

FORM CE-1
(9-15-71)

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



CONSUMER EXPENDITURE SURVEY

1972

1. Panel No.	2. Expected Units	3. Control number PSU Sample Serial CK Dig.			4. Household Number	5. Consumer Unit No.	6. PROCESSING USE ONLY a. b.									
7. SAMPLE ADDRESS		a. House number and street														
		b. Apt. No. or other unit designation														
		c. City		State		ZIP code										
8. MAILING ADDRESS		<input type="checkbox"/> Same as sample address (item 7) <table border="1"> <tr> <td colspan="2">a. House number and street</td> </tr> <tr> <td colspan="2">b. Apt. No. or other unit designation</td> </tr> <tr> <td>c. City</td> <td>State</td> <td colspan="2">ZIP code</td> </tr> </table>							a. House number and street		b. Apt. No. or other unit designation		c. City	State	ZIP code	
a. House number and street																
b. Apt. No. or other unit designation																
c. City	State	ZIP code														
9. SPECIAL PLACE		a. Name			b. Code		c. Expected units									
10. COVERAGE ITEM		<input type="checkbox"/> IF MARKED, ASK - Are there any occupied or vacant quarters besides your own at ... ? Read street address and unit designation, if any. <input type="checkbox"/> No - Continue the interview <input type="checkbox"/> Yes - If the entry in item 2 is "1" and TWO units are found at the address, interview both units. Prepare a separate questionnaire for the extra unit. In all other cases, apply the List Procedure to all units which use the basic address.														

All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the Survey, and will not be disclosed or released to others for any purposes.

11. RECORD OF CALLS					13. FINAL INTERVIEW STATUS - Enter appropriate code (1-17). If interviewed, enter the month and day also.					NOTES				
Q1	Date	Time	Date	Time	1 - Interview	21-22	Code	Q1	Mo./Day					
		a.m. p.m.		a.m. p.m.		Noninterview								
Q2		a.m. p.m.		a.m. p.m.	TYPE A	23-24	Code	Q2	Mo./Day					
		a.m. p.m.		a.m. p.m.	2 - No one home									
Q3		a.m. p.m.		a.m. p.m.	3 - Temporarily absent	25-26	Code	Q3	Mo./Day					
		a.m. p.m.		a.m. p.m.	4 - Refused									
Q4		a.m. p.m.		a.m. p.m.	5 - Other - Specify in Notes	27-28	Code	Q4	Mo./Day					
		a.m. p.m.		a.m. p.m.	TYPE B									
Q5		a.m. p.m.		a.m. p.m.	6 - Vacant	29-30	Code	Q5	Mo./Day					
		a.m. p.m.		a.m. p.m.	7 - Occupied by persons with URE									
12. SUPERVISOR'S USE					8 - Under construction, not ready									
a. Recheck		Initials	Date		9 - Other - Specify in Notes									
b. Observation					10 - Demolished									
					11 - House or trailer moved									
					12 - Converted to permanent nonresidence									
					13 - Merged									
					14 - Condemned									
					15 - Located on military base (post)									
					16 - CU no longer at sample address									
					17 - Other - Specify in Notes									

EDITOR'S USE				
	Initials	Date	Number of items failed edit	Remarks
Q1				
Q2				
Q3				
Q4				
Q5				

EACH QUARTER

Section 1 - HOUSEHOLD RECORD AND CONSUMER UNIT DETERMINATION

INTERVIEWER - Complete at Q 1 and update each quarter thereafter.

Part A

ASK OF ALL UNITS

- 1. Are these living quarters - (A81) 1 Owned or being bought by someone in this unit... 2 A cooperative or condominium... 3 Rented for cash rent? 4 Occupied without payment of cash rent?

ASK IF MARKED

- 2a. Does this place have 10 acres or more? (A82) 1 Yes - Ask 2b(1) 2 No - Ask 2b(2) b. During the past 12 months, did sales of crops, livestock, and other farm products from this place amount to - (A83) (1) \$50 or more? (2) \$250 or more?

3. LIVING QUARTERS - ASK IF NOT APPARENT BY OBSERVATION

- a. Do you have complete kitchen facilities? (A84) 1 Exclusive use 2 Shared 3 None b. Do you have direct access from the outside or through a common hall? (A85) 1 Yes, direct access 2 No, through another unit

- c. Housing unit (A86) 1 House, apt., flat 2 HU in Special Place 3 Trailer not in Special Place 4 HU not specified above - Describe

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

20. What is your telephone number?

Area code | Number

No telephone

21. What is the best time to call or visit?

a.m. p.m.

8 01 03 5

HOUSEHOLD RECORD

3 01 04 4

CONSUMER UNIT RECORD FOR CU NO. If more than one CU, transcribe CU No. from the first questionnaire for this household.

NOTES

Table with columns for household members (4-14) and consumer unit records (17-19). Includes fields for name, relationship, birth date, age, marital status, sex, race, and A.F. member status. Also includes a grid for recording changes in the household over time.

Q1 only 15a. I have listed... (read names from item 6). Have I missed - Any babies or small children? Any lodgers, boarders, or persons in your employ who live here? Anyone who usually lives here but is temporarily absent at present - travelling, at school, or in a hospital? Anyone else staying here? Anyone, except visitors, who has lived with your household since the 1st of January? If YES, specify name and month (he) left the household in Notes and mark YES in item 8.

Q2-Q5 15b. I have listed... (read names from item 6). Are all of these persons still living or staying here? If NO - Which persons have left the household? For each person who has left the household draw a line through items 6 and 17, fill item 18, then ask item 15c. If the entire household has moved, ask: When did the... family move? Prepare a replacement questionnaire if the unit is now occupied. Raise the household number (item 4 on the cover) by 1. 15c. Is anyone else living or staying here now, including newborn babies? For each added person, complete items 6-8. If YES in item 8, fill items 9-14. Determine CU No. from item 16 and fill item 4 on the original questionnaire, and items 17-19 on the questionnaire for the appropriate CU.

16a. INTERVIEWER CHECK ITEM FOR ASSIGNING CU NO. Include anyone who was a HH member since Jan. 1 Enter "1" in item 4 on the lines for head of household, wife, unmarried children, and any other person listed who is considered part of their family. For all other individuals or closely related groups ask items 16b-d, as applicable. Fill a separate line for each. For separate CU's assign numbers in sequence, e.g., "2" for the second CU in the HH. NOTE: If two CU's, prepare a separate questionnaire for CU No. 2. Enter in item 6 of the additional questionnaire the names of all persons in the CU. Then fill items 17 and 19. If more than two CU's, STOP the interview. List the CU numbers on an Inter-Comm.

ASK FOR EACH INDIVIDUAL OR GROUP OF RELATED PERSONS NOT IDENTIFIED AS PART OF CU NO. "1" 16b. Is... financially independent that is, does... pay for food, shelter, and clothing with his own money? 16c. What items does he pay for himself? If two or more listed items marked, assign separate CU No. Otherwise ask item 16d. 16d. Who pays for the remainder? Other CU in HH - Enter CU No. in item 4 Person not in HH - Specify in Notes and assign separate CU No. in item 4

EACH
QUARTER

Section 1 - HOUSEHOLD RECORD AND CONSUMER UNIT DETERMINATION - Continued

Part B

Ask at Q1 only.

NOTES

• Ask if code 1 or 2 is marked in item 1, Part A, Section 1.

1a. What is the present market value of your home, that is, how much do you think it would sell for today?

(B81) \$ _____ .00

b. If you were to rent your home today, how much do you think it would rent for MONTHLY, unfurnished and without utilities?

(B82) \$ _____ .00

2a. When did you move to this address?

If 1972, enter month.

(B83) 0 Before 1972 { For RENTERS, skip to Section 2.
For OWNERS, skip to Section 3.
Month | Year
| 1972

b. If 1972 - What was the distance moved? In miles

(B84) 1 Less than 25 miles
2 25 to 49 miles
3 50 miles or more

3a. Did you own or rent the home you occupied on Jan. 1, 1972?

(B85) 1 Own - Skip to item 4a
2 Rent

b. Were any rent payments on that place due in 1972?

Yes
 No - Skip to item 4a

c. If YES - What was the total amount of rent due in 1972?

(B86) \$ _____ .00

4a. Did you rent any (other) homes in 1972? Exclude vacation homes

Yes
 No

b. If YES - What was the total amount of rent due in 1972 for this (these) place(s)?

(B87) \$ _____ .00

NOTES

Horizontal lines for notes on the right side of the page.

QUARTER
Q1, Q5

Section 2 - RENTED LIVING QUARTERS

INTERVIEWER - For RENTAL units only { Q1 - Ask Part A only.
Q5 - Ask both Parts A and B.

Part A - Rental Payments, Facilities, and Services

	Q1	Q5	NOTES
1. TRANSCRIPTION ITEM Date moved to present address (From item 2a, Part B, Section 1)	<input type="checkbox"/> Before 1972 <input type="checkbox"/> _____ 1972 (Month)		
2. What was the amount of your last rent for this unit? Dollars and cents	(C01) \$ _____	(C13) \$ _____	
3. How long a period did this cover?	(C02) 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Other - Specify _____	(C14) 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Other - Specify _____	
● Ask items 4 and 5 at Q1; merely confirm at Q5. 4. Does the rent payment include - a. Electricity? b. Gas? c. Water? d. Heating? e. Air conditioning? f. Laundry equipment? Exclude coin operated equipment g. Cooking stove? h. Refrigerator? i. Dishwasher? j. Central switchboard? k. Swimming pool? l. Garage or parking facilities?	* (C03) YES NO 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/> 7 <input type="checkbox"/> <input type="checkbox"/> 8 <input type="checkbox"/> <input type="checkbox"/> * 9 <input type="checkbox"/> <input type="checkbox"/> 0 <input type="checkbox"/> (C04) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> * 9 <input type="checkbox"/> 0 <input type="checkbox"/> (C05) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	* (C15) YES NO 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/> 7 <input type="checkbox"/> <input type="checkbox"/> 8 <input type="checkbox"/> <input type="checkbox"/> * 9 <input type="checkbox"/> <input type="checkbox"/> 0 <input type="checkbox"/> (C16) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> * 9 <input type="checkbox"/> 0 <input type="checkbox"/> (C17) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
● If garage or parking facilities not included in rent 5a. Do you pay extra for garage or parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 6	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 6	
b. How much? Dollars and cents	\$ _____ per _____	\$ _____ per _____	
OFFICE USE ONLY - Extra parking costs		(C18) \$ _____	
6. Does the rent payment include complete or partial furnishings? Complete furnishings include furniture, linens, dishes, etc.	(C06) 1 <input type="checkbox"/> Yes, complete 2 <input type="checkbox"/> Yes, partial 3 <input type="checkbox"/> No	(C19) 1 <input type="checkbox"/> Yes, complete 2 <input type="checkbox"/> Yes, partial 3 <input type="checkbox"/> No	
7a. Is any portion of this unit used for own business or rented to others?	(C07) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, business only 3 <input type="checkbox"/> Yes, rented only 4 <input type="checkbox"/> Yes, both business and rented	(C20) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, business only 3 <input type="checkbox"/> Yes, rented only 4 <input type="checkbox"/> Yes, both business and rented	
● If used for own business or rented to others b. What percent of the rent is counted as a business expense? Enter to the nearest whole percent.	(C08) _____ Percent	(C21) _____ Percent	
● Ask only in apartment hotels and similar places 8. Does the rent include maid service?	(C09) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> NA	(C22) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> NA	
● Ask only in rooming and boarding houses 9a. Does the rent include any board?	(C10) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to Section 3 3 <input type="checkbox"/> NA	(C23) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to Part B 3 <input type="checkbox"/> NA	
b. How many meals per week?	(C11) _____ Number of meals	(C24) _____ Number of meals	
c. How much of your \$... rent is for meals? Dollars and cents	(C12) \$ _____ ? <input type="checkbox"/> DK	(C25) \$ _____ ? <input type="checkbox"/> DK	

QUARTER

Q1, Q5

Section 2 - RENTED LIVING QUARTERS - Continued

INTERVIEWER - For RENTAL units only { Q1 - Ask Part A only. Q5 - Ask both Parts A and B.

Part B - Other Rental Payments

Ask at Q5 only

• Ask 1a if the rent at Q1 and Q5 is the same. Start with 1b if the rent at Q1 and Q5 differ.

1a. Have there been any changes in your rent for this unit during 1972?

Yes No - Skip to item 2a

b. Please tell me the different rents you were charged, how long a period each rental payment covered, and how many payments you made at each amount.

The space at the right provides for recording two different amounts. If there were more than two, use the Notes to record the additional information.

1

(C31) \$ _____ per ↗

(C32) 1 Month

2 Week

3 Other - Specify _____

(C33) _____ Number of payments

2

(C34) \$ _____ per ↗

(C35) 1 Month

2 Week

3 Other - Specify _____

(C36) _____ Number of payments

OFFICE USE ONLY - Total rent in 1972

(C43) \$ _____

2a. Did you have any rent payments due in 1972 which you have not yet paid?

Yes No - Skip to item 3a

b. How much do you owe?

(C44) \$ _____

3a. Have you had any expenses in 1972 for redecorating, repairing, or maintaining this unit or the grounds? Exclude amounts reimbursed by landlord or deducted from the rent.

Yes No - Skip to item 4a

b. What were your total expenses for these things in 1972?

(C45) \$ _____

4a. Did you pay any refundable deposits for this unit in 1972?

Yes No - Skip to item 5a

b. How much did you pay?

(C46) \$ _____

5a. Were any deposits returned to you in 1972?

Yes No - Skip to item 6a

b. How much was returned?

(C47) \$ _____

6a. Did you receive any rent as a form of pay in 1972?

Yes No - Skip to item 7a

b. How much was this worth?

(C48) \$ _____

7a. During 1972 have you paid any extra rent or special charges for this unit which have not already been reported?

Yes No - Skip to item 8a

b. What were the payments or charges for? - Specify

1

(C49) \$ _____

c. How much were they?

2

(C50) \$ _____

If more than two different payments or charges, use the Notes.

8a. During 1972, have you received any money from renting or subleasing any portion of this unit?

Yes No - Skip to next section

b. How much?

(C51) \$ _____

NOTES

QUARTER Q1, Q5 Section 3 - OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE

INTERVIEWER { This section is to be asked for all CV's. Q1 - Ask item 1, Part A, and Part B for each property reported. Q5 - First ask item 2, Part A, and complete Part C for each property disposed of in 1972. Then ask item 3, Part A, and complete Part B for each new property.

Part A - Screening Questions Ask at Q1

Part A - Screening Questions Ask at Q5

1a. Do you own any property or other real estate that is used by your family such as - PROPERTY CODE 1 - Your own home? 2 - A home occupied earlier in 1972, but not at present? 3 - Vacation home or recreational property? 4 - Unimproved land? 5 - Other? - Specify

2a. Do you still have ...? Read off properties listed in Part B. 2b. Which properties do you no longer have? Fill Part C for each property disposed of. 3a. During 1972, did you purchase or otherwise acquire any property or other real estate, such as a house, a vacation home, other recreational property, a farm, land, or other property?

Part B - Detailed Questions

Fill a column for each property mentioned in Part A. Enter the code and a brief description of the property so it can be identified, such as "Own home" or "Vacation home in Maine."

Table with columns: PROCESSING USE ONLY, PROPERTY NUMBER, DESCRIPTION, PROPERTY CODE (From item 1, Part A)

1a. Is this property used partly for business or rented to others? 1 - No - Skip to 2a 2 - Part business 3 - Rented to others 4 - Both business and rented to others

b. What percent of the expenses are counted as business deductions? Enter to nearest whole percent.

2a. Is this property a - 1 - Condominium? 2 - Cooperative? 3 - Mobile home or trailer home? 4 - None of these?

b. Is the building completed or still under construction? Enter to nearest whole percent.

3. In what month and year did you acquire this property? If 1972, enter month and year, otherwise enter year only. If before 1968, skip to next property.

4. How did you acquire this property? 1 - By purchase (or contracting with a builder) or trade-in 2 - By gift or inheritance 3 - Other - Specify in Notes Skip to next property

5a. What was the total price (including land and construction costs) of the property?

b. What was the amount of the cash downpayment?

c. What was the value of the trade-in? If purchased before 1972, complete item 5c, then skip to next property.

5. Was the property previously occupied by someone else? Do not ask for unimproved land

7a. What was the total amount of closing charges?

b. Were any of the following included in the closing costs? If YES - What was the amount? (1) Property survey charges. (2) Title search and guarantee. (3) Recording fees. (4) Federal, State, and local taxes, excluding property taxes. (5) Escrow payment. (6) Points paid by buyer. (7) Deed preparation. (8) Other - Specify in Notes

8a. Were any shares in common areas or recreational facilities included in the purchase price? b. If YES - What was included? - Describe. c. How much of the purchase price was for these shares?

Part C - Ask for each property disposed of since Jan. 1, 1972.

Table with columns: 1. How did you dispose of the property? 2. In what month and year did you dispose of the property? 3. What was the selling price (trade-in value) of the property? 4. How much did you pay for each of the following: a. Commission to a realtor or agent for the sale? b. Closing costs, not counting points? c. Points to arrange financing for the buyer? d. Penalty to pay off an existing mortgage? 5a. Did you finance the sale by taking a mortgage from the new owner? b. Was this a first or second trust mortgage? c. What was the balance on the principal as of Dec. 31, 1972? 6. Did you have to pay any other charges in connection with the sale? - Specify in Notes

Additional entries

Part B - Detailed Questions - Continued	PROCESSING USE ONLY	
	PROPERTY NUMBER	
	DESCRIPTION	
PROPERTY CODE (From item 1, Part A)		

1a. Is this property used partly for business or rented to others? 1 - No - Skip to 2a 2 - Part business 3 - Rented to others 4 - Both business and rented to others

b. What percent of the expenses are counted as business deductions? Enter to nearest whole percent . . .

2a. Is this property a - 1 - Condominium? 2 - Cooperative? 3 - Mobile home or trailer home? 4 - None of these?

b. Is the building completed or still under construction?

3. In what month and year did you acquire this property? If before 1968, skip to next property. If 1972, enter month and year, otherwise enter year only. If before 1968, skip to next property.

4. How did you acquire this property? 1 - By purchase (or contracting with a builder) or trade-in 2 - By gift or inheritance 3 - Other - Specify in Notes } Skip to next property

5a. What was the total price (including land and construction costs) of the property?

b. What was the amount of the cash downpayment?

c. What was the value of the trade-in? If purchased before 1972, complete item 5c, then skip to next property.

6. Was the property previously occupied by someone else?

7a. What was the total amount of closing charges?

b. Were any of the following included in the closing costs? If YES - What was the amount?

- (1) Property survey charges.
- (2) Title search and guarantee.
- (3) Recording fees
- (4) Federal, State, and local taxes, excluding property taxes
- (5) Escrow payment.
- (6) Points paid by buyer.
- (7) Deed preparation
- (8) Other - Specify in Notes

8a. Were any shares in common areas or recreational facilities included in the purchase price?

b. If YES - What was included? - Describe

c. How much of the purchase price was for these shares?

Part C - Ask for each property disposed of since Jan. 1, 1972.

1. How did you dispose of the property? 1 - Sold it 2 - Traded it 3 - Other - Specify in Notes	D22	Code	D22	Code
2. In what month and year did you dispose of the property?	D23	Month Year	D23	Month Year
3. What was the selling price (trade-in value) of the property?	D24	\$.00	D24	\$.00
4. How much did you pay for each of the following:	D25	\$.00	D25	\$.00
a. Commission to a realtor or agent for the sale?	D26	\$.00	D26	\$.00
b. Closing costs, not counting points?	D27	\$.00	D27	\$.00
c. Points to arrange financing for the buyer?	D28	\$.00	D28	\$.00
d. Penalty to pay off an existing mortgage?	D29	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 6	D29	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 6
5a. Did you finance the sale by taking a mortgage from the new owner?	D30	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Second	D30	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Second
b. Was this a first or second trust mortgage?	D31	\$.00	D31	\$.00
c. What was the balance on the principal as of Dec. 31, 1972?	D32	\$.00	D32	\$.00
6. Did you have to pay any other charges in connection with the sale? - Specify in Notes If YES - How much did you pay?	D32	\$.00	D32	\$.00

QUARTER
Q1, Q5

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

INTERVIEWER

This section is to be asked for all CU's
Q1 - Ask item 1, Part A, and Part B for each property reported
Q5 - First ask item 2, Part A, and complete Part C for each property disposed of in
1972. Then ask item 3, Part A, and complete Part B for each new property.

Additional entries

Part B - Detailed Questions - Continued

Fill a column for each property mentioned in Part A.
Enter the code and a brief description of the property so
it can be identified, such as "Own home" or "Vacation
home in Maine."

PROCESSING USE ONLY
PROPERTY NUMBER
DESCRIPTION
PROPERTY CODE
(From item 1, Part A)

~ 1 03 05 1 ↓

~ 1 03 06 9 ↓

1a. Is this property used partly for business or rented to others?
1 - No - Skip to 2a 2 - Part business 3 - Rented to others
4 - Both business and rented to others

D02 _____ Code

D02 _____ Code

b. What percent of the expenses are counted as business deductions? Enter to nearest whole percent . . .

D03 _____ Percent

D03 _____ Percent

2a. Is this property a -
1 - Condominium? 2 - Cooperative? 3 - Mobile home or trailer home?
4 - None of these?

D04 _____ Code

D04 _____ Code

3. In what month and year did you acquire this property?
If 1972, enter month and year, otherwise enter year only. If before 1968, skip to next property.

D06 _____ Month _____ Year

D06 _____ Month _____ Year

4. How did you acquire this property?
1 - By purchase for contracting with a builder) or trade-in
2 - By gift or inheritance
3 - Other - Specify in Notes } Skip to next property

D07 _____ Code

D07 _____ Code

5a. What was the total price (including land and construction costs) of the property?

D08 \$ _____ .00

D08 \$ _____ .00

b. What was the amount of the cash downpayment?

D09 \$ _____ .00 None

D09 \$ _____ .00 None

c. What was the value of the trade-in? If purchased before 1972, complete item 5c, then skip to next property.

D10 \$ _____ .00 None

D10 \$ _____ .00 None

6. Was the property previously occupied by someone else?

D11 Yes No

D11 Yes No

7a. What was the total amount of closing charges?

D12 \$ _____ .00 None Skip to 8a

D12 \$ _____ .00 None Skip to 8a

b. Were any of the following included in the closing costs? If YES - What was the amount?

D13 YES NO DK \$ _____ .00

(1) Property survey charges.

D13 YES NO DK \$ _____ .00

(2) Title search and guarantee.

D14 YES NO DK \$ _____ .00

(3) Recording fees

D15 YES NO DK \$ _____ .00

(4) Federal, State, and local taxes, excluding property taxes

D16 YES NO DK \$ _____ .00

(5) Escrow payment.

D17 YES NO DK \$ _____ .00

(6) Points paid by buyer.

D18 YES NO DK \$ _____ .00

(7) Deed preparation

D19 YES NO DK \$ _____ .00

(8) Other - Specify in Notes

D20 YES NO DK \$ _____ .00

8a. Were any shares in common areas or recreational facilities included in the purchase price?
b. If YES - What was included? - Describe
c. How much of the purchase price was for these shares?

D21 \$ _____ .00 ? DK

Part C - Ask for each property disposed of since Jan. 1, 1972.

1. How did you dispose of the property? 1 - Sold it 2 - Traded it 3 - Other - Specify in Notes

D22 _____ Code

D22 _____ Code

2. In what month and year did you dispose of the property?

D23 _____ Month _____ Year

D23 _____ Month _____ Year

3. What was the selling price (trade-in value) of the property?

D24 \$ _____ .00

D24 \$ _____ .00

4. How much did you pay for each of the following:

D25 \$ _____ .00 None

a. Commission to a realtor or agent for the sale?

D25 \$ _____ .00 None

b. Closing costs, not counting points?

D26 \$ _____ .00 None

c. Points to arrange financing for the buyer?

D27 \$ _____ .00 None

d. Penalty to pay off an existing mortgage?

D28 \$ _____ .00 None

5a. Did you finance the sale by taking a mortgage from the new owner?

D29 1 Yes 2 No - Skip to item 6

b. Was this a first or second trust mortgage?

