

INELIGIBLE UNITS AND OTHER NONRESPONSE

1. First unsuccessful visit—Date: _____ Time: _____

(a) Occupied Occupants expected to be present: Informant: _____ Schedule second visit _____
 (b) Closed for 2 or more weeks Occupants expected to be present: Informant: _____ Report to supervisor _____
 (c) Vacant Informant: _____ Report to supervisor _____

2. Second unsuccessful visit—Date: _____ Time: _____
 No contact in two visits Informant: _____ 4-11 below Report to supervisor _____
 3. Refusal—Date: _____ Reason: _____ Enter: 4-13 below

	C.U. No.	C.U. No.	C.U. No.
4. Number of members in your family			
5. Number of family members employed 48 weeks or more in SY			
6. Number of family members employed 13 to 48 weeks in SY			
7. Approximate age of family head			
8. Sex of family head (M—F)			
9. Occupation of family head			
10. Home owned (O) or rented (R) by family			
11. Rent or market value of dwelling			\$
12. (Ask of members of unit only):			
			Under \$1,000
			\$1,000-\$1,999
			\$2,000-\$2,999
			\$3,000-\$3,999
			\$4,000-\$4,999
			\$5,000-\$5,999
			\$6,000-\$7,499
			\$7,500-\$9,999
			\$10,000-\$14,999
			\$15,000 and over
13. (By observation) Race of family head. White—1 Negro—2 Other (specify)—3			

Exhibit E

DLS 9648-B
 Budget Bureau No. 44-5603.1
 Approval dates 9-30-62

U.S. DEPARTMENT OF LABOR
 BUREAU OF LABOR STATISTICS
 WASHINGTON 25, D.C.

SCHEDULE No.

City

Address

B

(For editor)

YEAR	REGION	CITY	SCHEDULE NO.	LOCATION IN SNISA CARD NO.	
1 DIG	1 DIG	2 DIG	1 DIG	4 - DIG	1 - DIG
1	2	3-4	5	6-9	76

← CARD COL.

THIS INFORMATION WILL BE HELD IN CONFIDENCE
 IT WILL NOT BE USED FOR TAXATION OR REGULATORY PURPOSES

Survey of Consumer Expenditures in 19__

ANNUAL INCOME, SAVINGS, AND
 EXPENDITURES RECORD

A. FAMILY COMPOSITION

FAMILY MEMBER CHARACTERISTICS

(a)

1. Family member number.....

2. Relationship to head (code):

Head.....=0	In-law.....=5
Spouse.....=1	Brother or sister.....=6
Never married child.....=2	Mother or father.....=7
Other child.....=3	Otherwise related.....=8
Grandchild.....=4	Unrelated.....=9

(2)

3. Relationship to other members.....

4. Sex: Male=1; Female=2.....(2)

5. Age on SY birthday.....(1)

6. Marital status at end of SY:

Married.....=1	Separated.....=4
Never married.....=2	Widowed.....=5
Divorced.....=3	Deceased.....=6

(2)

7. Education—highest grade completed.....(2)

Q
F U YR (HOME BUDGET) (EARNER COMPOSITION)
P S
I E (D) (CLASS OF WORK) IND. (OCCUPATION)
C
E (MASTER-ALT.) (SUB-FAMILY)
(2)

NUMBER OF WEEKS IN SY F.M. WAS:

8. In family—Total.....

(a) at home.....

(b) temporarily away (business trip, hospitalized, vacation, etc.).....

9. Not living at home (in military service, residing abroad, institutionalized, etc.) (Specify).....

FOR F.M.'s 14 YEARS OF AGE OR OLDER, ENTER NUMBER OF WEEKS IN SY:

10. Working for pay.....
(TOTAL EARNERS) (1-FULL TIME EARNERS)
NOT WORKING FOR PAY BECAUSE:

11. Looking for work or on layoff from a job.....

12. Ill or disabled and unable to work.....

13. On unpaid absence from work (strike, vacation, etc.).....

14. Keeping house (women only).....

15. Going to school (persons under 30).....

16. Helping in family business or working on family farm.....

17. Other (Specify).....

18. Race of head (code by observation).....

NOTES:

(2)

AND WORK STATUS

FAMILY MEMBERS AT TIME OF INTERVIEW AND DURING SY							FAMILY MEMBERS SOMETIME IN SY BUT NOT AT TIME OF INTERVIEW					TOTAL (Other use)	ITEM NO.
Head (husband if present)	Wife	ALL OTHERS					(i)	(j)	(k)	(l)	(m)	(n)	
		(d)	(e)	(f)	(g)	(h)							
11 0011-001	11 0011-001	11 0011-001	11 0011-001	11 0011-001	11 0011-001	11 0011-001	11 0011-001	11 0011-001	11 0011-001	11 0011-001	11 0011-001	10 0010-000	1
HEAD ONLY	ALL F.M.												
INDEX	REL. TO HEAD												
1-DIG.	1-DIG.	00											2
RACE	SEX												3
1-DIG.	1-DIG.	00											4
	3-DIG.	000											5
	2-DIG.	00											6
	3-DIG.	000											7
(YR) (COND)		00	00	00	00	00	00	00	00	00	00		
2-DIG.	(CL) (DTC)	000000											
	4-DIG.												
M-A	SUB-FAM	000	0	0	0	0	0	0	0	0	0		
1-DIG.	3-DIG.												
		000											8
		000											(a)
		000											(b)
		000											9
		000											10
(F) (FTE)		00											COL. b-1
2-DIG.		000											11
		00											ITEM 11-17
		00											12
		00											13
		00											14
		00											15
		00											16
		00											17
		00											18

White 1 Negro 2 Other (Specify) 3

NOTES:

(3)

B. HOUSING PATTERN

ITEM (a)	(b)
LIVING ARRANGEMENTS	
1. Where did the family live on December 31, SY?	1200
This housing unit? <input type="checkbox"/>	0031-715
Other housing unit? <input type="checkbox"/> (Locality) 0320-	
2. (a) Did the family move in SY? 01	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
(b) If yes, where from? 02	(Locality of former residence)
3. (a) Tenure of family on December 31, SY: Owner 03	<input type="checkbox"/> 1
Renter	<input type="checkbox"/> 2
(b) Tenure of family during all of SY: Owner all year	<input type="checkbox"/> 1
Renter all year 04	<input type="checkbox"/> 2
Owner part year	<input type="checkbox"/> 3
Owner part year, renter part year	
OTHER OWNED REAL ESTATE	
Check Each Type Owned in SY	
4. Vacation home 1	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
5. Residential property (not occupied by family in SY) 12	<input type="checkbox"/> 1 <input type="checkbox"/> 0
6. Commercial property (not used in family business) 13	<input type="checkbox"/> 1 <input type="checkbox"/> 0
7. Unimproved land 14	<input type="checkbox"/> 1 <input type="checkbox"/> 0
8. Structure under construction 15	<input type="checkbox"/> 1 <input type="checkbox"/> 0
9. Other (Specify) 16	<input type="checkbox"/> 1 <input type="checkbox"/> 0
VALUE OF HOUSING UNIT OCCUPIED DECEMBER 31, SY	
10. If rented, enter December SY rent to nearest dollar. If rent free, enter rental value 21	\$
22	\$
DESCRIPTION OF HOUSING OCCUPIED ON DECEMBER 31, SY	
12. Type of housing:	
(a) House 31	<input type="checkbox"/> 1
(b) Apartment, flat	<input type="checkbox"/> 2
(c) Room(s)	<input type="checkbox"/> 3
(d) Trailer, other	<input type="checkbox"/> 4
13. Number of rooms occupied (excluding bathroom) 32	
FACILITIES AVAILABLE	
14. Bathroom facilities:	
(a) Number of complete bathrooms: Private 41	
Shared 42	
15. Other private bathroom facilities:	
(a) Wash bowl 43	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
(b) Flush toilet 44	<input type="checkbox"/> 1 <input type="checkbox"/> 0
(c) Tub or shower 45	<input type="checkbox"/> 1 <input type="checkbox"/> 0
16. Installed cook stove 51	<input type="checkbox"/> 1 <input type="checkbox"/> 0
17. Refrigerator 52	<input type="checkbox"/> 1 <input type="checkbox"/> 0
18. Washing machine 53	<input type="checkbox"/> 1 <input type="checkbox"/> 0
19. Air conditioning 54	<input type="checkbox"/> 1 <input type="checkbox"/> 0
20. Water:	
(a) None 55	<input type="checkbox"/> 1
(b) Cold only	<input type="checkbox"/> 2
(c) Hot and cold	<input type="checkbox"/> 3
21. Heating equipment:	
(a) None	<input type="checkbox"/> 1
(b) Central, installed	<input type="checkbox"/> 2
(c) Other, installed 56	<input type="checkbox"/> 3
(d) Other, not installed	<input type="checkbox"/> 4
22. Garage:	
(a) None	<input type="checkbox"/> 1
(b) 1-Car	<input type="checkbox"/> 2
(c) 2-Car 57	<input type="checkbox"/> 3
(d) Car port	<input type="checkbox"/> 4
Services available in apartments or rooms (No. 12 (b) or (c) checked above).	
23. Elevator 61	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
24. Central switchboard 62	<input type="checkbox"/> 1 <input type="checkbox"/> 0
25. Maid service 63	<input type="checkbox"/> 1 <input type="checkbox"/> 0
26. Other: (Specify) 64	<input type="checkbox"/> 1 <input type="checkbox"/> 0

C. RENTED DWELLING

If the family occupied a rented dwelling all or part of SY, complete this section

ITEM (a)						TOTAL EXPENSE IN SY (b)
1. Total rent paid to SY (Use work space below if rate or unit rented changed in SY):						2300
Time	Rate	Expense	Includes board			3211-716
			Yes	Meals per week	No	RENT RECD AS PAY X OR \$
(a) Mon. Wks. <input type="checkbox"/> <input type="checkbox"/>	At \$..... per <input type="checkbox"/> <input type="checkbox"/>	\$.....				3212 - 01
(b) <input type="checkbox"/> <input type="checkbox"/>	At \$..... per <input type="checkbox"/> <input type="checkbox"/>	\$.....				
(c) <input type="checkbox"/> <input type="checkbox"/>	At \$..... per <input type="checkbox"/> <input type="checkbox"/>	\$.....				\$ 3211 - 01
(d) <input type="checkbox"/> <input type="checkbox"/>	At \$..... per <input type="checkbox"/> <input type="checkbox"/>	\$.....				
2. Repairs, redecorating, or improvement on rented dwelling paid for by family.....						3212 - 01
3. Special fees, bonuses, commissions, etc., paid to obtain dwelling.....						3212 - 02
4. If family sublet its rented dwelling, how much did it receive?.....						3211 - 90
5. Total (1+2+3 minus 4).....						\$.....
						1214-723
						<input type="checkbox"/> 1 own business
						<input type="checkbox"/> 2 rented to others
6. If rent paid during SY covered premises used for business or rented to others, what percent of the rent was chargeable to this use?.....						<input type="checkbox"/> %
If family received any rent as PAY:						1214 - 724
7. For which family member?.....						F.M. No. 23 <input type="checkbox"/>
8. How much was it worth?.....						1214 - 01
NOTES:						
If the family occupied a rented dwelling on December 31, SY, indicate by check the equipment and services which were included in the December, SY rent.						
FACILITIES INCLUDED IN THE RENT						1200
9. Furnishings: None 0321 - 11						0032-718
Part.....						<input type="checkbox"/> 1
Full.....						<input type="checkbox"/> 2
						<input type="checkbox"/> 3
10. Installed cook stove 12						Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
11. Refrigerator 13						<input type="checkbox"/> 1 <input type="checkbox"/> 0
12. Laundry equipment 14						<input type="checkbox"/> 1 <input type="checkbox"/> 0
13. Air conditioning 15						<input type="checkbox"/> 1 <input type="checkbox"/> 0
14. Water: None.....						<input type="checkbox"/> 1
Cold only 16						<input type="checkbox"/> 2
Hot and cold.....						<input type="checkbox"/> 3
15. Heating equipment 17						Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
16. Garage 18						<input type="checkbox"/> 1 <input type="checkbox"/> 0
17. Gas 19						<input type="checkbox"/> 1 <input type="checkbox"/> 0
18. Electricity 20						<input type="checkbox"/> 1 <input type="checkbox"/> 0
19. Heat 21						<input type="checkbox"/> 1 <input type="checkbox"/> 0
In apartments or rooms:						
20. Central switchboard 31						<input type="checkbox"/> 1 <input type="checkbox"/> 0
21. Maid service 32						<input type="checkbox"/> 1 <input type="checkbox"/> 0

