 0330 \$ _____ .00                             </td> </tr> <tr> <td style="padding: 5px;"> <b>(2) School?</b> .....                             </td> <td style="padding: 5px;">                                 0340 _____                                  0 <input type="checkbox"/> None                             </td> <td style="padding: 5px;">                                 0350 \$ _____ .00                             </td> </tr> <tr> <td style="padding: 5px;"> <b>(3) Other places?</b> .....                             </td> <td style="padding: 5px;">                                 0360 _____                                  0 <input type="checkbox"/> None                             </td> <td style="padding: 5px;">                                 0370 \$ _____ .00                             </td> </tr> </tbody> </table>		Number of persons using service	Usual monthly cost	<b>(1) Work?</b> .....	0320 _____ 0 <input type="checkbox"/> None	0330 \$ _____ .00	<b>(2) School?</b> .....	0340 _____ 0 <input type="checkbox"/> None	0350 \$ _____ .00	<b>(3) Other places?</b> .....	0360 _____ 0 <input type="checkbox"/> None	0370 \$ _____ .00
	Number of persons using service	Usual monthly cost												
<b>(1) Work?</b> .....	0320 _____ 0 <input type="checkbox"/> None	0330 \$ _____ .00												
<b>(2) School?</b> .....	0340 _____ 0 <input type="checkbox"/> None	0350 \$ _____ .00												
<b>(3) Other places?</b> .....	0360 _____ 0 <input type="checkbox"/> None	0370 \$ _____ .00												
<b>11a.</b> Since the 1st of (month, 3 months ago), have you (or any members of your CU) had any expenses for private school buses?	0380	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section												
<b>b.</b> If YES – What was the total expense?	0390	\$ _____ .00												
NOTES														

**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 – Second Quarter Only**

1 21 02 0 ↘

a				PROCESSING USE ONLY	b			PROCESSING USE ONLY	c			d			e		NOTES
1. 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.  Read each item listed below. Complete a separate line for each individual store, credit card, etc.  CREDIT SOURCE					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 owed to (credit source)?	Don't know	Did any member of your CU owe any money to any other (credit source)?						
ITEM CODE	YES	NO										YES	NO				
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc. . . . .	100			0010				0020	\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Stores for installment credit accounts . . . . .	200			0030				0040	\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Banks and savings and loan companies . . . . .	300			0050				0060	\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Credit unions . . . . .	400			0070				0080	\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Finance companies . . . . .	500			0090				0100	\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Insurance companies (Do not include insurance premium payments) . . . . .	600			0110				0120	\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance . . . . .	700			0130				0140	\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Other credit sources . . . . .	800			0150				0160	\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
				0170				0180	\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
				0190				0200	\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
				0210				0220	\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
				0230				0240	\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2. FIELD REPRESENTATIVE CHECK ITEM				0250				0260	\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Mark (X) box if there are no entries recorded in columns b–e.	0010			0270				0280	\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
				0290				0300	\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

**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 – Continued – Second Quarter Only**

1 21 03 8 ↴

a		PROCESSING USE ONLY	b			PROCESSING USE ONLY	d			e		NOTES
CREDIT SOURCE	ITEM CODE		ENTER ITEM CODE from column a				What is the name of the (credit source) to which you owe money? <i>Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.</i>	How much was owed to (credit source)?	Don't know	YES	NO	
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc. . . . .	100	0010					\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stores for installment credit accounts . . . . .	200	0030					\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Banks and savings and loan companies . . . . .	300	0050					\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Credit unions . . . . .	400	0070					\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Finance companies . . . . .	500	0090					\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Insurance companies (Do not include insurance premium payments) . . . . .	600	0110					\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance . . . . .	700	0130					\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other credit sources . . . . .	800	0150					\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0170					\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0190					\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0210					\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0230					\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0250					\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0270					\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0290					\$ .00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**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 – Fifth Quarter Only				1 21 11 1 ↓																	
a				PROCESSING USE ONLY	b			PROCESSING USE ONLY	d			PROCESSING USE ONLY	e			f		NOTES			
1. 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.  Read each item listed below. Complete a separate line for each individual store, credit card, etc.  CREDIT SOURCE					ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owed money?  Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.			Ask if "Yes" in item 1.  How much was owed to (credit source)?				What was the total amount owed on the 1st of (current month, one year ago)?			Did any member of your CU owe any money to any other (credit source)?  If "No," go to next credit source in column a.					
ITEM CODE	YES	NO											None	Don't know	YES	NO					
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc. ....			100	0010			0020	\$	.00	x <input type="checkbox"/>	0030	\$	.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Stores for installment credit accounts. ....			200	0040			0050	\$	.00	x <input type="checkbox"/>	0060	\$	.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Banks and savings and loan companies. ....			300	0070			0080	\$	.00	x <input type="checkbox"/>	0090	\$	.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Credit unions. ....			400	0100			0110	\$	.00	x <input type="checkbox"/>	0120	\$	.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Finance companies. ....			500																		
Insurance companies (Do not include insurance premium payments) . . . . .			600	0130			0140	\$	.00	x <input type="checkbox"/>	0150	\$	.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance . . . . .			700	0160			0170	\$	.00	x <input type="checkbox"/>	0180	\$	.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other credit sources. ....			800	0190			0200	\$	.00	x <input type="checkbox"/>	0210	\$	.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2a. On the 1st day of (current month, one year ago), did you (or any members of your CU) owe money to any creditor that you did not owe money to on the 1st day of (the current month, the current year)?  <input type="checkbox"/> YES <input type="checkbox"/> NO				0220			0230	\$	.00	x <input type="checkbox"/>	0240	\$	.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				0250			0260	\$	.00	x <input type="checkbox"/>	0270	\$	.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				0280			0290	\$	.00	x <input type="checkbox"/>	0300	\$	.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b. What was the source of the credit? . . . . .  Complete columns b, c, e, and f for each credit source reported.				Item code(s)				0310			0320	\$	.00	x <input type="checkbox"/>	0330	\$	.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								0340			0350	\$	.00	x <input type="checkbox"/>	0360	\$	.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. FIELD REPRESENTATIVE CHECK ITEM  Mark (X) box if there are no entries recorded in columns b–f.				1 21 10 3 ↓				0370			0380	\$	.00	x <input type="checkbox"/>	0390	\$	.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				0010 999 <input type="checkbox"/> Go to part B				0400			0410	\$	.00	x <input type="checkbox"/>	0420	\$	.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								0430			0440	\$	.00	x <input type="checkbox"/>	0450	\$	.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**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 – Fifth Quarter Only**