D30 1 First 2 Second

c. What was the balance on the principal as of Dec. 31, 1972?

D31 \$ _____ .00

6. Did you have to pay any other charges in connection with the sale? - Specify in Notes
If YES - How much did you pay?

D32 \$ _____ .00 No

Part A - Mortgage Payments

INTERVIEWER { Complete one column for each property reported in Section 3. Enter notes in the space provided at the end of Part B. Ask about one mortgage at a time.

1. TRANSCRIPTION ITEM (Enter the following information from Section 3.)		PROCESSING USE ONLY	PROPERTY NUMBER
a. Description (Part B)		~ 1 04 01 8 ↓	1
b. Property code (Part B)		Code	Year
c. Date acquired (item 3, Part B)		Month	Year
d. If disposed of in 1972, month disposed of (item 2, Part C) ..		Month	Year
2a. During 1972, did you have a mortgage on this property?		<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next property	
b. How many mortgages did you have on this property in 1972?		<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more	
3a. Was this a first or second trust mortgage?		<input type="checkbox"/> First <input type="checkbox"/> Second	
b. Was the mortgage obtained at the time of purchase?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. If NO - In what year was it obtained?		Year	
4. What was the amount of the mortgage when you obtained it?		<input type="checkbox"/> \$ _____ .00 <input type="checkbox"/> _____ Years	
5. For how many years from the time of purchase are payments to be made on the mortgage?		<input type="checkbox"/> _____ Years	
6a. What type of mortgage was it? 1 - Conventional 2 - VA 3 - FHA 4 - Other - Specify in Notes		<input type="checkbox"/> Code <input type="checkbox"/> Code <input type="checkbox"/> Code <input type="checkbox"/> Code	
b. Is this a - 1 - Fully amortized mortgage? 2 - Interest only? 3 - Other type? - Specify in Notes		<input type="checkbox"/> Code <input type="checkbox"/> Code <input type="checkbox"/> Code	
7a. What was the rate of interest when the mortgage was obtained? Enter in two decimal places, such as 6.50% for 6½%		<input type="checkbox"/> _____ % <input type="checkbox"/> _____ %	
b. If FHA - Does the interest include FHA guarantee insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Was the mortgage - 1 - A new mortgage? 2 - Assumed from previous owner? 3 - Refinanced during 1972? 4 - Other? - Specify in Notes		<input type="checkbox"/> Code <input type="checkbox"/> Code <input type="checkbox"/> Code <input type="checkbox"/> Code	
b. If code 3 - Were there any refinancing charges?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. If YES - What was the total amount of the charges?		<input type="checkbox"/> \$ _____ .00	
9. How often are (were) mortgage payments due? 1 - Monthly 2 - Quarterly 3 - Other - Specify in Notes		<input type="checkbox"/> Code <input type="checkbox"/> Code <input type="checkbox"/> Code	
10a. What is (was) the amount of the regular payment?		<input type="checkbox"/> \$ _____ .00	
b. How many regular payments did you make in 1972?		<input type="checkbox"/> _____ Number	
c. Were the payments all the same amount?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO, specify in Notes each amount and number of payments made of that amount.		<input type="checkbox"/> _____ Number <input type="checkbox"/> _____ Number <input type="checkbox"/> _____ Number	
OFFICE USE ONLY - Total mortgage payments made in 1972		<input type="checkbox"/> \$ _____ .00	
11. Does the mortgage payment include -		* <input type="checkbox"/> _____	
1 - Property taxes?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2 - Property insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 - Life insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 - Other? - Specify in Notes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Were any lump sum or special payments made in 1972?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, explain in Notes what the payments were for.			
b. If YES - What was the total amount of such payments?		<input type="checkbox"/> \$ _____ .00	
13a. What was the outstanding principal on the mortgage at the end of 1972?		<input type="checkbox"/> \$ _____ .00	
b. How much interest was paid on the mortgage in 1972?		<input type="checkbox"/> \$ _____ .00	
c. How much principal was paid in 1972?		<input type="checkbox"/> \$ _____ .00	
14a. Were there any penalty charges for prepayment made in 1972, not including those for refinancing?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If YES - How much?		<input type="checkbox"/> \$ _____ .00	
15a. Was any interest due in 1972 but not paid in 1972?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If YES - How much?		<input type="checkbox"/> \$ _____ .00	
16a. Was any interest due before 1972, but paid in 1972?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If YES - How much?		<input type="checkbox"/> \$ _____ .00	

QUARTER
Q5

Section 4 - MORTGAGE PAYMENTS AND OWNERSHIP COSTS

Part A - Mortgage Payments

INTERVIEWER { Complete one column for each property reported in Section 3. Enter notes in the space provided at the end of Part B. Ask about one mortgage at a time.

1. TRANSCRIPTION ITEM (Enter the following information from Section 3.)	PROCESSING USE ONLY		PROPERTY NUMBER	
	PROPERTY NUMBER			
		~ 1 04 03 4 ↓		~ 1 04 04 2 ↓
a. Description (Part B).....				
b. Property code (Part B)				
c. Date acquired (Item 3, Part B)				
d. If disposed of in 1972, month disposed of (Item 2, Part C) ..				
2a. During 1972, did you have a mortgage on this property?				
b. How many mortgages did you have on this property in 1972?				
3a. Was this a first or second trust mortgage?				
b. Was the mortgage obtained at the time of purchase?				
c. If NO - In what year was it obtained?				
4. What was the amount of the mortgage when you obtained it?				
5. For how many years from the time of purchase are payments to be made on the mortgage?				
6a. What type of mortgage was it? 1 - Conventional 2 - VA 3 - FHA 4 - Other - Specify in Notes				
b. Is this a - 1 - Fully amortized mortgage? 2 - Interest only? 3 - Other type? - Specify in Notes				
7a. What was the rate of interest when the mortgage was obtained? Enter in two decimal places, such as 6.50% for 6½%				
b. If FHA - Does the interest include FHA guarantee insurance?				
8a. Was the mortgage - 1 - A new mortgage? 2 - Assumed from previous owner? 3 - Refinanced during 1972? 4 - Other? - Specify in Notes				
b. If code 3 - Were there any refinancing charges?				
c. If YES - What was the total amount of the charges?				
9. How often are (were) mortgage payments due? 1 - Monthly 2 - Quarterly 3 - Other - Specify in Notes				
10a. What is (was) the amount of the regular payment?				
b. How many regular payments did you make in 1972?				
c. Were the payments all the same amount?				
If NO, specify in Notes each amount and number of payments made at that amount.				
OFFICE USE ONLY - Total mortgage payments made in 1972				
11. Does the mortgage payment include - 1 - Property taxes?				
2 - Property insurance?				
3 - Life insurance?				
4 - Other? - Specify in Notes				
12a. Were any lump sum or special payments made in 1972?				
If YES, explain in Notes what the payments were for.				
b. If YES - What was the total amount of such payments?				
13a. What was the outstanding principal on the mortgage at the end of 1972?				
b. How much interest was paid on the mortgage in 1972?				
c. How much principal was paid in 1972?				
14a. Were there any penalty charges for prepayment made in 1972, not including those for refinancing?				
b. If YES - How much?				
15a. Was any interest due in 1972 but not paid in 1972?				
b. If YES - How much?				
16a. Was any interest due before 1972, but paid in 1972?				
b. If YES - How much?				

Part A - Mortgage Payments

INTERVIEWER { Complete one column for each property reported in Section 3. Enter notes in the space provided at the end of Part B. Ask about one mortgage at a time.

1. TRANSCRIPTION ITEM (Enter the following information from Section 3.)	PROCESSING USE ONLY PROPERTY NUMBER	104059 ↓	104067 ↓
a. Description (Part B)			
b. Property code (Part B)	Code	Year	Code
c. Date acquired (item 3, Part B)	Month	Year	Month
d. If disposed of in 1972, month disposed of (item 2, Part C)	Month	Year	Month
	<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next property	<input type="checkbox"/> Not disposed of in 1972	<input type="checkbox"/> Not disposed of in 1972
2a. During 1972, did you have a mortgage on this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next property	<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next property	<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next property
b. How many mortgages did you have on this property in 1972?	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more
3a. Was this a first or second trust mortgage?	Mortgage No. 1 <input type="checkbox"/> First <input type="checkbox"/> Second	Mortgage No. 2 <input type="checkbox"/> First <input type="checkbox"/> Second	Mortgage No. 1 <input type="checkbox"/> First <input type="checkbox"/> Second
b. Was the mortgage obtained at the time of purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. If NO - In what year was it obtained?	Year	Year	Year
4. What was the amount of the mortgage when you obtained it?	E06 \$.00	E07 \$.00	E06 \$.00
5. For how many years from the time of purchase are payments to be made on the mortgage?	E08 _____ Years	E09 _____ Years	E08 _____ Years
6a. What type of mortgage was it? 1 - Conventional 2 - VA 3 - FHA 4 - Other - Specify in Notes	E10 _____ Code	E11 _____ Code	E10 _____ Code
b. Is this a - 1 - Fully amortized mortgage? 2 - Interest only? 3 - Other type? - Specify in Notes	E12 _____ Code	E13 _____ Code	E12 _____ Code
7a. What was the rate of interest when the mortgage was obtained? Enter in two decimal places, such as 6.50% for 6½%.	E14 _____ %	E15 _____ %	E14 _____ %
b. If FHA - Does the interest include FHA guarantee insurance?	E16 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	E17 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	E16 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8a. Was the mortgage - 1 - A new mortgage? 2 - Assumed from previous owner? 3 - Refinanced during 1972? 4 - Other? - Specify in Notes	E18 _____ Code	E19 _____ Code	E18 _____ Code
b. If code 3 - Were there any refinancing charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. If YES - What was the total amount of the charges?	E20 \$.00	E21 \$.00	E20 \$.00
9. How often are (were) mortgage payments due? 1 - Monthly 2 - Quarterly 3 - Other - Specify in Notes	E22 _____ Code	E23 _____ Code	E22 _____ Code
10a. What is (was) the amount of the regular payment?	E24 \$.00	E25 \$.00	E24 \$.00
b. How many regular payments did you make in 1972?	E26 _____ Number	E27 _____ Number	E26 _____ Number
c. Were the payments all the same amount? If NO, specify in Notes each amount and number of payments made at that amount.	E28 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	E29 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	E28 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
OFFICE USE ONLY - Total mortgage payments made in 1972	E30 \$.00	E31 \$.00	E30 \$.00
11. Does the mortgage payment include -			
1 - Property taxes?	E32 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	E33 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	E32 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2 - Property insurance?	3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No
3 - Life insurance?	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
4 - Other? - Specify in Notes	7 <input type="checkbox"/> Yes 8 <input type="checkbox"/> No	7 <input type="checkbox"/> Yes 8 <input type="checkbox"/> No	7 <input type="checkbox"/> Yes 8 <input type="checkbox"/> No
12a. Were any lump sum or special payments made in 1972? If YES, explain in Notes what the payments were for.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If YES - What was the total amount of such payments?	E34 \$.00	E35 \$.00	E34 \$.00
13a. What was the outstanding principal on the mortgage at the end of 1972?	E36 \$.00	E37 \$.00	E36 \$.00
b. How much interest was paid on the mortgage in 1972?	E38 \$.00	E39 \$.00	E38 \$.00
c. How much principal was paid in 1972?	E40 \$.00	E41 \$.00	E40 \$.00
14a. Were there any penalty charges for prepayment made in 1972, not including those for refinancing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If YES - How much?	E42 \$.00	E43 \$.00	E42 \$.00
15a. Was any interest due in 1972 but not paid in 1972?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If YES - How much?	E44 \$.00	E45 \$.00	E44 \$.00
16a. Was any interest due before 1972, but paid in 1972?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If YES - How much?	E46 \$.00	E47 \$.00	E46 \$.00

EACH
QUARTER

Section 5 - EXPENDITURES FOR REPAIRS, ALTERATIONS, INTERVIEWER
AND MAINTENANCE OF OWNED PROPERTY

ASK ONLY for CU's owning property (Section 3).
Q1 - Complete Part A and one column in Part B for each job reported.
Q2-Q5 - First check item 1, Part B, for any "not completed" or "not started" jobs and find out whether any additional work has been done since the last interview. Then ask Part A for any new jobs.

Part A - List of Jobs

	Q1		Q2		Q3		Q4		Q5	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. Since the 1st of (Q1 - Jan. 1972, Q2-Q5 - month, 3 months earlier), have you had any of the following work done to your home or other property you own?										
JOB CODE										
1 - Built an addition to the house such as a porch, garage, or new wing										
2 - Remodeled one or more rooms in the house										
3 - Landscaped the grounds or planted new shrubs, flowers, or trees										
4 - Built or repaired outdoor patios, walks, fences, driveways, or permanent swimming pools										
5 - Inside painting or papering										
6 - Outside painting										
7 - Plastering or paneling										
8 - Plumbing or water heating installations and repairs										
9 - Electrical work										
10 - Heating or air-conditioning jobs										
11 - Roofing, gutters, or downspouts										
12 - Siding										
13 - Flooring repair or replacement, including inlaid linoleum or vinyl tile										
14 - Installation, repair, or replacement of window panes, screens, storm doors, awnings, and the like										
15 - Termitte or other pest control besides that covered by service or maintenance contracts										
16 - Other improvements or repairs - Specify in Part B										
17 - Materials										
3. Since the 1st of (Q1 - Jan. 1972, Q2 - Q5 - month, 3 months earlier), have you (CU) bought any materials for jobs not yet started or just to have on hand?										

Remember to complete a column in Part B on the next page for any jobs reported.

NOTES

Blank lined area for notes.

EACH QUARTER

Section 5 - EXPENDITURES FOR REPAIRS, ALTERATIONS AND MAINTENANCE OF OWNED PROPERTY - Continued

INTERVIEWER

Ask ONLY for CU's owning property (Section 3).
 Q1 - Complete Part A and one column in Part B for each job reported.
 Q2-Q5 - First check item 1, Part B, for any "not completed" or "not started" jobs and find out whether any additional work has been done since the last interview. Then ask Part A for any new jobs.

Part B - Job Description

1. TRANSCRIPTION ITEM	PROCESSING USE ONLY	
	JOB NUMBER	
a. Complete after asking item 3 below	1	~ 1 05 01 5 ↓
b. JOB CODE (From Part A)		
c. Description of property on which the job was done (From Section 3)		
d. PROPERTY NUMBER (From Section 3)		
2a. What work was done? - Description should be in enough detail to classify as "alteration," "repair," etc., and to identify in later interviews.		
b. JOB CLASSIFICATION - Mark one	<input type="checkbox"/> F03 Addition <input type="checkbox"/> F02 Alteration <input type="checkbox"/> F01 Replacement <input type="checkbox"/> F04 Maintenance and repair	<input type="checkbox"/> F03 Addition <input type="checkbox"/> F02 Alteration <input type="checkbox"/> F01 Replacement <input type="checkbox"/> F04 Maintenance and repair
OFFICE USE ONLY - Detail job codes	F04	F04
3. In what month (and year) was the job completed?	<input type="checkbox"/> F05 Not completed <input type="checkbox"/> F06 Not started - Skip to item 8a <input type="checkbox"/> F07 Completed - Enter mo./yr. p Month _____ Year _____	<input type="checkbox"/> F05 Not completed <input type="checkbox"/> F06 Not started - Skip to item 8a <input type="checkbox"/> F07 Completed - Enter mo./yr. p Month _____ Year _____
4. Did you do all the work yourself or did you pay someone to do all or part of the work?	<input type="checkbox"/> F07 Self only - Skip to item 8a <input type="checkbox"/> F08 Paid someone else for all or part	<input type="checkbox"/> F07 Self only - Skip to item 8a <input type="checkbox"/> F08 Paid someone else for all or part
5. What was the charge for labor, including any materials THEY PROVIDED? - Enter the total of all charges for services provided. Dollars only	F08 \$ _____ .00	F08 \$ _____ .00
6. If code 1, 2, 8, or 10 in item 1b - Did the charge include the cost of any kitchen, laundering, or cooling equipment such as cooking stove, refrigerator, garbage disposal, dishwasher, clothes washer, dryer, window air conditioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8a	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8a
7. Which of these did it include and what was the cost of each item? The space to the right provides for recording four items. If there were more than four, use the Notes to record the additional items.	1 <input type="checkbox"/> F09 _____ .00 OFFICE USE Description 2 <input type="checkbox"/> F10 \$ _____ .00 OFFICE USE Description 3 <input type="checkbox"/> F11 _____ .00 OFFICE USE Description <input type="checkbox"/> F12 \$ _____ .00 OFFICE USE Description <input type="checkbox"/> F13 _____ .00 OFFICE USE Description <input type="checkbox"/> F14 \$ _____ .00 OFFICE USE Description <input type="checkbox"/> F15 _____ .00 OFFICE USE Description <input type="checkbox"/> F16 \$ _____ .00 OFFICE USE Description	1 <input type="checkbox"/> F09 _____ .00 OFFICE USE Description 2 <input type="checkbox"/> F10 \$ _____ .00 OFFICE USE Description 3 <input type="checkbox"/> F11 _____ .00 OFFICE USE Description <input type="checkbox"/> F12 \$ _____ .00 OFFICE USE Description <input type="checkbox"/> F13 _____ .00 OFFICE USE Description <input type="checkbox"/> F14 \$ _____ .00 OFFICE USE Description <input type="checkbox"/> F15 _____ .00 OFFICE USE Description <input type="checkbox"/> F16 \$ _____ .00 OFFICE USE Description
8a. What materials, supplies, tools, or equipment did YOU BUY or RENT for doing this job?	1	
b. What did they cost? Dollars only	<input type="checkbox"/> F25 \$ _____ .00 <input type="checkbox"/> F26 _____ Month	<input type="checkbox"/> F25 \$ _____ .00 <input type="checkbox"/> F26 _____ Month
c. In what month did you get them?	1	
9a. If property used partly for business or rented to others (code 2, 3, or 4 in item 1a, Part B, Section 3) - Were (will) any of these expenses (be) deducted as a business expense?	<input type="checkbox"/> F27 \$ _____ .00 <input type="checkbox"/> F28 _____ Month <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next job	<input type="checkbox"/> F27 \$ _____ .00 <input type="checkbox"/> F28 _____ Month <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next job
b. How much was (will be) deducted? Dollars only	<input type="checkbox"/> F37 \$ _____ .00 <input type="checkbox"/> F38 _____	<input type="checkbox"/> F37 \$ _____ .00 <input type="checkbox"/> F38 _____
OFFICE USE ONLY		

EACH
QUARTER

Section 5 - EXPENDITURES FOR REPAIRS,
ALTERATIONS AND MAINTENANCE
OF OWNED PROPERTY - Continued

INTERVIEWER

Ask ONLY for CU's owning property (Section 3).
Q1 - Complete Part A and one column in Part B for each job reported.
Q2-Q5 - First check item 1, Part B, for any "not completed" or
"not started" jobs and find out whether any additional work
has been done since the last interview. Then ask Part A for
any new jobs.

Part B - Job Description - Continued

		PROCESSING USE ONLY		
1. TRANSCRIPTION ITEM		JOB NUMBER		
a. Complete after asking item 3 below		3	~ 1 05 03 1 ↓	
b. JOB CODE (From Part A)		<input type="checkbox"/> Job not completed <input type="checkbox"/> Job not started		
c. Description of property on which the job was done (From Section 3)		(F01)		
d. PROPERTY NUMBER (From Section 3)		(F02)		
2a. What work was done? - Description should be in enough detail to classify as "alteration," "repair," etc., and to identify in later interviews.				
b. JOB CLASSIFICATION - Mark one				
OFFICE USE ONLY - Detail job codes		(F03) <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair		
3. In what month (and year) was the job completed?		(F04)		
4. Did you do all the work yourself or did you pay someone to do all or part of the work?		(F05) <input type="checkbox"/> Not completed 2 <input type="checkbox"/> Not started - Skip to item 8a 3 <input type="checkbox"/> Completed - Enter mo./yr. Month Year		
5. What was the charge for labor, including any materials THEY PROVIDED? - Enter the total of all charges for services provided. Dollars only		(F06) <input type="checkbox"/> Self only - Skip to item 8a 2 <input type="checkbox"/> Paid someone else for all or part		
6. If code 1, 2, 8, or 10 in item 1b - Did the charge include the cost of any kitchen, laundering, or cooling equipment such as cooking stove, refrigerator, garbage disposal, dishwasher, clothes washer, dryer, window air conditioner?		(F07) <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8a		
7. Which of these did it include and what was the cost of each item? <i>The space to the right provides for recording four items. If there were more than four, use the Notes to record the additional items.</i>		(F08) \$ _____ .00		
		(F09) _____ .00		
		(F10) \$ _____ .00		
		(F11) _____ .00		
		(F12) \$ _____ .00		
		(F13) _____ .00		
		(F14) \$ _____ .00		
		(F15) _____ .00		
		(F16) \$ _____ .00		
8a. What materials, supplies, tools, or equipment did YOU BUY or RENT for doing this job?		(F17) _____ .00		
b. What did they cost? Dollars only		(F18) \$ _____ .00		
c. In what month did you get them?		(F19) _____ .00		
Combine any purchases made during the same month and enter the total cost. If more than two entry spaces needed, use Notes.				
9a. If property used partly for business or rented to others (code 2, 3, or 4 in item 1a, Part B, Section 3) - Were (will) any of these expenses (be) deducted as a business expense?		(F20) \$ _____ .00		
b. How much was (will be) deducted? Dollars only		(F21) \$ _____ .00		
OFFICE USE ONLY		(F22) \$ _____ .00		
		(F23) \$ _____ .00		
		(F24) \$ _____ .00		
		(F25) \$ _____ .00		
		(F26) \$ _____ .00		
		(F27) \$ _____ .00		
		(F28) \$ _____ .00		
		(F29) \$ _____ .00		
		(F30) \$ _____ .00		
		(F31) \$ _____ .00		
		(F32) \$ _____ .00		
		(F33) \$ _____ .00		
		(F34) \$ _____ .00		
		(F35) \$ _____ .00		
		(F36) \$ _____ .00		
		(F37) \$ _____ .00		
		(F38) \$ _____ .00		

EACH QUARTER

Section 5 - EXPENDITURES FOR REPAIRS, ALTERATIONS AND MAINTENANCE OF OWNED PROPERTY - Continued

INTERVIEWER

ASK ONLY for CU's owning property (Section 3).
 Q1 - Complete Part A and one column in Part B for each job reported.
 Q2-Q5 - First check item 1, Part B, for any "not completed" or "not started" jobs and find out whether any additional work has been done since the last interview. Then ask Part A for any new jobs.