D. DWELLING AND OTHER

D-I. Property Owned, Bought or Sold in SY

ITEM	Dwelling occupied at end of SY		Other real estate	
	Property No. 23	Property No. 23	Property No. 23	Property No. 23
PROPERTY OWNED AT ANY TIME IN SY	2118-717	2118-717	2118-717	2118-717
1. Year bought	19... 11	19... 11	xxxxxxx	xxxxxxx
2. How many months in SY did you occupy this dwelling?	... months	... months	xxxxxxx	xxxxxxx
3. Property tax which became due and payable in SY (if unknown, enter check in box)	\$ 3222 - 01	\$ 3222 - 13	\$ 3222 - 23	\$ 3222 - 23
4. (a) Was this amount paid by Dec 31, SY?	Yes <input checked="" 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"/>
(b) If no, what was unpaid balance?	\$ 2228 - 01	\$ 2228 - 01	\$ 2228 - 01	\$ 2228 - 01
5. How much was paid in SY on property taxes due in years before SY?	2218 - 01	2218 - 01	2218 - 01	2218 - 01
6. How much was paid in SY for taxes which became due after Dec. 31, SY?	2118 - 01	2118 - 01	2118 - 01	2118 - 01
7. Property insurance premium paid in SY (If unknown, enter check in box and specify in footnote whether brick or frame and amount of insurance coverage)	2112-715	2112-715	2112-715	2112-715
(a) On real property only	\$ 3223 - 01	\$ 3223 - 01	\$ 3223 - 01	\$ 3223 - 01
(b) Comprehensive (homeowners) policy	- 02	- 02	- 02	- 02
8. Special assessments paid in SY (Specify)	2112 - 12	2112 - 12	2112 - 12	2112 - 12
9. Ground rent	3225 - 05	3225 - 05	3225 - 05	3225 - 05
10. Other expenses (Specify)	- 06	- 06	- 06	- 06
11. (a) If any part of the dwelling was used for your own business or rented to others, what percent of the expense is chargeable to this use?	0322-713	0322-713	0322-713	0322-713
<input type="checkbox"/> 1 own business	0322 - 14	0322 - 14	0322 - 14	0322 - 14
<input type="checkbox"/> 2 rented to others	- 15	- 15	- 15	- 15
(b) If for own business, was this percent of the expense deducted as business expense in figuring net income? (If no, explain in footnote)	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"/>
PROPERTY BOUGHT IN SURVEY YEAR	2112-725	2117-725	2113-725	2113-725
12. Was property purchased new or was it previously occupied?	New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	xxxxxxx	xxxxxxx	xxxxxxx
13. Purchase price or land and construction costs	\$ 2112 - 11	\$ 2113 - 11	\$ 2113 - 11	\$ 2113 - 11
14. Cash down payment (If trade-in, enter check in box)	\$ 0211 - 01	\$ 0211 - 01	\$ 0211 - 01	\$ 0211 - 01
15. Settlement charges (includes mortgage placement/endorse fee, title search, title guarantee, payment of escrow, recording fees, and tax stamps)	\$ 3225 - 01	\$ 3225 - 01	\$ 3225 - 01	\$ 3225 - 01
16. Other charges paid at time of settlement (Specify)	- 02	- 02	- 02	- 02
PROPERTY SOLD OR TRADED-IN DURING SY	2122-714	2122-714	2123-714	2123-714
17. When was property sold? (enter month 1-12)	xxxxxxx	0212 - 01	0212 - 02	0212 - 02
18. Sale price (if traded-in, check box)	xxxxxxx	\$ 2122 - 11	\$ 2123 - 11	\$ 2123 - 11
19. Seller's settlement costs	xxxxxxx	\$ 3225 - 03	\$ 3225 - 03	\$ 3225 - 03
20. Commission paid to realtor or agent	xxxxxxx	- 04	- 04	- 04
21. Subtotal (items 5, 6, 8, 13)	\$	\$	\$	\$
22. Subtotal (items 4b, 18)	\$	\$	\$	\$
23. Subtotal (items 3, 7a, 7b, 9, 10, 16, 19, 20)	\$	\$	\$	\$

(6)

REAL ESTATE OWNED IN SY

D-II. Mortgage Information

ITEM	1st MORTGAGE		2nd MORTGAGE ONLY	
	Dwelling occupied at end of SY	Other real estate	Property No. 23	Property No. 23
	0220-716	0220-716	0220-816	0220-816
1. Is there more than one mortgage on this property? (If yes, complete column d)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	xxxxx	xxxxx
2. When was the current mortgage obtained?	19... 02	19... 01	19... 21	19... 21
3. Was this a new mortgage, or one already on the property and assumed by you?	New <input type="checkbox"/> Assumed <input checked="" type="checkbox"/>	New <input type="checkbox"/> Assumed <input type="checkbox"/>	New <input type="checkbox"/> Assumed <input type="checkbox"/>	New <input type="checkbox"/> Assumed <input type="checkbox"/>
4. When obtained or assumed, how many years was it to run?	... years	- 03	... years	- 23
5. When obtained or assumed, what was the amount of the mortgage?	\$	\$ 04	\$	\$ 24
6. What was the rate of interest?	%	- 05	%	- 25
7. What type of mortgage was it? Conventional (not Government-guaranteed):	0220-728	0220-728	0220-826	0220-826
(a) Institution (bank, bldg. & loan, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(b) Former owner	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(c) Other individual	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(d) FHA military	<input type="checkbox"/> 4	- 06	<input type="checkbox"/> 4	- 26
(e) FHA non-military	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
(f) Veterans Administration (VA)	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
8. Were payments made: Monthly?	<input type="checkbox"/> 1	- 07	<input type="checkbox"/> 1	1 27
Other? (Specify)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
9. Did payments include taxes?	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"/>
10. Did payments include property insurance?	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"/>
11. How much was the total mortgage payment made in SY?	\$	- 11	\$	- 30
12. How much of this was principal? (If unknown, check in box)	\$	\$	\$	- 31
13. How much of this was interest? (If unknown, check in box)	3221-713	321-713	321-813	3221-02 3231 - 02
14. Premium for mortgage insurance (life). (If included in item 11, check in box)	\$ 3221-01	\$ 3231-01	\$ 4101-01	4101 - 01
15. If mortgage was refinanced in SY, what refinancing charges were paid?	\$ 3221-03	\$ 3231-03	\$ 3221-04 3231 - 04	3221-04 3231 - 04
16. What was the balance owed on the principal of the mortgage on Jan. 1, SY?	2201-714	2201-714	2201-814	2201-12 0221 - 22
17. What was the balance owed on the principal of the mortgage on Dec. 31, SY?	0221-11	0221-11	0221-12 0221 - 22	0221-12 0221 - 22
18. If (16) is larger than (17), enter difference	2211-11	2221-11	2211-12 2212 - 12	2211-12 2212 - 12
19. If (17) is larger than (16), enter difference	2221-11	2221-11	2221-12 2222 - 12	2221-12 2222 - 12
20. If any interest due in SY was not paid by December 31, SY, how much was it?	2213-722	2213-722	2213-822	2213-18 2223 - 18
21. If any interest due in years before SY was paid in SY, how much was it?	2213-17	2213-17	2213-18 2213 - 18	2213-18 2213 - 18
PROPERTY SOLD OR TRADED-IN IN SURVEY YEAR	3225-07	1270-714	3225-08 3235 - 08	1270-814 3235 - 08
22. What penalty was paid to pay off mortgage?	xxxxxxx	\$ 3235-07	\$	\$
23. If you financed the sale by taking a mortgage from the new owner, how much was owed to you at the time of sale?	2116-11	2116-12	-	-
24. Payments received on principal in SY	xxxxxxx	2126-12	-	-
25. Payments received on interest in SY	xxxxxxx	1270-03	-	-
26. Subtotal (items 18, 21, 23)	\$	\$	\$	\$
27. Subtotal (items 19, 20, 24)	\$	\$	\$	\$
28. Subtotal (items 13, 14, 15, 22)	\$	\$	\$	\$

(7)

E. DWELLING AND OTHER PROPERTY: OWNER EXPENSES FOR REPAIRS, REPLACEMENTS, AND IMPROVEMENTS IN SY

ITEM (a)	DWELLING OCCUPIED AT END OF SY Property No. 21-111 21		DWELLING OCCUPIED EARLIER AND SOLD OR RENTED IN SY Property No. 23		OTHER (Specify) Property No. 23
	Contracted out	Done by F.M. (Materials only)	Contracted out	Done by F.M. (Materials only)	
E-I. Repairs, Replacements, and Maintenance	3224-716	3224-816	3224-716	3224-816	3234-716
1. Painting outside.....	\$ 36.4 - 11	\$ 36.4 - 31	\$	\$	\$ 36.4 - 11
2. Repair to roof (including new roof, gutters, downspouts).....	- 22	- 32			- 12
3. Other outside repairs (steps, porch, fence, walks, etc.).....	- 13	- 33			- 13
4. Redecorating (painting, papering, repair to plaster, etc.).....	- 19	- 34			- 19
5. Refinishing floors (excluding floor covering).....	- 15	- 35			- 15
6. Electrical repair and replacement.....	- 16	- 36			- 16
7. Plumbing repair and replacement.....	3224-726	3224-826	3224-726	3224-826	3234-726
8. Furnace or other heating equipment repair and replacement.....	\$ - 21	\$ - 41	\$	\$	\$ - 21
9. Hot water heater repair and replacement.....	- 22	- 42			- 22
10. Repair and replacement of window panes, screens, storm doors, storm windows and awnings.....	- 23	- 43			- 23
11. Thrift protection.....	- 24	- 44			- 24
12. Other repairs, replacement, and maintenance (Specify).....	- 25	- 45			- 25
13. TOTAL (1 through 12) \$.....	\$ - 26	\$ - 46	\$	\$	\$ - 26
14. Do any of the above expenditures apply entirely or partially to the part(s) of this dwelling rented to others or used for your own business? (If yes, specify which items and amount of expense).....	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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. II. Improvements	2112-736	2112-836	2112-736	2112-836	2113-736
1. Completing unfinished room, new bathroom, etc.....	\$ 212 - 21	\$ 212 - 31	\$	\$	\$ 213 - 21
2. Additions (new porch, room, garage, etc.).....	- 22	- 32			- 22
3. General remodeling.....	- 23	- 33			- 23
4. Central air conditioning installed.....	- 24	- 34			- 24
5. New lawn, trees, shrubs, landscaping.....	- 25	- 35			- 25
6. New fences, walls, walks, patios, etc.....	- 26	- 36			- 26
7. Other improvements to buildings (Specify).....	2112-742	2112-842	2112-742	2112-842	2113-742
8. Other improvements to grounds (Specify).....	\$ - 27	\$ - 37	\$	\$	\$ - 27
9. TOTAL (1 through 8) \$.....	\$ - 28	\$ - 38	\$	\$	\$ - 28

NOTES:

(8)

F. RECEIPTS FROM ROOMERS AND BOARDERS, AND FROM RENTAL PROPERTIES

If the family did not rent rooms or other property, or take in boarders at any time in SY, skip this section

F-I. Receipts From Roomers and Boarders

ITEM (a)	NUMBER (b)	RATE PER WEEK (c)	NUMBER OF WEEKS (d)	AMOUNT RECEIVED IN SY (b) x (c) x (d) (e)	TOTAL NUMBER OF MEALS PER WEEK PER PERSON (f)
1. Room and board.....	Persons.....	\$		\$	
2. Board only.....	Persons.....				
3. Room only.....	Rooms.....				XXXXXXXXXXXX
4. TOTAL (1 through 3).....				\$	XXXXXXXXXXXX

F-II. Rents Received From Real Estate

Enter here information about other rent payments received during SY. Use a separate column for each property.