1 21 12 9 ↴

a		PROCESSING USE ONLY	b ENTER ITEM CODE from column a	c What is the name of the (credit source) to which you owed money?  Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.	PROCESSING USE ONLY	d			PROCESSING USE ONLY	e			f		NOTES
CREDIT SOURCE	ITEM CODE					Ask if "Yes" in item 1. How much was owed to (credit source)?	Don't know	What was the total amount owed on the 1st of (current month, one year ago)?		None	Don't know	YES	NO		
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc. ....	100	0010			0020	\$ .00	x <input type="checkbox"/>	0030	\$ .00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stores for installment credit accounts .....	200	0040			0050	\$ .00	x <input type="checkbox"/>	0060	\$ .00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Banks and savings and loan companies .....	300	0070			0080	\$ .00	x <input type="checkbox"/>	0090	\$ .00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Credit unions .....	400	0100			0110	\$ .00	x <input type="checkbox"/>	0120	\$ .00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Finance companies .....	500	0130			0140	\$ .00	x <input type="checkbox"/>	0150	\$ .00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Insurance companies (Do not include insurance premium payments) .....	600	0160			0170	\$ .00	x <input type="checkbox"/>	0180	\$ .00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance .....	700	0190			0200	\$ .00	x <input type="checkbox"/>	0210	\$ .00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other credit sources .....	800	0220			0230	\$ .00	x <input type="checkbox"/>	0240	\$ .00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0250			0260	\$ .00	x <input type="checkbox"/>	0270	\$ .00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0280			0290	\$ .00	x <input type="checkbox"/>	0300	\$ .00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0310			0320	\$ .00	x <input type="checkbox"/>	0330	\$ .00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0340			0350	\$ .00	x <input type="checkbox"/>	0360	\$ .00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0370			0380	\$ .00	x <input type="checkbox"/>	0390	\$ .00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0400			0410	\$ .00	x <input type="checkbox"/>	0420	\$ .00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0430			0440	\$ .00	x <input type="checkbox"/>	0450	\$ .00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Section 21 – CREDIT LIABILITY – Continued**

<b>Part B – Finance Charges – Fifth Quarter Only</b>		1 21 20 2 ↓	NOTES
<p><b>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?</b></p>			
<p><b>a. Revolving credit accounts including store, gasoline and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.?</b> . . . . .</p> <p><i>Do not include yearly fees.</i>                      If YES – How much was paid for finance, interest and late charges? . . . . .</p>	<p>0010 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No</p> <p>0020 \$ _____ .00                      x <input type="checkbox"/> Don't know</p>		
<p><b>b. Stores for installment credit accounts?</b> . . . . .</p> <p>If YES – How much was paid for finance, interest and late charges? . . . . .</p>	<p>0030 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No</p> <p>0040 \$ _____ .00                      x <input type="checkbox"/> Don't know</p>		
<p><b>c. Banks and Savings and Loans?</b> . . . . .</p> <p>If YES – How much was paid for finance, interest and late charges? . . . . .</p>	<p>0050 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No</p> <p>0060 \$ _____ .00                      x <input type="checkbox"/> Don't know</p>		
<p><b>d. Credit unions?</b> . . . . .</p> <p>If YES – How much was paid for finance, interest and late charges? . . . . .</p>	<p>0070 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No</p> <p>0080 \$ _____ .00                      x <input type="checkbox"/> Don't know</p>		
<p><b>e. Finance companies?</b> . . . . .</p> <p>If YES – How much was paid for finance, interest and late charges? . . . . .</p>	<p>0090 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No</p> <p>0100 \$ _____ .00                      x <input type="checkbox"/> Don't know</p>		
<p><b>f. Insurance companies?</b> . . . . .</p> <p>If YES – How much was paid for finance, interest and late charges? . . . . .</p>	<p>0110 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No</p> <p>0120 \$ _____ .00                      x <input type="checkbox"/> Don't know</p>		
<p><b>g. Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance?</b> . . . . .</p> <p>If YES – How much was paid for finance, interest and late charges? . . . . .</p>	<p>0130 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No</p> <p>0140 \$ _____ .00                      x <input type="checkbox"/> Don't know</p>		
<p><b>h. Other credit sources?</b> . . . . .</p> <p>If YES – How much was paid for finance, interest and late charges? . . . . .</p>	<p>0150 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No</p> <p>0160 \$ _____ .00                      x <input type="checkbox"/> Don't know</p>		



**Section 22 – WORK EXPERIENCE AND INCOME**

FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.


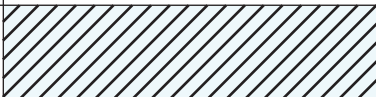

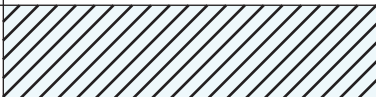

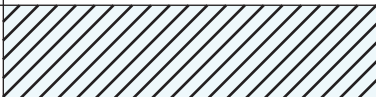

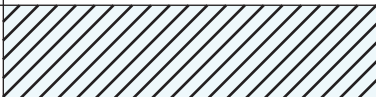
**Part A – Second Quarter, Fifth Quarter or New Consumer Units Only**

<p><b>1.</b> FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 22 01 0 ↓</p>	<p>a. NAME</p>	<p><b>5.</b> What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p>	<p>0100 _____ Code</p>	<p><b>8.</b> During the past 12 months, did . . . receive – <b>a.</b> Any Supplemental Security Income checks from the U.S. Government? <b>b.</b> Any Supplemental Security Income checks from the State or local Government? If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether?</p>	<p>0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00</p>																																
<p><b>2.</b> In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.</p>	<p>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>	<p>b. LINE NUMBER 0010</p>	<p><b>6.</b> During the past 12 months, did . . . receive any money in – <b>a.</b> Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? <b>b.</b> Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? <b>c.</b> Income or loss from . . . 's own farm? What was the amount of income or loss after expenses?</p>	<p>0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ _____ .00 0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss</p>	<p><b>9.</b> What was the gross amount of . . . 's last pay and what period of time did this cover? Ask items 9–12 only if item 6a is YES (code 1).</p>	<p>0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p>																																
<p><b>3.</b> In the weeks that . . . worked, how many hours did . . . usually work per week?</p>	<p>0030 _____ Hours per week</p>	<p>0070 _____ Code</p>	<p><b>7.</b> During the past 12 months, did . . . receive from the U.S. Government any money – <b>a.</b> From Social Security checks? <b>b.</b> From Railroad Retirement checks?</p>	<p>0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>10.</b> Was there any money deducted from . . . 's last pay for – If YES – How much was deducted? <b>a.</b> Federal income tax? <b>b.</b> State and local income tax? <b>c.</b> Social Security including Medicare? <b>d.</b> Railroad Retirement? <b>e.</b> Government Retirement? <b>f.</b> Private pension fund? <b>g.</b> If NO in item 10c – Are Social Security payments normally deducted from your paycheck?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0430 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0500 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>		Yes	No	Amount	0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00				0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00				0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>				0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00				0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00				0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00				0500 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
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<p><b>4a.</b> The job in which . . . received the most earnings during the past 12 months fits best in the following category: Information Booklet, page 44 Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>11.</b> Does the money deducted for Social Security cover only the Medicare portion of Social Security? <b>12.</b> 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? <b>13a.</b> During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA &amp; Keogh)? Exclude rollovers. <b>b.</b> If YES – How much?</p>	<p>0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a 0310 \$ _____ .00 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0330 _____ Number</p>	<p>0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 0530 \$ _____ .00</p>	<p><b>14.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</p>	<p>0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>																																
<p><b>b.</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?</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>13b.</b> If YES – How much?</p>	<p><b>14.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</p>	<p>0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>	<p>0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>	<p>0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>																																

Section 22 - WORK EXPERIENCE AND INCOME - Continued

FIELD REPRESENTATIVE - Ask a separate page of part A for each CU member 14 years old and over.