Part B - Job Description - Continued

1. TRANSCRIPTION ITEM	PROCESSING USE ONLY	~ 1 05 05 6 ↓		~ 1 05 06 4 ↓	
	JOB NUMBER	5	6		
2a. What work was done? - Description should be in enough detail to classify as "alteration," "repair," etc., and to identify in later interviews.	<input type="checkbox"/> Job not completed <input type="checkbox"/> Job not started	<input type="checkbox"/> Job not completed <input checked="" type="checkbox"/> Job not started			
b. JOB CLASSIFICATION - Mark one	(F03) 1 <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair	(F03) 1 <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair			
3. In what month (and year) was the job completed?	(F05) 1 <input type="checkbox"/> Not completed 2 <input type="checkbox"/> Not started - Skip to item 8a 3 <input type="checkbox"/> Completed - Enter mo./yr. 7 Month _____ Year _____	(F05) 1 <input type="checkbox"/> Not completed 2 <input type="checkbox"/> Not started - Skip to item 8a 3 <input type="checkbox"/> Completed - Enter mo./yr. 7 Month _____ Year _____			
4. Did you do all the work yourself or did you pay someone to do all or part of the work?	(F07) 1 <input type="checkbox"/> Self only - Skip to item 8a 2 <input type="checkbox"/> Paid someone else for all or part	(F07) 1 <input type="checkbox"/> Self only - Skip to item 8a 2 <input type="checkbox"/> Paid someone else for all or part			
5. What was the charge for labor, including any materials THEY PROVIDED? - Enter the total of all charges for services provided. Dollars only	(F08) \$ _____ .00	(F08) \$ _____ .00			
6. If code 1, 2, 8, or 10 in item 7b - Did the charge include the cost of any kitchen, laundering, or cooling equipment such as cooking stove, refrigerator, garbage disposal, dishwasher, clothes washer, dryer, window air conditioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8a	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8a			
7. Which of these did it include and what was the cost of each item? <i>The space to the right provides for recording four items. If there were more than four, use the Notes to record the additional items.</i>	1	(F09) _____ OFFICE USE Description	(F09) _____ OFFICE USE Description		
	2	(F10) \$ _____ .00 OFFICE USE Description	(F10) \$ _____ .00 OFFICE USE Description		
3	(F11) _____ OFFICE USE Description	(F11) _____ OFFICE USE Description			
	(F12) \$ _____ .00 OFFICE USE Description	(F12) \$ _____ .00 OFFICE USE Description			
4	(F13) _____ OFFICE USE Description	(F13) _____ OFFICE USE Description			
	(F14) \$ _____ .00 OFFICE USE Description	(F14) \$ _____ .00 OFFICE USE Description			
8a. What materials, supplies, tools, or equipment did YOU BUY or RENT for doing this job?	1	(F15) _____ OFFICE USE Description	(F15) _____ OFFICE USE Description		
	2	(F16) \$ _____ .00 Description	(F16) \$ _____ .00 Description		
b. What did they cost? Dollars only	(F25) \$ _____ .00	(F25) \$ _____ .00			
	(F26) _____ Month	(F26) _____ Month			
c. In what month did you get them? <i>Combine any purchases made during the same month and enter the total cost. If more than two entry spaces needed, use Notes.</i>	(F27) \$ _____ .00	(F27) \$ _____ .00			
	(F28) _____ Month	(F28) _____ Month			
9a. If property used partly for business or rented to others (code 2, 3, or 4 in item 1a, Part B, Section 3) - Were (will) any of these expenses (be) deducted as a business expense?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next job	<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next job			
	(F37) \$ _____ .00	(F37) \$ _____ .00			
b. How much was (will be) deducted? Dollars only	(F38) _____	(F38) _____			

Section 5 - EXPENDITURES FOR REPAIRS, ALTERATIONS AND MAINTENANCE OF OWNED PROPERTY - Continued

INTERVIEWER

Ask ONLY for CU's owning property (Section 3).

Q1 - Complete Part A and one column in Part B for each job reported. Q2-Q5 - First check item 1, Part B, for any "not completed" or "not started" jobs and find out whether any additional work has been done since the last interview. Then ask Part A for any new jobs.

Part B - Job Description - Continued

PROCESSING USE ONLY		~ 1 05 07 2 ↓	~ 1 05 08 0 ↓
JOB NUMBER		7	8
1. TRANSCRIPTION ITEM			
a. Complete after asking item 3 below		<input type="checkbox"/> Job not completed <input type="checkbox"/> Job not started	<input type="checkbox"/> Job not completed <input type="checkbox"/> Job not started
b. JOB CODE (From Part A)		(F01)	(F01)
c. Description of property on which the job was done (From Section 3)		(F02)	(F02)
d. PROPERTY NUMBER (From Section 3)		(F03)	(F03)
2a. What work was done? - Description should be in enough detail to classify as "alteration," "repair," etc., and to identify in later interviews.		(F04)	(F04)
b. JOB CLASSIFICATION - Mark one		(F05)	(F05)
OFFICE USE ONLY - Detail job codes		(F06)	(F06)
3. In what month (and year) was the job completed?		(F07)	(F07)
4. Did you do all the work yourself or did you pay someone to do all or part of the work?		(F08)	(F08)
5. What was the charge for labor, including any materials THEY PROVIDED? - Enter the total of all charges for services provided. Dollars only		(F09)	(F09)
6. If code 1, 2, 8, or 10 in item 1b - Did the charge include the cost of any kitchen, laundering, or cooling equipment such as cooking stove, refrigerator, garbage disposal, dishwasher, clothes washer, dryer, window air conditioner?		(F10)	(F10)
7. Which of these did it include and what was the cost of each item? <i>The space to the right provides for recording four items. If there were more than four, use the Notes to record the additional items.</i>		(F11)	(F11)
8a. What materials, supplies, tools, or equipment did YOU BUY or RENT for doing this job?		(F12)	(F12)
b. What did they cost? Dollars only		(F13)	(F13)
c. In what month did you get them? <i>Combine any purchases made during the same month and enter the total cost. If more than two entry spaces needed, use Notes.</i>		(F14)	(F14)
9a. If property used partly for business or rented to others (code 2, 3, or 4 in item 1a, Part B, Section 3) - Were (will) any of these expenses (be) deducted as a business expense?		(F15)	(F15)
b. How much was (will be) deducted? Dollars only		(F16)	(F16)
OFFICE USE ONLY		(F25)	(F25)
		(F26)	(F26)
		(F27)	(F27)
		(F28)	(F28)
		(F37)	(F37)
		(F38)	(F38)

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EACH QUARTER

Section 6 - UTILITIES, FUELS, AND HOUSEHOLD HELP - Continued

Part A - Utilities and Public Services - Continued

a	b		c		d
	YES	NO	YES	NO	
10. Telephone service <i>If NO, skip to item 15.</i>	Q1				
	Q2				
	Q3				
	Q4				
	Q5				
11. Telephone installation charges	Q1				
	Q2				
	Q3				
	Q4				
	Q5				
12. Extra local telephone messages	Q1				
	Q2				
	Q3				
	Q4				
	Q5				
13. Long distance telephone calls	Q1				
	Q2				
	Q3				
	Q4				
	Q5				
14. Telegraph or cable charges	Q1				
	Q2				
	Q3				
	Q4				
	Q5				

UTILITY EXPENSES FOR OTHER RESIDENCES

15. Since the 1st of (month, 3 months earlier), have you had any utility expenses for other owned or rented residences, such as a vacation home?	Q1				
	Q2				
	Q3				
	Q4				
	Q5				

NOTES

EACH QUARTER

Section 7 - CLOTHING AND HOUSEHOLD TEXTILES

INTERVIEWER }
 Ask col. a and complete cols. b-i for each item or set of identical items purchased. Identical items are those of the SAME TYPE purchased in the SAME MONTH, for the SAME PRICE and for the SAME PERSON.
 Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.

Part A - Clothing

a	b	c	d	e	f	g	h	i	j		ITEM CODE	CLOTHING ITEM
									ASK AT Q2-Q5	NOTES		
Since the 1st of (Q1 - January 1972, Q2-Q5 - 3 months earlier) have you or any member of your CU purchased for yourself or as a gift to someone else, any ... ?	QUARTER NUMBER	What kind of ... did you buy?	ITEM CODE from col. a	For whom was it purchased? If CU member, enter name and line number from Section I. If someone outside CU, enter appropriate code as follows: 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 93 - Female 2-15 94 - Under 2 years	How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it?	How much did it cost?	Did this include sales tax?	Have you returned for credit or refund any ... which you reported last time?	If YES, enter number returned on the line with the item.	ITEM CODE	CLOTHING ITEM
											(K01)	COATS such as heavy weight coats, snowsuits, and plastic raincoats
											(K02)	1 - Heavy weight coats
											(K03)	2 - Light weight coats
											(K04)	3 - Snow-ski suits
											(K05)	4 - All-weather coats
											(K06)	5 - Plastic raincoats
											(K07)	6 - Other coats
											(K08)	
											(K09)	JACKETS AND SWEATERS, including light and heavy jackets, and stoles
											(K10)	
											(K11)	
											(K12)	10 - Heavy jackets
											(K13)	11 - Light jackets
											(K14)	
											(K15)	12 - Sweaters and sweater sets
											(K16)	13 - Fur jackets and stoles
											(K17)	
											(K18)	14 - Other jackets
											(K19)	
											(K20)	

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Q5	
Q4	
Q3	
Q2	
Q1	

YES NO

Continued on extra page

Q5	
Q4	
Q3	
Q2	
Q1	

YES NO

EACH
QUARTER

Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued

Ask col. a and complete cols. b-i for each item or set of identical items purchased. Identical items are those of the SAME TYPE purchased in the SAME MONTH, for the SAME PRICE and for the SAME PERSON. INTERVIEWER Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.

Part A - Clothing - Continued

a	b	c	d	e	f	g	h	i	j			
									ASK AT Q2-Q5	NOTES		
Since the 1st of (Q1 - January 1972, Q2-Q5 - 3 months earlier) have you or any member of your CU purchased for yourself or as a gift to someone else, any...?	QUARTER NUMBER	What kind of... did you buy?	ITEM CODE	For whom was it purchased? If CU member, enter name and line number from Section I. If someone outside CU, enter appropriate code as follows: 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 93 - Female 2-15 94 - Under 2 years	How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it?	How much did it cost?	Did this include sales tax?	Ask for each class of items for which purchases were reported or the previous interview. Have you returned for credit or refund any... which you reported last time? If YES, enter number returned on the line with the item.	ITEM CODE	CLOTHING ITEM	
							\$				L01	SHIRTS OR BLOUSES of any type
							\$				L02	
							\$				L03	
							\$				L04	
							\$				L05	50 - Dress shirts
							\$				L06	51 - Sport shirts
							\$				L07	52 - Work shirts
							\$				L08	53 - Blouses or tops
							\$				L09	54 - Other shirts
							\$				L10	
							\$				L11	
							\$				L12	
							\$				L13	
							\$				L14	
							\$				L15	
							\$				L16	
							\$				L17	
							\$				L18	
							\$				L19	
							\$				L20	

Continued on extra page

YES	NO	Q1	
		Q2	
		Q3	
		Q4	
		Q5	

EACH QUARTER

Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued

INTERVIEWER

Ask col. a and complete cols. b-i for each item or set of identical items purchased. Identical items are those of the SAME TYPE purchased in the SAME MONTH, for the SAME PRICE and for the SAME PERSON.

Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.

Part A - Clothing - Continued

a	b	c	d	e	f	g	h	i	j		k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	aa	ab	ac	ad	ae	af	ag	ah	ai	aj	ak	al	am	an	ao	ap	aq	ar	as	at	au	av	aw	ax	ay	az	ba	bb	bc	bd	be	bf	bg	bh	bi	bj	bk	bl	bm	bn	bo	bp	bq	br	bs	bt	bu	bv	bw	bx	by	bz	ca	cb	cc	cd	ce	cf	cg	ch	ci	cj	ck	cl	cm	cn	co	cp	cq	cr	cs	ct	cu	cv	cw	cx	cy	cz	da	db	dc	dd	de	df	dg	dh	di	dj	dk	dl	dm	dn	do	dp	dq	dr	ds	dt	du	dv	dw	dx	dy	dz	ea	eb	ec	ed	ee	ef	eg	eh	ei	ej	ek	el	em	en	eo	ep	eq	er	es	et	eu	ev	ew	ex	ey	ez	fa	fb	fc	fd	fe	ff	fg	fh	fi	fj	fk	fl	fm	fn	fo	fp	fq	fr	fs	ft	fu	fv	fw	fx	fy	fz	ga	gb	gc	gd	ge	gf	gg	gh	gi	gj	gk	gl	gm	gn	go	gp	gq	gr	gs	gt	gu	gv	gw	gx	gy	gz	ha	hb	hc	hd	he	hf	hg	hh	hi	hj	hk	hl	hm	hn	ho	hp	hq	hr	hs	ht	hu	hv	hw	hx	hy	hz	ia	ib	ic	id	ie	if	ig	ih	ii	ij	ik	il	im	in	io	ip	iq	ir	is	it	iu	iv	iw	ix	iy	iz	ja	jb	jc	jd	je	jf	jg	jh	ji	jj	jk	jl	jm	jn	jo	jp	jq	jr	js	jt	ju	jv	jw	jx	jy	jz	ka	kb	kc	kd	ke	kf	kg	kh	ki	kj	kk	kl	km	kn	ko	kp	kq	kr	ks	kt	ku	kv	kw	kx	ky	kz	la	lb	lc	ld	le	lf	lg	lh	li	lj	lk	ll	lm	ln	lo	lp	lq	lr	ls	lt	lu	lv	lw	lx	ly	lz	ma	mb	mc	md	me	mf	mg	mh	mi	mj	mk	ml	mm	mn	mo	mp	mq	mr	ms	mt	mu	mv	mw	mx	my	mz	na	nb	nc	nd	ne	nf	ng	nh	ni	nj	nk	nl	nm	nn	no	np	nq	nr	ns	nt	nu	nv	nw	nx	ny	nz	oa	ob	oc	od	oe	of	og	oh	oi	oj	ok	ol	om	on	oo	op	oq	or	os	ot	ou	ov	ow	ox	oy	oz	pa	pb	pc	pd	pe	pf	pg	ph	pi	pj	pk	pl	pm	pn	po	pp	pq	pr	ps	pt	pu	pv	pw	px	py	pz	qa	qb	qc	qd	qe	qf	qg	qh	qi	qj	qk	ql	qm	qn	qo	qp	qq	qr	qs	qt	qu	qv	qw	qx	qy	qz	ra	rb	rc	rd	re	rf	rg	rh	ri	rj	rk	rl	rm	rn	ro	rp	rq	rr	rs	rt	ru	rv	rw	rx	ry	rz	sa	sb	sc	sd	se	sf	sg	sh	si	sj	sk	sl	sm	sn	so	sp	sq	sr	ss	st	su	sv	sw	sx	sy	sz	ta	tb	tc	td	te	tf	tg	th	ti	tj	tk	tl	tm	tn	to	tp	tq	tr	ts	tt	tu	tv	tw	tx	ty	tz	ua	ub	uc	ud	ue	uf	ug	uh	ui	uj	uk	ul	um	un	uo	up	uq	ur	us	ut	uu	uv	uw	ux	uy	uz	va	vb	vc	vd	ve	vf	vg	vh	vi	vj	vk	vl	vm	vn	vo	vp	vq	vr	vs	vt	vu	vv	vw	vx	vy	vz	wa	wb	wc	wd	we	wf	wg	wh	wi	wj	wk	wl	wm	wn	wo	wp	wq	wr	ws	wt	wu	wv	ww	wx	wy	wz	xa	xb	xc	xd	xe	xf	xg	xh	xi	xj	xk	xl	xm	xn	xo	xp	xq	xr	xs	xt	xu	xv	xw	xx	xy	xz	ya	yb	yc	yd	ye	yf	yg	yh	yi	yj	yk	yl	ym	yn	yo	yp	yq	yr	ys	yt	yu	yv	yw	yx	yy	yz	za	zb	zc	zd	ze	zf	zg	zh	zi	zj	zk	zl	zm	zn	zo	zp	zq	zr	zs	zt	zu	zv	zw	zx	zy	zz	aa	ab	ac	ad	ae	af	ag	ah	ai	aj	ak	al	am	an	ao	ap	aq	ar	as	at	au	av	aw	ax	ay	az	ba	bb	bc	bd	be	bf	bg	bh	bi	bj	bk	bl	bm	bn	bo	bp	bq	br	bs	bt	bu	bv	bw	bx	by	bz	ca	cb	cc	cd	ce	cf	cg	ch	ci	cj	ck	cl	cm	cn	co	cp	cq	cr	cs	ct	cu	cv	cw	cx	cy	cz	da	db	dc	dd	de	df	dg	dh	di	dj	dk	dl	dm	dn	do	dp	dq	dr	ds	dt	du	dv	dw	dx	dy	dz	ea	eb	ec	ed	ee	ef	eg	eh	ei	ej	ek	el	em	en	eo	ep	eq	er	es	et	eu	ev	ew	ex	ey	ez	fa	fb	fc	fd	fe	ff	fg	fh	fi	fj	fk	fl	fm	fn	fo	fp	fq	fr	fs	ft	fu	fv	fw	fx	fy	fz	ga	gb	gc	gd	ge	gf	gg	gh	gi	gj	gk	gl	gm	gn	go	gp	gq	gr	gs	gt	gu	gv	gw	gx	gy	gz	ha	hb	hc	hd	he	hf	hg	hi	hj	hk	hl	hm	hn	ho	hp	hq	hr	hs	ht	hu	hv	hw	hx	hy	hz	ia	ib	ic	id	ie	if	ig	ih	ii	ij	ik	il	im	in	io	ip	iq	ir	is	it	iu	iv	iw	ix	iy	iz	ja	jb	jc	jd	je	jf	jg	jh	ji	jj	jk	jl	jm	jn	jo	jp	jq	jr	js	jt	ju	jv	jw	jx	jy	jz	ka	kb	kc	kd	ke	kf	kg	kh	ki	kj	kk	kl	km	kn	ko	kp	kq	kr	ks	kt	ku	kv	kw	kx	ky	kz	la	lb	lc	ld	le	lf	lg	lh	li	lj	lk	ll	lm	ln	lo	lp	lq	lr	ls	lt	lu	lv	lw	lx	ly	lz	ma	mb	mc	md	me	mf	mg	mh	mi	mj	mk	ml	mm	mn	mo	mp	mq	mr	ms	mt	mu	mv	mw	mx	my	mz	na	nb	nc	nd	ne	nf	ng	nh	ni	nj	nk	nl	nm	nn	no	np	nq	nr	ns	nt	nu	nv	nw	nx	ny	nz	oa	ob	oc	od	oe	of	og	oh	oi	oj	ok	ol	om	on	oo	op	oq	or	os	ot	ou	ov	ow	ox	oy	oz	pa	pb	pc	pd	pe	pf	pg	ph	pi	pj	pk	pl	pm	pn	po	pp	pq	pr	ps	pt	pu	pv	pw	px	py	pz	qa	qb	qc	qd	qe	qf	qg	qh	qi	qj	qk	ql	qm	qn	qo	qp	qq	qr	qs	qt	qu	qv	qw	qx	qy	qz	ra	rb	rc	rd	re	rf	rg	rh	ri	rj	rk	rl	rm	rn	ro	rp	rq	rr	rs	rt	ru	rv	rw	rx	ry	rz	sa	sb	sc	sd	se	sf	sg	sh	si	sj	sk	sl	sm	sn	so	sp	sq	sr	ss	st	su	sv	sw	sx	sy
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EACH QUARTER

Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued

INTERVIEWER

Ask col. a and complete cols. b-i for each item or set of identical items purchased. Identical items are those of the SAME TYPE purchased in the SAME MONTH, for the SAME PRICE and for the SAME PERSON.

Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.

Part B - Household Textiles - Continued

a	b	c	d	e	f	g	h	i	j		ITEM CODE	HOUSEHOLD ITEM
									ASK AT Q2-Q5	NOTES		
Since the 1st of (Q1 - January 1972, Q2-Q5 - 3 months earlier) have you purchased for your household or as a gift to others, any . . . ?												
KITCHEN AND DINING ROOM LINENS, including tablecloths, place mats, and napkins												
180 - Towels												
181 - Tablecloths, place mats, and napkins												
182 - Other kitchen or dining room linens												
Q1 Q2 Q3 Q4 Q5 YES NO												
<input type="checkbox"/> Continued on extra page												
											P21	
											P22	
											P23	
											P24	
											P25	
											P26	
											P27	
											P28	
											P29	
											P30	
											P31	
											P32	
											P33	
											P34	
											P35	
											P36	
											P37	
											P38	
											P39	
											P40	

INTERVIEWER } Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.
 Ask col. a and complete cols. b-i for each item or set of identical items purchased. Identical items are those of the SAME TYPE purchased in the SAME MONTH, for the SAME PRICE and for the SAME PERSON.
 Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.

Part B - Household Textiles - Continued

a	b	c	d	e	f	g	h	i	j
Since the 1st of (Q1 - January 1972, Q2-Q5 - 3 months earlier) have you purchased for your household or as a gift to others, any . . . ?	QUARTER NUMBER	What did you buy?	PROCESSING USE ONLY	Was this purchased for your (CU) own use or as a gift? 1 - CU use 2 - Gift outside CU	How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it?	How much did it cost? Dollars Cents	Did this include sales tax? Ask for each class of items for which purchases were reported at the previous interview.	NOTES

HOUSEHOLD ITEM	ITEM CODE	Describe briefly the item purchased	PROCESSING USE ONLY	ITEM CODE from col. a	Was this purchased for your (CU) own use or as a gift? 1 - CU use 2 - Gift outside CU	How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it?	How much did it cost? Dollars Cents	Did this include sales tax? Ask for each class of items for which purchases were reported at the previous interview.	NOTES
SEWING MATERIALS such as for making clothes and for handwork in the home	Q1	190 - Making slipcovers, curtains, etc.		(P45)				\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
191 - Making clothes	Q2			(P46)				\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
192 - Handwork in the home, including yarn	Q3			(P47)				\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
193 - Sewing notions	Q4			(P48)				\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	Q5			(P49)				\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
				(P50)				\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
				(P51)				\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
				(P52)				\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
				(P53)				\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
				(P54)				\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
				(P55)				\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
				(P56)				\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
				(P57)				\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
				(P58)				\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
				(P59)				\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
				(P60)				\$	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

Continued on extra page

Section 8 - MAJOR EQUIPMENT ITEMS - INVENTORY AND PURCHASES

INTERVIEWER

Q1 - Ask col. a and complete cols. b-1 for each item reported.
 Q5 - Start with col. m for each item reported at Q1 and proceed as indicated. For each item marked NO at Q1, start with col. a and complete cols. b-n.

ITEM CODE	EQUIPMENT ITEM	ITEM CODE	Brand name or brief description	PROCESSING USE ONLY	ITEM CODE	Was this - 1 - Purchased for own use? 2 - Received as a gift? 3 - Included with own house? 4 - Included with rental unit? - Go to next equip. item 5 - Rented separately? 6 - Purchased as gift to others?	When did you get (purchase) it? If 1971 or after, enter month and year. If before 1971, mark the appropriate box and go to next equip. item. Before 1965 1965-1969 1970 1971-73 MO. YR.	f	g	h	i	j	k	ASK ONLY IF PURCHASED (Code 1 or 6 in col. d)		m	n	o
														Did this include sales tax?	Did you receive a trade-in allowance?			
501	1 - Electric	YES NO	503	2 - Gas	YES NO	504	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
502	1 - Electric	YES NO	506	3 - Other - Specify in col. b	YES NO	508	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
509	4 - Refrigerator	YES NO	511	4 - Refrigerator only	YES NO	512	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
513	5 - Refrigerator-combination	YES NO	515	5 - Refrigerator-combination	YES NO	516	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
517	6 - Home freezer	YES NO	519	6 - Home freezer	YES NO	520	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
521	7 - Built-in Dishwasher	YES NO	523	7 - Built-in Dishwasher	YES NO	522	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
525	8 - Portable Dishwasher	YES NO	527	8 - Portable Dishwasher	YES NO	526	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
529	9 - Garbage Disposal	YES NO	527	9 - Garbage Disposal	YES NO	528	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
531	10 - Range Hood	YES NO	531	10 - Range Hood	YES NO	532	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
533	10 - Range Hood	YES NO	533	10 - Range Hood	YES NO	534	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

Continued on extra page.

NOTES

INTERVIEWER Q1 - Ask col. a and complete cols. b-1 for each item reported. Q3 and Q5 - Start with col. k for each item previously reported and proceed as indicated. Ask col. a for all items not previously marked and complete cols. b-1.

QUARTER	a	b	c	d	e	f	g	h	i		j	k		l		m	
									ASK ONLY IF PURCHASED (Code 1 or 4 in col. e)	ASK ONLY IF PURCHASED (Code 1 or 4 in col. e)		ASK ONLY IF PURCHASED (Code 1 or 4 in col. e)	ASK ONLY IF PURCHASED (Code 1 or 4 in col. e)	ASK ONLY IF PURCHASED (Code 1 or 4 in col. e)	ASK ONLY IF PURCHASED (Code 1 or 4 in col. e)		
(B) PORTABLE COOLING OR HEATING EQUIPMENT, except air conditioners and water heaters?	Q1 Q3 Q5			(A51)													
	60 - Portable heater or stove			(A55)													
	61 - Dehumidifier			(A57)													
	62 - Humidifier or vaporizer			(A59)													
	63 - Window or portable fan			(A61)													
	64 - Other cooling or heating equipment - Specify in col. c			(A63)													
	(C) ELECTRIC PERSONAL CARE EQUIPMENT such as ... ?	Q1 Q3 Q5			(A65)												
		70 - Hair dryer			(A67)												
		71 - Electric shaver			(A71)												
		72 - Electric hair setter			(A73)												
		73 - Electric toothbrush set			(A77)												
		74 - Other electric personal care items - Specify in col. c			(A81)												
				(A79)													
				(A80)													
				(A78)													
				(A76)													
				(A74)													
				(A72)													
			(A70)														
			(A68)														
			(A66)														
			(A64)														
			(A62)														
			(A60)														
			(A58)														
			(A56)														
			(A54)														
			(A52)														

NOTES
 Continued on extra page
 None of the above

QUARTER
Q1, Q3, Q5

Section 12 - HOUSE FURNISHINGS AND RELATED HOUSEHOLD ITEMS

INTERVIEWER } Q1 - Ask Parts A, B, and C.
Q3 and Q5 - Ask Parts A and B.