ITEM (a)	PROPERTY NO. (b)	PROPERTY NO. (c)	PROPERTY NO. (d)	PROPERTY NO. (e)	TOTAL (f)
1. Total rent payments received (less agent's commission).....	\$	\$	\$	\$	\$
2. Did these payments include (Check):	Yes No	Yes No	Yes No	Yes No	
(a) Heat.....	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	
(b) Electricity/gas.....	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	
(c) Water.....	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	
(d) Janitor service.....	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	
(e) Furnishings.....	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	
(f) Other (Specify).....	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 0	
3. How much did you spend for these services for the rented unit(s)?.....	\$	\$	\$	\$	\$
4. If family has computed its net income from rental, enter here.....					
5. Current expenses (Sec. D-I, item 23, and Sec. D-II, item 28).....					
6. Repairs, replacements, and maintenance (Sec. E-I, item 14).....					
7. Net rent.....	\$	\$	\$	\$	\$

NOTES:

2300
1231-711
\$ 1231 - 00 = 1231
1241-711
\$ 1241 - 00 = 1241

(9)

G. TELEPHONE, FUEL, LIGHT, REFRIGERATION, WATER

ITEM (a)	TOTAL EXPENSE IN FY (b)
	2300
	3264-716
1. Home telephone expense: (\$ per month)	\$ 3264-11
(a) Basic charge.....	12
(b) Extra message unit.....	13
(c) Long distance.....	14
(d) Other telephone charges (installation, extensions, color phones, etc.).....	07
(e) Combined home telephone bills (if unable to report separately).....	
	3264-723
2. Other telephone expense:	
(a) Local calls from coin telephones.....	
(b) Long distance calls from coin telephones.....	
3. Telegrams and cablegrams.....	
Check purposes for which family bought gas and electricity in the housing unit occupied on December 31, SY	
2600	
	Cooking (c) Hot Water (d) Heat (e) Light (f) Refrigeration (g) Air Conditioning (h)
4. Gas:	
(a) Delivered to mains.....	3262 011 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(b) Delivered by tank truck.....	012 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(c) Delivered in containers.....	013 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Electricity.....	029 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Combined gas and electricity, if unable to report separately.....	000 x x x x x x x x x x x x x x x x
7. Coal (Specify type): Anthracite <input type="checkbox"/> Coke <input type="checkbox"/> Bituminous <input type="checkbox"/> Other <input type="checkbox"/>	
8. Wood, sawdust, pressed wood logs.....	
9. Kerosene, range oil or fuel oil No. 1.....	
10. Fuel oil No. 2, 3, 200, 300.....	
11. Other fuel (Specify).....	
	3253-716
12. Water: Flat rate <input type="checkbox"/> Metered <input type="checkbox"/>	\$ 3253-11
13. Sewage charges or septic tank cleaning.....	12
14. Garbage and trash collection.....	13
15. Combined charges: Any combination of items 12, 13 and 14 if paid as a single charge. (Specify the items included.).....	00
16. Water softening service.....	21
	3264-713
17. Ice.....	\$ 3264-01
18. Food freezer or locker rent and charges.....	08
19. Other related expenses (Specify).....	09
20. TOTAL (1 through 19).....	\$.....

NOTES:

(10)

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H. MISCELLANEOUS HOUSEHOLD EXPENSES

ITEM (a)	TOTAL EXPENSE IN FY (b)	ITEM (a)	TOTAL EXPENSE IN FY (b)
	2300		2300
	3262-714		3265-730
1. Cleaning sent out (rugs, draperies, etc.; not clothing).....	\$ 3262-01	12. Stamps and other postage.....	\$ 3265-41
2. Laundry sent out (clothing, household linens).....	02	13. Stationery, writing supplies, greeting cards.....	42
3. Diaper service.....	03	14. Special holiday decorations (Christmas trees and lights, party decorations, etc.).....	51
4. Launderettes, coin-operated washing machines.....	04	15. Other indoor household items (matches, candles, etc.).....	52
	3263-715	16. Fresh flowers and plants for the house.....	53
5. Wages to (including tips, uniforms) and Social Security payments for:		17. Flower and lawn seed, fertilizers, sprays, etc. (not landscaping).....	54
(a) Household help.....	\$ 3263-11		3277-714
(b) Gardeners and grass cutters.....	12	18. Lawn mowers.....	\$ 3277-91
(c) Baby sitters.....	13	19. Other hand and power tools, garden hose, rakes, spades, carts, sprayers, etc. (excluding occupational tools and those used primarily for hobbies).....	92
(d) Other (Specify).....	19	20. Paint brushes, tools, sandpaper and other materials (not reported in Section F).....	93
6. Day nurseries, child care center service.....	21	21. Other outdoor household items (Specify).....	94
	3265-725		
7. Reupholstering and furniture repair.....	\$ 3265-11	22. TOTAL (1 through 21).....	\$.....
8. Equipment repair and service charges.....	12		
9. Moving expense.....	21		
10. Other freight and express charges.....	22		
11. Storage charges (except furs and apparel).....	31		

NOTES:

(11)

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I. HOUSEFURNISHINGS AND EQUIPMENT

Read through the following list asking the respondent to give the quantity of each item bought in SY, the price paid, and the total expenditure. If more than one of any item was bought at a different price use blank (X) lines to list each purchase separately. For example, a second purchase of pillow cases would be entered after item 69 like this: "53X pillow cases". The information for the other columns should then be completed.

TAXES: Throughout the list include sales and excise taxes in TOTAL EXPENSE (col. f), but not in PRICE PAID (col. e).

SPEC. CODE: When a code is printed next to an item, enter the appropriate code in the specification column (c).

ITEM (a)	OFFICE USE (b)	SPEC. CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Excluding tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
FURNITURE						
2100						
1. Living room: Suites—1; fully upholstered chairs—2, tables—3, sofas—4, other—5. (List below)	3272 0 1			\$.....	\$.....	1
.....	0 1					
.....	0 1					
.....	0 1					
2. Dining room: Suites—1, dinette sets—2, tables—3, chairs—4; other—5. (List below)	0 2					2
.....	0 2					
.....	0 2					
.....	0 2					
3. Bedroom: Suites—1; beds—2; mattresses and springs—3; dressers, chests, vanities—4; cots, rollaways and other—5. (List below)	0 3					3
.....	0 3					
.....	0 3					
4. Porch and garden furniture (List below)	0 6 9	x x				4
.....	3 6 9	x x				
.....	2 6 9	x x				
5. Other furniture, except kitchen, which cannot be included in the above groups (List below)	0 7 9	x x				5
.....	2 7 9	x x				
.....	2 7 9	x x				
X.....						
X.....						
X.....						
FLOOR COVERINGS						
Soft surface: Wool or wool blends—1; man-made fibers—2; cotton—3; other—4.						
6. Wall-to-wall (sq. yd.).....	3273 0 1					6
7. Room-size rug.....	0 2					7
8. Scatter rug.....	0 3					8
9. Stairs and hall.....	0 4					9
Hard surface: Linoleum—1; plastic—2; asphalt—3; other—4.						
10. Wall-to-wall (sq. yd.).....	0 5					10
11. Room-size rug.....	0 6					11
12. Scatter rug.....	0 7					12
13. Tile (composition).....	0 8		x x x x x	x x x x x x x		13

NOTES:

(12)

I. HOUSEFURNISHINGS AND EQUIPMENT—Continued

ITEM (a)	OFFICE USE (b)	SPEC. CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Excluding tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
FLOOR COVERINGS - Continued						
2100						
14. Other floor and stair coverings (Specify).....	3273 0 9 8	x x	x x x x x	x x x x x x x	\$.....	14
15. Rug pads (Specify kind).....	0 9 9	x x	x x x x x	x x x x x x x		15
X.....						
X.....						
X.....						
TELEVISION, RADIO, MUSICAL INSTRUMENTS (Excluding amateur radio hobbyists' expenses)						
TRADE-IN Yes No						
16. Television: Portable or table model—1; console—2; combination (e.g. radio-TV or radio-phon-TV)—3.....	3711 - 1					16
17. Radio: Portable or table model—1; console—2; combination (e.g. radio-phonograph)—3.....	- 2					17
18. Phonographs—1; tape recorders—2.....	3					18
19. Piano—1; organ—2.....	- 6					19
20. Television repair and parts, including antenna.....	0 1 8	x x	x x x x x	x x x x x x x		20
21. Radio, phonograph, etc. repair and parts.....	0 2 8	x x	x x x x x	x x x x x x x		21
22. Hi-Fi components, kits, and parts (other components).....	0 4 8	x x	x x x x x	x x x x x x x		22
23. Phonograph records—1; recording tapes and reels—2.....	0 5					23
24. Violin, clarinet, etc.....	0 7 8	x x	x x x x x	x x x x x x x		24
25. Sheet music, music stands, cases, etc.....	0 8 8	x x	x x x x x	x x x x x x x		25
26. Rentals, repairs, other charges for musical instruments.....	0 9 8	x x	x x x x x	x x x x x x x		26
X.....						
X.....						
X.....						
CHINA, GLASSWARE, SILVERWARE, ETC. (NOT FOR COOKING USE)						
27. Glasses.....	3276 0 1 8	x x	x x x x x	x x x x x x x		27
28. Dishes (sets): China, earthenware—1; plastic—2; other—3.....	0 2		x x x x x	x x x x x x x		28
29. Dishes (separate pieces): Cups and saucers—1; plates—2; other—3.....	0 3		x x x x x	x x x x x x x		29
30. Serving pieces (bowls, pitchers, etc.): China—1; glass—2; silver—3; other—4.....	0 4		x x x x x	x x x x x x x		30
31. Knives, forks, spoons, etc.: Sterling silver—1; plate—2; stainless steel—3; other—4.....	0 5		x x x x x	x x x x x x x		31
X.....			x x x x x	x x x x x x x		
X.....			x x x x x	x x x x x x x		
KITCHEN EQUIPMENT						
32. Refrigerator: Electric—1; gas—2; other—3.....	3274 - 1					32
33. Home freezer.....	- 1 8	x x				33
34. Dishwasher.....	- 1 9	x x				34
35. Cooking stove: Electric—1; gas—2; other—3.....	- 2					35
36. Garbage disposal unit.....	- 2 8	x x				36
37. Hotplate: Electric—1; gas—2; other—3.....	3275 0 1					37
38. Electric toaster.....	0 1 8	x x				38