Part A - Second Quarter, Fifth Quarter or New Consumer Units Only - Continued

<b>1. FIELD REPRESENTATIVE ITEM</b> Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY 1 22 06 9 ↓	<b>a. NAME</b>  <b>b. LINE NUMBER</b> 0010	<b>5. What was the main reason . . . did not work during the past 12 months? Was . . .</b> CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify ↘	0100 _____ Code	<b>8. During the past 12 months, did . . . receive -</b> <b>a. Any Supplemental Security Income checks from the U.S. Government?</b> 0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>b. Any Supplemental Security Income checks from the State or local Government?</b> 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>How much did . . . receive in Supplemental Security Income checks altogether?</b> 0360 \$ _____ .00	0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  0360 \$ _____ .00																																
<b>2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.</b>	0020 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5	0020 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5	<b>6. During the past 12 months, did . . . receive any money in -</b> <b>a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?</b>	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b  0210 \$ _____ .00	<b>9. What was the gross amount of . . .'s last pay and what period of time did this cover?</b>  Ask items 9-12 only if item 6a is YES (code 1). 0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month	0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month																																
<b>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</b>	0030 _____ Hours per week	0030 _____ Hours per week	<b>b. Income or loss from . . .'s own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses?</b>	0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6c  0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss	<b>10. Was there any money deducted from . . .'s last pay for -</b> If YES - How much was deducted? <b>a. Federal income tax?</b> . . . . . 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00  <b>b. State and local income tax?</b> . . . . . 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00  <b>c. Social Security including Medicare?</b> . . . . . 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>   <b>d. Railroad Retirement?</b> . . . . . 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00  <b>e. Government Retirement?</b> . . . . . 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00  <b>f. Private pension fund?</b> . . . . . 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00  <b>g. If NO in item 10c - Are Social Security payments normally deducted from your paycheck?</b> . . . . . 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/> 	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>a. Federal income tax?</td> <td>0390 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0400 \$ _____ .00</td> </tr> <tr> <td>b. State and local income tax?</td> <td>0410 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0420 \$ _____ .00</td> </tr> <tr> <td>c. Social Security including Medicare?</td> <td>0430 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>d. Railroad Retirement?</td> <td>0440 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0450 \$ _____ .00</td> </tr> <tr> <td>e. Government Retirement?</td> <td>0460 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0470 \$ _____ .00</td> </tr> <tr> <td>f. Private pension fund?</td> <td>0480 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0490 \$ _____ .00</td> </tr> <tr> <td>g. If NO in item 10c - Are Social Security payments normally deducted from your paycheck?</td> <td>0500 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		Yes	No	Amount	a. Federal income tax?	0390 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0400 \$ _____ .00	b. State and local income tax?	0410 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0420 \$ _____ .00	c. Social Security including Medicare?	0430 1 <input type="checkbox"/>	2 <input type="checkbox"/>		d. Railroad Retirement?	0440 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0450 \$ _____ .00	e. Government Retirement?	0460 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0470 \$ _____ .00	f. Private pension fund?	0480 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0490 \$ _____ .00	g. If NO in item 10c - Are Social Security payments normally deducted from your paycheck?	0500 1 <input type="checkbox"/>	2 <input type="checkbox"/>	
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<b>4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category:</b> Information Booklet, page 44 Manager, professional <b>01 - Administrator, manager</b> <b>02 - Teacher</b> <b>03 - Professional</b> Administrative support, technical, sales <b>04 - Administrative support, including clerical</b> <b>05 - Sales, retail</b> <b>06 - Sales, business goods and services</b> <b>07 - Technician</b> Service <b>08 - Protective service</b> <b>09 - Private household service</b> <b>10 - Other service</b> Operator, assembler, laborer <b>11 - Machine operator, assembler, inspector</b> <b>12 - Transportation operator</b> <b>13 - Handler, helper, laborer</b> Precision production, craft, repair <b>14 - Mechanic, repairer, precision production</b> <b>15 - Construction, mining</b> Farming, forestry, fishing <b>16 - Farming</b> <b>17 - Forestry, fishing, groundskeeping</b> Armed forces <b>18 - Armed forces</b>	0070 _____ Code	0070 _____ Code	<b>c. Income or loss from . . .'s own farm? What was the amount of income or loss after expenses?</b>	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 7  0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss	<b>11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?</b> Ask if "Yes" in item 10c or 10g 0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																
<b>b. Was . . .</b> CODE <b>1 - An employee of a PRIVATE company, business, or individual working for wages or salary?</b> <b>2 - A Federal government employee?</b> <b>3 - A State government employee?</b> <b>4 - A local government employee?</b> <b>5 - Self-employed in OWN business, professional practice, or farm?</b> <b>6 - Working WITHOUT PAY in family business or farm?</b>	0080 _____ Code  Ask if code 5 and not a farm - Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0080 _____ Code  Ask if code 5 and not a farm - Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>7. During the past 12 months, did . . . receive from the U.S. Government any money -</b> <b>a. From Social Security checks?</b>	0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>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?</b>  0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																
			<b>b. From Railroad Retirement checks?</b>	0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA &amp; Keogh)? Exclude rollovers.</b> <b>b. If YES - How much?</b>	0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14  0530 \$ _____ .00																																
			<b>c. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?</b>	0300 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a	0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used	<b>14. FIELD REPRESENTATIVE CHECK ITEM</b> Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6-13.																																
			<b>d. What was the amount of the last Social Security or Railroad Retirement payment received?</b>	0310 \$ _____ .00																																		
			<b>e. Is this amount AFTER the deduction for a Medicare premium?</b>	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																		
			<b>f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</b>	0330 _____ Number																																		



**Section 22 – WORK EXPERIENCE AND INCOME – Continued**

FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.


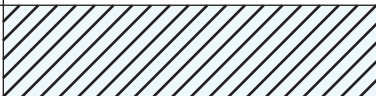

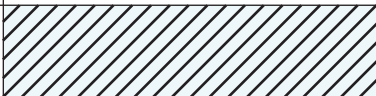

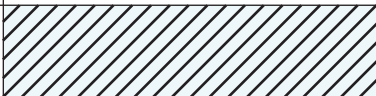

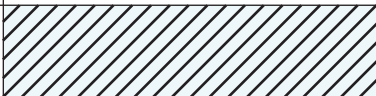
**Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued**