Part A - Purchases

Q1 - Hand the respondent the Flashcard Booklet and have her turn to each item list as you proceed. Ask col. a and complete cols. b-k for each item reported. Enter each item or set of identical items on a separate line. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PRICE.

Q3 and Q5 - Start with col. l for each item previously reported and proceed as indicated. Then ask col. a and complete cols. b-k for each new item.

d		b		c		e		f		g		h		i		j		k		l	
ITEM	CODE	ITEM	CODE	PROCESSING USE ONLY	ITEM	CODE	ITEM	CODE	ITEM	CODE	ITEM	CODE	ITEM	CODE	ITEM	CODE	ITEM	CODE	ITEM	CODE	
Since the 1st of Q1 - January 1972, Q3 and Q5 - 6 months earlier, have you purchased for your own use or as a gift to others any ... ?		Which of these did you purchase? Enter a brief description of the item, such as "recliner."		ITEM CODE from col. a Was this purchased for your own use or as a gift to others?		Was this applicable? Ask only if purchased (and year) did you purchase it?		When was it purchased, new or used?		What was the price? Dollars only		Did this include sales tax?		Did you buy it -		1 - For cash? For items reported in previous interview. 2 - On 30-day credit? 3 - On installment purchased ... 4 - Other credit? Have you returned any of these items for credit or refund? Specify in Notes if YES, enter number returned on the line with the item.		YES NO		Notes	
10-Living room suite	H02	11-Couch or sofa (Exclude convertible)	H03																		
12-Convertible couch/sofa	H04	13-Upholstered lounge chair	H05																		
14-Recliner	H06	15-Table	H07																		
16-Other living room furniture	H08	20-Dining room suite	H09																		
21-Dinette set	H10	22-Table	H11																		
23-Chair	H12	24-Serving table or cart	H13																		
25-China closet or buffet	H14	26-Other dining room furniture	H15																		
30-Kitchen table	H16	31-Cabinet (not built-in)	H17																		
32-Other kitchen furniture	H18		H19																		

Continued on extra page.

Part A - Purchases - Continued

Q1 - Hand the respondent the Flashcard booklet and have her turn to each item list as you proceed. Ask col. a and complete cols. b-k for each item reported. Enter each item or set of identical items on a separate line. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PRICE.
 Q3 and Q5 - Start with col. l for each item previously reported and proceed as indicated. Then ask col. a and complete cols. b-k for each new item.

ITEM	ITEM CODE	QUARTER NUMBER	Which of these did you purchase? Enter a brief description of the item, such as "recliner."	ITEM CODE from col. a	Was this purchased for your own use or as a gift to others?	Ask only if applicable	In what month (and year) did you purchase it?	When purchased, was it new or used?	What was the price?	Did this include sales tax?	Did you buy it - 1 - For cash? 2 - On 30-day credit? 3 - On installment purchased ... 4 - Other credit? - Specify in Notes returned on the line with the item.	NOTES	Since the 1st of (Q1 - January 1972, Q3 and Q5 - 6 months earlier), have you purchased for your own use or as a gift to others any ... ?		YES		NO																																																
													Q1	Q3	Q1	Q3	Q1	Q3	Q1	Q3																																													
<p>(D) BEDROOM FURNITURE, such as - 40-Bedroom suite 41-Headboard and/or frame 42-Springs and mattress (including rollaways) 43-Chest-dresser and vanity (including mirrors) 44-Night table 45-Chair 46-Other bedroom furniture</p>															H20																																																		
															H21																																																		
															H22																																																		
															H23																																																		
															H24																																																		
															<p>(E) INFANTS FURNITURE AND EQUIPMENT, such as - 50-Crib and/or mattress 51-Carriage or stroller 52-Playpen 53-Chest or dresser 54-Other</p>															H25																																			
																														H26																																			
																														H27																																			
																														H28																																			
																														<p>(F) PATIO, PORCH OR OTHER OUTDOOR FURNITURE, such as - 60-Outdoor furniture made basically of wood 61-Outdoor furniture made basically of METAL (all kinds) 62-Outdoor furniture made basically of PLASTIC or VINYL 63-Barbecue grill (all types) 64-Other</p>															H29																				
																																													H30																				
																																													H31																				
H32																																																																	
H33																																																																	
<p>(G) FLOOR COVERINGS, such as - Wall-to-wall carpeting for all rooms except kitchen and bathroom 70-Installed 71-Not installed Wall-to-wall carpeting for kitchen and bathroom 72-Installed 73-Not installed 74-Roomsize rugs 75-Other soft floor covering (scatter rugs, carpet squares, rug padding, etc.) 76-Other hard surface floor coverings</p>																																													H34																				
																																													H35																				
																																													H36																				
															H37																																																		
															H38																																																		

INTERVIEWER Q1 - Ask Parts A, B, and C. Q3 and Q5 - Ask Parts A and B.

Q1 - Hand the respondent the Flashcard Booklet and have her turn to each item list as you proceed. Ask col. a and complete cols. b-k for each item reported. Enter each item or set of identical items on a separate line. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PRICE.
 Q3 and Q5 - Start with col. l for each item previously reported and proceed as indicated. Then ask col. a and complete cols. b-k for each new item.

Part A - Purchases - Continued

QUARTER	Q1, Q3, Q5	ITEM		ITEM CODE	ITEM DESCRIPTION	PROCESSING USE ONLY	ITEM CODE	Was this purchased for your own use or as a gift to others?	Ask only if applicable	In what month (and year) did you purchase it?	When purchased, was it new or used?	What was the price?	Did this include sales tax?	Did you buy it - 1 - For cash? 2 - On 30-day credit? 3 - On installment purchased ... 4 - Other credit? - Have you returned any of these items for credit or refund? If YES, enter number returned on the line with the item.	NOTES
		Q1	Q3												
					80 - Curtains, custom-made		H39	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
					81 - Curtains, ready-made		H41	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
					82 - Drapes, custom-made		H42	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
					83 - Drapes, ready-made		H43	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
					84 - Venetian blinds and window shades, custom-made		H44	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
					85 - Venetian blinds and window shades, ready-made		H46	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
					86 - Slipcovers, custom-made		H47	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
					87 - Slipcovers, ready-made		H48	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
					88 - Decorative pillows and cushions		H49	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
					89 - Other household items		H50	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
							H51	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
							H52	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
							H53	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
							H54	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
							H55	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
							H56	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
							H57	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			\$.00	<input type="checkbox"/> 1 <input type="checkbox"/> 2		

(H) HOUSEHOLD ITEMS, such as -

YES NO

Q1 Q3 Q5

Continued on extra page.

INTERVIEWER Q1 - Ask Parts A, B, and C. Q3 and Q5 - Ask Parts A and B.

Q1 - Hand the respondent the Flashcard Booklet and have her turn to each item list as you proceed. Ask col. a and complete cols. b-k for each item reported. Enter each item or set of identical items on a separate line. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PRICE.

Part A - Purchases - Continued

ITEM	ITEM CODE	b	c	d	e	f	g	h	i	j	k	l	NOTES					
													ITEM CODE	ITEM				
(I) OTHER HOUSE FURNISHINGS, such as -		90-Pingpong table	91-Pool table	92-Bar or porta-bar	93-Bookcase, record cabinet	94-Desk	95-Other	100-Dinnerware	101-Silver flatware	102-Stainless flatware	103-Glassware	104-Cooking ware (excluding electric)	105-Other	Q1	Q3	Q5		
(J) DISHES, DINNERWARE, FLATWARE, GLASSWARE OR COOKING WARE, such as -		100-Dinnerware	101-Silver flatware	102-Stainless flatware	103-Glassware	104-Cooking ware (excluding electric)	105-Other	110-Suitcase or luggage	111-Trunk	112-Garment bag and closet	113-Other	120-Original paintings and other paintings or pictures costing more than \$10	121-Clocks	122-Lamps	123-Mirrors	124-Chandeliers and other lighting fixtures	125-Other decorative items costing more than \$15	
(K) SUITCASES, LUGGAGE, TRUNKS, GARMENT BAGS, AND CLOSET STORAGE ITEMS, such as -		110-Suitcase or luggage	111-Trunk	112-Garment bag and closet	113-Other	120-Original paintings and other paintings or pictures costing more than \$10	121-Clocks	122-Lamps	123-Mirrors	124-Chandeliers and other lighting fixtures	125-Other decorative items costing more than \$15							
(L) DECORATIVE ITEMS, such as -		120-Original paintings and other paintings or pictures costing more than \$10	121-Clocks	122-Lamps	123-Mirrors	124-Chandeliers and other lighting fixtures	125-Other decorative items costing more than \$15											

~ 1 12 06 0 ↑

Part B - Repairs, Rentals, and Gifts Received

1a. Since the 1st of (Q1 - Jan. 1972, Q3 and Q5 - month, 6 months earlier), did you have any expense for repairs or upholstery to any of your furniture?		1b. What was repaired (upholstered)? - Describe briefly and enter the item code from col. a, Part A, or 000 if not listed.		1c. How much did it cost?		1d. Did it include - Codes 1 - Service only? 2 - Fabrics only? 3 - Service and fabrics?	
Q1	Q3	Q5	Description	Code	Description	Code	Description
<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 2a	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 2a	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 2a	(K01) _____	(K02) \$ _____	(K03) _____	(K04) _____	(K05) \$ _____
			(K06) _____	(K07) _____	(K08) \$ _____	(K09) _____	(K10) _____
			(K11) _____	(K12) _____	(K13) _____	(K14) \$ _____	(K15) _____
			(K16) _____	(K17) _____	(K18) _____	(K19) \$ _____	(K20) _____
			(K21) _____	(K22) _____	(K23) _____	(K24) \$ _____	(K25) _____
			(K26) _____	(K27) _____	(K28) _____	(K29) \$ _____	(K30) _____
			(K31) _____	(K32) _____	(K33) \$ _____	(K34) _____	(K35) _____
			(K36) _____	(K37) _____	(K38) _____	(K39) \$ _____	(K40) _____
			(K41) _____	(K42) \$ _____	(K43) _____	(K44) _____	(K45) \$ _____
			(K46) _____	(K47) _____	(K48) _____	(K49) \$ _____	(K50) _____
			(K51) _____	(K52) _____	(K53) \$ _____	(K54) _____	(K55) _____
			(K56) _____	(K57) \$ _____	(K58) _____	(K59) _____	(K60) _____
			(K61) _____	(K62) \$ _____	(K63) _____	(K64) _____	(K65) _____
			(K66) _____	(K67) _____	(K68) _____	(K69) \$ _____	(K70) _____
			(K71) _____	(K72) _____	(K73) \$ _____	(K74) _____	(K75) _____
			(K76) _____	(K77) _____	(K78) \$ _____	(K79) _____	(K80) _____
			(K81) _____	(K82) _____	(K83) \$ _____	(K84) _____	(K85) _____
			(K86) _____	(K87) _____	(K88) \$ _____	(K89) _____	(K90) _____
			(K91) _____	(K92) _____	(K93) \$ _____	(K94) _____	(K95) _____
			(K96) _____	(K97) _____	(K98) \$ _____	(K99) _____	(K00) _____

NOTES

INTERVIEWER { Q1 - Ask Parts A, B, and C. Q3 and Q5 - Ask Parts A and B.

~ 1 12 07 8 ↓

Part B - Reports, Rentals, and Gifts Received - Continued

3a. Since the 1st of Q1 - Jan. 1972, Q3 and Q5 - month, 6 months earlier, have you received any furniture as a gift from someone outside the CU?
 Yes
 No - Skip to Part C

b. What did you receive? - Describe briefly and enter the item code from col. a, Part A, or 000 if not listed.

c. What is its estimated value?

Q1	Q3	Q5
<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to Part C	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to next section	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to next section
(L01) Code _____ Description _____	(L21) Code _____ Description _____	(L41) Code _____ Description _____
(L02) \$ _____ (X) Description _____	(L22) \$ _____ Description _____	(L42) \$ _____ Description _____
(L03) Code _____ Description _____	(L23) Code _____ Description _____	(L43) Code _____ Description _____
(L04) \$ _____ Description _____	(L24) \$ _____ Description _____	(L44) \$ _____ Description _____
(L05) Code _____ Description _____	(L25) Code _____ Description _____	(L45) Code _____ Description _____
(L06) \$ _____ Description _____	(L26) \$ _____ Description _____	(L46) \$ _____ Description _____
(L07) Code _____ Description _____	(L27) Code _____ Description _____	(L47) Code _____ Description _____
(L08) \$ _____ Description _____	(L28) \$ _____ Description _____	(L48) \$ _____ Description _____
(L09) Code _____ Description _____	(L29) Code _____ Description _____	(L49) Code _____ Description _____
(L10) \$ _____ Description _____	(L30) \$ _____ Description _____	(L50) \$ _____ Description _____

NOTES

NOTES

QUARTER Q1, Q5 Section 13 - AUTOMOBILES AND OTHER VEHICLES - INVENTORY AND PURCHASES - Continued

INTERVIEWER { Q1 - Ask item 1, Part A and complete one column in Part B for each vehicle. (See exception in item 1b, Part A.) Q5 - Complete Part C for each vehicle reported at Q1. Then ask item 2, Part A, and complete Parts B and C for each additional vehicle.

Part B - Detailed Questions

VEHICLE NUMBER	1	2
PROCESSING USE ONLY	~ 1 13 019 ↓	~ 1 13 027 ↓
1. VEHICLE CODE (Transcribe from item 1a, Part A)	(M01) _____ Code	(M01) _____ Code
• Complete items 2, 3, and 4 for autos, trucks, and self-propelled campers.	Make _____ Model _____ Year _____	Make _____ Model _____ Year _____
2. What is the make, model, and year?	(M02) _____	(M02) _____
OFFICE USE ONLY - Auto code	(M03) _____	(M03) _____
3. How many cylinders does it have?	(M04) * YES _____ NO _____	(M04) * YES _____ NO _____
4. Does it have -	(M05) * _____	(M05) * _____
a. Automatic transmission?	(M06) 1 <input type="checkbox"/> Entirely business - Go to next vehicle	(M06) 1 <input type="checkbox"/> Entirely business - Go to next vehicle
b. Power steering?	2 <input type="checkbox"/> Partly for business	2 <input type="checkbox"/> Partly for business
c. Power brakes?	3 <input type="checkbox"/> Personal use	3 <input type="checkbox"/> Personal use
d. Air conditioning?	(M07) _____ Percent	(M07) _____ Percent
e. Radio?	(M08) 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used	(M08) 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used
f. Vinyl top?	(M09) 1 <input type="checkbox"/> Purchased for own use	(M09) 1 <input type="checkbox"/> Purchased for own use
5a. Is it used entirely or partly for business?	2 <input type="checkbox"/> Purchased as gift to others	2 <input type="checkbox"/> Purchased as gift to others
b. If partly for business - What percent of the mileage is counted as a business expense?	3 <input type="checkbox"/> Received as gift - Q1, go to next vehicle	3 <input type="checkbox"/> Received as gift - Q1, go to next vehicle
6. Was it new or used when you acquired it?	(M10) _____	(M10) _____
7. Was this vehicle . . . ?	(M11) \$ _____ .00 <input type="checkbox"/> No	(M11) \$ _____ .00 <input type="checkbox"/> No
8. In what month and year did you acquire it?	(M12) \$ _____ .00	(M12) \$ _____ .00
Q1 - If before 1969, go to next vehicle	(M13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(M13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
If 1969-71, skip to item 10a.	(M14) \$ _____ .00 <input type="checkbox"/> No	(M14) \$ _____ .00 <input type="checkbox"/> No
• If purchased in 1972 or 1973	(M15) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(M15) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9a. Did you receive a trade-in allowance? If YES - How much?	(M16) 1 <input type="checkbox"/> Cash { Q1 - Go to next vehicle	(M16) 1 <input type="checkbox"/> Cash { Q1 - Go to next vehicle
b. What was the amount you paid for it after trade-in allowance and discount?	2 <input type="checkbox"/> Credit { Q5 - Go to item 2, Part C	2 <input type="checkbox"/> Credit { Q5 - Go to item 2, Part C
c. Did this price include sales tax?	(M17) 1 <input type="checkbox"/> Yes	(M17) 1 <input type="checkbox"/> Yes
d. Was any of this cost paid by an employer? If YES - How much?	2 <input type="checkbox"/> No - Go to next vehicle	2 <input type="checkbox"/> No - Go to next vehicle
e. If a boat - Did the price include the cost of a motor?	(M18) \$ _____ .00	(M18) \$ _____ .00
• If purchased in 1969 or after	(M19) _____ Code	(M19) _____ Code
10a. Did you buy it for cash or credit?	(M20) \$ _____ .00	(M20) \$ _____ .00
b. Ask of Q1 only - Were any payments made in 1972?	(M21) _____ Number of payments	(M21) _____ Number of payments
11. What was the amount of the downpayment?	(M22) _____	(M22) _____
12a. What was the source of credit?	(M23) \$ _____ .00	(M23) \$ _____ .00
1 - Auto dealer 5 - Insurance company	(M24) 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Other - Specify 7	(M24) 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Other - Specify 7
2 - Finance company 6 - Individual	(M25) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(M25) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3 - Bank 7 - Other - Specify in Notes	(M26) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(M26) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4 - Credit Union	(M27) _____ Number of payments	(M27) _____ Number of payments
b. How much was borrowed?	(M28) \$ _____ .00 <input type="checkbox"/> No	(M28) \$ _____ .00 <input type="checkbox"/> No
c. What was the number of payments contracted for?	(M29) 1 <input type="checkbox"/> Yes - Skip to item 5	(M29) 1 <input type="checkbox"/> Yes - Skip to item 5
d. In what month and year was the first payment made?	(M30) _____ Code	(M30) _____ Code
e. What is the amount of each payment?	(M31) _____ Month	(M31) _____ Month
f. What period is covered by each payment?	(M32) \$ _____ .00	(M32) \$ _____ .00
g. Does the finance cost include auto insurance required by the creditor?	(M33) _____ Miles	(M33) _____ Miles
h. Does the finance cost include credit life insurance required by the creditor?	(M34) \$ _____ .00	(M34) \$ _____ .00
Part C INTERVIEWER { Q1 - Ask only for vehicles owned in 1972 but disposed of prior to Q1. Q5 - Ask for all vehicles reported. If purchased before 1969, start with item 2.	(M35) _____	(M35) _____
• If credit payments were made in 1972	(M36) _____	(M36) _____
1a. How many regular payments were made during 1972? Exclude cash downpayment.	(M37) _____ Number of payments	(M37) _____ Number of payments
b. Were any other payments made in 1972? If YES - How much?	(M38) \$ _____ .00 <input type="checkbox"/> No	(M38) \$ _____ .00 <input type="checkbox"/> No
2. Do you still have . . . ?	(M39) 1 <input type="checkbox"/> Yes - Skip to item 5	(M39) 1 <input type="checkbox"/> Yes - Skip to item 5
3a. Was it . . . ?	(M40) _____ Code	(M40) _____ Code
1 - Sold 3 - Taken with CU member who left	(M41) _____ Month	(M41) _____ Month
2 - Traded in 4 - Given away	(M42) \$ _____ .00	(M42) \$ _____ .00
b. In what month was it . . . ?	(M43) _____ Miles	(M43) _____ Miles
• If sold (code 1 in item 3a)	(M44) \$ _____ .00	(M44) \$ _____ .00
4. How much did you sell it for?	(M45) _____	(M45) _____
• Ask for autos, trucks, and self-propelled campers	(M46) _____	(M46) _____
5. How many miles was the . . . driven in 1972?	(M47) \$ _____ .00	(M47) \$ _____ .00
OFFICE USE ONLY - Total finance charges	(M48) \$ _____ .00	(M48) \$ _____ .00

Section 13 - AUTOMOBILES AND OTHER VEHICLES - INVENTORY AND PURCHASES - Continued

Q1 - Ask item 1, Part A and complete one column in Part B for each vehicle. (See exception in item 1b, Part A.) Q5 - Complete Part C for each vehicle reported at Q1. Then ask item 2, Part A, and complete Parts B and C for each additional vehicle.

INTERVIEWER

Part B - Detailed Questions - Continued

VEHICLE NUMBER		3	
PROCESSING USE ONLY		~ 1 13 03 5 ↓	
1. VEHICLE CODE (Transcribe from item 1a, Part A)	(M01) _____ Code	Make _____ Model _____ Year _____	(M01) _____ Code
● Complete items 2, 3, and 4 for autos, trucks, and self-propelled campers.			
2. What is the make, model, and year?	(M02) _____	Make _____ Model _____ Year _____	(M02) _____
OFFICE USE ONLY - Auto code			
3. How many cylinders does it have?	(M03) _____	Number of cylinders	(M03) _____
4. Does it have -	(M04) _____	YES NO	(M04) _____
a. Automatic transmission?	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO
b. Power steering?	3 <input type="checkbox"/> YES 4 <input type="checkbox"/> NO	3 <input type="checkbox"/> YES 4 <input type="checkbox"/> NO	3 <input type="checkbox"/> YES 4 <input type="checkbox"/> NO
c. Power brakes?	5 <input type="checkbox"/> YES 6 <input type="checkbox"/> NO	5 <input type="checkbox"/> YES 6 <input type="checkbox"/> NO	5 <input type="checkbox"/> YES 6 <input type="checkbox"/> NO
d. Air conditioning?	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO
e. Radio?	3 <input type="checkbox"/> YES 4 <input type="checkbox"/> NO	3 <input type="checkbox"/> YES 4 <input type="checkbox"/> NO	3 <input type="checkbox"/> YES 4 <input type="checkbox"/> NO
f. Vinyl top?	5 <input type="checkbox"/> YES 6 <input type="checkbox"/> NO	5 <input type="checkbox"/> YES 6 <input type="checkbox"/> NO	5 <input type="checkbox"/> YES 6 <input type="checkbox"/> NO
5a. Is it used entirely or partly for business?	(M06) _____	1 <input type="checkbox"/> Entirely business - Go to next vehicle 2 <input type="checkbox"/> Partly for business 3 <input type="checkbox"/> Personal use	(M06) _____
b. If partly for business - What percent of the mileage is counted as a business expense?	(M07) _____	Percent	(M07) _____
6. Was it new or used when you acquired it?	(M08) _____	1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used	(M08) _____
7. Was this vehicle . . . ?	(M09) _____	1 <input type="checkbox"/> Purchased for own use 2 <input type="checkbox"/> Purchased as gift to others 3 <input type="checkbox"/> Received as gift - Q1, go to next vehicle	(M09) _____
8. In what month and year did you acquire it? Q1 - if before 1969, go to next vehicle If 1969-71, skip to item 10a.	(M10) _____	Month _____ Year _____	(M10) _____
● If purchased in 1972 or 1973	(M11) \$ _____	00 <input type="checkbox"/> No	(M11) \$ _____
9a. Did you receive a trade-in allowance? If YES - How much?	(M12) \$ _____	00 <input type="checkbox"/> No	(M12) \$ _____
b. What was the amount you paid for it after trade-in allowance and discount?	(M13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(M13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Did this price include sales tax?	(M14) \$ _____	00 <input type="checkbox"/> No	(M14) \$ _____
d. Was any of this cost paid by an employer? If YES - How much?	(M15) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(M15) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. If a boat - Did the price include the cost of a motor?	(M16) _____	1 <input type="checkbox"/> Cash { Q1 - Go to next vehicle Q5 - Go to item 2, Part C 2 <input type="checkbox"/> Credit { Q1 - Ask 10b Q5 - Go to item 2, Part C	(M16) _____
● If purchased in 1969 or after	(M17) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next vehicle	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next vehicle	(M17) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
10a. Did you buy it for cash or credit?	(M18) \$ _____	00	(M18) \$ _____
b. Ask at Q1 only - Were any payments made in 1972?	(M19) _____	Code	(M19) _____
11. What was the amount of the downpayment?	(M20) \$ _____	00	(M20) \$ _____
12a. What was the source of credit? 1 - Auto dealer 5 - Insurance company 2 - Finance company 6 - Individual 3 - Bank 7 - Other - Specify in Notes 4 - Credit Union	(M21) _____	Code	(M21) _____
b. How much was borrowed?	(M22) _____	Number of payments	(M22) _____
c. What was the number of payments contracted for?	(M23) \$ _____	00	(M23) \$ _____
d. In what month and year was the first payment made?	(M24) 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Other - Specify	1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Other - Specify	(M24) 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Other - Specify
e. What is the amount of each payment?	(M25) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(M25) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. What period is covered by each payment?	(M26) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(M26) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Does the finance cost include auto insurance required by the creditor?	(M27) _____	Number of payments	(M27) _____
h. Does the finance cost include credit life insurance required by the creditor?	(M28) \$ _____	00 <input type="checkbox"/> No	(M28) \$ _____

Part C

INTERVIEWER

Q1 - Ask only for vehicles owned in 1972 but disposed of prior to Q1.
Q5 - Ask for all vehicles reported. If purchased before 1969, start with item 2

● If credit payments were made in 1972

1a. How many regular payments were made during 1972?
Exclude cash downpayment.