(13)

I. HOUSEFURNISHINGS AND EQUIPMENT—Continued

ITEM (a)	OFFICE USE (b)	SPEC. CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Excluding tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
		YES	NO			
KITCHEN EQUIPMENT—Continued						
39. Other electric equipment (frying pan, deep-fryer, rotisserie, coffee makers, mixers, waffle irons, etc.) (List below)	2100					
X	3276	0 1 0	x x	\$	\$	39
X						
X						
X						
40. Cooking utensils, nonelectric (pots, pans, skillets, etc.) (List below)	3276	0 6 8	x x	x x x x x	x x x x x x x	40
		2 6 8	x x	x x x x x	x x x x x x x	
41. Kitchen: Crockery and glassware—1; kitchen knives, forks, and spoons—2; beaters, spatulas and others—3		0 7		x x x x x	x x x x x x x	41
42. Kitchen: Chairs—1; stools—2; tables—3; cabinets—4; other—5. (Specify)	3272	0 8				42
CLEANING EQUIPMENT						
43. Vacuum cleaner: Upright type—1; tank type—2; canister type—3; electric broom—4; other—5	3274	2				43
44. Waxers, electric	3274	- 2 5	x x			44
45. Brooms—1; carpet sweepers—2; waxers (nonelectric), mops, dusters, pails, etc.—3	3276	0 8		x x x x x	x x x x x x x	45
LAUNDRY EQUIPMENT						
46. Washing machine: Automatic—1; nonautomatic—2	3274	- 4				46
47. Automatic clothes dryer: Electric—1; gas—2; other—3		- 5				47
48. Washer-dryer combinations		- 5 8	x x			48
49. Ironing machine		- 5 9	x x			49
50. Electric iron	3275	0 3 0	x x			50
51. Other laundry equipment (boards, tubs, baskets, clotheslines, etc.)	3276	0 8 0	x x	x x x x x	x x x x x x x	51
X						
X						
X						
X						
X						
X						
HOUSEHOLD TEXTILES						
52. Sheets: Percale—1; muslin—2; other—3	3271	0 1				52
53. Pillow cases		0 1 9	x x			53
54. Pillows		0 2 5	x x			54
55. Comforters and quilts		0 2 9	x x			55
56. Blankets: Wool—1; cotton—2; electric—3; other—4		0 3				56
57. Bedspread—8; couch covers—9		0 8				57
58. Curtains: Dacron—1; cotton—2; fiberglass—3; other—4		0 4				58
59. Ready-made or custom-made draperies: Fiberglass—1; chiefly cotton—2; chiefly man-made fibers—3		0 5				59
60. Woven table linens: Tablecloths—1; napkins—2; place mats—3; sets—4		0 6				60
61. Plastic tablecloths, place mats		0 6 5	x x			61
62. Slipcovers, ready-made or custom-made		0 6 9	x x	x x x x x	x x x x x x x	62
63. Towels: Bath—1; kitchen—2; other—3		0 7				63

(14)

I. HOUSEFURNISHINGS AND EQUIPMENT—Continued

ITEM (a)	OFFICE USE (b)	SPEC. CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Excluding tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
		YES	NO			
HOUSEHOLD TEXTILES—Continued						
64. Shower curtains: Plastic—1, other—2	3271	0 8		\$	\$	64
65. Bath mats—1; bath sets—2		0 0				65
66. Other ready-made or custom-made household textiles (List below)		0 8 8	x x	x x x x x	x x x x x x x	66
X						
X						
67. Material for curtains, draperies, slipcovers, trimmings, etc. (List below):						67
..... yds.		0 8 9	x x	x x x x x	x x x x x x x	
..... yds.		2 8 9	x x	x x x x x	x x x x x x x	
68. Charges paid for making or sewing household textiles		0 9 8	x x	x x x x x	x x x x x x x	68
69. Materials for handwork used in home (not for gifts) such as crochet thread, yarn for needlepoint, etc.		0 9 9	x x	x x x x x	x x x x x x x	69
X						
X						
X						
NURSERY EQUIPMENT AND FURNISHINGS						
70. Sheets: Plain—6; fitted—7	3271	0 1				70
71. Pillows		0 2 5	x x			71
72. Blankets: Wool—6; other—7		0 3				72
73. Pads, rubber sheeting		0 7 8	x x	x x x x x	x x x x x x x	73
74. Mattresses	3272	0 3 6	x x			74
75. Cribs—6; beds—7		0 4				75
76. Bassinettes—6; baskets—7		0 7				76
77. Chests		0 3 7	x x			77
78. Chairs, baby tenders, toilet seats, play pens, bathinettes		0 5 9	x x	x x x x x	x x x x x x x	78
79. Carriages—6; strollers—7	3277	0 1				79
80. Bottles, nipples, sterilizers, bottle warmers	3278	0 6 9	x x	x x x x x	x x x x x x x	80
81. Other equipment (List)	3277	0 2 9	x x			81
		2 2 9	x x			
		2 2 9	x x			
X						
X						
X						
X						
MISCELLANEOUS ITEMS						
82. Heaters: Electric—1; gas—2; other—3	3275	- 4				82
83. Dehumidifiers	3274	- 7 9	x x			83
84. Air conditioners (demountable type)		- 8 9	x x			84
85. Sewing machines		- 9 9	x x			85
86. Typewriters	3277	- 4 9	x x			86

(15)

I. HOUSEFURNISHINGS AND EQUIPMENT—Continued

ITEM (a)	OFFICE USE (b)	SPEC. CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Excluding tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
MISCELLANEOUS ITEMS—Continued						
87. Electric light bulbs	3277 0 3 8	x x	x x x x x	x x x x x x x	\$	87
88. Electric fans	3275 0 5 8	x x				88
89. Hand luggage—1; trunks—2, lockers—3	3277 0 6					89
90. Lamps	0 3 9	x x				90
91. Fireplace equipment (shovels, poker, screen, etc.)	0 5 8	x x	x x x x x	x x x x x x x		91
92. Clocks, pictures, vases, figurines, bric-a-brac, etc.	0 5 9	x x	x x x x x	x x x x x x x		92
93. Scissors, scales, thermos bottles, lunch kits, etc.	0 7 8	x x	x x x x x	x x x x x x x		93
94. Blinds, window shades, rods, etc.	0 7 9	x x	x x x x x	x x x x x x x		94
95. Rental of furnishings and equipment (typewriters, sewing machines, etc.)	0 8 8	x x	x x x x x	x x x x x x x		95
96. Insurance on furnishings, equipment, and apparel	0 8 9	x x	x x x x x	x x x x x x x		96
97. Other items (Specify)	0 9 9	x x				97
	2 9 9	x x				
	2 9 9	x x				

98. Total (1 through 97) \$ 98

99. ITEM INVENTORY ON YEAR ACQUIRED
For each of the following items owned by the family enter the last two digits of the year it was acquired. If the family owns more than one of an item, enter the date for the item most recently obtained.

ITEM	YEAR ACQUIRED	ITEM	YEAR ACQUIRED
(a) Living room suite	0327-01	(m) Refrigerator	0327-13
(b) Chair, fully upholstered	02	(n) Home freezer	14
(c) Radio-phonograph set	03	(o) Cooking stove	15
(d) Radio	04	(p) Dishwasher	16
(e) Phonograph	05	(q) Vacuum cleaner	17
(f) TV combination set	06	(r) Washing machine	18
(g) Television set	07	(s) Drying machine, automatic	19
(h) Piano, organ	08	(t) Combination washer-dryer	20
(i) Dining room suite	09	(u) Garbage disposal	21
(j) Dinette set	10	(v) Sewing machine	22
(k) Bedroom suite	11	(w) Air-conditioner (dismountable)	23
(l) Rug or carpet for living room	12	(x) Air-conditioner (central, installed)	24

(16)

STANDARD QUESTIONS—1
Housing Items—Sections C Through I

ITEM (a)	TOTAL IN \$ (b)
2300	
8200-745	
1. If the family received any housing items as PAY or GIFT from agencies or from persons not in the family, how much were they worth?	
(a) Rent other than rent received as pay reported in Section C	\$ 6211 - 41
(b) Repairs or improvements to owned real estate	6224 - 42
(c) Fuel, light, refrigeration, water or phone service	6250 - 43
(d) Miscellaneous household items or services	6260 - 44
(e) Housefurnishings and equipment	6270 - 45
4212-746	
2. If the family paid for any housing items which were GIVEN* to persons not in the family, how much did it spend?	
(a) Rent paid	\$ 4212 - 41
(b) Repairs or improvements to property of others	-42
(c) Fuel, light, refrigeration, water or phone service	-43
(d) Miscellaneous household items or services	-44
(e) Housefurnishings and equipment	-45
(f) Total question 2	\$
2127-743	
3. If the family SOLD any housing items, how much did it receive?	
(a) Fuels	\$ 2127 - 11
(b) Miscellaneous household items	-12
(c) Housefurnishings and equipment	-13
(d) Total question 3	\$

4. How much did family OWE to companies, stores, agencies, etc., on installment and other debts for	RENT (c)	IMPROVEMENTS, REPAIRS AND REPLACEMENTS (d)	FUELS, GAS, ELEC., ETC. (e)	MISC. HOUSEHOLD ITEMS AND SERVICES (f)	FURNISHINGS AND EQUIPMENT (g)	TOTAL (h)
	2204 744	2207 754	2207 764	2207 774	2206 784	
(a) On Jan. 1, SY.	0221-41	\$ -42	\$ -43	\$ -44	\$ -45	x x x x x x
(b) On Dec. 31, SY.	0222-41	-42	-43	-44	-45	x x x x x x
5. If 4(a) is larger than 4(b), enter difference.	2214-01	2217-11	-12	-13	2216-01	\$
6. If 4(b) is larger than 4(a), enter difference.	2224-01	2227-11	-12	-13	2226-01	\$

*Space below may be used to itemize expenditures for GIFTS reported in response to question 2.