<p><b>1.</b> FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY</p>	<p>1 22 11 9 ↓</p>	<p><b>5.</b> What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p>	<p>0100 _____ Code</p>	<p><b>8.</b> During the past 12 months, did . . . receive – <b>a.</b> Any Supplemental Security Income checks from the U.S. Government? <b>b.</b> Any Supplemental Security Income checks from the State or local Government? If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether?</p>	<p>0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00</p>																																
<p><b>2.</b> In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.</p>	<p>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>	<p>0020 _____ Weeks</p>	<p><b>6.</b> During the past 12 months, did . . . receive any money in – <b>a.</b> Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?</p>	<p>0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ _____ .00</p>	<p>Ask items 9–12 only if item 6a is YES (code 1). <b>9.</b> What was the gross amount of . . . 's last pay and what period of time did this cover?</p>	<p>0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p>																																
<p><b>3.</b> In the weeks that . . . worked, how many hours did . . . usually work per week?</p>	<p>0030 _____ Hours per week</p>	<p>0030 _____ Hours per week</p>	<p><b>b.</b> Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses?</p>	<p>0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss</p>	<p><b>10.</b> Was there any money deducted from . . . 's last pay for – If YES – How much was deducted? <b>a.</b> Federal income tax? . . . . . <b>b.</b> State and local income tax? . . . . . <b>c.</b> Social Security including Medicare? . . . . . <b>d.</b> Railroad Retirement? . . . . . <b>e.</b> Government Retirement? . . . . . <b>f.</b> Private pension fund? . . . . . <b>g.</b> If NO in item 10c – Are Social Security payments normally deducted from your paycheck? . . . . .</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>0390 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0400 \$ _____ .00</td> </tr> <tr> <td>0410 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0420 \$ _____ .00</td> </tr> <tr> <td>0430 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>0440 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0450 \$ _____ .00</td> </tr> <tr> <td>0460 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0470 \$ _____ .00</td> </tr> <tr> <td>0480 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0490 \$ _____ .00</td> </tr> <tr> <td>0500 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>		Yes	No	Amount	0390 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0400 \$ _____ .00	0410 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0420 \$ _____ .00	0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>				0440 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0450 \$ _____ .00	0460 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0470 \$ _____ .00	0480 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0490 \$ _____ .00	0500 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
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<p>Information Booklet, page 44 <b>4a.</b> The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</p>	<p>0070 _____ Code</p>	<p>0070 _____ Code</p>	<p><b>c.</b> Income or loss from . . . 's own farm? What was the amount of income or loss after expenses?</p>	<p>0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss</p>	<p>Ask if "Yes" in item 10c or 10g <b>11.</b> Does the money deducted for Social Security cover only the Medicare portion of Social Security?</p>	<p>0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																																
<p><b>b.</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?</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>7.</b> During the past 12 months, did . . . receive from the U.S. Government any money – <b>a.</b> From Social Security checks? <b>b.</b> From Railroad Retirement checks?</p>	<p>0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>12.</b> 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?</p>	<p>0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																																
			<p><b>c.</b> FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?</p>	<p>0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a</p>	<p><b>13a.</b> During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA &amp; Keogh)? Exclude rollovers. <b>b.</b> If YES – How much?</p>	<p>0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 0530 \$ _____ .00</p>																																
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Section 22 - WORK EXPERIENCE AND INCOME - Continued

FIELD REPRESENTATIVE - Ask a separate page of part A for each CU member 14 years old and over.

Part A - Second Quarter, Fifth Quarter or New Consumer Units Only - Continued

<b>1. FIELD REPRESENTATIVE ITEM</b> Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY 1 22 16 8 ↓	<b>a. NAME</b>  <b>b. LINE NUMBER</b> 0010	<b>5. What was the main reason . . . did not work during the past 12 months? Was . . .</b> CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify →	0100 _____ Code	<b>8. During the past 12 months, did . . . receive -</b> <b>a. Any Supplemental Security Income checks from the U.S. Government?</b> 0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>b. Any Supplemental Security Income checks from the State or local Government?</b> 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>How much did . . . receive in Supplemental Security Income checks altogether?</b> 0360 \$ _____ .00	0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  0360 \$ _____ .00																																
<b>2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.</b>	0020 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5	0020 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5	<b>6. During the past 12 months, did . . . receive any money in -</b> <b>a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?</b>	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b  0210 \$ _____ .00	<b>9. What was the gross amount of . . .'s last pay and what period of time did this cover?</b>  Ask items 9-12 only if item 6a is YES (code 1). 0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify → 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month	0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify → 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month																																
<b>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</b>	0030 _____ Hours per week	0030 _____ Hours per week	<b>b. Income or loss from . . .'s own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses?</b>	0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6c  0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss	<b>10. Was there any money deducted from . . .'s last pay for -</b> If YES - How much was deducted? <b>a. Federal income tax?</b> . . . . . 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00  <b>b. State and local income tax?</b> . . . . . 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00  <b>c. Social Security including Medicare?</b> . . . . . 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>   <b>d. Railroad Retirement?</b> . . . . . 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00  <b>e. Government Retirement?</b> . . . . . 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00  <b>f. Private pension fund?</b> . . . . . 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00  <b>g. If NO in item 10c - Are Social Security payments normally deducted from your paycheck?</b> . . . . . 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/> 	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>a. Federal income tax?</td> <td>0390 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0400 \$ _____ .00</td> </tr> <tr> <td>b. State and local income tax?</td> <td>0410 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0420 \$ _____ .00</td> </tr> <tr> <td>c. Social Security including Medicare?</td> <td>0430 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>d. Railroad Retirement?</td> <td>0440 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0450 \$ _____ .00</td> </tr> <tr> <td>e. Government Retirement?</td> <td>0460 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0470 \$ _____ .00</td> </tr> <tr> <td>f. Private pension fund?</td> <td>0480 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0490 \$ _____ .00</td> </tr> <tr> <td>g. If NO in item 10c - Are Social Security payments normally deducted from your paycheck?</td> <td>0500 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		Yes	No	Amount	a. Federal income tax?	0390 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0400 \$ _____ .00	b. State and local income tax?	0410 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0420 \$ _____ .00	c. Social Security including Medicare?	0430 1 <input type="checkbox"/>	2 <input type="checkbox"/>		d. Railroad Retirement?	0440 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0450 \$ _____ .00	e. Government Retirement?	0460 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0470 \$ _____ .00	f. Private pension fund?	0480 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0490 \$ _____ .00	g. If NO in item 10c - Are Social Security payments normally deducted from your paycheck?	0500 1 <input type="checkbox"/>	2 <input type="checkbox"/>	
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<b>d. What was the amount of the last Social Security or Railroad Retirement payment received?</b>	0310 \$ _____ .00	0310 \$ _____ .00	<b>b. From Railroad Retirement checks?</b>	0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA &amp; Keogh)? Exclude rollovers.</b> <b>b. If YES - How much?</b>	0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14  0530 \$ _____ .00																																
<b>e. Is this amount AFTER the deduction for a Medicare premium?</b>	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>c. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?</b>	0300 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a	<b>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.</b>	0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used																																
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**Section 22 – WORK EXPERIENCE AND INCOME – Continued**

FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.

**Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued**

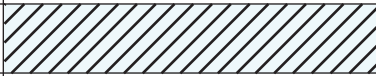
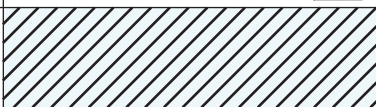
<p><b>1.</b> FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY</p>	<p>1 22 21 8 ↓</p>	<p><b>5.</b> What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p>	<p>0100 _____ Code</p>	<p><b>8.</b> During the past 12 months, did . . . receive – <b>a.</b> Any Supplemental Security Income checks from the U.S. Government? <b>b.</b> Any Supplemental Security Income checks from the State or local Government? If YES in items 8a and/or 8b – <b>How much did . . . receive in Supplemental Security Income checks altogether?</b></p>	<p>0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00</p>																																
<p><b>2.</b> In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.</p>	<p>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>	<p>0020 _____ Weeks</p>	<p><b>6.</b> During the past 12 months, did . . . receive any money in – <b>a.</b> Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?</p>	<p>0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ _____ .00</p>	<p>Ask items 9–12 only if item 6a is YES (code 1). <b>9.</b> What was the gross amount of . . . 's last pay and what period of time did this cover?</p>	<p>0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p>																																
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Section 22 - WORK EXPERIENCE AND INCOME - Continued

FIELD REPRESENTATIVE - Ask a separate page of part A for each CU member 14 years old and over.