(M27) _____ Number of payments

b. Were any other payments made in 1972? If YES - How much?

(M28) \$ _____ 00 No

1 Yes - Skip to item 5
2 No

2. Do you still have . . . ?

(M29) _____

3a. Was it . . . ?
1 - Sold
2 - Traded in
3 - Taken with CU member who left
4 - Given away
5 - Other - Specify in Notes

(M30) _____ Code

b. In what month was it . . . ?

(M31) _____ Month

● If sold (code 1 in item 3a)

4. How much did you sell it for?

(M32) \$ _____ 00

● Ask for autos, trucks, and self-propelled campers

5. How many miles was the . . . driven in 1972?

(M33) _____ Miles

OFFICE USE ONLY - Total finance charges

(M34) \$ _____ 00

QUARTER
Q1, Q5

Section 13 - AUTOMOBILES AND OTHER
VEHICLES - INVENTORY
AND PURCHASES - Continued

Q1 - Ask item 1, Part A and complete one column in Part B for each vehicle. (See exception in item 1b, Part A.)
Q5 - Complete Part C for each vehicle reported at Q1. Then ask item 2, Part A, and complete Parts B and C for each additional vehicle.

Part B - Detailed Questions - Continued

VEHICLE NUMBER		5		6	
PROCESSING USE ONLY		~ 1 13 05 0 ↓		~ 1 13 06 8 ↓	
1. VEHICLE CODE (Transcribe from item 1a, Part A)	(M01) _____	Code	_____	Make	_____
• Complete items 2, 3, and 4 for autos, trucks, and self-propelled campers.	(M02) _____	Model	_____	Year	_____
2. What is the make, model, and year? OFFICE USE ONLY - Auto code	(M03) _____	Number of cylinders	_____	(M04) _____	Code
3. How many cylinders does it have?	(M04) _____	YES	NO	(M05) _____	Number of cylinders
4. Does it have -	(M05) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
a. Automatic transmission?	(M06) _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Power steering?	(M07) _____	5 <input type="checkbox"/>	6 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Power brakes?	(M08) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Air conditioning?	(M09) _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Radio?	(M10) _____	5 <input type="checkbox"/>	6 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Vinyl top?	(M11) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5a. Is it used entirely or partly for business?	(M12) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. If partly for business - What percent of the mileage is counted as a business expense?	(M13) _____	3 <input type="checkbox"/>	Personal use	(M14) _____	Percent
6. Was it new or used when you acquired it?	(M14) _____	1 <input type="checkbox"/>	New	2 <input type="checkbox"/>	Used
7. Was this vehicle . . . ?	(M15) _____	1 <input type="checkbox"/>	Purchased for own use	2 <input type="checkbox"/>	Purchased as gift to others
8. In what month and year did you acquire it? Q1 - If before 1969, go to next vehicle If 1969-71, skip to item 10a.	(M16) _____	3 <input type="checkbox"/>	Received as gift - Q7, go to next vehicle	(M17) _____	Month
9a. Did you receive a trade-in allowance? If YES - How much? What was the amount you paid for it after trade-in allowance and discount?	(M18) \$ _____	Year	_____	(M19) \$ _____	Year
9b. Did this price include sales tax?	(M20) \$ _____	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
d. Was any of this cost paid by an employer? If YES - How much?	(M21) \$ _____	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
e. If a boor - Did the price include the cost of a motor?	(M22) \$ _____	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
10a. Did you buy it for cash or credit?	(M23) \$ _____	1 <input type="checkbox"/>	Cash	2 <input type="checkbox"/>	Credit
b. Ask of Q1 only - Were any payments made in 1972?	(M24) \$ _____	1 <input type="checkbox"/>	Go to next vehicle	2 <input type="checkbox"/>	Go to item 2, Part C
11. What was the amount of the downpayment?	(M25) \$ _____	1 <input type="checkbox"/>	Go to next vehicle	2 <input type="checkbox"/>	Ask 10b
12a. What was the source of credit? 1 - Auto dealer 2 - Finance company 3 - Bank 4 - Credit Union 5 - Insurance company 6 - Individual 7 - Other - Specify in Notes	(M26) \$ _____	1 <input type="checkbox"/>	Go to next vehicle	2 <input type="checkbox"/>	Go to item 2, Part C
b. How much was borrowed?	(M27) \$ _____	1 <input type="checkbox"/>	Go to next vehicle	2 <input type="checkbox"/>	Go to item 2, Part C
c. What was the number of payments contracted for?	(M28) \$ _____	1 <input type="checkbox"/>	Go to next vehicle	2 <input type="checkbox"/>	Go to item 2, Part C
d. In what month and year was the first payment made?	(M29) \$ _____	1 <input type="checkbox"/>	Go to next vehicle	2 <input type="checkbox"/>	Go to item 2, Part C
e. What is the amount of each payment?	(M30) \$ _____	1 <input type="checkbox"/>	Go to next vehicle	2 <input type="checkbox"/>	Go to item 2, Part C
f. What period is covered by each payment?	(M31) \$ _____	1 <input type="checkbox"/>	Go to next vehicle	2 <input type="checkbox"/>	Go to item 2, Part C
g. Does the finance cost include auto insurance required by the creditor?	(M32) \$ _____	1 <input type="checkbox"/>	Go to next vehicle	2 <input type="checkbox"/>	Go to item 2, Part C
h. Does the finance cost include credit life insurance required by the creditor?	(M33) \$ _____	1 <input type="checkbox"/>	Go to next vehicle	2 <input type="checkbox"/>	Go to item 2, Part C

Part C

INTERVIEWER		Q1 - Ask only for vehicles owned in 1972 but disposed of prior to Q1. Q5 - Ask for all vehicles reported. If purchased before 1969, start with item 2	
1a. How many regular payments were made during 1972? Exclude cash downpayment.	(M27) _____	Number of payments	_____
b. Were any other payments made in 1972? If YES - How much?	(M28) \$ _____	Number of payments	_____
2. Do you still have . . . ?	(M29) 1 <input type="checkbox"/>	Yes - Skip to item 5	2 <input type="checkbox"/>
3a. Was it . . . ?	(M30) _____	Code	_____
1 - Sold	(M31) _____	Month	_____
2 - Traded in	(M32) \$ _____	Miles	_____
b. In what month was it . . . ?	(M33) \$ _____	Miles	_____
4. How much did you sell it for? • Ask for autos, trucks, and self-propelled campers	(M34) \$ _____	Total finance charges	_____
5. How many miles was the . . . driven in 1972?	(M35) \$ _____	Total finance charges	_____

QUARTER Q1, Q3, Q5

Section 14 - RENTING AND LEASING OF VEHICLES

Q1 - Ask Part A and complete Part B for each vehicle reported. Q3 and Q5 - Check item 1, Part B for each vehicle previously reported and complete items 5b-8 for each one marked "Still renting or leasing" at the last interview. Then ask Part A and complete Part B for each new vehicle.

INTERVIEWER

Part A - Screening Questions

1a. Since the 1st of (Q1 - January 1972, Q3 and Q5 - 6 months earlier), have you or any member of your CU rented or leased any of the following vehicles which were NOT used entirely for business? b. If YES - How many? VEHICLE CODE 1 - Automobile, 2 - Truck, Camper, 3 - Self-propelled, 4 - Trailer type, 5 - Other attachable type, 6 - Motorcycle or motor scooter, 7 - Boat, 8 - Trailer other than camper, such as boat or cycle, 9 - Private plane, 10 - Other vehicle (snowmobile, dunebuggy, etc.)

Q1 Q3 Q5

Table with columns for YES/NO and Number for Q1, Q3, and Q5.

Part B - Detailed Questions

INTERVIEWER Make combined entries for like vehicles rented frequently during the reference period for the SAME purpose. Otherwise, complete a separate column for each vehicle rented or leased.

1. TRANSCRIPTION ITEM a. Complete after asking item 5a below... b. Describe briefly the type of vehicle rented or leased... c. Enter vehicle code from Part A... 2. Was this vehicle rented or leased? 3. Was it rented (leased) solely for use on a vacation or other overnight trip? 4. In what month (and year) did you begin renting (leasing) this vehicle? 5a. Are you still renting (leasing) this vehicle? 5b. In what month (and year) did you stop renting (leasing) it? 6. Since the 1st of (Q1 - January 1972, Q3 and Q5 - 6 months earlier), how much were your expenses for renting (leasing) this vehicle? 7. Since the 1st of (Q1 - January 1972, Q3 and Q5 - 6 months earlier), have you paid any additional expenses to the rental (leasing) agency such as for extra insurance or mileage surcharges? 8a. Were (will) any of these expenses (be) deducted as business expenses, reimbursed, or paid by someone else? b. If YES - What percent of the total expense will this cover?

NOTES

Blank area for notes.

QUARTER
Q1, Q3, Q5

Section 14 - RENTING AND LEASING
OF VEHICLES - Continued

INTERVIEWER

Q1 - Ask Part A and complete Part B for each vehicle reported
Q3 and Q5 - Check item 1, Part B for each vehicle previously
reported and complete items 5b-8 for each one marked "Still
renting or leasing" at the last interview. Then ask Part A
and complete Part B for each new vehicle.

Additional entries

Part B - Detailed Questions - Continued

INTERVIEWER

Make combined entries for like vehicles rented frequently during
the reference period for the SAME purpose. Otherwise, complete
a separate column for each vehicle rented or leased.

TRANSCRIPTION ITEM	~ 1 14 07 4 ~		~ 1 14 08 2 ~		~ 1 14 09 0 ~			
	PROCESSING USE ONLY	7	8	9	YES	NO		
VEHICLE NUMBER	Still renting or leasing	Q1	Q3	Q5	Still renting or leasing	Q1	Q3	Q5
	Description				Description			
	(N01) Code				(N01) Code			
	1 Rented 2 Leased				(N02) Rented (N02) Leased			
	1 Yes - Go to next vehicle 2 No				(N03) 1 Yes - Go to next vehicle 2 No			
	Month Year				(N04) Month Year			
	1 Yes - Go to next vehicle 2 No				(N05) 1 Yes - Go to next vehicle 2 No			
	1 Yes - Go to next vehicle 2 No				(N06) 1 Yes - Go to next vehicle 2 No			
	1 Yes - Go to next vehicle 2 No				(N07) 1 Yes - Go to next vehicle 2 No			
	1 Yes - Skip to item 6 2 No				(N08) 1 Yes - Skip to item 6 2 No			
	Month Year				(N09) Month Year			
	(N06) \$ _____ .00 DK - Go to next vehicle				(N06) \$ _____ .00 DK - Go to next vehicle			
	(N07) \$ _____ .00 DK - Go to next vehicle				(N07) \$ _____ .00 DK - Go to next vehicle			
	(N08) \$ _____ .00 If DK, ask for an estimate				(N08) \$ _____ .00 If DK, ask for an estimate			
	(N09) \$ _____ .00 No				(N09) \$ _____ .00 No			
	(N10) \$ _____ .00 No				(N10) \$ _____ .00 No			
	(N11) \$ _____ .00 No				(N11) \$ _____ .00 No			
	(N12) _____ Percent No				(N12) _____ Percent No			
	(N13) _____ Percent No				(N13) _____ Percent No			
	(N14) _____ Percent No				(N14) _____ Percent No			
1. TRANSCRIPTION ITEM								
a. Complete after asking item 5a below								
b. Describe briefly the type of vehicle rented or leased, such as "auto," or "boat."								
c. Enter vehicle code from Part A								
2. Was this vehicle rented or leased?								
3. Was it rented (leased) solely for use on a vacation or other overnight trip?								
4. In what month (and year) did you begin renting (leasing) this vehicle?								
5a. Are you still renting (leasing) this vehicle? <i>Also mark the appropriate box in transcription item 1a above.</i>	Q1							
5b. In what month (and year) did you stop renting (leasing) it?	Q3							
6. Since the 1st of (Q1 - January 1972, Q3 and Q5 - 6 months earlier), how much were your expenses for renting (leasing) this vehicle? Dollars only <i>If periodic payments were made, enter the amount of the payment and the number of payments incurred during the reference period in Notes. Compute the total expense and enter the amount in this item. At Q5, obtain an estimate of the expenses even if the vehicle is still being rented or leased.</i>	Q5							
7. Since the 1st of (Q1 - January 1972, Q3 and Q5 - 6 months earlier), have you paid any additional expenses to the rental (leasing) agency such as for extra insurance or mileage surcharges? Do not include gasoline and other operating expenses. <i>If YES - How much were they?</i>	Q1							
8a. Were (will) any of these expenses (be) deducted as business expenses, reimbursed, or paid by someone else?	Q3							
8b. If YES - What percent of the total expense will this cover? Enter to nearest whole percent.	Q5							

NOTES

Section 15 - VEHICLE OPERATING EXPENSES - Continued

INTERVIEWER Ask Part A at each quarter.
 INTERVIEWER Ask Part B at Q2-Q5.

INTERVIEWER Hand the respondent the Flashcard Booklet and have her look at the item list as you proceed.
 INTERVIEWER Ask col. a and complete cols. b-j for each maintenance and repair expense reported.

Part A - Maintenance and Repair Expenses - Continued

a	b	c	d	e	f	g	h	i	j	NOTES	
										ITEM CODE	ITEM
<p>Since the 1st of (Q1 - Jan. 1972, Q2-Q5 - 3 months earlier), have you had expenses for the following items or services for any of your vehicles?</p>											
<p>PROCESSING USE ONLY</p>											
<p>QUARTER NUMBER</p>											
<p>Which vehicle was it for? DESCRIBE BRIEFLY the item purchased or the kind of work done</p>											
<p>and enter the vehicle code from Section 13.</p>											
<p>Describe briefly</p>											
<p>ITEM CODE from col. a</p>											
<p>In what month (and year) was this purchased (the work done)?</p>											
<p>MO. YR.</p>											
<p>What was the total cost including parts and labor? (For tires - including Federal excise taxes)</p>											
<p>Dollars only</p>											
<p>Did this include sales tax?</p>											
<p>YES NO</p>											
<p>Has (will) any of this expense be (be) reimbursed by -</p>											
<p>1 - Insurance or warranty?</p>											
<p>2 - Business?</p>											
<p>3 - Other? - Specify in Notes</p>											
<p>4 - Not reimbursed</p>											
<p>Enter code</p>											
<p>Dollars only</p>											
<p>How much was (will be) reimbursed?</p>											
<p>If code 1, 2, or 3 col. i</p>											
<p>50 - Brake adjustments and repairs</p>											
<p>(P21)</p>											
<p>51 - Front end alignments, steering adjustments, and wheel balancings</p>											
<p>(P22) (P23) (P24)</p>											
<p>52 - Exhaust system repairs</p>											
<p>(P25)</p>											
<p>53 - Clutch and transmission repairs</p>											
<p>(P26)</p>											
<p>54 - Electrical system repairs</p>											
<p>(P27)</p>											
<p>55 - Body work, frame repairs, painting, and glass replacements</p>											
<p>(P28) (P29)</p>											
<p>56 - Replacement of shock absorbers</p>											
<p>(P30)</p>											
<p>57 - Replacement or repair of motor, carburetor, fuel pump, water pump</p>											
<p>(P31) (P32) (P33)</p>											
<p>58 - Other major repairs or parts - Specify in col. d</p>											
<p>(P34) (P35)</p>											
<p>60 - Combined expenses - Specify items purchased or type of work done in col. d</p>											
<p>(P36) (P37) (P38) (P39) (P40)</p>											
<p>Use only if unable to itemize in categories 10-58.</p>											
<p>YES NO</p>											
<p>Q1 Q2 Q3 Q4 Q5</p>											
<p>Q1 Q2 Q3 Q4 Q5</p>											

INTERVIEWER { Ask Part A each quarter.
Ask Part B at Q2-Q5.

Part B - Other Vehicle Operating Expenses Ask at Q2-Q5

Q2		Q3		Q4		Q5	
1a. Since the 1st of (month, 3 months earlier), what has been your average MONTHLY expense for gasoline to operate your AUTOMOBILE(S)?		R01 \$.00		R43 \$.00		R64 \$.00	
b. Was any of this counted as business expense?		Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 2		Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 2		Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 2	
c. How much was counted as business expense?		R02 \$.00		R44 \$.00		R65 \$.00	
2. Since the 1st of (month, 3 months earlier), what has been your AUTOMOBILE expense for -		a. Tune ups?		b. Lubrications, including filters and oil changes?			
R03 \$.00		R04 \$.00		R45 \$.00		R66 \$.00	
3. Since the 1st of (month, 3 months earlier), what has been your average MONTHLY expense for gasoline and oil to operate OTHER vehicles?		R05 \$.00		R46 \$.00		R67 \$.00	
Enter the vehicle code from Section 13 and the average monthly expense for that vehicle. Combine expenses for vehicles of the same type.		Vehicle code Amount		Vehicle code Amount		Vehicle code Amount	
R07	R08	R09	R10	R11	R12	R13	R14
R27	R28	R29	R30	R31	R32	R33	R34
R47	R48	R49	R50	R51	R52	R53	R54
R68	R69	R70	R71	R72	R73	R74	R75
R76	R77	R78	R79	R80	R81	R82	R83
4. Since the 1st of (month, 3 months earlier), have you or any member of your CU had the following expenses? Include expenses for all vehicles.		a. Parking fees At work, garage rental by homeowner, etc.		b. Towing charges not already reported		c. Vehicle registration Tags	
R15 \$.00		R16 \$.00		R17 \$.00		R18 \$.00	
If YES - How much?		If YES - How much?		If YES - How much were State fees?		If YES - How much were local fees?	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
R19 \$.00		R20 \$.00		R21 \$.00		R22 \$.00	
d. Driver's licenses		e. Vehicle inspection		f. Docking and landing fees For boats and planes			
R23 \$.00		R24 \$.00		R25 \$.00		R26 \$.00	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
R27 \$.00		R28 \$.00		R29 \$.00		R30 \$.00	
R31 \$.00		R32 \$.00		R33 \$.00		R34 \$.00	
R35 \$.00		R36 \$.00		R37 \$.00		R38 \$.00	
R39 \$.00		R40 \$.00		R41 \$.00		R42 \$.00	
R43 \$.00		R44 \$.00		R45 \$.00		R46 \$.00	
R47 \$.00		R48 \$.00		R49 \$.00		R50 \$.00	
R51 \$.00		R52 \$.00		R53 \$.00		R54 \$.00	
R55 \$.00		R56 \$.00		R57 \$.00		R58 \$.00	
R59 \$.00		R60 \$.00		R61 \$.00		R62 \$.00	
R63 \$.00		R64 \$.00		R65 \$.00		R66 \$.00	
R67 \$.00		R68 \$.00		R69 \$.00		R70 \$.00	
R71 \$.00		R72 \$.00		R73 \$.00		R74 \$.00	
R75 \$.00		R76 \$.00		R77 \$.00		R78 \$.00	
R79 \$.00		R80 \$.00		R81 \$.00		R82 \$.00	
R83 \$.00		R84 \$.00		R85 \$.00		R86 \$.00	
R87 \$.00		R88 \$.00		R89 \$.00		R90 \$.00	

NOTES

EACH QUARTER

Section 16 - OUT OF TOWN TRIPS AND VACATIONS - Continued

INTERVIEWER

Q1 - Ask item 1, Part A, and complete Part B for any trips reported. Q2-Q5 - First check item 1, Part B for any previously reported trips which have "not ended," and complete items 5-21, Part B for such trips. Then ask item 1, Part A. Q1, Q3, and Q5 - Ask item 2, Part A, also.

Part B - Detailed Questions - Continued

INTERVIEWER

Complete a separate page for each trip. Exception: Make combined entries for frequent trips to the same place for the same purpose. Describe in Notes any recording of combined trips.

TRIP NUMBER 2

Form with 10 main sections (1-10) and sub-sections (a, b, c, etc.) for trip details, expenses, and reimbursements. Includes fields for dates, costs, codes, and checkboxes.

NOTES

EACH QUARTER

Section 16 - OUT OF TOWN TRIPS AND VACATIONS - Continued

INTERVIEWER

Q1 - Ask item 1, Part A, and complete Part B for any trips reported. Q2-Q5 - First check item 1, Part B for any previously reported trips which have "not ended," and complete items 5-21, Part B for such trips. Then ask item 1, Part A. Q1, Q3, and Q5 - Ask item 2, Part A, also.

Part B - Detailed Questions - Continued

Complete a separate page for each trip. Exception: Make combined entries for frequent trips to the same place for the same purpose. Describe in Notes any recording of combined trips.