(17)

J. FOOD AND ALCOHOLIC BEVERAGES IN HOME CITY, AND CLEANING

ITEM (a)	TOTAL IN SY (b)	ITEM No.																																																																																						
1. Did you prepare meals at home during SY? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, skip questions 6 through 9(a). 2. If yes, did at least 1 family member regularly eat at least 10 meals per week at home, or in the form of lunches carried from home? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Did any family member receive meals as pay (or at no cost) on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No. 4. If yes, who were they? Family member(s) No. How many meals per week? How much were the meals worth? Number of weeks in SY 5. Did your family share its food expenses with another family? <input type="checkbox"/> Yes <input type="checkbox"/> No.																																																																																								
FOOD BOUGHT TO BE EATEN AT HOME OR FOR LUNCHEES CARRIED FROM HOME 6. On the average how much do you usually spend at the grocery store \$ per <input type="checkbox"/> week <input type="checkbox"/> month 7. What other expenditures for food did you make that are not included in the amount spent in grocery stores?																																																																																								
<table border="1"> <thead> <tr> <th rowspan="2">ITEM</th> <th colspan="2">INCLUDED IN ITEM 6</th> <th rowspan="2">IF NO. SOURCE OF PURCHASE</th> <th colspan="3">USUAL EXPENSE PER</th> <th rowspan="2">TOTAL IN SY</th> <th rowspan="2">ITEM No.</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>Week</th> <th>Month</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>(a) Milk.....</td> <td></td> <td></td> <td></td> <td>\$ 1.00</td> <td>\$ 3.00</td> <td>\$ 1.50</td> <td>3110-717</td> <td></td> </tr> <tr> <td>(b) Other dairy products.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0311-02</td> <td></td> </tr> <tr> <td>(c) Eggs.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3110-01</td> <td></td> </tr> <tr> <td>(d) Bread and other bakery products.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(e) Meats, poultry, and fish.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(f) Fresh fruits and vegetables.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(g) Other food items (Specify).....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7">(h) TOTAL.....</td> <td>\$ 3110-01</td> <td></td> </tr> </tbody> </table>			ITEM	INCLUDED IN ITEM 6		IF NO. SOURCE OF PURCHASE	USUAL EXPENSE PER			TOTAL IN SY	ITEM No.	Yes	No	Week	Month	Other	(a) Milk.....				\$ 1.00	\$ 3.00	\$ 1.50	3110-717		(b) Other dairy products.....							0311-02		(c) Eggs.....							3110-01		(d) Bread and other bakery products.....									(e) Meats, poultry, and fish.....									(f) Fresh fruits and vegetables.....									(g) Other food items (Specify).....									(h) TOTAL.....							\$ 3110-01	
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(18)

SUPPLIES, PAPER AND PERSONAL CARE SUPPLIES, AND TOBACCO

ITEM (a)	TOTAL IN SY (b)	ITEM No.																																																																																																																																																																																																																																																																																																																														
CLEANING SUPPLIES, PAPER SUPPLIES, PET FOOD, TOBACCO, ALCOHOLIC BEVERAGES, AND PERSONAL CARE SUPPLIES 9. (a) Does the amount spent in grocery stores (Item 6) include any of the following non-food items? (b) How much did you spend for these items in SY?																																																																																																																																																																																																																																																																																																																																
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Laundry supplies (soaps, detergents, bleach, starch, etc.)			\$	\$	\$	\$	\$	\$	\$3261-01	10	11. Cleaning supplies (cleaners, polishes, scouring pads, sprays, sponges, waxes, etc.)									-02	11	12. Household paper supplies (napkins, tissue, towels, wax paper, foil, paper cups and plates, etc.)									-02	12	13. Pet foods									2715-08	13	14. Tobacco:									3811-717	14	(a) Cigarettes									\$ 3811-01	(a)	(b) Cigars									-02	(b)	(c) Tobacco, pipe and chewing, snuff									-03	(c)	(d) Pipes, lighters, smokers' supplies									-04	(d)	(e) TOTAL	X X	X X	X X X X X	X X X X X	\$	X X X X X	X X X X X	\$			15. Alcoholic beverages (to be served at home or carried from home):									3821-01	15	(a) Beer, ale, malt beverages										(a)	(b) Liquors (whiskey, gin, rum, etc.)									-02	(b)	(c) Wines									-03	(c)	(d) TOTAL	X X	X X	X X X X X	X X X X X	\$	X X X X X	X X X X X	\$			16. Personal care supplies:									3621-716	16	(a) Toilet soaps									\$ 3621-11	(a)	(b) Dental needs (tooth-brushes, toothpaste, powder, mouth washes, etc.)									-12	(b)	(c) Razors and blades									-13	(c)	(d) Shavers, electric; shaver repair			X X X X X	X X X X X		X X X X X	X X X X X		-14	(d)	(e) Shaving preparations and toiletries									-15	(e)	(f) Cleansing tissues									-16	(f)	(g) Face powder			X X X X X	X X X X X		X X X X X	X X X X X		\$ -21	(g)	(h) Face and skin creams			X X X X X	X X X X X		X X X X X	X X X X X		-22	(h)	(i) Shampoos, rinses, sprays and other hair and scalp preparations									-23	(i)	(j) Home permanent kits and supplies			X X X X X	X X X X X		X X X X X	X X X X X		-24	(j)	(k) Hair brushes, combs, clippers, nets, hairpins and other hair care equipment			X X X X X	X X X X X		X X X X X	X X X X X		-25	(k)
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(19)

J. FOOD AND ALCOHOLIC BEVERAGES IN HOME CITY, AND CLEANING

ITEM (a)	TOTAL IN SY (b)		ITEM No.		
	OFFICE USE				
	2300				
	3621-733				
CLEANING SUPPLIES, PAPER SUPPLIES, PNT FOOD, TOBACCO, ALCOHOLIC BEVERAGES, AND PERSONAL CARE SUPPLIES—Continued					
15. Personal care supplies—Con. (l) Sanitary supplies. (m) Other cosmetics, toiletries and personal care items (nail polish, deodorants, perfumes, colognes, bath salts, lip-stick, rouge, lotions, etc.)	YES	NO	TOTAL SY EXPENSE		
	BOUGHT IN GROCERY STORES			BOUGHT IN OTHER STORES	
	Week (c)	Month (d)	Week (f)	Month (g)	(h)
(n) TOTAL	X X	X X	X X X X X	X X X X X	X X X X X
17. Other non-food items: (Specify)					
18. TOTAL (10+11+12+13+14(e)+15(d)+16(n)+17)	X X	X X	X X X X X	X X X X X	X X X X X
19. Did you make any large or bulk purchases of food in SY, such as fruits, meats, or vegetables for home canning, home freezer, etc., which are not reported above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
20. If Yes, specify items bought and amount spent					
21. Did you purchase any prepared foods or beverages in SY (not included in items 6 or 7) from carry-out shops, caterers, delicatessens, etc., for parties, weddings or other occasions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
22. If Yes, how much did you spend?					
23. TOTAL AT-HOME FOOD EXPENDITURES IN SY (for editor)					
FOOD BOUGHT AND CONSUMED AWAY FROM HOME IN HOME CITY BY FAMILY MEMBERS LIVING AT HOME					
24. Board (unless reported in Section C)					
25. Meals in cafeterias, restaurants and other eating places outside the home:					
(a) At work:	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>		
Family member No.	3121-711	3121-711	3121-711		
Total expense	\$	\$	\$		
(b) At school:	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>		
Family member No.	3121-711	3121-711	3121-711		
Total expense	\$	\$	\$		
(c) Other meals away from home: Excludes <input type="checkbox"/> alcoholic beverages. Includes <input type="checkbox"/>					
(d) Alcoholic beverages in bars, cocktail lounges, restaurants and taverns (not included above)					
(e) TOTAL					
26. Between-meals foods (candy, coffee, ice cream, snacks, soft drinks, etc.)					
27. TOTAL (items 24, 25(e) and 26)					

(20)

SUPPLIES, PAPER AND PERSONAL CARE SUPPLIES, AND TOBACCO—Continued

ITEM (a)	TOTAL IN SY (b)		ITEM No.
	2300		
28. If family RECEIVED any food through public or private assistance, how much was it worth?			
29. If the family RECEIVED from persons outside the family gifts listed below, about how much were they worth?			
(a) Food			
(b) Candy			
(c) Cigarettes, cigars, tobacco, smokers' supplies			
(d) Alcoholic beverages			
(e) Personal care items			
(f) Household supplies			
30. If family GAVE gifts to persons outside the family of the items below, how much was spent?			
(a) Food			
(b) Candy			
(c) Cigarettes, cigars, tobacco, smokers' supplies			
(d) Alcoholic beverages			
(e) Personal care items			
(f) Household supplies			
(g) Total question 30			
FOOD RAISED FOR FAMILY USE			
31. Did the family raise any food for its own use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> . If yes, ask items 32-35.			
32. How much would this food have cost if bought in a store?			
33. How much did the family spend for supplies (e.g., seed, plants, feed, baby chicks, fertilizers, etc.), excluding expenses reported in H-17.			
34. Did the family sell any home produced food to others? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
35. If yes, how much did the family receive?			
If respondent indicated in items 14 and 15 that he purchased tobacco, or alcoholic beverages to be served at home or carried from home, record answers to questions below.			
LAST PURCHASE			
36. When did any member of the family last buy the items listed below, and how much did the family spend for them?	DATE	(WASHINGTON OFFICE USE)	AMOUNT SPENT
(a) Coffee (except instant)		0R11 801	\$
(b) Cigarettes		0881-801	
(c) Beer or ale		0882-801	
(d) Whiskey, gin, brandy, or other liquor		802	
(e) Wine		803	
Interviewer: Enter date question 36 was completed. _____			
Notes: _____			

(21)

K-1. CLOTHING PURCHASED FOR WOMEN AND GIRLS 16 YEARS AND OVER IN SY

On these pages are listed clothing items for women and girls 16 or over. Prepare a separate list for each family member including each item bought for the family member during SY, by herself or other family members. Space is provided following Section L for recording gifts from outside the family.
FIBER SPECIFICATION.—When fiber specification is asked for, enter the appropriate code from the bottom of the page in the fiber code column (c).
MORE THAN ONE ITEM BOUGHT.—If a second item was purchased, which was of a different fiber, or at a different price from the first, use a blank line (X line) to record the information on the second purchase. Enter the number of the item in front of the X and write the kind of item on the leader line. (For example, a second sweater would be entered after item 10 like this: "8 X Sweater.")

ITEM (a)	OFFICE USE (b)	FIBER CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Excluding tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
COATS, SUITS, JACKETS, ETC.						
1. Heavy winter coats with fur.....	3331	0 1 1	x x x			1
2. Heavy winter coats without fur.....		0 1 2	x x x			2
3. Lightweight coats, toppers.....		0 2 0	x x x			3
4. Fur coats and jackets.....		0 3 1	x x x			4
5. Fur scarfs, stoles, muffa.....		0 3 2	x x x	x x x x x x x		5
6. Raincoats, rain capes (code fiber).....		0 4	x x x	x x x x x x x		6
7. Jackets (code fiber).....		0 5				7
8. Sweaters (code fiber).....		0 6				8
9. Suits (code fiber).....		0 7				9
10. Other (Specify).....		0 9 9	x x x	x x x	x x x x x x x	10
X.....		2				
X.....		2				
X.....		2				
X.....		2				
DRESSES, SKIRTS, BLOUSES, ETC.						
11. Street dresses (code fiber).....	3332	0 1				11
12. Housedresses (code fiber).....		0 2				12
13. Dresses for formal or semiformal wear.....		0 2 8	x x x			13
14. Skirts, jumpers, culottes.....		0 2 9	x x x	x x x x x x x		14
15. Blouses, shirts (code fiber).....		0 3				15
16. Aprons, sunocks, brunch coats, dusters.....		0 3 9	x x x	x x x	x x x x x x x	16
17. Slacks (code fiber).....		0 4				17
18. Dungarees, blue jeans.....		0 4 9	x x x			18
19. Shorts, pedal pushers (code fiber).....		0 5				19
20. Playsuits.....		0 6 9	x x x			20
21. Bathing suits.....		0 6 9	x x x			21
22. Other clothing used for sport participation.....		0 7 9	x x x	x x x	x x x x x x x	22
23. Uniforms (military, or for volunteer work such as Red Cross, nurses aide, Girl Scout, etc.).....		0 8 8	x x x	x x x	x x x x x x x	23
24. Special work clothing (uniform for waitress, nurse, etc.).....		0 8 9	x x x	x x x	x x x x x x x	24
25. Matched separates/suits.....		0 9 9	x x x	x x x	x x x x x x x	25
X.....		2				
X.....		2				
X.....		2				
X.....		2				

FIBER CODE:

- 1. Principally wool.
- 2. Principally cotton.
- 3. Principally rayon and/or acetate.
- 4. Principally man-made fibers other than rayon and acetate.