Part A - Second Quarter, Fifth Quarter or New Consumer Units Only - Continued

<b>1.</b> FIELD REPRESENTATIVE ITEM <small>Enter the first name and line number of each CU member 14 years old and over.</small>	PROCESSING USE ONLY 1 22 26 7 ↓	<b>a.</b> NAME  <b>b.</b> LINE NUMBER <span style="border: 1px solid black; padding: 2px;">0010</span>	<b>5.</b> What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify ↘  <span style="border: 1px solid black; padding: 2px;">0100</span> _____ Code	<b>8.</b> During the past 12 months, did . . . receive - <b>a.</b> Any Supplemental Security Income checks from the U.S. Government? <span style="border: 1px solid black; padding: 2px;">0340</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>b.</b> Any Supplemental Security Income checks from the State or local Government? <span style="border: 1px solid black; padding: 2px;">0350</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If YES in items 8a and/or 8b - <b>How much did . . . receive in Supplemental Security Income checks altogether?</b> <span style="border: 1px solid black; padding: 2px;">0360</span> \$ _____ .00	Ask items 9-12 only if item 6a is YES (code 1). <b>9.</b> What was the gross amount of . . . 's last pay and what period of time did this cover? <span style="border: 1px solid black; padding: 2px;">0370</span> \$ _____ .00 <span style="border: 1px solid black; padding: 2px;">0380</span> 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month	
<b>2.</b> In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave. <span style="border: 1px solid black; padding: 2px;">0020</span> _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5		<span style="border: 1px solid black; padding: 2px;">0030</span> _____ Hours per week	<b>6.</b> During the past 12 months, did . . . receive any money in - <b>a. Wages or salary?</b> Include commissions, tips, Armed Forces pay and allowances. <b>What was the amount of income received before any deductions?</b> <span style="border: 1px solid black; padding: 2px;">0200</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b <span style="border: 1px solid black; padding: 2px;">0210</span> \$ _____ .00	<b>10.</b> Was there any money deducted from . . . 's last pay for - If YES - How much was deducted? <b>a. Federal income tax?</b> . . . . . <span style="border: 1px solid black; padding: 2px;">0390</span> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <span style="border: 1px solid black; padding: 2px;">0400</span> \$ _____ .00 <b>b. State and local income tax?</b> . . . . . <span style="border: 1px solid black; padding: 2px;">0410</span> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <span style="border: 1px solid black; padding: 2px;">0420</span> \$ _____ .00 <b>c. Social Security including Medicare?</b> . . . . . <span style="border: 1px solid black; padding: 2px;">0430</span> 1 <input type="checkbox"/> 2 <input type="checkbox"/>  <b>d. Railroad Retirement?</b> . . . . . <span style="border: 1px solid black; padding: 2px;">0440</span> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <span style="border: 1px solid black; padding: 2px;">0450</span> \$ _____ .00 <b>e. Government Retirement?</b> . . . . . <span style="border: 1px solid black; padding: 2px;">0460</span> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <span style="border: 1px solid black; padding: 2px;">0470</span> \$ _____ .00 <b>f. Private pension fund?</b> . . . . . <span style="border: 1px solid black; padding: 2px;">0480</span> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <span style="border: 1px solid black; padding: 2px;">0490</span> \$ _____ .00 <b>g. If NO in item 10c - Are Social Security payments normally deducted from your paycheck?</b> . . . . . <span style="border: 1px solid black; padding: 2px;">0500</span> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 	Yes No Amount <b>11.</b> Does the money deducted for Social Security cover only the Medicare portion of Social Security? <span style="border: 1px solid black; padding: 2px;">0501</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>3.</b> In the weeks that . . . worked, how many hours did . . . usually work per week? <span style="border: 1px solid black; padding: 2px;">0030</span> _____ Hours per week  <small>Information Booklet, page 44</small> <b>4a.</b> The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional <b>01 - Administrator, manager</b> <b>02 - Teacher</b> <b>03 - Professional</b> Administrative support, technical, sales <b>04 - Administrative support, including clerical</b> <b>05 - Sales, retail</b> <b>06 - Sales, business goods and services</b> <b>07 - Technician</b> Service <b>08 - Protective service</b> <b>09 - Private household service</b> <b>10 - Other service</b> Operator, assembler, laborer <b>11 - Machine operator, assembler, inspector</b> <b>12 - Transportation operator</b> <b>13 - Handler, helper, laborer</b> Precision production, craft, repair <b>14 - Mechanic, repairer, precision production</b> <b>15 - Construction, mining</b> Farming, forestry, fishing <b>16 - Farming</b> <b>17 - Forestry, fishing, groundskeeping</b> Armed forces <b>18 - Armed forces</b>	<span style="border: 1px solid black; padding: 2px;">0070</span> _____ Code	<b>7.</b> During the past 12 months, did . . . receive from the U.S. Government any money - <b>a. From Social Security checks?</b> <span style="border: 1px solid black; padding: 2px;">0280</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>b. From Railroad Retirement checks?</b> <span style="border: 1px solid black; padding: 2px;">0290</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>c.</b> FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b? <span style="border: 1px solid black; padding: 2px;">0300</span> 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a <b>d. What was the amount of the last Social Security or Railroad Retirement payment received?</b> <span style="border: 1px solid black; padding: 2px;">0310</span> \$ _____ .00 <b>e. Is this amount AFTER the deduction for a Medicare premium?</b> <span style="border: 1px solid black; padding: 2px;">0320</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>f.</b> During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? <span style="border: 1px solid black; padding: 2px;">0330</span> _____ Number	<b>12.</b> 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? <span style="border: 1px solid black; padding: 2px;">0510</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Ask if "Yes" in item 10c or 10g <b>13a.</b> During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. <span style="border: 1px solid black; padding: 2px;">0520</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14 <b>b. If YES - How much?</b> <span style="border: 1px solid black; padding: 2px;">0530</span> \$ _____ .00	<b>13a.</b> During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. <span style="border: 1px solid black; padding: 2px;">0520</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14 <b>b. If YES - How much?</b> <span style="border: 1px solid black; padding: 2px;">0530</span> \$ _____ .00	
<b>b.</b> Was . . . CODE <b>1 - An employee of a PRIVATE company, business, or individual working for wages or salary?</b> <b>2 - A Federal government employee?</b> <b>3 - A State government employee?</b> <b>4 - A local government employee?</b> <b>5 - Self-employed in OWN business, professional practice, or farm?</b> <b>6 - Working WITHOUT PAY in family business or farm?</b>	<span style="border: 1px solid black; padding: 2px;">0080</span> _____ Code Ask if code 5 and not a farm - Is the business incorporated? <span style="border: 1px solid black; padding: 2px;">0090</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				<b>14.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6-13. <span style="border: 1px solid black; padding: 2px;">0540</span> 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used	