TRIP NUMBER 3

<p>1. TRANSCRIPTION ITEM (Complete after asking item 5 below)</p>	<p>Code _____ Cost _____ Incl. in pkg. _____</p>
<p>2a. Who in your CU went on the trip? ...</p> <p>(S21) <input type="checkbox"/> Not ended <input type="checkbox"/> Entire CU <input type="checkbox"/> Part of the CU <input type="checkbox"/> One member - Name _____</p>	<p>(S45) \$ _____ (S46) \$ _____ (S47) \$ _____ (S48) \$ _____ (S49) \$ _____ (S50) \$ _____ (S51) \$ _____ (S52) \$ _____</p>
<p>b. Did any persons outside your CU go on the trip? ...</p> <p>(S22) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>(S53) _____ Nights</p>
<p>3a. Was this trip - 1 - For someone going to or from school? <i>Go to next trip</i> 2 - Entirely for business reasons? 3 - Partly for business and partly for personal reasons? 4 - For summer camp? 5 - For pleasure or vacation only? 6 - For other reasons - Specify in Notes</p>	<p>(S23) _____ Code _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Included in package <input type="checkbox"/> Skip to item 14a</p>
<p>b. If code 3 - What percent of the total expense was for business? ...</p> <p>(S24) _____ Percent</p>	<p>(S54) \$ _____</p>
<p>4. Where did you (they) go? Specify such as, Utah, Western Europe, etc.</p>	<p>(S25) <input type="checkbox"/> U.S. - within 500 miles <input type="checkbox"/> U.S. - over 500 miles <input type="checkbox"/> Foreign travel</p>
<p>OFFICE USE ONLY - Foreign Travel</p>	<p>(S26) _____</p>
<p>5. In what month and year did this trip end? If "Not ended," also mark box in item 1.</p>	<p>(S27) <input type="checkbox"/> Before 1972 <input type="checkbox"/> Go to next trip <input type="checkbox"/> Not ended Month _____ Year _____</p>
<p>6. Was this trip paid - 1 - Entirely by CU? 2 - Partly by CU? 3 - Entirely by someone outside CU?</p>	<p>(S28) _____ Code _____ If code 3, go to next trip</p>
<p>7a. Was this a package deal or an all-expense trip? ...</p>	<p>(S29) \$ _____</p>
<p>b. What was the cost for the trip or package deal? ...</p>	<p>(S30) \$ _____</p>
<p>c. Did the price include - 1 - Food? 2 - Lodging? 3 - Transportation? 4 - Anything else? - Specify in Notes</p>	<p>(S55) \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 15a (S56) \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 15a (S57) \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 16a (S58) \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 16a</p>
<p>TRANSPORTATION 8. What type of transportation was used to get to and from your DESTINATION? Include transportation between residence and airports, train stations, and bus depots.</p>	<p>(S59) \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 17a (S60) \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 18a</p>
<p>1 - Own car 2 - Other own transportation 3 - Car or other vehicle privately owned by persons OUTSIDE CU 4 - Commercial plane 5 - Train or bus 6 - Commercial ship 7 - Rented car, trailer, camper, etc. 8 - Limousine, taxi, other local transportation</p>	<p>(S61) \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 19a (S62) \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 20a (S63) \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 21a</p>
<p>9a. What was your expense for gas and oil? ...</p>	<p>(S64) \$ _____</p>
<p>b. What did you pay for tolls? ...</p>	<p>(S65) \$ _____</p>
<p>c. How much were your other vehicle expenses? ...</p>	<p>(S66) \$ _____</p>
<p>10. What was the cost of your transportation for travel to and from your destination, including tips, gas, tolls, etc.? Enter the cost of each type of transportation (codes 4-8) marked in item 8. Exception: Do not enter the cost of transportation included in a package deal or all-expense trip reported in item 7; mark the box. If unable to get costs separately, obtain an estimate of the total cost and enter it on the line for combined expenses.</p>	<p>(S67) \$ _____ (S68) \$ _____ (S69) \$ _____ (S70) \$ _____ (S71) \$ _____ (S72) \$ _____ (S73) \$ _____ (S74) \$ _____ (S75) \$ _____ (S76) \$ _____ (S77) \$ _____ (S78) \$ _____ (S79) \$ _____ (S80) \$ _____ (S81) \$ _____ (S82) \$ _____ (S83) \$ _____ (S84) \$ _____ (S85) \$ _____ (S86) \$ _____ (S87) \$ _____ (S88) \$ _____ (S89) \$ _____ (S90) \$ _____ (S91) \$ _____ (S92) \$ _____ (S93) \$ _____ (S94) \$ _____ (S95) \$ _____ (S96) \$ _____ (S97) \$ _____ (S98) \$ _____ (S99) \$ _____ (S100) \$ _____</p>

NOTES

~ 1 16 04 6 ~

EACH QUARTER Section 16 - OUT OF TOWN TRIPS AND VACATIONS - Continued

INTERVIEWER

Part B - Detailed Questions - Continued

INTERVIEWER

TRIP NUMBER 4

Q1 - Ask item 1, Part A, and complete Part B for any trips reported. Q2 - Q5 - First check item 1, Part B for any previously reported trips which have "not ended," and complete items 5-21, Part B for such trips. Then ask item 1, Part A. Q1, Q3, and Q5 - Ask item 2, Part A, also.

Complete a separate page for each trip. Exception: Make combined entries for frequent trips to the same place for the same purpose. Describe in Notes any recording of combined trips.

Form with multiple sections: 1. TRANSCRIPTION ITEM, 2a. Who in your CU went on the trip?, 3a. Was this trip..., 4. Where did you (they) go?, OFFICE USE ONLY - Foreign Travel, 5. In what month and year did this trip end?, 6. Was this trip paid..., 7a. Was this a package deal..., 8. What type of transportation was used..., 9a. What was your expense for gas and oil?, 9b. What did you pay for tolls?, 9c. How much were your other vehicle expenses?, 10. What was the cost of your transportation for travel to and from your destination...

NOTES

EACH QUARTER Section 16 - OUT OF TOWN TRIPS AND VACATIONS - Continued

Q1 - Ask item 1, Part A, and complete Part B for any trips reported. Q2 - Q5 - First check item 1, Part B for any previously reported trips which have "not ended," and complete items 5-21, Part B for such trips. Then ask item 1, Part A. Q1, Q3, and Q5 - Ask item 2, Part A, also.

Part B - Detailed Questions - Continued INTERVIEWER INTERVIEWER Complete a separate page for each trip. Exception: Make combined entries for frequent trips to the same place for the same purpose. Describe in Notes any recording of combined trips.

TRIP NUMBER 5

Form with multiple sections: 1. TRANSCRIPTION ITEM, 2a. Who in your CU went on the trip?, 3a. Was this trip..., 4. Where did you (they) go?, 5. In what month and year did this trip end?, 6. Was this trip paid..., 7a. Was this a package deal..., 8. What type of transportation was used..., 9a. What was your expense for gas and oil?, 10. What was the cost of your transportation for travel to and from your destination...

NOTES

EACH QUARTER Section 16 - OUT OF TOWN TRIPS AND VACATIONS - Continued

INTERVIEWER

Q1 - Ask item 1, Part A, and complete Part B for any trips reported. Q2 - Q5 - First check item 1, Part B for any previously reported trips which have "not ended," and complete items 5-21, Part B for such trips. Then ask item 1, Part A. Q1, Q3, and Q5 - Ask item 2, Part A, also.

Part B - Detailed Questions - Continued

INTERVIEWER

Complete a separate page for each trip. Exception: Make combined entries for frequent trips to the same place for the same purpose. Describe in Notes any recording of combined trips.

TRIP NUMBER 6

Main form area containing questions 1 through 10, with sub-questions (a, b, c) and various input fields for costs, codes, and percentages.

NOTES

Section 18 - HOSPITALIZATION AND HEALTH INSURANCE

INTERVIEWER

Q2 - Ask item 1, Part A and complete Part B for each policy reported at Q2.
Q5 - Ask item 2, Part A and complete Part C for each policy reported at Q2.
Then ask item 3, Part A and complete Parts B and C for each new policy.
Also complete Part D for any persons enrolled in Medicare.

Part A - Screening Questions

● Ask at Q2

1. Do you or other members of your CU have any hospitalization or health insurance or belong to a plan that pays all or part of your medical or dental expenses?
 Yes - How many policies do you have? _____
 No - Go to next section

2a. Do you still have ...?
 Read all policies listed in Part B
 Yes, all - Go to Part C
 No, not all - Ask item 2b, go to Part C

b. Which policies do you no longer have?
 Policy Number(s) _____

3. Since Jan. 1, 1972, have you or other members of your CU purchased any (replacement or additional) health or hospitalization insurance?
 Yes - How many policies did you buy? _____
 No - Ask Part D

Complete Parts B and C

Part B - Detailed Questions

Fill a column for each policy reported.

	PROCESSING USE ONLY	~ 1 18 01 8 ↓	~ 1 18 02 6 ↓	~ 1 18 03 4 ↓
	POLICY NUMBER	1	2	3
1. What type of insurance plan is it? 1 - Blue Cross-Blue Shield 2 - Blue Cross only 3 - Blue Shield only 4 - Commercial insurance company 5 - Group practice plan 6 - Medicare - Go to next policy 7 - Prepaid care in clinic 8 - Other - Specify in Notes	(A01) _____ Code	(A01) _____ Code	(A01) _____ Code	(A01) _____ Code
2. Was the policy obtained on an individual or group basis? 1 - Individually obtained 2 - Group through place of employment 3 - Group through other organization	(A02) _____ Code	(A02) _____ Code	(A02) _____ Code	(A02) _____ Code
3. Does the policy provide special limited coverage, such as school season participation in athletics?	(A03) _____ Code	(A03) _____ Code	(A03) _____ Code	(A03) _____ Code
4. Who obtained the policy? Enter line number and name of person from Section 7.	(A04) _____ Code	(A04) _____ Code	(A04) _____ Code	(A04) _____ Code
5. Who is covered by the policy? 1 - Head only 2 - Spouse only 3 - Head and spouse 4 - Head or spouse and children 5 - Children only 6 - Other - Specify in Notes	(A05) _____ Code	(A05) _____ Code	(A05) _____ Code	(A05) _____ Code
6. In what month and year did you get this policy? If 1971-1973, enter month and year. If before 1971, enter year only.	(A06) _____ Code	(A06) _____ Code	(A06) _____ Code	(A06) _____ Code
7. Does the policy provide - a. Hospital care? b. Physician services in hospital for surgery only? c. Physician services in hospital for both medical and surgery? d. Office or home visits? e. X-ray and lab out-of-hospital? f. Other physician services? - Specify in Notes. g. Dental care? h. Prescribed drugs out-of-hospital? i. Prepaid care in clinic? j. Other health or hospital care? - Specify in Notes	(A07) _____ Code	(A07) _____ Code	(A07) _____ Code	(A07) _____ Code
8. Are the premiums paid - 1 - Entirely by you (CU)? 2 - Partially by you? 3 - Entirely by an employer? 4 - Entirely by a union or outside person?	(A09) _____ Code	(A09) _____ Code	(A09) _____ Code	(A09) _____ Code
9. Are any of the premiums paid through payroll deductions? ● If code 1 or 2 in item 8	(A10) _____ Code	(A10) _____ Code	(A10) _____ Code	(A10) _____ Code

Part C

Ask at Q5

After completing for policies reported at Q2, go to item 3, Part A.

● Ask only for discontinued policies

1. In what month (and year) did you discontinue this policy?
 (A11) _____

2a. What was the amount of your regular payment?
 (A12) \$ _____

b. Was it the same throughout 1972? If NO, specify in Notes all amounts and number of payments made at each. Compute the total paid in 1972 and enter that amount in item 2a and enter "1" in item 2c.
 (A13) \$ _____

c. Ask if YES in item 2b - How many payments did you make in 1972?
 (A14) _____

OFFICE USE ONLY
 Total expense for policy in 1972
 (A15) \$ _____

● If premiums paid entirely or partially by someone outside CU, code 2, 3, or 4, item 8, Part B

3. How much was paid in 1972 by ...?
 (A16) \$ _____ ? Don't know

NOTES

QUARTER
Q2, Q5

Section 18 - HOSPITALIZATION AND
HEALTH INSURANCE -
Continued

Q2 - Ask item 1, Part A and complete Part B for each policy reported.
Q5 - Ask item 2, Part A and complete Part C for each policy reported at Q2.
Then ask item 3, Part A and complete Parts B and C for each new policy.
Also complete Part D for any persons receiving Medicare.

INTERVIEWER

Additional entries

Part B - Detailed Questions - Continued

Fill a column for each policy reported.

PROCESSING USE ONLY	~ 1 18 04 2 ↓	~ 1 18 05 9 ↓	~ 1 18 06 7 ↓
POLICY NUMBER	4	5	6
1. What type of insurance plan is it? 1 - Blue Cross-Blue Shield 2 - Blue Cross only 3 - Blue Shield only 4 - Commercial insurance company 5 - Group practice plan 6 - Medicare - Go to next policy 7 - Prepaid care in clinic 8 - Other - Specify in Notes	(A01) _____ Code	(A01) _____ Code	(A01) _____ Code
2. Was the policy obtained on an individual or group basis? 1 - Individually obtained 2 - Group through place of employment 3 - Group through other organization	(A02) _____ Code	(A02) _____ Code	(A02) _____ Code
3. Does the policy provide special limited coverage, such as school season participation in athletics?	(A03) 1 <input type="checkbox"/> Yes - Go to next policy 2 <input type="checkbox"/> No	(A03) 1 <input type="checkbox"/> Yes - Go to next policy 2 <input type="checkbox"/> No	(A03) 1 <input type="checkbox"/> Yes - Go to next policy 2 <input type="checkbox"/> No
4. Who obtained the policy? Enter line number and name of person from Section 1.	(A04) Line No. Name	(A04) Line No. Name	(A04) Line No. Name
5. Who is covered by the policy? 1 - Head only 2 - Spouse only 3 - Head and spouse 4 - Head or spouse and children 5 - Children only 6 - Other - Specify in Notes	(A05) _____ Code	(A05) _____ Code	(A05) _____ Code
6. In what month and year did you get this policy? If 1971-1973, enter month and year. If before 1971, enter year only.	(A06) Month Year	(A06) Month Year	(A06) Month Year
7. Does the policy provide - a. Hospital care? b. Physician services in hospital for surgery only? c. Physician services in hospital for both medical and surgery? d. Office or home visits? e. X-ray and lab out-of-hospital? f. Other physician services? - Specify in Notes. g. Dental care? h. Prescribed drugs out-of-hospital? i. Prepaid care in clinic? j. Other health or hospital care? - Specify in Notes	(A07) * YES NO 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/> 7 <input type="checkbox"/> <input type="checkbox"/> 8 <input type="checkbox"/> <input type="checkbox"/> 9 <input type="checkbox"/> <input type="checkbox"/> 0 <input type="checkbox"/> <input type="checkbox"/> (A08) * YES NO 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/> 7 <input type="checkbox"/> <input type="checkbox"/> 8 <input type="checkbox"/> <input type="checkbox"/> 9 <input type="checkbox"/> <input type="checkbox"/> 0 <input type="checkbox"/> <input type="checkbox"/>	(A07) * YES NO 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/> 7 <input type="checkbox"/> <input type="checkbox"/> 8 <input type="checkbox"/> <input type="checkbox"/> 9 <input type="checkbox"/> <input type="checkbox"/> 0 <input type="checkbox"/> <input type="checkbox"/> (A08) * YES NO 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/> 7 <input type="checkbox"/> <input type="checkbox"/> 8 <input type="checkbox"/> <input type="checkbox"/> 9 <input type="checkbox"/> <input type="checkbox"/> 0 <input type="checkbox"/> <input type="checkbox"/>	(A07) * YES NO 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/> 7 <input type="checkbox"/> <input type="checkbox"/> 8 <input type="checkbox"/> <input type="checkbox"/> 9 <input type="checkbox"/> <input type="checkbox"/> 0 <input type="checkbox"/> <input type="checkbox"/> (A08) * YES NO 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/> 7 <input type="checkbox"/> <input type="checkbox"/> 8 <input type="checkbox"/> <input type="checkbox"/> 9 <input type="checkbox"/> <input type="checkbox"/> 0 <input type="checkbox"/> <input type="checkbox"/>
8. Are the premiums paid - 1 - Entirely by you (CU)? 2 - Partially by you? 3 - Entirely by an employer? 4 - Entirely by a union or outside person?	(A09) _____ Code	(A09) _____ Code	(A09) _____ Code
9. Are any of the premiums paid through payroll deductions? ● If code 1 or 2 in item 8	(A10) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(A10) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(A10) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Part C

Ask at Q5 After completing for policies reported at Q2, go to item 3, Part A.

1. In what month (and year) did you discontinue this policy? ● If premiums paid entirely or partially by CU, code 1 or 2, item 8, Part B	(A11) Month Year	(A11) Month Year	(A11) Month Year
2a. What was the amount of your regular payment?	(A12) \$ _____	(A12) \$ _____	(A12) \$ _____
b. Was it the same throughout 1972? If NO, specify in Notes all amounts and number of payments made at each. Compute the total paid in 1972 and enter that amount in item 2a and enter "1" in item 2c.	(A13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(A13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(A13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Ask if YES in item 2b - How many payments did you make in 1972?	(A14) _____ Number	(A14) _____ Number	(A14) _____ Number
OFFICE USE ONLY Total expense for policy in 1972	(A15) \$ _____	(A15) \$ _____	(A15) \$ _____
3. How much was paid in 1972 by ...? ● If premiums paid entirely or partially by someone outside CU, code 2, 3, or 4, item 8, Part B	(A16) \$ _____ ? <input type="checkbox"/> Don't know	(A16) \$ _____ ? <input type="checkbox"/> Don't know	(A16) \$ _____ ? <input type="checkbox"/> Don't know

NOTES

INTERVIEWER } Q1 - Ask Part A, items 1-3 only.
 } Q3 and Q5 - Ask Parts A, B, and C.

Part A - Medical Care Received with Cost to CU - Continued

Q3 and Q5 - Complete cols. 1-1 for each previously reported service for which the "Bill not received" box in col. f was marked and complete cols. g-i for each previously reported service for which the "Don't know" box in col. g was marked.

Since the 1st of (Q3 - Jan. 1972, Q5 - month, 6 months earlier), have you had any expense for care to members of your CU for the following services?
 Include bills paid directly by insurance.

SERVICE	ITEM CODE
OTHER PHYSICIAN SERVICES	4a. Physician services not already reported including those received as an out-patient at a clinic or at a hospital
40 - General practitioner or internist?	B14
41 - Pediatrician?	B15
42 - Other medical specialists? Exclude eye and dental	B16
YES - Ask item 4b	B17
NO - Skip to item 5a	B18
	B19
	B20
	B21
	B22
	B23
	B24
	B25
	B26

ITEM CODE	PROCESSING USE ONLY	QUARTER NUMBER	DESCRIBE BRIEFLY the care or service received and who received it.	CODE from (and year) month was the care received?	MO. YR.	Dollars only	Bill not received	Code Don't know	Dollars only	What did this service cost the CU? (col. f is not known. Ask if total cost (will be) paid?)	How much was (will be) paid? (col. f is not known. Ask if total cost the CU?)
f	g	h	i	e	d	c	b	a	f	g	h
B14						.00	<input type="checkbox"/>		.00	.00	.00
B15						.00	<input type="checkbox"/>		.00	.00	.00
B16						.00	<input type="checkbox"/>		.00	.00	.00
B17						.00	<input type="checkbox"/>		.00	.00	.00
B18						.00	<input type="checkbox"/>		.00	.00	.00
B19						.00	<input type="checkbox"/>		.00	.00	.00
B20						.00	<input type="checkbox"/>		.00	.00	.00
B21						.00	<input type="checkbox"/>		.00	.00	.00
B22						.00	<input type="checkbox"/>		.00	.00	.00
B23						.00	<input type="checkbox"/>		.00	.00	.00
B24						.00	<input type="checkbox"/>		.00	.00	.00
B25						.00	<input type="checkbox"/>		.00	.00	.00
B26						.00	<input type="checkbox"/>		.00	.00	.00

NOTES

Part A - Medical Care Received with Cost to CU - Continued
Q3 and Q5 - Complete cols. 1-1 for each previously reported service for which the "Bill not received" box in col. 1 was marked and complete cols. 8-11 for each previously reported service for which the "Don't know" box in col. 6 was marked.

a		b		c		d		e		f		g		h		i	
Since the 1st of (Q3 - Jan. 1972, Q5 - month, 6 months earlier), have you had any expense for care to members of your CU for the following services? Include bills paid directly by insurance.		DESCRIBE BRIEFLY the care or service received and who received it.		ITEM CODE from (month and year) was the care received?		col. a ITEM CODE (month and year) was the care received?		MO. YR.		Dollars only What was the total cost including any amount paid by insurance or others? If bill has not yet been received, mark the box and go to the next service reported.		Code Don't know Enter code If "Don't know," mark the box and skip to col. 1. 4 - No - Go to next service 3 - Yes, part by insurance and part by others 2 - Yes, others only 1 - Yes, insurance only Was (will) any of this amount (be) paid by insurance or others outside the CU? How much was (will be) paid? Dollars only		Dollars only What did this service cost the CU? Ask if total cost (col. 1) is not known.		Dollars only	
SERVICE		ITEM CODE		PROCESSING USE ONLY		QUARTER NUMBER											
OTHER MEDICAL CARE																	
5a. Other medical or health services not already reported including out-patient service at clinics and hospitals, lab fees, and X-rays. Do not include eye or dental care.																	
5b. If YES - Were these charges for - Mark each type of service received and complete cols. b-1 for each service marked.																	
50 - Service by other practitioners such as chiropractors - Specify in Notes																	
51 - Care in convalescent or nursing home?																	
52 - Nursing services?																	
53 - Therapeutic treatments?																	
54 - Lab tests and X-rays? Exclude eye and dental																	
55 - Other medical care including ambulance service? - Specify in Notes																	
56 - Combined expenses? - Use only if unable to itemize above. Specify in Notes																	
Q3 Q5																	
YES - Ask item 5b																	
NO - Skip to item 6a																	

01 - Ask Part A, items 1-3 only.
 03 and 05 - Ask Parts A, B, and C.

INTERVIEWER

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Part A - Medical Care Received with Cost to CU - Continued

03 and 05 - Complete cols. 1-1 for each previously reported service for which the "Bill not received" box in col. 1 was marked and complete cols. 6-1 for each previously reported service for which the "Don't know" box in col. 6 was marked.

a		b		c		d		e		f		g		h		i	
Since the 1st of (03 - Jan. 1972, 05 - month, 6 months earlier), have you had any expense for care to members of your CU for the following services? Include bills paid directly by insurance.		DESCRIBE BRIEFLY the care or service received and who received it.		ITEM CODE from col. a		In what month (and year) was the care received?		What was the total cost including any amount paid by insurance or others?		What was the total cost including any amount paid by insurance or others outside the CU?		How much was (will be) paid?		What did this service cost the CU?			
SERVICE		QUARTER NUMBER		PROCESSING USE ONLY		MO. YR.		Dollars only		Dollars only		Dollars only		Dollars only			
ITEM CODE								Bill not received		Code Don't know		Dollars only		Dollars only			
6a. Eye examinations or glasses		03 05		B40				\$.00		\$.00		\$.00		\$.00			
6b. If YES - Were these charges for - Mark each service received and complete cols. b-1 for each service marked.		03 05		B41				\$.00		\$.00		\$.00		\$.00			
60 - Examinations for glasses or contact lenses? Exclude the dispensing of glasses or contact lenses.		03 05		B42				\$.00		\$.00		\$.00		\$.00			
61 - Dispensing of glasses or contact lenses?		03 05		B43				\$.00		\$.00		\$.00		\$.00			
62 - Other eye care?		03 05		B44				\$.00		\$.00		\$.00		\$.00			
63 - Combined expenses? - Use only if unable to itemize above. Specify in Notes.		03 05		B45				\$.00		\$.00		\$.00		\$.00			
7a. DENTAL CARE		03 05		B46				\$.00		\$.00		\$.00		\$.00			
7b. If YES - Were these charges for - Mark each service received and complete cols. b-1 for each service marked.		03 05		B47				\$.00		\$.00		\$.00		\$.00			
71 - Teeth straightening or other orthodontic work?		03 05		B48				\$.00		\$.00		\$.00		\$.00			
72 - Extractions?		03 05		B49				\$.00		\$.00		\$.00		\$.00			
73 - Other dental care such as fillings, examinations, cleanings, and X-rays?		03 05		B50				\$.00		\$.00		\$.00		\$.00			
74 - Combined expenses? - Use only if unable to itemize above. Specify in Notes.		03 05		B51				\$.00		\$.00		\$.00		\$.00			
75 - Dentures, bridges, caps, etc.?		03 05		B52				\$.00		\$.00		\$.00		\$.00			

NOTES

INTERVIEWER } Q1 - Ask Part A, items 1-3 only.
 } Q3 and Q5 - Ask Parts A, B, and C.

Part A - Medical Care Received with Cost to CU

Q3 and Q5 - Complete cols. 1-1 for each previously reported service for which the "Bill not received" box in col. f was marked and complete cols. 8-1 for each previously reported service for which the "Don't know" box in col. g was marked.

d	b	c	d	e	f	g	h	i
DESCRIBE BRIEFLY the care or service received and who received it.	QUARTER NUMBER	PROCESSING USE ONLY	ITEM CODE from (and year) month was the care received?	MO. YR.	What was the total cost including any amount paid by insurance or others? If bill has not yet been received, mark the box and go to the next service reported.	Was (will) any of this amount (be) paid by insurance or others outside the CU? 1 - Yes, insurance only 2 - Yes, others only 3 - Yes, part by insurance, and part by others 4 - No - Go to next service If "Don't know," mark the box and skip to col. i. Enter code Code Don't know	How much was (will be) paid? Dollars only	What did this service cost the CU? (col. f) is not known. Ask if total cost
			(B66)		\$.00	\$?	\$.00	.00
			(B67)		\$.00	\$?	\$.00	.00
			(B68)		\$.00	\$?	\$.00	.00
			(B69)		\$.00	\$?	\$.00	.00
			(B70)		\$.00	\$?	\$.00	.00
			(B71)		\$.00	\$?	\$.00	.00
			(B72)		\$.00	\$?	\$.00	.00
			(B73)		\$.00	\$?	\$.00	.00
			(B74)		\$.00	\$?	\$.00	.00
			(B75)		\$.00	\$?	\$.00	.00
			(B76)		\$.00	\$?	\$.00	.00
			(B77)		\$.00	\$?	\$.00	.00
			(B78)		\$.00	\$?	\$.00	.00

NOTES

Extra page

Section 19 - MEDICAL AND HEALTH EXPENDITURES - Continued

INTERVIEWER { Q1 - Ask Part A, items 1-3 only. Q3 and Q5 - Ask Parts A, B, and C. Q3 and Q5 - Complete cols. 1-1 for each previously reported service for which the "Bill not received" box in col. f was marked and complete cols. g-i for each previously reported service for which the "Don't know" box in col. f was marked.