- 5. Plastic.
- 6. Leather.
- 7. Other fibers and blends, including silk.

K-1. CLOTHING PURCHASED FOR WOMEN AND GIRLS 16 YEARS AND OVER IN SY—Continued

ITEM (a)	OFFICE USE (b)	FIBER CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Excluding tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
UNDERWEAR AND NIGHTWEAR						
26. Slips, petticoats.....	3334	0 1 9	x x x			26
27. Garter belts.....		0 2 1	x x x			27
28. Girdles, corsets.....		0 2 2	x x x	x x x x x x x		28
29. Brassieres (code fiber).....		0 3				29
30. Panties, briefs.....		0 4 1	x x x			30
31. Other underwear, e.g., union suits, vests, snuggles, etc. (Specify).....		0 4 2	x x x	x x x	x x x x x x x	31
32. Nightgowns.....		0 5 1	x x x			32
33. Pajamas.....		0 5 2	x x x			33
34. Robes, housecoats, negligees.....		0 5 3	x x x			34
35. Other nightwear (Specify).....		0 5 4	x x x	x x x	x x x x x x x	35
X.....		2				
X.....		2				
X.....		2				
X.....		2				
HOSIERY						
36. Stockings.....	3335	0 3 1	x x x			36
37. Anklets, socks (including knee-high socks).....		0 3 2	x x x			37
38. Slipper socks.....		0 3 3	x x x			38
39. Other (Specify).....		0 3 4	x x x	x x x	x x x x x x x	39
X.....		2				
X.....		2				
X.....		2				
X.....		2				
FOOTWEAR						
40. Shoes, street, dress, evening.....	3336	0 1 8	x x x			40
41. Shoes, casual (code upper fiber).....		0 1				41
42. Special sport shoes (golf, bowling, riding boots).....		0 1 9	x x x	x x x	x x x x x x x	42
43. Householders.....		0 2 9	x x x			43
44. Rubbers, galoshes, boots.....		0 3 9	x x x			44
45. Other (Specify).....		0 9 9	x x x	x x x	x x x x x x x	45
X.....		2				
X.....		2				
X.....		2				
X.....		2				

FIBER CODE:

- 1. Principally wool.
- 2. Principally cotton.
- 3. Principally rayon and/or acetate.
- 4. Principally man-made fibers other than rayon and acetate.

- 5. Plastic.
- 6. Leather.
- 7. Other fibers and blends, including silk.

NOTES:

K-I. CLOTHING PURCHASED FOR WOMEN AND GIRLS 16 YEARS AND OVER IN SY -Continued

ITEM (a)	OFFICE USE (b)	FIBER CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Excluding tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
HATS, GLOVES, ACCESSORIES						
46. Hats.....	3337	0 1 9	X X X		\$	46
47. Gloves.....		0 2 9	X X X			47
48. Handbags, purses.....		0 3 9	X X X			48
49. Umbrellas.....		0 4 9	X X X			49
50. Accessories (handkerchiefs, scarfs, belts, collars, dickies, flowers, dress shields, etc.).....		0 5 9	X X X X X X			50
51. Jewelry and watches (including costume jewelry).....		0 6 9	X X X X X X			51
52. Other (Specify).....		0 9 9	X X X X X X			52
X.....		2				
X.....		2				
X.....		2				
X.....		2				
53. Lump sum expenditures (to be used only when respondent is unable to itemize expenditures).....	3330	0 9 9	X X X X X X			53
54. TOTAL (1 through 53).....	X X X	X X X X	X X X	X X X	X X X X X X	\$..... 54

FIBER CODE:

- 1. Principally wool.
- 2. Principally cotton.
- 3. Principally rayon and/or acetate.
- 4. Principally man-made fibers other than rayon and acetate.
- 5. Plastic.
- 6. Leather.
- 7. Other fibers and blends, including silk.

Notes:

(24)

FAMILY MEMBER No. 21

SCHEDULE No.

K-II. CLOTHING PURCHASED FOR MEN AND BOYS 16 YEARS AND OVER IN SY

On these pages are listed clothing items for men and boys 16 or over in SY. Prepare a separate list for each family member including each item bought for this family member during the SY, by himself or other family members. Space is provided following Section L for recording gifts from outside the family. FIBER SPECIFICATION.—When fiber specification is asked for, enter the appropriate code from the bottom of the page in the fiber code column (c). MORE THAN ONE ITEM BOUGHT.—If a second item was purchased, which was of a different fiber or at a different price from the first, use a blank (X) line to record the information on the second purchase. Enter the number of the item in front of the X, and write the kind of item on the line. (For example, a second sweater would be entered after item 7 like this: "5 X Sweater") The information in the columns would then be completed.

ITEM (a)	OFFICE USE (b)	FIBER CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Excluding tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
COATS, JACKETS, ETC.						
1. Overcoats, heavy.....	3311	0 1 9	X X X		\$.....	1
2. Topcoats, lightweight.....		0 2 9	X X X			2
3. Jackets, heavy (code fiber).....		0 3				3
4. Jackets, lightweight (code fiber).....		0 4				4
5. Sweaters (code fiber).....		0 5				5
6. Raincoats (code fiber).....		0 6				6
7. Other (Specify).....		0 9 9	X X X X X X			7
X.....		2				
X.....		2				
SUITS AND TROUSERS						
8. 2-pc. suits, winter weight (code fiber).....	3312	0 1				8
9. 2-pc. suits, with extra trousers, winter weight (code fiber).....		0 2				9
10. 3-pc. suits, winter weight (code fiber).....		0 3				10
11. 2-pc. suits, year-round weight (code fiber).....		0 4				11
12. 2-pc. suits, with extra trousers, year-round weight (code fiber).....		0 5				12
13. 3-pc. suits, year-round weight (code fiber).....		0 6				13
14. Suits, tropical weight (code fiber).....		0 7				14
15. Sport coats, separate jackets (code fiber).....		0 8				15
16. Trousers, slacks (code fiber).....		0 9				16
17. Vests.....		0 9 8	X X X			17
18. Other (Specify).....		0 9 9	X X X X X X			18
X.....		2				
X.....		2				
WORK AND PLAY CLOTHES						
19. Work trousers.....	3313	0 1 1	X X X			19
20. Overalls, coveralls.....		0 1 2	X X X			20
21. Dungarees.....		0 1 3	X X X			21
22. Shorts (walking, Bermuda, etc.).....		0 1 9	X X X			22
23. Bathing trunks, basketball, football, baseball suits and other clothing used for participation in sports.....		0 2 9	X X X			23
24. Uniforms (military, scoutmaster, school, etc.).....		0 3 1	X X X X X X			24
25. Special work clothing (policeman, fireman, postman uniforms; protective clothing; asbestos gloves).....		0 3 2	X X X X X X			25
26. Other (Specify).....		0 4 9	X X X X X X			26
X.....		2				
X.....		2				

FIBER CODE:

- 1. Principally wool.
- 2. Principally cotton.
- 3. Principally rayon and/or acetate.
- 4. Principally man-made fibers other than rayon and acetate.
- 5. Plastic.
- 6. Leather.
- 7. Other fibers and blends, including silk.

(25)

K-II. CLOTHING PURCHASED FOR MEN AND BOYS 16 YEARS AND OVER IN SY—Continued

ITEM (a)	OFFICE USE (b)	FIBER CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Excluding tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
SHIRTS						
27. Dress shirts (code fiber)	3313	0 5		\$.	\$.	27
28. Work shirts		0 6 9	X X X			28
29. Sport shirts, woven (code fiber)		0 7				29
30. Sport shirts, knit (code fiber)		0 8				30
31. Other (Specify)		0 9 9	X X X	X X X	X X X X X X X	31
X.....		2				
X.....		2				
X.....		2				
UNDERWEAR AND NIGHTWEAR						
32. Undershorts, briefs	3314	0 1 1	X X X			32
33. Undershirts		0 1 2	X X X			33
34. Undershorts and undershirt sets		0 1 3	X X X			34
35. Other underwear; e.g., union suits and other one-piece garments, long drawers, heavy undershirts (Specify)		0 1 4	X X X	X X X	X X X X X X X	35
36. Pajamas, nightshirts		0 5 8	X X X			36
37. Bathrobes, lounging robes (code fiber)		0 5				37
38. Other nightwear (Specify)		0 5 9	X X X	X X X	X X X X X X X	38
X.....		2				
X.....		2				
X.....		2				
HOSIERY						
39. Socks	3315	0 3 1	X X X			39
40. Slipper socks		0 3 2	X X X			40
41. Other (Specify)		0 3 3	X X X	X X X	X X X X X X X	41
X.....		2				
X.....		2				
X.....		2				
FOOTWEAR						
42. Street shoes	3318	0 1 8	X X X			42
43. Work shoes, safety shoes		0 1 9	X X X			43
44. Loafers, other casual shoes (code upper fiber)		0 1				44
45. Golf, bowling shoes; riding, hunting, fishing boots		0 2 8	X X X	X X X	X X X X X X X	45
46. House slippers		0 2 9	X X X			46
47. Rubbers, galoshes, boots		0 3 9	X X X			47
48. Other (Specify)		0 9 0	X X X	X X X	X X X X X X X	48
X.....		2				
X.....		2				
X.....		2				

FIBER CODE:

1. Principally wool.
2. Principally cotton.
3. Principally rayon and/or acetate.
4. Principally man-made fibers other than rayon and acetate.

5. Plastic.
6. Leather.
7. Other fibers and blends, including silk.

(26)

K-II. CLOTHING PURCHASED FOR MEN AND BOYS 16 YEARS AND OVER IN SY—Continued

ITEM (a)	OFFICE USE (b)	FIBER CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Excluding tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
HATS, GLOVES, ACCESSORIES						
49. Felt hats	3317	0 1 1	X X X	\$.	\$.	49
50. Straw hats		0 1 2	X X X			50
51. Caps		0 1 3	X X X			51
52. Gloves, dress		0 2 1	X X X			52
53. Gloves, work		0 2 2	X X X			53
54. Accessories (ties, handkerchiefs, belts, garters, wallets, etc.)		0 3 9	X X X	X X X	X X X X X X X	54
55. Jewelry and watches		0 4 9	X X X	X X X	X X X X X X X	55
56. Other (Specify)		0 9 9	X X X	X X X	X X X X X X X	56
X.....		2				
X.....		2				
X.....		2				
57. Lump sum expenditures (to be used only when respondent is unable to itemize expenditures)	3310	0 9 9	X X X	X X X	X X X X X X X	57
58. TOTAL (1 through 57)	X X X	X X X X	X X X	X X X	X X X X X X X	\$.

FIBER CODE:

1. Principally wool.
2. Principally cotton.
3. Principally rayon and/or acetate.
4. Principally man-made fibers other than rayon and acetate.

5. Plastic.
6. Leather.
7. Other fibers and blends, including silk.

NOTES:

(27)

K-III. CLOTHING PURCHASED FOR GIRLS 2 THROUGH 15 YEARS IN SY

On these pages are listed clothing items for girls 2 through 15 years in SY. Prepare a separate list for each family member including each item bought for this family member during the SY, by herself or other family members. Space is provided following Section L for recording gifts from outside the family.