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

NOTES

**Section 22 – WORK EXPERIENCE AND INCOME – Continued**

**Part D – Third and Fourth Quarter – CU Members 14 Years Old and Over who previously did not work**

1. OFFICE TRANSCRIPTION ITEMS  CU members who previously reported not working.	PROCESSING USE ONLY	1 23 13 3 ↓	1 23 14 1 ↓	1 23 15 8 ↓	1 23 16 6 ↓	1 23 17 4 ↓	1 23 18 2 ↓
	a. NAME						
	b. LINE NUMBER	0010 _____	0010 _____	0010 _____	0010 _____	0010 _____	0010 _____
2. Since the 1st of (month, 3 months ago), did... earn any income from wages, or salary from a business, partnership, professional practice, or farm?		0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. FIELD REPRESENTATIVE ITEM <i>Enter the name and line number of all new CU members recorded on the control card for the first time in this interview who are 14 years old or older.</i>	a. NAME						
	b. LINE NUMBER	0030 _____	0030 _____	0030 _____	0030 _____	0030 _____	0030 _____

• Complete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.

1. OFFICE TRANSCRIPTION ITEMS  CU members who previously reported not working.	PROCESSING USE ONLY	1 23 19 0 ↓	1 23 20 8 ↓	1 23 21 6 ↓	1 23 22 4 ↓	1 23 23 2 ↓	1 23 24 0 ↓
	a. NAME						
	b. LINE NUMBER	0010 _____	0010 _____	0010 _____	0010 _____	0010 _____	0010 _____
2. Since the 1st of (month, 3 months ago), did... earn any income from wages, or salary from a business, partnership, professional practice, or farm?		0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. FIELD REPRESENTATIVE ITEM <i>Enter the name and line number of all new CU members recorded on the control card for the first time in this interview who are 14 years old or older.</i>	a. NAME						
	b. LINE NUMBER	0030 _____	0030 _____	0030 _____	0030 _____	0030 _____	0030 _____

• Complete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.

NOTES

Section 22 - WORK EXPERIENCE AND INCOME - Continued

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

Form with 14 numbered sections (1-14) containing questions about work experience, income, and taxes. Includes sub-sections like '4a. The job in which...' and '8. During the past 12 months, did... receive...'. Contains checkboxes, text boxes, and dropdown menus.

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.

**Section 22 – WORK EXPERIENCE AND INCOME – Continued**

**Part E – Third and Fourth Quarter – Continued**

<p><b>1.</b> FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 23 30 7 ↓</p>	<p>a. NAME</p> <p>b. LINE NUMBER <b>0010</b></p>	<p><b>5.</b> What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p>	<p><b>0100</b> _____ Code</p>	<p><b>8.</b> During the past 12 months, did . . . receive – <b>a.</b> Any Supplemental Security Income checks from the U.S. Government? <b>0340</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>b.</b> Any Supplemental Security Income checks from the State or local Government? <b>0350</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If YES in items 8a and/or 8b – <b>How much did . . . receive in Supplemental Security Income checks altogether?</b> <b>0360</b> \$ _____ .00</p>	<p><b>0340</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>0350</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>0360</b> \$ _____ .00</p>
<p><b>2.</b> In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.</p>	<p><b>0020</b> _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>	<p><b>0020</b> _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>	<p><b>6.</b> During the past 12 months, did . . . receive any money in – <b>a.</b> Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? <b>0210</b> \$ _____ .00</p>	<p><b>0200</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b <b>0210</b> \$ _____ .00</p>	<p>Ask items 9–12 only if item 6a is YES (code 1). <b>9.</b> What was the gross amount of . . . 's last pay and what period of time did this cover? <b>0370</b> \$ _____ .00 <b>0380</b> 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p>	<p><b>0370</b> \$ _____ .00 <b>0380</b> 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p>
<p><b>3.</b> In the weeks that . . . worked, how many hours did . . . usually work per week?</p>	<p><b>0030</b> _____ Hours per week</p>	<p><b>0030</b> _____ Hours per week</p>	<p><b>b.</b> Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? <b>0230</b> \$ _____ .00 <b>0240</b> 3 <input type="checkbox"/> Loss</p>	<p><b>0220</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c <b>0230</b> \$ _____ .00 <b>0240</b> 3 <input type="checkbox"/> Loss</p>	<p><b>10.</b> Was there any money deducted from . . . 's last pay for – If YES – How much was deducted? <b>a.</b> Federal income tax? <b>0390</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0400</b> \$ _____ .00 <b>b.</b> State and local income tax? <b>0410</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0420</b> \$ _____ .00 <b>c.</b> Social Security including Medicare? <b>0430</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	<p>Yes No Amount <b>0390</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0400</b> \$ _____ .00 <b>0410</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0420</b> \$ _____ .00 <b>0430</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/></p>
<p>Information Booklet, page 44 <b>4a.</b> The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional <b>01 – Administrator, manager</b> <b>02 – Teacher</b> <b>03 – Professional</b> Administrative support, technical, sales <b>04 – Administrative support, including clerical</b> <b>05 – Sales, retail</b> <b>06 – Sales, business goods and services</b> <b>07 – Technician</b> Service <b>08 – Protective service</b> <b>09 – Private household service</b> <b>10 – Other service</b> Operator, assembler, laborer <b>11 – Machine operator, assembler, inspector</b> <b>12 – Transportation operator</b> <b>13 – Handler, helper, laborer</b> Precision production, craft, repair <b>14 – Mechanic, repairer, precision production</b> <b>15 – Construction, mining</b> Farming, forestry, fishing <b>16 – Farming</b> <b>17 – Forestry, fishing, groundskeeping</b> Armed forces <b>18 – Armed forces</b></p>	<p><b>0070</b> _____ Code</p>	<p><b>0070</b> _____ Code</p>	<p><b>c.</b> Income or loss from . . . 's own farm? What was the amount of income or loss after expenses? <b>0250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 <b>0260</b> \$ _____ .00 <b>0270</b> 3 <input type="checkbox"/> Loss</p>	<p><b>0250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 <b>0260</b> \$ _____ .00 <b>0270</b> 3 <input type="checkbox"/> Loss</p>	<p><b>d.</b> Railroad Retirement? <b>0440</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0450</b> \$ _____ .00 <b>e.</b> Government Retirement? <b>0460</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0470</b> \$ _____ .00 <b>f.</b> Private pension fund? <b>0480</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0490</b> \$ _____ .00</p>	<p><b>0440</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0450</b> \$ _____ .00 <b>0460</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0470</b> \$ _____ .00 <b>0480</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0490</b> \$ _____ .00</p>
<p><b>b.</b> Was . . . CODE <b>1 – An employee of a PRIVATE company, business, or individual working for wages or salary?</b> <b>2 – A Federal government employee?</b> <b>3 – A State government employee?</b> <b>4 – A local government employee?</b> <b>5 – Self-employed in OWN business, professional practice, or farm?</b> <b>6 – Working WITHOUT PAY in family business or farm?</b></p>	<p><b>0080</b> _____ Code Ask if code 5 and not a farm – Is the business incorporated? <b>0090</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>0080</b> _____ Code Ask if code 5 and not a farm – Is the business incorporated? <b>0090</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>7.</b> During the past 12 months, did . . . receive from the U.S. Government any money – <b>a.</b> From Social Security checks? <b>0280</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>b.</b> From Railroad Retirement checks? <b>0290</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>0280</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>0290</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Ask if "Yes" in item 10c or 10g <b>11.</b> Does the money deducted for Social Security cover only the Medicare portion of Social Security? <b>0501</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>0501</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>12.</b> 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?</p>	<p><b>0510</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>0510</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>d.</b> What was the amount of the last Social Security or Railroad Retirement payment received? <b>0310</b> \$ _____ .00 <b>e.</b> Is this amount AFTER the deduction for a Medicare premium? <b>0320</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>0310</b> \$ _____ .00 <b>0320</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>13a.</b> During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA &amp; Keogh)? Exclude rollovers. <b>b.</b> If YES – How much? <b>0530</b> \$ _____ .00</p>	<p><b>0520</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 <b>0530</b> \$ _____ .00</p>
<p><b>14.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</p>	<p><b>0540</b> 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>	<p><b>0540</b> 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>	<p><b>f.</b> During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? <b>0330</b> _____ Number</p>	<p><b>0330</b> _____ Number</p>	<p><b>14.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</p>	<p><b>0540</b> 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>