Part A - Medical Care Received with Cost to CU

d	c	PROCESSING USE ONLY	d	e	f	g	h	i
b	DESCRIBE BRIEFLY the care or service received and who received it.		ITEM CODE from col. a	In what month (and year) was the care received?	What was the total cost including any amount paid by insurance or others? If bill has not yet been received, mark the box and go to the next service reported.	Was (will) any of this amount (be) paid by insurance or others outside the CU? 1 - Yes, insurance only 2 - Yes, others only 3 - Yes, part by insurance, and part by others 4 - No - Go to next service If "Don't know," mark the box and skip to col. i. Enter code Code Don't know	How much was (will be) paid? Dollars only	What did this service cost the CU? Dollars only
			(B79)		\$.00	<input type="checkbox"/>	\$.00	\$.00
			(B80)		\$.00	<input type="checkbox"/>	\$.00	\$.00
			(B81)		\$.00	<input type="checkbox"/>	\$.00	\$.00
			(B82)		\$.00	<input type="checkbox"/>	\$.00	\$.00
			(B83)		\$.00	<input type="checkbox"/>	\$.00	\$.00
			(B84)		\$.00	<input type="checkbox"/>	\$.00	\$.00
			(B85)		\$.00	<input type="checkbox"/>	\$.00	\$.00
			(B86)		\$.00	<input type="checkbox"/>	\$.00	\$.00
			(B87)		\$.00	<input type="checkbox"/>	\$.00	\$.00
			(B88)		\$.00	<input type="checkbox"/>	\$.00	\$.00
			(B89)		\$.00	<input type="checkbox"/>	\$.00	\$.00
			(B90)		\$.00	<input type="checkbox"/>	\$.00	\$.00
			(B91)		\$.00	<input type="checkbox"/>	\$.00	\$.00

NOTES

Section 19 - MEDICAL AND HEALTH EXPENDITURES - Continued

INTERVIEWER { Q1 - Ask Part A, items 1-3 only. Q3 and Q5 - Ask Parts A, B, and C.

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Part B - Medical Care Received with No Cost to CU										Part C - Medical Expense Paid for Someone Outside CU									
Ask at Q3 and Q5 only										Ask at Q3 and Q5 only									
1a. Since the 1st of (Q3 - Jan. 1972, Q5 - month, 6 months earlier), have you received any medical care at no expense to you? Do not include any medical care reported in Part A or any cash gifts received.										1a. Since the 1st of (Q3 - Jan. 1972, Q5 - month, 6 months earlier), have you had any expense for medical care for someone outside your CU?									
b. If YES - What was included in these expenses? Mark each service received and complete cols. b-g for each item marked.										b. If YES - What was included in these expenses? Mark each service received and complete cols. b-g for each item marked.									
ITEM CODE										ITEM CODE									
10 - In-patient hospital care										10 - In-patient hospital care									
20 - Physician's care in hospital										20 - Physician's care in hospital									
30 - Other medical services received while in hospital										30 - Other medical services received while in hospital									
40 - Other physician's care										40 - Other physician's services									
50 - Other medical services										50 - Other medical services									
60 - Eye care										60 - Eye care									
70 - Dental care										70 - Dental care									
80 - Prescription drugs and medical supplies										80 - Prescription drugs and medical supplies									
90 - Combined expenses - Use only if unable to itemize above. Specify in Notes										90 - Combined expenses - Use only if unable to itemize above. Specify in Notes									
a										a									
b										b									
c										c									
d										d									
e										e									
f										f									
g										g									
What was the total cost?										What was the total expense to you?									
Was the cost paid by -										In what month (and year) did this expense occur?									
1 - Public agency?										CODE from col. a									
2 - Private agency?										ITEM CODE from col. a									
3 - Relative, friend, or others? -										PROCESSING USE ONLY									
Specify in Notes										DESCRIBE BRIEFLY care or service received.									
Enter code										QUARTER NUMBER									
Dollars only										Q3 Q5									
Don't know										Q3 Q5									
C31										C39									
C32										C40									
C33										C41									
C34										C42									
C35										C43									
C36										C44									
C37										C45									
C38																			

NOTES

Part A - Expenses Paid by CU

INTERVIEWER - If YES in col. a, complete cols. b-j.

Extra page

ITEM CODE from col. a.	Who was it for? Enter the name and indicate whether CU member.	What kind of school was it? 1 - College or university 2 - Elementary or high school 3 - Nursery or kindergarten 4 - Business or secretarial 5 - Technical or trade center 6 - Day care center 7 - Other	Is the school public or private?		What was the cost?	What was the (main) means of transportation used?	In what month (and year) did you pay this expense? If expense has been paid in full enter the date paid. If not, mark the box and enter in Notes the amount paid to date.	Has (will) expense be reimbursed by an employer?	How much? If YES - Dollars only	NOTES
			Public	Private						
D35			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	
D36			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	
D37			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	
D38			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	
D39			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	
D40			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	
D41			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	
D42			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	
D43			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	
D44			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	
D45			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	
D46			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	
D47			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	
D48			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	
D49			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	
D50			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	
D51			<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00			<input type="checkbox"/>	\$.00	

PROCESSING USE ONLY

a
 b
 c
 d
 e
 f
 g
 h
 i
 j
 Dollars only
 YES NO
 Name
 YES NO
 Enter code
 Public Private
 Dollars only
 Enter code
 Not paid completely MO. YR.
 YES NO
 Dollars only

Part B - Expenses Paid Directly by Others

INTERVIEWER - If YES in col. a, complete cols. b-d.

a	b	c						d
Since the 1st of (Q1 - Jan. 1972, Q3 and Q5 - educational expenses for members of this CU been paid DIRECTLY to a school or some other educational institution by others or by non-cash scholarships?	What kind of school was it? 1 - College or university 2 - Elementary or high school 3 - Nursery or kindergarten 4 - Business or secretarial 5 - Technical or trade 6 - Day care center 7 - Other Enter code	What expenses were paid or covered? Mark each type of expense that was paid.						How much was this worth? Dollars only
PROCESSING USE ONLY		Tuition	Fee for recreational lessons	Housing	Living expenses	Books, supplies, equipment	Transportation	
Q1	D76	* 1 <input type="checkbox"/>	* 2 <input type="checkbox"/>	* 3 <input type="checkbox"/>	* 4 <input type="checkbox"/>	* 5 <input type="checkbox"/>	* 6 <input type="checkbox"/>	\$.00
YES NO	D77	* 1 <input type="checkbox"/>	* 2 <input type="checkbox"/>	* 3 <input type="checkbox"/>	* 4 <input type="checkbox"/>	* 5 <input type="checkbox"/>	* 6 <input type="checkbox"/>	\$.00
Q3	D78	* 1 <input type="checkbox"/>	* 2 <input type="checkbox"/>	* 3 <input type="checkbox"/>	* 4 <input type="checkbox"/>	* 5 <input type="checkbox"/>	* 6 <input type="checkbox"/>	\$.00
Q5	D79	* 1 <input type="checkbox"/>	* 2 <input type="checkbox"/>	* 3 <input type="checkbox"/>	* 4 <input type="checkbox"/>	* 5 <input type="checkbox"/>	* 6 <input type="checkbox"/>	\$.00
	D80	* 1 <input type="checkbox"/>	* 2 <input type="checkbox"/>	* 3 <input type="checkbox"/>	* 4 <input type="checkbox"/>	* 5 <input type="checkbox"/>	* 6 <input type="checkbox"/>	\$.00
	D81	* 1 <input type="checkbox"/>	* 2 <input type="checkbox"/>	* 3 <input type="checkbox"/>	* 4 <input type="checkbox"/>	* 5 <input type="checkbox"/>	* 6 <input type="checkbox"/>	\$.00
	D82	* 1 <input type="checkbox"/>	* 2 <input type="checkbox"/>	* 3 <input type="checkbox"/>	* 4 <input type="checkbox"/>	* 5 <input type="checkbox"/>	* 6 <input type="checkbox"/>	\$.00
	D83	* 1 <input type="checkbox"/>	* 2 <input type="checkbox"/>	* 3 <input type="checkbox"/>	* 4 <input type="checkbox"/>	* 5 <input type="checkbox"/>	* 6 <input type="checkbox"/>	\$.00
	D84	* 1 <input type="checkbox"/>	* 2 <input type="checkbox"/>	* 3 <input type="checkbox"/>	* 4 <input type="checkbox"/>	* 5 <input type="checkbox"/>	* 6 <input type="checkbox"/>	\$.00
	D85	* 1 <input type="checkbox"/>	* 2 <input type="checkbox"/>	* 3 <input type="checkbox"/>	* 4 <input type="checkbox"/>	* 5 <input type="checkbox"/>	* 6 <input type="checkbox"/>	\$.00

NOTES

Section 21 - SUBSCRIPTIONS AND MEMBERSHIPS

INTERVIEWER } Q1 - Ask Part A, and complete cols. a-c in Part B for each item reported.
 } Q5 - First complete cols. d-i in Part B for each item reported at Q1.
 } Then ask Part A and complete cols. a-i in Part B for each new item.

Part A - Screening Questions

Subscriptions		Memberships	
ITEM CODE	YES NO	Number	YES NO
Q1 - 1a. Do you or other members of your CU presently subscribe to any ...?			
Q1 - 1b. If YES - How many subscriptions?			
Q1 - 2 - Newspapers			
Q1 - 2 - Magazines or periodicals			
Q1 - 3 - Book or record clubs			
Q1 - 4 - Theater series			
Q1 - 5 - Concert, opera or other members of your CU taken out any (additional) subscriptions to ...?			
Q1 - 5 - Musical series			
Q1 - 6 - Season tickets to sporting events			
Q5 - 7 - Country clubs or swimming pools			
Q5 - 8 - Other social, recreational, or fraternal organizations			
Q5 - 9 - Civic or charitable organizations, automobile service clubs, or credit card memberships			

Part B - Detailed Questions

ITEM CODE from Part A	When did you take it out (join it)?	Do you still subscribe to (belong to) ...?	Were any payments made in 1972?	In what month (and year) was the last payment made?	How much was the last payment?	What period did it cover?	Did you make any additional payments in 1972?	If YES - How much did you pay?	PROCESSING USE ONLY		What do you subscribe to (belong to)? Describe briefly such as "Life magazine" or "Country club."
									Before 1971	1971-73	
		YES NO	YES NO	MO. YR.	Dollars Cents	Number of Weeks Months Years	NO Dollars only				
E01											
E02											
E03											
E04											
E05											
E06											
E07											
E08											
E09											
E10											
E11											

Ask at Q1 and Q5

Complete at Q5

NOTES

Section 22 - MISCELLANEOUS EXPENSES

INTERVIEWER - Ask col. a and complete cols. b-i for each expense reported.

a		b		c		d		e		f	
What was this expense for?		Describe briefly		PROCESSING USE ONLY		In what month (and year) did this occur?		Was the expense for a - 1 - Person in CU? 2 - Person outside the CU?		What was the total amount of the expense?	
ITEM	ITEM CODE					MO.	YR.	Enter code		Dollars only	
Q3 - Since Jan. 1, 1972, have you had any expenses for the following?											
Q5 - Since the 1st of (month, 6 months earlier), have you had any expenses for the following?											
1. Weddings, confirmations, Bar Mitzvahs, or other special catered affairs		ITEM CODE									
YES NO		1 - Weddings									
Q3		2 - Confirmations or Bar Mitzvahs									
Q5		3 - Other special catered affairs in or out of your home									
2. Funerals, burials, or purchase or upkeep of cemetery lots		4 - Funerals, burials, or cremation									
YES NO		5 - Purchase or upkeep of cemetery lots or vaults									
Q3		6 - Combinations of the above									
Q5		7 - Veterinarian or other medical expenses for animals (not part of a business or farm)									
3. Veterinarian or medical expenses for animals, including kennel fees or licenses		8 - Kennel expenses									
YES NO		9 - Animal licenses									
Q3		10 - Legal fees									
Q5		11 - Accounting fees									
4. Legal or accounting fees, not including those for business purposes Do NOT include legal fees related to closing cost which were reported in Section 3.		YES NO									
Q3		12 - Moving									
Q5		13 - Storage									
5. Moving, storage, and freight express		14 - Freight express									
YES NO		15 - Other large expenses - Specify in col. b									
Q3		6. Any other large expense not already reported, excluding food									
Q5		Additional Entries									
YES NO											
Q3											
Q5											

NOTES

QUARTER Q2-Q5 Section 23 - EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS

INTERVIEWER - Complete this page at Q2.

Part A - Food and Beverages

Part A - Continued

<p>FOOD PURCHASED AND CONSUMED AT HOME DURING THE PAST 3 MONTHS</p> <p>1. Do you and other members of your CU usually have your main meals at home? Exclude meals at work and at school.</p> <p>G01 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>		<p>8a. Do any members of the CU frequently eat one or more meals a week in cafeterias, restaurants, cafes, drive-ins, or other such places?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8c</p>	
<p>2a. About how often do you shop at the grocery store?</p> <p>G02 <input type="checkbox"/> Week } Times per G03 <input type="checkbox"/> Month }</p>		<p>b. What is the usual weekly expense for all members?</p> <p>G22 \$.00</p>	
<p>b. During the past 3 months, what has been the usual amount of your purchases at the grocery store? Include purchases made with Food Stamps.</p> <p>G04 <input type="checkbox"/> Week } \$.00 per G05 <input type="checkbox"/> Month }</p>		<p>c. During the past 3 months, have you had any expenses for (other) meals purchased outside the home? Exclude meals eaten on vacations and other trips.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8c</p>	
<p>c. About how much of this amount was for food and nonalcoholic beverages?</p> <p>G06 \$.00</p>		<p>d. What was the total amount you spent for these?</p> <p>G23 \$.00</p>	
<p>d. About how much of this amount was for tobacco?</p> <p>G07 \$.00 <input type="checkbox"/> None</p>		<p>9a. During the past 3 months have you or any other members of your CU purchased any alcoholic beverages in restaurants, taverns, or cocktail lounges? Exclude drinks bought on vacations and other trips.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 10a</p>	
<p>e. About how much of this amount was for alcoholic beverages?</p> <p>G08 \$.00 <input type="checkbox"/> None</p>		<p>b. What has been your expense in the past 3 months for alcoholic beverages in these places?</p> <p>G24 \$.00</p>	
<p>3a. During the past 3 months did you miss any weeks (months) of shopping at the grocery store because of being away, illness, or other reasons?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 4a</p>		<p>FOOD PRODUCED AT HOME DURING THE PAST 3 MONTHS</p> <p>10a. During the past 3 months have you frozen or canned any large quantities of food which you produced yourself?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 11a</p>	
<p>b. How many weeks (months) did you miss?</p> <p>G09 <input type="checkbox"/> Weeks } Number G10 <input type="checkbox"/> Months }</p>		<p>b. What did you freeze (can)?</p> <p>c. What quantity was frozen (canned)?</p> <p>d. About how much would this have cost if you bought it in a store?</p> <p>G25 \$.00</p>	
<p>4a. During the past 3 months have you purchased any food and non-alcoholic beverages in specialty stores, such as bakeries, dairy stores, vegetable stands, and farmer's markets?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 5a</p>		<p>11a. During the past 3 months have you eaten any fresh food which you raised yourself?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 12a</p>	
<p>b. What was your usual expenditure in these stores?</p> <p>G11 \$.00</p>		<p>b. What did you raise?</p> <p>c. What quantity was eaten?</p> <p>d. About how much would this have cost if you bought it in a store?</p> <p>G26 \$.00</p>	
<p>c. About how often did you spend this amount?</p> <p>G12 <input type="checkbox"/> Week } Times per G13 <input type="checkbox"/> Month }</p>		<p>FOOD STAMPS</p> <p>12a. During the past 3 months have you purchased any Federal Food Stamps?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 13a</p>	
<p>5a. Do you ever buy alcoholic beverages at places other than grocery stores to be served at home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 6a</p>		<p>b. What did you pay for them?</p> <p>G27 \$.00</p>	
<p>b. What is your usual expense for beer and wine at these places?</p> <p>G14 <input type="checkbox"/> Week } \$.00 per G15 <input type="checkbox"/> Month }</p>		<p>c. What was the value of exchange for the Stamps at the store?</p> <p>G28 \$.00 ? <input type="checkbox"/> Don't know</p>	
<p>c. What is your usual expense for other alcoholic beverages at these places?</p> <p>G16 <input type="checkbox"/> Week } \$.00 per G17 <input type="checkbox"/> Month }</p>		<p>13a. Did you receive any free food and beverages through public or private welfare agencies?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 14a)</p>	
<p>6a. During the past 3 months have you made any large or bulk purchases of food for home freezing or canning which have not been reported already?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 7a</p>		<p>b. About how much was the value of the food received?</p> <p>G29 \$.00</p>	
<p>b. What did you buy? Mark as many as apply.</p> <p>G18 * <input type="checkbox"/> Meat 2 <input type="checkbox"/> Produce 3 <input type="checkbox"/> Other - Specify _____</p>		<p>14a. Did you or any member of your CU receive any free meals at work as part of your pay?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to Part B</p>	
<p>c. What was the total cost during the past 3 months?</p> <p>G19 \$.00</p>		<p>b. About what was the weekly value of such meals?</p> <p>G30 \$.00</p>	
<p>FOOD AND BEVERAGES CONSUMED OUTSIDE HOME DURING THE PAST 3 MONTHS</p> <p>• Ask only if preschool and school-age children in the CU</p> <p>7a. During the past 3 months have any members of your CU purchased meals at school or in a preschool program?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8a</p>		<p>c. How many weeks in the past three months did you receive such meals?</p> <p>G31 _____ No. of weeks 99 <input type="checkbox"/> All weeks</p>	
<p>b. What is the usual weekly expense? Include all children buying meals at school.</p> <p>G20 \$.00</p>		<p>1. During the past 3 months have you purchased any of the following items? If YES - How much did you spend for them?</p> <p>a. Fertilizers, weed killers, and other pesticides for garden or lawn use.</p> <p>G32 \$.00 <input type="checkbox"/> No</p>	
<p>c. How many weeks in the past 3 months were meals bought?</p> <p>G21 _____ Number of weeks</p>		<p>b. Phonograph records, tapes, and cassettes not already reported.</p> <p>G33 \$.00 <input type="checkbox"/> No</p>	
<p>NOTES</p>		<p>c. Film, including the cost of developing it</p> <p>G34 \$.00 <input type="checkbox"/> No</p>	
<p></p>		<p>d. Single admissions to recreational, entertainment, or sporting activities, not included in season or series tickets</p> <p>G35 \$.00 <input type="checkbox"/> No</p>	
<p></p>		<p>e. Books, paperbacks, and magazines, not included in subscriptions.</p> <p>G36 \$.00 <input type="checkbox"/> No</p>	

Part A - Food and Beverages

Part A - Continued

<p>FOOD PURCHASED AND CONSUMED AT HOME DURING THE PAST 3 MONTHS</p>	<p style="background-color: #cccccc; text-align: center;">[REDACTED]</p>	<p>8a. Do any members of the CU frequently eat one or more meals a week in cafeterias, restaurants, cafes, drive-ins, or other such places? ... <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8c</p>
<p>2a. About how often do you shop at the grocery store?</p>	<p><input type="checkbox"/> Week } Times per <input type="checkbox"/> Month }</p>	<p>(G71) \$ _____ .00</p>
<p>b. During the past 3 months, what has been the usual amount of your purchases at the grocery store? Include purchases made with Food Stamps.</p>	<p><input type="checkbox"/> Week } \$ _____ .00 per <input type="checkbox"/> Month }</p>	<p>(G72) \$ _____ .00</p>
<p>c. About how much of this amount was for food and nonalcoholic beverages?</p>	<p>(G53) \$ _____ .00</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 10a</p>
<p>d. About how much of this amount was for tobacco?</p>	<p>(G54) \$ _____ .00</p>	<p>(G73) \$ _____ .00</p>
<p>e. About how much of this amount was for alcoholic beverages?</p>	<p>(G55) \$ _____ .00</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 11a</p>
<p>3a. During the past 3 months did you miss any weeks (months) of shopping at the grocery store because of being away, illness, or other reasons? ...</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 4a</p>	<p>(G74) \$ _____ .00</p>
<p>b. How many weeks (months) did you miss? ...</p>	<p><input type="checkbox"/> Weeks } Number <input type="checkbox"/> Months }</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 12a</p>
<p>4a. During the past 3 months have you purchased any food and non-alcoholic beverages in specialty stores, such as bakeries, dairy stores, vegetable stands, and farmer's markets? ...</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 5a</p>	<p>(G75) \$ _____ .00</p>
<p>b. What was your usual expenditure in these stores? ...</p>	<p>(G60) \$ _____ .00</p>	<p>(G76) \$ _____ .00</p>
<p>c. About how often did you spend this amount? ...</p>	<p><input type="checkbox"/> Week } Times per <input type="checkbox"/> Month }</p>	<p>(G77) \$ _____ .00 ? <input type="checkbox"/> Don't know</p>
<p>5a. Do you ever buy alcoholic beverages at places other than grocery stores to be served at home? ...</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 6a</p>	<p>(G78) \$ _____ .00</p>
<p>b. What is your usual expense for beer and wine at these places? ...</p>	<p><input type="checkbox"/> Week } \$ _____ .00 per <input type="checkbox"/> Month }</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 14a</p>
<p>c. What is your usual expense for other alcoholic beverages at these places? ...</p>	<p><input type="checkbox"/> Week } \$ _____ .00 per <input type="checkbox"/> Month }</p>	<p>(G79) \$ _____ .00</p>
<p>6a. During the past 3 months have you made any large or bulk purchases of food for home freezing or canning which have not been reported already?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 7a</p>	<p>(G80) \$ _____ .00</p>
<p>b. What did you buy? Mark as many as apply.</p>	<p>* <input type="checkbox"/> Meat <input type="checkbox"/> Produce <input type="checkbox"/> Other - Specify _____</p>	<p>(G81) \$ _____ .00</p>
<p>c. What was the total cost during the past 3 months? ...</p>	<p>(G68) \$ _____ .00</p>	<p>(G82) \$ _____ .00</p>

Part B - Other Selected Items

<p>1. During the past 3 months have you purchased any of the following items? IF YES - How much did you spend for them?</p>	<p>(G81) \$ _____ .00</p>
<p>a. Fertilizers, weed killers, and other pesticides for garden or lawn use ...</p>	<p>(G82) \$ _____ .00</p>
<p>b. Phonograph records, tapes, and cassettes not already reported.</p>	<p>(G83) \$ _____ .00</p>
<p>c. Film, including the cost of developing it ...</p>	<p>(G84) \$ _____ .00</p>
<p>d. Single admissions to recreational, entertainment, or sporting activities, not included in season or series tickets ...</p>	<p>(G85) \$ _____ .00</p>
<p>e. Books, paperbacks, and magazines, not included in subscriptions. ...</p>	<p>(G86) \$ _____ .00</p>

NOTES

Section 23 - EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS - Continued

INTERVIEWER - Complete this page at Q5.