FIBER SPECIFICATION.—When fiber specification is asked for, enter the appropriate code from the bottom of the page in the fiber code column (c).

MORE THAN ONE ITEM BOUGHT.—If a second item was purchased, which was of a different fiber, or at a different price from the first, use a blank (X) line to record the information on the second purchase. Enter the number of the item in front of the X and write the kind of item on the leader line. (For example, a second sweater would be entered after item 11 like this: "9 X Sweater.")

ITEM (a)	OFFICE USE (b)	FIBER CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Including tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
COATS, SUITS, JACKETS, ETC.						
1. Heavy winter coats.....	3341	0 1 1	x x x	\$	\$	1
2. Coat sets (number of pieces).....		0 1 2	x x x			2
3. Lightweight coats, toppers.....		0 2 9	x x x			3
4. Snowsuits, ski suits.....		0 3 1	x x x			4
5. Leggings, ski pants.....		0 3 2	x x x			5
6. Raincoats, rain capes (code fiber).....		0 4				6
7. Jackets, heavy (code fiber).....		0 5				7
8. Jackets, lightweight (code fiber).....		0 6				8
9. Sweaters (code fiber).....		0 7				9
10. Suits (code fiber).....		0 8				10
11. Other (Specify).....		0 9 9	x x x	x x x	x x x x x x x	11
X.....		2				
X.....		2				
X.....		2				
X.....		2				
DRESSES, SKIRTS, BLOUSES, ETC.						
12. School and similar dresses.....	3342	0 1 1	x x x			12
13. Party dresses (code fiber).....		0 2				13
14. Pinafores, smocks.....		0 2 9	x x x			14
15. Skirts and jumpers (code fiber).....		0 3				15
16. Blouses (code fiber).....		0 4				16
17. Tee shirts, polo shirts.....		0 4 0	x x x			17
18. Slacks.....		0 5 1	x x x			18
19. Overalls, dungarees, blue jeans.....		0 5 2	x x x			19
20. Shorts.....		0 5 3	x x x			20
21. Play suits, sun suits.....		0 6 1	x x x			21
22. Special play clothes (cowgirl, Indian, etc.).....		0 6 2	x x x	x x x	x x x x x x x	22
23. Bathing suits.....		0 7 9	x x x			23
24. Gym suits, leotards and other dancing costumes, etc.....		0 8 1	x x x	x x x	x x x x x x x	24
25. Uniforms (school, Girl Scout, Campfire, etc.).....		0 8 2	x x x	x x x	x x x x x x x	25

FIBER CODE:

1. Principally wool.
2. Principally cotton.
3. Principally rayon and/or acetate.
4. Principally man-made fibers other than rayon and acetate.

5. Plastic.
6. Leather.
7. Other fibers and blends, including silk.

K-III. CLOTHING PURCHASED FOR GIRLS 2 THROUGH 15 YEARS IN SY—Continued

ITEM (a)	OFFICE USE (b)	FIBER CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Including tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
DRESSES, SKIRTS, BLOUSES, ETC. Continued						
26. Matched separates/suits.....	3342	0 9 0	x x x	x x x	x x x x x x x	26
X.....		2				
X.....		2				
X.....		2				
X.....		2				
UNDERWEAR AND NIGHTWEAR						
27. Slips, petticoats.....	3344	0 1 1	x x x			27
28. Garter belts.....		0 1 2	x x x			28
29. Brassieres.....		0 1 3	x x x			29
30. Panties, briefs.....		0 1 4	x x x			30
31. Undershirts.....		0 1 5	x x x			31
32. Other underwear, e.g., union suits, snuggles, etc. (Specify).....		0 1 6	x x x	x x x	x x x x x x x	32
33. Nightgowns, pajamas.....		0 5 1	x x x			33
34. Bathrobes, housecoats.....		0 5 2	x x x			34
35. Other nightwear (Specify).....		0 5 3	x x x	x x x	x x x x x x x	35
X.....		2				
X.....		2				
X.....		2				
HOSIERY						
36. Stockings.....	3345	0 3 1	x x x			36
37. Anklets, socks, knee-high socks.....		0 3 2	x x x			37
38. Slipper socks.....		0 3 3	x x x			38
39. Other (Specify).....		0 3 4	x x x	x x x	x x x x x x x	39
X.....		2				
X.....		2				
X.....		2				
X.....		2				
FOOTWEAR						
40. Street and dress shoes.....	3346	0 1 8	x x x			40
41. Shoes, casual (code upper fiber).....		0 1				41
42. Special sport shoes (golf, riding boots, etc.).....		0 1 9	x x x	x x x	x x x x x x x	42
43. Householders, ballet slippers.....		0 2 9	x x x			43
44. Rubbers, galoshes, boots.....		0 3 9	x x x			44
45. Other (Specify).....		0 9 9	x x x	x x x	x x x x x x x	45
X.....		2				
X.....		2				
X.....		2				
X.....		2				

FIBER CODE:

1. Principally wool.
2. Principally cotton.
3. Principally rayon and/or acetate.
4. Principally man-made fibers other than rayon and acetate.

5. Plastic.
6. Leather.
7. Other fibers and blends, including silk.

K-III. CLOTHING PURCHASED FOR GIRLS 2 THROUGH 15 YEARS IN SY—Continued

ITEM (a)	OFFICE USE (b)	FIBER CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Excluding tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
HATS, GLOVES, AND ACCESSORIES						
46. Hats.....	3347	0 1 9	x x x	\$.....	\$.....	46
47. Gloves.....		0 2 9	x x x			47
48. Purses.....		0 3 9	x x x			48
49. Accessories (handkerchiefs, scarfs, ribbons, ear muffs, umbrellas, etc.)		0 4 9	x x x	x x x x x x x		49
50. Jewelry and watches (including costume jewelry).....		0 5 9	x x x	x x x x x x x		50
51. Other (Specify).....		0 9 9	x x x	x x x x x x x		51
X.....		2				
X.....		2				
X.....		2				
X.....		2				
52. Lump sum expenditures (to be used only when respondent is unable to itemize expenditures).....	3340	0 9 9	x x x	x x x	x x x x x x x	52
53. TOTAL (1 through 52).....	x x x	x x x	x x x	x x x	x x x x x x x	53

FIBER CODE:

- 1. Principally wool.
- 2. Principally cotton
- 3. Principally rayon and/or acetate
- 4. Principally man-made fibers other than rayon and acetate.
- 5. Plastic.
- 6. Leather.
- 7. Other fibers and blends, including silk.

NOTES:

FAMILY MEMBER No. 21

SCHEDULE No.

K-IV. CLOTHING PURCHASED FOR BOYS 2 THROUGH 15 YEARS IN SY

On these pages are listed clothing items for boys 2 through 15 years in SY. Prepare a separate list for each family member including each item bought for this family member during SY, by himself or other family members. Space is provided following Section L for recording gifts from outside the family.

FIBER SPECIFICATION -- When fiber specification is asked for, enter the appropriate code from the bottom of the page in the fiber code column (c).
 MORE THAN ONE ITEM BOUGHT.--If a second item was purchased, which was of a different fiber or at a different price from the first, use a blank (X) line to record the information on the second purchase. Enter the number of the item in front of the X, and write the kind of item on the line. (For example, a second sweater would be entered after item 9 like this: "5 X Sweater.") The information in the columns would then be completed.

ITEM (a)	OFFICE USE (b)	FIBER CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Excluding tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
COATS, JACKETS, ETC.						
1. Overcoats.....	3321	0 1 1	x x x	\$.....	\$.....	1
2. Coat sets (number of pieces.....)		0 1 2	x x x			2
3. Jackets, heavy (code fiber).....		0 2				3
4. Jackets, lightweight (code fiber).....		0 3				4
5. Sweaters (code fiber).....		0 4				5
6. Raincoats (code fiber).....		0 5				6
7. Snowsuits, ski suits.....		0 6 1	x x x			7
8. Ski pants, leggings.....		0 6 2	x x x			8
9. Other (Specify).....		0 9 9	x x x	x x x x x x x		9
X.....		2				
X.....		2				
X.....		2				
X.....		2				
SUITS AND TROUSERS						
10. Wool suits.....	3322	0 1 9	x x x			10
11. Cotton and other suits (code fiber).....		0 2				11
12. Sport coats.....		0 3 9	x x x			12
13. Trousers, slacks, dress type (code fiber).....		0 4				13
14. Trousers, slacks, other (corduroy, twill, etc.).....		0 4 9	x x x			14
15. Vests.....		0 5 9	x x x			15
16. Other (Specify).....		0 9 9	x x x	x x x x x x x		16
X.....		2				
X.....		2				
X.....		2				
X.....		2				
PLAY CLOTHES						
17. Dungarees.....	3323	0 1 1	x x x			17
18. Overalls.....		0 1 2	x x x			18
19. Shorts.....		0 1 9	x x x			19
20. Sun suits.....		0 2 1	x x x			20
21. Special play clothing (cowboy suits, Indian suits, etc.).....		0 2 2	x x x			21
22. Bathing trunks.....		0 2 9	x x x			22

FIBER CODE:

- 1. Principally wool.
- 2. Principally cotton
- 3. Principally rayon and/or acetate.
- 4. Principally man-made fibers other than rayon and acetate.
- 5. Plastic.
- 6. Leather.
- 7. Other fibers and blends, including silk.

K-IV. CLOTHING PURCHASED FOR BOYS 2 THROUGH 15 YEARS IN SY—Continued

ITEM (a)	OFFICE USE (b)	FIBER CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Excluding tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
PLAY CLOTHES—Continued						
23. Gym suits, baseball suits, football suits and other clothing for sports participation.....	3323	0 3 1	X X X	X X X X	X X X X X X X	23
24. Uniforms (school, band, scouts, etc.)		0 3 2	X X X	X X X X	X X X X X X X	24
25. Other (Specify)		0 4 0	X X X	X X X X	X X X X X X X	25
X		2			\$.....	
X		2				
X		2				
X		2				
SHIRTS						
26. Dress shirts	3323	0 5 9	X X X			26
27. Sport shirts, woven (cotton fiber).....		0 6				27
28. Sport shirts, knit (cotton fiber)		0 7				28
29. Other (Specify).....		0 9 9	X X X	X X X X	X X X X X X X	29
X		2				
X		2				
X		2				
X		2				
UNDERWEAR AND NIGHTWEAR						
30. Undershorts	3324	0 1 1	X X X			30
31. Undershirts		0 1 2	X X X			31
32. Union suits		0 1 3	X X X			32
33. Pajamas		0 5 1	X X X			33
34. Bathrobes.....		0 5 2	X X X			34
35. Other (Specify).....		0 5 3	X X X	X X X X	X X X X X X X	35
X		2				
X		2				
X		2				
X		2				
HOSIERY						
36. Socks	3325	0 3 1	X X X			36
37. Slipper socks.....		0 3 2	X X X			37
38. Other (Specify).....		0 3 3	X X X	X X X X	X X X X X X X	38
X		2				
X		2				
X		2				
X		2				

FIBER CODE:
 1. Principally wool
 2. Principally cotton
 3. Principally rayon and/or acetate
 4. Principally man-made fibers other than rayon and acetate.
 5. Plastic
 6. Leather
 7. Other fibers and blends, including silk.