Section 22 - WORK EXPERIENCE AND INCOME - Continued

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 - Continued

Form with 14 numbered sections (1-14) containing questions about work experience, income, and taxes. Includes checkboxes, text boxes for amounts, and dropdown menus for codes.



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.

**Section 22 – WORK EXPERIENCE AND INCOME – Continued**

**Part E – Third and Fourth Quarter – Continued**

<p><b>1.</b> FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 23 40 6 ↓</p>	<p>a. NAME b. LINE NUMBER <b>0010</b></p>	<p><b>5.</b> What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p>	<p><b>0100</b> _____ Code</p>	<p><b>8.</b> During the past 12 months, did . . . receive – <b>a.</b> Any Supplemental Security Income checks from the U.S. Government? <b>b.</b> Any Supplemental Security Income checks from the State or local Government? If YES in items 8a and/or 8b – <b>How much did . . . receive in Supplemental Security Income checks altogether?</b></p>	<p><b>0340</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>0350</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>0360</b> \$ _____ .00</p>																																
<p><b>2.</b> In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.</p>	<p><b>0020</b> _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>	<p><b>0030</b> _____ Hours per week</p>	<p><b>6.</b> During the past 12 months, did . . . receive any money in – <b>a.</b> Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? <b>b.</b> Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? <b>c.</b> Income or loss from . . . 's own farm? What was the amount of income or loss after expenses?</p>	<p><b>0200</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b <b>0210</b> \$ _____ .00 <b>0220</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c <b>0230</b> \$ _____ .00 <b>0240</b> 3 <input type="checkbox"/> Loss <b>0250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 <b>0260</b> \$ _____ .00 <b>0270</b> 3 <input type="checkbox"/> Loss</p>	<p><b>9.</b> What was the gross amount of . . . 's last pay and what period of time did this cover? Ask items 9–12 only if item 6a is YES (code 1).</p>	<p><b>0370</b> \$ _____ .00 <b>0380</b> 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p>																																
<p>Information Booklet, page 44 <b>4a.</b> The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional <b>01 – Administrator, manager</b> <b>02 – Teacher</b> <b>03 – Professional</b> Administrative support, technical, sales <b>04 – Administrative support, including clerical</b> <b>05 – Sales, retail</b> <b>06 – Sales, business goods and services</b> <b>07 – Technician</b> Service <b>08 – Protective service</b> <b>09 – Private household service</b> <b>10 – Other service</b> Operator, assembler, laborer <b>11 – Machine operator, assembler, inspector</b> <b>12 – Transportation operator</b> <b>13 – Handler, helper, laborer</b> Precision production, craft, repair <b>14 – Mechanic, repairer, precision production</b> <b>15 – Construction, mining</b> Farming, forestry, fishing <b>16 – Farming</b> <b>17 – Forestry, fishing, groundskeeping</b> Armed forces <b>18 – Armed forces</b></p>	<p><b>0070</b> _____ Code</p>	<p><b>0080</b> _____ Code Ask if code 5 and not a farm – Is the business incorporated? <b>0090</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>7.</b> During the past 12 months, did . . . receive from the U.S. Government any money – <b>a.</b> From Social Security checks? <b>b.</b> From Railroad Retirement checks? <b>c.</b> FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b? <b>d.</b> What was the amount of the last Social Security or Railroad Retirement payment received? <b>e.</b> Is this amount AFTER the deduction for a Medicare premium? <b>f.</b> During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</p>	<p><b>0280</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>0290</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>0300</b> 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a <b>0310</b> \$ _____ .00 <b>0320</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>0330</b> _____ Number</p>	<p><b>10.</b> Was there any money deducted from . . . 's last pay for – If YES – How much was deducted? <b>a.</b> Federal income tax? . . . . . <b>b.</b> State and local income tax? . . . . . <b>c.</b> Social Security including Medicare? . . . . . <b>d.</b> Railroad Retirement? . . . . . <b>e.</b> Government Retirement? . . . . . <b>f.</b> Private pension fund? . . . . . <b>g.</b> If NO in item 10c – Are Social Security payments normally deducted from your paycheck? . . . . .</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><b>0390</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0400</b> \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>0410</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0420</b> \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>0430</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td><b>0440</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0450</b> \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>0460</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0470</b> \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>0480</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0490</b> \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>0500</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>		Yes	No	Amount	<b>0390</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0400</b> \$ _____ .00				<b>0410</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0420</b> \$ _____ .00				<b>0430</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/>				<b>0440</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0450</b> \$ _____ .00				<b>0460</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0470</b> \$ _____ .00				<b>0480</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <b>0490</b> \$ _____ .00				<b>0500</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
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<p><b>b.</b> Was . . . CODE <b>1 – An employee of a PRIVATE company, business, or individual working for wages or salary?</b> <b>2 – A Federal government employee?</b> <b>3 – A State government employee?</b> <b>4 – A local government employee?</b> <b>5 – Self-employed in OWN business, professional practice, or farm?</b> <b>6 – Working WITHOUT PAY in family business or farm?</b></p>	<p><b>0080</b> _____ Code <b>0090</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>0080</b> _____ Code Ask if code 5 and not a farm – Is the business incorporated? <b>0090</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><b>11.</b> Does the money deducted for Social Security cover only the Medicare portion of Social Security? <b>12.</b> 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? <b>13a.</b> During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA &amp; Keogh)? Exclude rollovers. <b>b.</b> If YES – How much? <b>14.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</p>	<p><b>0501</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>0510</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>0520</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 <b>0530</b> \$ _____ .00 <b>0540</b> 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>	<p><b>0501</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>0510</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>0520</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 <b>0530</b> \$ _____ .00 <b>0540</b> 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>	<p><b>0501</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>0510</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>0520</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 <b>0530</b> \$ _____ .00 <b>0540</b> 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>																																