Part A - Food and Beverages

Part A - Continued

FOOD PURCHASED AND CONSUMED AT HOME DURING THE PAST 3 MONTHS

2a. About how often do you shop at the grocery store?
 (H51) Week } Times per
 (H52) Month } _____

b. During the past 3 months, what has been the usual amount of your purchases at the grocery store? Include purchases made with Food Stamps.
 (H53) Week } \$ _____ .00 per
 (H54) Month } _____

c. About how much of this amount was for food and nonalcoholic beverages?
 (H55) \$ _____ .00

d. About how much of this amount was for tobacco?
 (H56) \$ _____ .00 None

e. About how much of this amount was for alcoholic beverages?
 (H57) \$ _____ .00 None

3a. During the past 3 months did you miss any weeks (months) of shopping at the grocery store because of being away, illness, or other reasons?
 Yes
 No - Skip to item 4a

b. How many weeks (months) did you miss?
 (H58) Weeks } _____ Number
 (H59) Months } _____

4a. During the past 3 months have you purchased any food and non-alcoholic beverages in specialty stores, such as bakeries, dairy stores, vegetable stands, and farmer's markets?
 Yes
 No - Skip to item 5a

b. What was your usual expenditure in these stores?
 (H60) \$ _____ .00

c. About how often did you spend this amount?
 (H61) Week } Times per
 (H62) Month } _____

5a. Do you ever buy alcoholic beverages at places other than grocery stores to be served at home?
 Yes
 No - Skip to item 6a

b. What is your usual expense for beer and wine at these places?
 (H63) Week } \$ _____ .00 per
 (H64) Month } _____

c. What is your usual expense for other alcoholic beverages at these places?
 (H65) Week } \$ _____ .00 per
 (H66) Month } _____

6a. During the past 3 months have you made any large or bulk purchases of food for home freezing or canning which have not been reported already?
 Yes
 No - Skip to item 7a

b. What did you buy?
 * Mark as many as apply
 (H67) 1 Meat
 2 Produce
 3 Other - Specify _____

(H68) \$ _____ .00

c. What was the total cost during the past 3 months?
 (H69) \$ _____ .00

FOOD AND BEVERAGES CONSUMED OUTSIDE HOME DURING THE PAST 3 MONTHS

7a. During the past 3 months have any members of your CU purchased meals at school or in a preschool program?
 Yes
 No - Skip to item 8a

b. What is the usual weekly expense? Include all children buying meals at school.
 (H69) \$ _____ .00

c. How many weeks in the past 3 months were meals bought?
 (H70) _____ Number of weeks

8a. Do any members of the CU frequently eat one or more meals a week in cafeterias, restaurants, cafes, drive-ins, or other such places?
 Yes
 No - Skip to item 8c

b. What is the usual weekly expense for all members?
 (H71) \$ _____ .00

c. During the past 3 months, have you had any expenses for (other) meals purchased outside the home? Exclude meals eaten on vacations and other trips.
 Yes
 No - Skip to item 9a

d. What was the total amount you spent for these?
 (H72) \$ _____ .00

9a. During the past 3 months have you or any other members of your CU purchased any alcoholic beverages in restaurants, taverns, or cocktail lounges? Exclude drinks bought on vacations and other trips.
 Yes
 No - Skip to item 10a

b. What has been your expense in the past 3 months for alcoholic beverages in these places?
 (H73) \$ _____ .00

FOOD PRODUCED AT HOME DURING THE PAST 3 MONTHS

10a. During the past 3 months have you frozen or canned any large quantities of food which you produced yourself?
 Yes
 No - Skip to item 12a

b. What did you freeze (can)?
 c. What quantity was frozen (canned)?
 d. About how much would this have cost if you bought it in a store?
 (H74) \$ _____ .00

11a. During the past 3 months have you eaten any fresh food which you raised yourself?
 Yes
 No - Skip to item 12a

b. What did you raise?
 c. What quantity was eaten?
 d. About how much would this have cost if you bought it in a store?
 (H75) \$ _____ .00

FOOD STAMPS

12a. During the past 3 months have you purchased any Federal Food Stamps?
 Yes
 No - Skip to item 13a

b. What did you pay for them?
 (H76) \$ _____ .00

c. What was the value of exchange for the Stamps at the store?
 (H77) \$ _____ .00 ? Don't know

13a. Did you receive any free food and beverages through public or private welfare agencies?
 Yes
 No - Skip to item 14a

b. About how much was the value of the food received?
 (H78) \$ _____ .00

14a. Did you or any member of your CU receive any free meals at work as part of your pay?
 Yes
 No - Skip to Part B

b. About what was the weekly value of such meals?
 (H79) \$ _____ .00

c. How many weeks in the past three months did you receive such meals?
 (H80) _____ No. of weeks 99 All weeks

Part B - Other Selected Items

1. During the past 3 months have you purchased any of the following items?
 If YES - How much did you spend for them?

a. Fertilizers, weed killers, and other pesticides for garden or lawn use.
 (H81) \$ _____ .00 No

b. Phonograph records, tapes, and cassettes not already reported.
 (H82) \$ _____ .00 No

c. Film, including the cost of developing it.
 (H83) \$ _____ .00 No

d. Single admissions to recreational, entertainment, or sporting activities, not included in season or series tickets.
 (H84) \$ _____ .00 No

e. Books, paperbacks, and magazines, not included in subscriptions.
 (H85) \$ _____ .00 No

NOTES

Section 24 - EXPENSE PATTERNS FOR SELECTED SERVICES AND GOODS

DRY CLEANING AND LAUNDRY

1a. How often do you send clothes and other items to the dry cleaners? Do not include coin-operated machines.

J01 Never - Skip to item 2a
J02 Week(s) } Every _____ (Number)
 Month(s) }

J03 \$ _____

b. About how much does it usually cost you? Dollars and cents

Yes No - Skip to item 3a

2a. Do you ever use coin-operated dry cleaning machines?

J04 \$ _____

b. About how much does it usually cost you? Dollars and cents

J05 Week(s) } Every _____ (Number)
J06 Month(s) }

Yes No - Skip to item 4a

3a. Do you ever send or have your laundry done outside? Include diaper service

J07 \$ _____

b. About how much does it usually cost you? Dollars and cents

J08 Week(s) } Every _____ (Number)
J09 Month(s) }

J10 1 At home - own machine
2 Laundromat or by other coin machine
3 Other - Specify _____

4a. How is your (other) laundry done?

J11 \$ _____

b. If laundromat or coin machine - About how much does it usually cost you? Dollars and cents

J12 Week(s) } Every _____ (Number)
J13 Month(s) }

PUBLIC TRANSPORTATION

5a. How many members of this CU use public transportation to go to -

J14 Number _____ None
J15 _____
J16 _____

- (1) Work?
- (2) School?
- (3) Other places?

b. What is the usual WEEKLY cost for all CU members using it for going to - Dollars and cents

J17 \$ _____
J18 \$ _____
J19 \$ _____

- (1) Work?
- (2) School?
- (3) Other places?

BANKING SERVICES

6a. Do you have any expenses for rental of safe deposit boxes?

Yes No - Skip to item 7

b. What is the charge and how many MONTHS does it cover?

J20 \$ _____
J21 _____ Number of months

7. Do you have any expenses for checking accounts or other banking services? If YES - What is the usual MONTHLY expense? Dollars and cents

J22 \$ _____ No

TOBACCO

8. Do you or any other members of your CU smoke -

J23 \$ _____ No
J24 \$ _____ No
J25 \$ _____ No

- a. Cigarettes? If YES - What is your usual WEEKLY expense?
- b. Cigars? If YES - What is your usual WEEKLY expense?
- c. Pipe or other tobaccos? If YES - What is your usual WEEKLY expense?

HAIR AND SCALP CARE FOR MEN AND BOYS

9. What is your usual MONTHLY expense for haircuts and other barber shop services for all the male members of your CU? Dollars and cents

J26 \$ _____ None

10. Did any male members buy any hairpieces or toupees in 1972? If YES - What was the cost of all purchases? Dollars and cents

J27 \$ _____ No

HAIR AND SCALP CARE FOR WOMEN AND GIRLS

11. What is your usual MONTHLY expense for all female members for - Dollars and cents

J28 \$ _____ None

- a. Shampoos and sets?
- b. Haircuts?

c. Other beauty parlor services including care for wigs and other hairpieces?

J29 \$ _____ None
J30 \$ _____ None
J31 \$ _____ No

12. Did any female members buy any hairpieces or wigs in 1972? If YES - What was the cost of all purchases? Dollars and cents

QUARTER
Q 2

Section 25 - GENERAL HOUSING AND CONSUMER UNIT INFORMATION - Continued

Part C - Income Other Than Earnings INTERVIEWER - Record the total amount received by ALL CU members from the following sources.

1. During 1971, did you or any member of your CU receive income from the following sources?

a. Dividends, interest, or net rental income Yes No

(K76) \$ _____ .00

Yes No

b. Social Security, Railroad Retirement, Veterans payments, or other public or private pensions

(K77) \$ _____ .00

Yes No

c. Unemployment insurance, workmen's compensation, public assistance or welfare payments

(K78) \$ _____ .00

Yes No

d. Regular contributions from persons outside CU

(K79) \$ _____ .00

Yes No

e. Other income, such as alimony, child support, royalties, etc.

(K80) \$ _____ .00

Yes No

NOTES

Vertical lines for notes and data entry.

QUARTER Q 5 Section 26 - WORK EXPERIENCE, INCOME IN 1972, AND OTHER SELECTED ITEMS

INTERVIEWER {Ask Part A for each CU member 14 years old and over. Ask Parts B and C for the entire CU as a whole.

Part A - Work Experience and Earnings in 1972

INTERVIEWER - Complete items 1-7 for each person before asking item 8.

		CU members 14 years old and over		
PROCESSING USE ONLY		~ 1 26 01 1 ↓	~ 1 26 02 9 ↓	~ 1 26 03 7 ↓
NAME		(HEAD)		
LINE NO./REF. PERIOD	LINE NO.	Ref. period	LINE NO.	Ref. period
	(L01)		(L01)	
1a. TRANSCRIPTION ITEM Enter the first name, line number and reference period of each CU member 14 years old and over. Enter the head of the CU in the first column.	(L02)	Number of weeks 0 <input type="checkbox"/> Didn't work - Skip to item 5	(L02)	Number of weeks 0 <input type="checkbox"/> Didn't work - Skip to item 5
2. How many weeks did ... work in 1972, either full-time or part-time, not counting work around the house? Include paid vacations and paid sick leave.	(L03)	1 <input type="checkbox"/> Full-time 2 <input type="checkbox"/> Part-time	(L03)	1 <input type="checkbox"/> Full-time 2 <input type="checkbox"/> Part-time
3. When working in 1972, did ... usually work full-time 35 hours or more per week or part-time less than 35 hours per week?	(L04)		(L04)	
4a. In the job in which ... received the most earnings in 1972, for whom did ... work? Name of company, business, organization, or other employer.	(L05)		(L05)	
b. What kind of business or industry is this? For example: TV and radio mfg., retail shoe store, State Labor Dept., farm.	(L06)	Code	(L06)	Code
c. What kind of work was ... doing? For example: electrical engineer, stock clerk, typist, farmer.	(L07)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(L07)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
OFFICE USE ONLY	(L04)		(L04)	
	(L05)		(L05)	
IND. CODE	(L06)		(L06)	
OCC. CODE	(L07)		(L07)	
4d. Was ... CODE 1 - An employee of a PRIVATE COMPANY, business or individual working for wages or salary? 2 - A GOVERNMENT employee? Federal, State, or local 3 - Self-employed in OWN business, professional practice or farm? If code 3 - Is the business incorporated?	(L08)		(L08)	
4 - Working WITHOUT PAY in the family business or farm?	(L09)		(L09)	
5. During 1972, how much did ... earn in total from - a. Wages or salary excluding Armed Forces pay, before any deductions? Include commissions and tips. ● Ask only for males 16-64 years old. b. In 1972, did ... receive from the Armed Forces any - (1) Pay for active or reserve duty? If YES - How much? ... (2) Quarters and subsistence allowance? If YES - How much?	(L10)	\$ _____ .00 <input type="checkbox"/> None	(L10)	\$ _____ .00 <input type="checkbox"/> None
6. During 1972, how much did ... earn in - a. NET income from own farm?	(L11)	\$ _____ .00 <input type="checkbox"/> None	(L11)	\$ _____ .00 <input type="checkbox"/> None
b. NET income from own business or professional practice? ...	(L12)	\$ _____ .00 <input type="checkbox"/> None	(L12)	\$ _____ .00 <input type="checkbox"/> None
c. If \$ entry in b - Were any goods or services from your business withdrawn for personal use?	(L13)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(L13)	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If YES - What was the value of these goods or services? ... ● If \$ entry in 6a or 6b	(L14)	\$ _____ .00	(L14)	\$ _____ .00
7a. Was any money added to a self-employed retirement plan? ...	(L15)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(L15)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If YES - How much?	(L16)	\$ _____ .00	(L16)	\$ _____ .00
8. Ask if \$ entry in 5a or b AFTER completing items 1-7 for all eligible CU members. How much was deducted from ...'s pay in 1972 for - a. Federal income tax?	(L17)	\$ _____ .00 <input type="checkbox"/> None	(L17)	\$ _____ .00 <input type="checkbox"/> None
b. State and local income tax?	(L18)	\$ _____ .00 <input type="checkbox"/> None	(L18)	\$ _____ .00 <input type="checkbox"/> None
c. Social Security?	(L19)	\$ _____ .00 <input type="checkbox"/> None	(L19)	\$ _____ .00 <input type="checkbox"/> None
d. Railroad retirement?	(L20)	\$ _____ .00 <input type="checkbox"/> None	(L20)	\$ _____ .00 <input type="checkbox"/> None
e. Government retirement?	(L21)	\$ _____ .00 <input type="checkbox"/> None	(L21)	\$ _____ .00 <input type="checkbox"/> None
f. Private pension fund?	(L22)	\$ _____ .00 <input type="checkbox"/> None	(L22)	\$ _____ .00 <input type="checkbox"/> None
g. Union dues and assessments?	(L23)	\$ _____ .00 <input type="checkbox"/> None	(L23)	\$ _____ .00 <input type="checkbox"/> None
h. Contributions to charities?	(L24)	\$ _____ .00 <input type="checkbox"/> None	(L24)	\$ _____ .00 <input type="checkbox"/> None
i. Group life insurance?	(L25)	\$ _____ .00 <input type="checkbox"/> None	(L25)	\$ _____ .00 <input type="checkbox"/> None
j. Group health insurance?	(L26)	\$ _____ .00 <input type="checkbox"/> None	(L26)	\$ _____ .00 <input type="checkbox"/> None
k. Accident and disability insurance?	(L27)	\$ _____ .00 <input type="checkbox"/> None	(L27)	\$ _____ .00 <input type="checkbox"/> None
l. U.S. Savings Bonds?	(L28)	\$ _____ .00 <input type="checkbox"/> None	(L28)	\$ _____ .00 <input type="checkbox"/> None
m. Other deductions? - Specify in Notes or end of section	(L29)	\$ _____ .00 <input type="checkbox"/> None	(L29)	\$ _____ .00 <input type="checkbox"/> None

Part A - Work Experience and Earnings in 1972

INTERVIEWER - Complete items 1-7 for each person before asking item 8.

TRANSCRIPTION ITEM		PROCESSING USE ONLY		CU members 14 years old and over	
LINE NO./REF. PERIOD	NAME	LINE NO.	Ref. period	LINE NO.	Ref. period
1a. TRANSCRIPTION ITEM Enter the first name, line number and reference period of each CU member 14 years old and over.		(L01)	~ 1 26 04 5 ↓	(L01)	~ 1 26 05 2 ↓
2. How many weeks did ... work in 1972, either full-time or part-time, not counting work around the house? Include paid vacations and paid sick leave.		(L02)	Number of weeks 0 <input type="checkbox"/> Didn't work - Skip to item 5	(L02)	Number of weeks 0 <input type="checkbox"/> Didn't work - Skip to item 5
3. When working in 1972, did ... usually work full-time 35 hours or more per week or part-time less than 35 hours per week?		(L03)	1 <input type="checkbox"/> Full-time 2 <input type="checkbox"/> Part-time	(L03)	1 <input type="checkbox"/> Full-time 2 <input type="checkbox"/> Part-time
4a. In the job in which ... received the most earnings in 1972, for whom did ... work? Name of company, business, organization, or other employer.		(L04)		(L04)	
b. What kind of business or industry is this? For example: TV and radio mfg., retail shoe store, State Labor Dept., farm.		(L05)		(L05)	
c. What kind of work was ... doing? For example: electrical engineer, stock clerk, typist, farmer.		(L06)		(L06)	
4d. Was ... CODE 1 - An employee of a PRIVATE COMPANY, business or individual working for wages or salary? 2 - A GOVERNMENT employee? Federal, State, or local 3 - Self-employed in OWN business, professional practice or farm? If code 3 - Is the business incorporated?	IND. CODE	(L07)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(L07)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5. During 1972, how much did ... earn in total from - a. Wages or salary excluding Armed Forces pay, before any deductions? (Include commissions and tips.) • Ask only for males 16-64 years old. b. In 1972, did ... receive from the Armed Forces any - (1) Pay for active or reserve duty? If YES - How much? ... (2) Quarters and subsistence allowance? If YES - How much? ...	OCC. CODE	(L08)	\$ _____ .00 <input type="checkbox"/> None	(L08)	\$ _____ .00 <input type="checkbox"/> None
6. During 1972, how much did ... earn in - a. NET income from own farm?		(L09)	\$ _____ .00 <input type="checkbox"/> No	(L09)	\$ _____ .00 <input type="checkbox"/> No
b. NET income from own business or professional practice? ...		(L10)	\$ _____ .00 <input type="checkbox"/> No	(L10)	\$ _____ .00 <input type="checkbox"/> No
c. If \$ entry in b - Were any goods or services from your business withdrawn for personal use?		(L11)	\$ _____ .00 <input type="checkbox"/> None	(L11)	\$ _____ .00 <input type="checkbox"/> None
d. If YES - What was the value of these goods or services? ...		(L12)	\$ _____ .00 <input type="checkbox"/> None	(L12)	\$ _____ .00 <input type="checkbox"/> None
7a. Was any money added to a self-employed retirement plan? ...		(L13)	\$ _____ .00 <input type="checkbox"/> Yes <input type="checkbox"/> No	(L13)	\$ _____ .00 <input type="checkbox"/> Yes <input type="checkbox"/> No
b. If YES - How much?		(L14)	\$ _____ .00	(L14)	\$ _____ .00
8. Ask if \$ entry in 5a or b AFTER completing items 1-7 for all eligible CU members. How much was deducted from ...'s pay in 1972 for - a. Federal income tax?		(L15)	\$ _____ .00 <input type="checkbox"/> None	(L15)	\$ _____ .00 <input type="checkbox"/> None
b. State and local income tax?		(L16)	\$ _____ .00 <input type="checkbox"/> None	(L16)	\$ _____ .00 <input type="checkbox"/> None
c. Social Security?		(L17)	\$ _____ .00 <input type="checkbox"/> None	(L17)	\$ _____ .00 <input type="checkbox"/> None
d. Railroad retirement?		(L18)	\$ _____ .00 <input type="checkbox"/> None	(L18)	\$ _____ .00 <input type="checkbox"/> None
e. Government retirement?		(L19)	\$ _____ .00 <input type="checkbox"/> None	(L19)	\$ _____ .00 <input type="checkbox"/> None
f. Private pension fund?		(L20)	\$ _____ .00 <input type="checkbox"/> None	(L20)	\$ _____ .00 <input type="checkbox"/> None
g. Union dues and assessments?		(L21)	\$ _____ .00 <input type="checkbox"/> None	(L21)	\$ _____ .00 <input type="checkbox"/> None
h. Contributions to charities?		(L22)	\$ _____ .00 <input type="checkbox"/> None	(L22)	\$ _____ .00 <input type="checkbox"/> None
i. Group life insurance?		(L23)	\$ _____ .00 <input type="checkbox"/> None	(L23)	\$ _____ .00 <input type="checkbox"/> None
j. Group health insurance?		(L24)	\$ _____ .00 <input type="checkbox"/> None	(L24)	\$ _____ .00 <input type="checkbox"/> None
k. Accident and disability insurance?		(L25)	\$ _____ .00 <input type="checkbox"/> None	(L25)	\$ _____ .00 <input type="checkbox"/> None
l. U.S. Savings Bonds?		(L26)	\$ _____ .00 <input type="checkbox"/> None	(L26)	\$ _____ .00 <input type="checkbox"/> None
m. Other deductions? - Specify in Notes at end of section		(L27)	\$ _____ .00 <input type="checkbox"/> None	(L27)	\$ _____ .00 <input type="checkbox"/> None

~ 1 27 02 7 Y

Section 27 - ASSETS AND LIABILITY CHANGES IN 1972 - Continued

Part B - Changes in Liabilities

1. On Dec. 31, 1972, did you or any member of your CU owe any money to ...?
If YES - What was the total amount you owed on Dec. 31, 1972?

CREDIT SOURCE CODE

- 1 - Stores for installment credit accounts YES NO
- 2 - Banks
- 3 - Credit unions
- 4 - Finance companies
- 5 - Stores on revolving credit accounts
- 6 - Insurance companies
- 7 - Doctors, dentists, or other medical practitioners
- 8 - Others - Specify in Notes

2. INTERVIEWER - Add the amounts reported in item 1 and enter the total here.

3. In total, then, you owed about \$ _____ on Dec. 31, 1972.
How did this compare with what you owed in these types of accounts a year ago?

If MORE or LESS - How much more (less)?

(N28) \$ _____
(N29) \$ _____
(N30) \$ _____
(N31) \$ _____
(N32) \$ _____
(N33) \$ _____
(N34) \$ _____
(N35) \$ _____
(N36) \$ _____

(N37) Same
(N38) More
(N39) Less
\$ _____

Part C - Finance Charges

INTERVIEWER { Check codes 1-4 in item 1, Part B. If an amount is entered for any of these codes, determine the number of loans or accounts included in the amount and complete a separate column in Part C for each loan or account. If no amounts are entered for these codes in item 1, Part B, ask item 10, Part C and complete a separate column in Part C for any credit payments made in 1972.

PROCESSING USE ONLY

~ 1 27 03 5 Y →

~ 1 27 04 3 Y →

~ 1 27 05 0 Y →

1. TRANSCRIPTION ITEM
Credit Source Code (From item 1, Part B)
(N51) _____ Code
2. What was the outstanding balance on the loan (account) as of Dec. 31, 1972?
(N52) \$ _____
3. What was the total amount of the loan (balance of the purchase price on which installment payments were made)?
(N53) \$ _____
4. How often are (were) payments made?
(N54) Weekly Monthly Other - Specify in Notes
(N55) _____ Number
5. What was the total number of payments contracted for?
(N56) _____ Number
6. How many payments were made in 1972?
(N57) \$ _____
7. What was the amount of each payment?
(N58) _____ Month _____ Year
8. When was the first payment made?
(N59) _____ %
? Don't know
9. What is (was) the annual rate of the finance charge?
Enter in two decimal places, such as 6.50% for 6½%.
(N60) _____ %

OFFICE USE ONLY - Finance Charges
10. During 1972, did you make payments on any (other) loans or installment credit accounts?
Complete a separate column for each additional loan or credit account in 1972.

Part C - Additional Entries

PROCESSING USE ONLY

~ 1 27 06 8 Y

~ 1 27 07 6 Y

~ 1 27 08 4 Y

1. TRANSCRIPTION ITEM
Credit Source Code (From item 1, Part B)
(N51) _____ Code
2. What was the outstanding balance on the loan (account) as of Dec. 31, 1972?
(N52) \$ _____
3. What was the total amount of the loan (balance of the purchase price on which installment payments were made)?
(N53) \$ _____
4. How often are (were) payments made?
(N54) Weekly Monthly Other - Specify in Notes
(N55) _____ Number
5. What was the total number of payments contracted for?
(N56) _____ Number
6. How many payments were made in 1972?
(N57) \$ _____
7. What was the amount of each payment?
(N58) _____ Month _____ Year
8. When was the first payment made?
(N59) _____ %
? Don't know
9. What is (was) the annual rate of the finance charge?
Enter in two decimal places, such as 6.50% for 6½%.
(N60) _____ %

MARGIN INDEX

- 1 Each Quarter
- 2 Q1, Q5
- 3 Q1, Q5
- 4 Q5
- 5 Each Quarter
- 6 Each Quarter
- 7 Each Quarter
- 8 Q1, Q5
- 9 Q1, Q3, Q5
- 10 Q1, Q5
- 11 Each Quarter
- 12 Q1, Q3, Q5
- 13 Q1, Q5
- 14 Q1, Q3, Q5
- 15 Each Quarter
- 16 Each Quarter
- 17 Q2, Q5
- 18 Q2, Q5
- 19 Q1, Q3, Q5
- 20 Q1, Q3, Q5
- 21 Q1, Q5
- 22 Q3, Q5
- 23 Q2, Q3, Q4, Q5
- 24 Q4
- 25 Q2
- 26 Q5
- 27 Q5

HOW TO USE MARGIN INDEX
To use bend pages back and follow margin index to page with edge marker.