**Section 22 – WORK EXPERIENCE AND INCOME – Continued**

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

**Part F – Occupational Expenses and Contributions – Fifth Quarter Only**

			NOTES
<b>1. During the past 12 months, did you (or any members of your CU) have any occupational expenses such as union dues, tools, uniforms, business or professional association dues, licenses, or permits?</b> ..... If YES – What was the total amount of these occupational expenses? .....	1 22 98 6 ↓		
	0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a		
	0020 \$ _____	.00	
<b>2. During the past 12 months, did you (or any members of your CU) make any –</b> <b>a. Cash contributions for support of persons not in the CU, including alimony, child support, or students living away at college?</b> ..... If YES – How much? .....	0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2b		
	0040 \$ _____	.00	
<b>(1) How much of this amount was for alimony?</b> .....	0041 \$ _____	.00	
	x <input type="checkbox"/> Don't know		
<b>(2) How much of this amount was for child support?</b> .....	0042 \$ _____	.00	
	x <input type="checkbox"/> Don't know		
<b>(3) How much of this amount was for the expenses of college or university students while attending school away from home?</b> ..	0060 \$ _____	.00	
	x <input type="checkbox"/> Don't know		
<b>b. Gifts of cash, bonds, or stocks to persons not in the CU?</b> ..... If YES – How much? .....	0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2c		
	0080 \$ _____	.00	
<b>c. Contributions to charities, such as United Way, Red Cross, etc.?</b> ..... If YES – How much? .....	0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2d		
	0100 \$ _____	.00	
<b>d. Contributions to church and other religious organizations, excluding parochial school expenses?</b> ..... If YES – How much? .....	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2e		
	0120 \$ _____	.00	
<b>e. Contributions to educational organizations?</b> ... If YES – How much? .....	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2f		
	0140 \$ _____	.00	
<b>f. Political contributions?</b> ..... If YES – How much? .....	0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2g		
	0160 \$ _____	.00	
<b>g. Other contributions? – Specify in "Notes"</b> ..... If YES – How much? .....	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next part		
	0180 \$ _____	.00	

Section 22 - WORK EXPERIENCE AND INCOME - Continued

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

Part G - Changes In Assets - Fifth Quarter Only

<b>1. On the last day of (last month), what was the total amount your CU had in -</b> <b>a. Savings accounts in banks, savings and loans, credit unions and similar accounts?</b> <b>b. Checking accounts, brokerage accounts and other similar accounts?</b> <b>c. U.S. Savings bonds?</b>		1 22 99 4 ↓ <b>0010</b> \$ _____ .00 <input type="checkbox"/> None <b>0020</b> \$ _____ .00 <input type="checkbox"/> None <input checked="" type="checkbox"/> Negative <b>0030</b> \$ _____ .00 <input type="checkbox"/> None	<b>5. During the past 12 months, did you (or any members of your CU) sell any stocks, mutual funds or bonds?</b> <i>If YES - What was the net amount received from sales after subtracting broker fees?</i> <b>0160</b> <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 6 <b>0170</b> \$ _____ .00 <b>6. During the past 12 months, did you (or any members of your CU) make any investments to your own business or farm?</b> <i>If YES - How much did you invest?</i> <b>0180</b> <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 7 <b>0190</b> \$ _____ .00 <b>7. During the past 12 months, did you (or any members of your CU) withdraw any assets from your own business or farm?</b> <i>If YES - What was the value of such assets?</i> <b>0200</b> <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 8a <b>0210</b> \$ _____ .00 <b>8a. During the past 12 months, were any goods or services from your own business or farm withdrawn for personal use?</b> <b>0220</b> <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 9a <b>b. What was the value of these goods or services?</b> <b>0230</b> \$ _____ .00 <b>9a. On the last day of (last month), did anyone outside of your CU owe money to you or any member of your CU?</b> <b>0240</b> <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 10 <b>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)?</b> <i>If more or less - How much more (less)?</i> <b>0250</b> <input type="checkbox"/> Same - Go to item 10 <input type="checkbox"/> More <input type="checkbox"/> Less <b>0260</b> \$ _____ .00 <b>10. Did anyone outside of your CU owe money to you or any member of your CU on the last day of (last month, one year ago)?</b> <i>If YES - How much was owed?</i> <b>0270</b> <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 11 <b>0280</b> \$ _____ .00 <b>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)?</b> <i>If YES - How much did you receive?</i> <b>0290</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>0300</b> \$ _____ .00	NOTES
<b>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 -</b> <i>If more or less - How much more (less)?</i> <b>a. Savings accounts?</b> <b>b. Checking accounts?</b> <b>c. U.S. Savings bonds?</b>		<b>0040</b> <input type="checkbox"/> Same - Go to item 2b <input type="checkbox"/> More <input type="checkbox"/> Less <b>0050</b> \$ _____ .00 <b>0060</b> <input type="checkbox"/> Same - Go to item 2c <input type="checkbox"/> More <input type="checkbox"/> Less <b>0070</b> \$ _____ .00 <b>0080</b> <input type="checkbox"/> Same - Go to item 3a <input type="checkbox"/> More <input type="checkbox"/> Less <b>0090</b> \$ _____ .00		
<b>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)?</b> <b>b. If YES - What was the estimated value of all such securities on the last day of (last month)?</b> <b>c. How does this compare with the value of such securities your CU held on the last day of (last month, one year ago)?</b> <i>If more or less - How much more (less)?</i>		<b>0100</b> <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 4 <b>0110</b> \$ _____ .00 <b>0120</b> <input type="checkbox"/> Same - Go to item 4 <input type="checkbox"/> More <input type="checkbox"/> Less <b>0130</b> \$ _____ .00		
<b>4. During the past 12 months, did you (or any members of your CU) purchase any stocks, mutual funds or bonds?</b> <i>If YES - What was the total purchase price including broker fees?</i>		<b>0140</b> <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 5 <b>0150</b> \$ _____ .00		

**Section 24 – TOTAL CU INCOME – For New Consumer Units Only**

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you 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.**

1 24 01 6 ↓

- 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



GENERAL SURVEY INFORMATION	Section 1
RENTED LIVING QUARTERS	Section 2
OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE	Section 3
UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES	Section 4
CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY	Section 5
APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS	Section 6
HOUSEHOLD EQUIPMENT REPAIRS, SERVICE CONTRACTS, AND FURNITURE REPAIR AND REUPHOLSTERING	Section 7
HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS	Section 8
CLOTHING AND SEWING MATERIALS	Section 9
RENTED AND LEASED VEHICLES	Section 10
OWNED VEHICLES	Section 11
VEHICLE OPERATING EXPENSES	Section 12
INSURANCE OTHER THAN HEALTH	Section 13
HOSPITALIZATION AND HEALTH INSURANCE	Section 14
MEDICAL AND HEALTH EXPENDITURES	Section 15
EDUCATIONAL EXPENSES	Section 16
SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT EXPENSES	Section 17
TRIPS AND VACATIONS	Section 18
MISCELLANEOUS EXPENSES	Section 19
EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS	Section 20
CREDIT LIABILITY	Section 21
WORK EXPERIENCE AND INCOME	Section 22
TOTAL CU INCOME	Section 24