Notes:

K-IV. CLOTHING PURCHASED FOR BOYS 2 THROUGH 15 YEARS IN SY—Continued

ITEM (a)	OFFICE USE (b)	FIBER CODE (c)	NUMBER BOUGHT (d)	PRICE PAID (Excluding tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
FOOTWEAR						
39. Shoes, leather upper (including cowboy boots)	3326	0 1 1	X X X	\$.....	\$.....	39
40. Shoes, canvas.....		0 1 2	X X X			40
41. Special sport shoes (golf, basketball, riding boots, etc.)		0 1 3	X X X			41
42. Householders.....		0 2 9	X X X			42
43. Rubbers, galusters, boots		0 3 9	X X X			43
44. Other (Specify)		0 9 9	X X X	X X X X	X X X X X X X	44
X		2				
X		2				
X		2				
X		2				
HATS, GLOVES, ACCESSORIES						
45. Hats, caps and helmets.....	3327	0 1 9	X X X	X X X X	X X X X X X X	45
46. Gloves.....		0 2 9	X X X			46
47. Accessories (ties, belts, suspenders, wallets, ear muffs, etc.)		0 3 9	X X X	X X X X	X X X X X X X	47
48. Watches and jewelry.....		0 4 9	X X X	X X X X	X X X X X X X	48
49. Other (Specify).....		0 9 9	X X X	X X X X	X X X X X X X	49
X		2				
X		2				
X		2				
X		2				
50. Lump sum expenditures (to be used only when respondent is unable to itemize expenditures).....	3320	0 9 9	X X X	X X X X	X X X X X X X	50
51. Total (1 through 50)	X X X X	X X X X	X X X X	X X X X	X X X X X X X	\$..... 51

FIBER CODE:
 1. Principally wool
 2. Principally cotton
 3. Principally rayon and/or acetate
 4. Principally man-made fibers other than rayon and acetate
 5. Plastic
 6. Leather
 7. Other fibers and blends, including silk.

Notes:

K V. CLOTHING PURCHASED FOR CHILDREN UNDER 2 YEARS OLD ON DECEMBER 31 SY

On this page are listed clothing items for children under 2 on December 31, SY. Prepare a separate list for each family member including each item bought for this family member during the SY. Space is provided following Section L for reporting goods from outside the family.
MORE THAN ONE ITEM BOUGHT.—If a second item was purchased, which was at a different price from the first, use a blank (X) line to record the information on the second purchase. Enter the number of the item in front of the X, and write the kind of item on the line. (For example, a second sweater would be entered after item 27 like this: "5 X Sweater.") The information in the columns would then be completed.

ITEM (a)	OFFICE USE (b)	NUMBER BOUGHT (c)	PRICE PAID (Including tax) (d)	TOTAL EXPENSE (Including tax) (e)	ITEM No. (f)
1. Coats	3351	0 1 9	\$	\$	1
2. Suitings		0 2 9			2
3. Snowsuits		0 3 9			3
4. Sweater suits		0 4 9			4
5. Sweaters, sweques, jackets		0 5 9			5
6. Tee shirts, polo shirts, etc.		0 6 9			6
7. Caps, hoods, bonnets		0 7 9			7
8. Dresses	3352	0 1 9			8
9. Rompers		0 2 9			9
10. Suits		0 3 9			10
11. Playsuits, sunsuits, overalls		0 4 9			11
12. Slips	3354	0 1 1			12
13. Undershirts, vests		0 1 2			13
14. Cotton underpants, training pants		0 1 3			14
15. Rubberized pants, etc.		0 1 4			15
16. Diapers		0 1 5			16
17. Diapers (disposable)		0 1 6			17
18. Sleeping garments		0 5 1			18
19. Robes, wrappers		0 5 2			19
20. Receiving blankets		0 5 9			20
21. Stockings, socks	3355	0 4 9			21
22. Booties, shoes	3356	0 1 9			22
23. Mitts	3357	0 1 9			23
24. Mittens, muffs		0 2 9			24
25. Layettes		0 3 9			25
26. Jewelry		0 4 9	X X X X	X X X X X X X	26
27. Other clothing (Specify)		0 9 9	X X X X	X X X X X X X	27
X		2			
X		2			
X		2			
X		2			
X		2			
X		2			
28. Lump sum expenditures (to be used only when respondent is unable to itemize expenditures)	3360	0 9 9	X X X X	X X X X X X X	28
29. TOTAL (1 through 28)	X X X	X X X X	X X X X	X X X X X X X	29

(34)

L. MATERIALS FOR CLOTHING AND CLOTHING SERVICES

ITEM (a)	OFFICE USE (b)	FIBER CODE (c)	NUMBER OF YARDS BOUGHT (d)	PRICE PER YARD (Excluding tax) (e)	TOTAL EXPENSE (Including tax) (f)	ITEM No. (g)
CLOTHING MATERIALS YARD GOODS						
1. 100% wool—1; wool blends—2 (Enter code in column c)	3301	0 1		\$	\$	1
2. Cotton and cotton blends. Regular 1; wash and wear—2 (Enter code in column c)		0 2				2
3. Rayon and acetate		0 3 9	X X X			3
4. Nylon, orlon, dacron		0 4 9	X X X			4
5. Other man-made fibers		0 5 8	X X X			5
6. Other yard goods (Specify)		0 5 9	X X X			6
X		2				
X		2				
X		2				
X		2				
7. Combined expense (Use only when respondent is unable to report items separately)	0 0 0	X X X	X X X X	X X X X X		7
8. TOTAL (1 through 7)	X X X X	X X X	X X X	X X X X	X X X X X X	8

ITEM (a)	TOTAL EXPENSE IN SY (b)	ITEM (a)	TOTAL EXPENSE IN SY (b)
NOTIONS		CLOTHING UPKEEP—Continued	
9. Yarn	\$ 3361-41	SHOE REPAIRS, SHINES AND CLEANING	3362-724
10. Thread	-62	23. Shoe repairs:	
11. Patterns	-63	(a) Men's and boys'	\$ 3362-721
12. Pins, needles, buttons, zippers, snaps, tape, etc.	-64	(b) Women's and girls'	-22
13. Other clothing materials (Specify)	\$ -65	24. Shoe shines and cleaning	-23
14. Clothes hangers and bags, shoe bags, etc.	-70	25. Total family expense for shoe repairs and services (Use only when respondent is unable to report items separately)	-24
15. Shoe polish, laces, etc.	-89		3362-734
16. Combined expense (Use only when respondent is unable to report items separately)	-99	OTHER CLOTHING SERVICES	
CLOTHING UPKEEP		26. Hat cleaning, blocking, and repair	\$ -31
DRY CLEANING AND PRESSING	3362-716	27. Dressmaker or tailor at home or outside	-32
17. Men's clothing	\$ 3362-11	28. Alterations, weaving, and repair	-33
18. Clothing for boys 2 through 16 years	-12	29. Upkeep and storage of furs	-34
19. Women's clothing	-13		3362-744
20. Clothing for girls 2 through 15 years	-14	30. Watch and jewelry repair	\$ -35
21. Clothing for children under 2 years	-15	31. Dyeing, hosiery, glove repair, etc.	-36
22. Total family expense for cleaning and pressing (Use only when respondent is unable to report items separately)	-16	32. Other clothing services, including clothing rentals (Specify)	-37
		33. Total family expense for other clothing services (Use only when respondent is unable to report items separately)	-38
		34. TOTAL (9 through 33)	\$

NOTES:

(35)

STANDARD QUESTIONS—II
Clothing, Clothing Materials and Services Sections K and L

ITEM (a)	TOTAL IN SY (b)
2300 6300-796	2300
1. If the family received any clothing items, clothing materials or services as PAY or GIFT from agencies or persons not in the family, how much were they worth?	6300-796
(a) For men and boys 16 years old and over	\$ 6310 - 51
(b) For boys 2 through 15 years old.....	6320 - 54
(c) For women and girls 16 years old and over.....	6330 - 53
(d) For girls 2 through 15 years old.....	6340 - 54
(e) For children under 2 years old.....	6350 - 55
(f) For total family if not reported separately above.....	6300 - 56
2. If the family paid for any clothing items, materials or services which were GIVEN* to persons not in the family, how much did it spend?	4212-796
(a) For men and boys 16 years old and over	\$ 4212 - 51
(b) For boys 2 through 15 years old.....	-52
(c) For women and girls 16 years old and over.....	-53
(d) For girls 2 through 15 years old.....	-54
(e) For children under 2 years old.....	-55
(f) For total family if not reported separately above.....	56
(g) Total question 2.....	\$
2127-791	2127-791
3. If the family SULD any clothing items or materials, how much did it receive?.....	\$ 2127 - 21
2207-794	2207-794
4. How much did the family OWE on charge accounts, installment and other debts to stores for clothing items, materials or services:	2207-794
(a) On January 1, SY.....	\$ 2221 - 52
(b) On December 31, SY.....	0222 - 56
5. If 4(a) is larger than 4(b), enter difference.....	2221 - 21
6. If 4(b) is larger than 4(a), enter difference.....	2221 - 21

*Boxes below may be used to itemize expenditures for OIPTS reported in response to question 2.

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M. MEDICAL CARE
M-I. Health Insurance

ITEM (a)	(b)			
2300 3511-715	2300			
1. Did any family member have any health insurance that covers all or part of the costs for medical care? (If No, skip to Section M-11).....	0351 - 01	3511-715		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. (a) Was any of this insurance single or limited purpose coverage, such as polo or school accident policies?.....	Yes <input type="checkbox"/> No <input type="checkbox"/>			
(b) If Yes, what was the family expense in SY for this type of coverage?.....	\$ 3511 - 01			
3. (a) Was any F.M. a member of a plan that provides care in a health center?.....	0351 - 03	Yes <input type="checkbox"/> No <input type="checkbox"/>		
(b) If Yes, what was the family expense in SY for this plan?.....	\$ 3511 - 02			
Describe each general health insurance policy (not included in items 2 or 3) separately in column (b) below and on additional pages, if more than two policies.	0351-715	0351-815		
	1st policy	2d policy		
	Yes No	Yes No		
	1. Description of coverage: (Check)			
(a) Hospitalization.....	0351 - 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Surgical services.....	- 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Other physician services.....	- 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Major medical (may be on top of hospital, surgical and medical care—usually has a deductible feature).....	- 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Dental care.....	- 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does policy also cover:	0351-724	0351-824		
(a) Disability income (payment of specified amounts of weekly/monthly income in the event of illness or accident).....	- 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Disability benefits (payment of specified lump sum amounts for loss of limb, dismemberment or other disability).....	- 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Life insurance.....	- 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Other (Specify).....	- 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Through which F.M. was policy obtained?.....	- 31	F.M. No. <input type="checkbox"/>	F.M. No. <input type="checkbox"/>	
7. What premiums were paid by the family, including deductions from pay?.....	- 32			
(a) Monthly (weekly, etc.) amount.....	- 33	\$	\$	
(b) Total for SY.....	F.....	\$ 3512 - 01	\$	
8. If employer also contributed to premiums, check the box and enter the amount, if known.	- 34	<input type="checkbox"/> \$	<input type="checkbox"/> \$	
(a) Monthly (weekly, etc.) amount.....	- 35	per	per	
(b) Total for SY.....	- 35	per \$	per \$	
	- 35	per \$	per \$	
(b) Total for SY.....	- 35	per \$ 6512 - 01	per \$	

ITEM (a)	(b)					TOTAL IN SY (c)
	F.M. No.	F.M. No.	F.M. No.	F.M. No.	F.M. No.	
2300 0351-736	23 0351 736	23 0351 736	23 0351 736	23 0351 736	23 0351 736	2300 0351 736
9. Which F.M.'s were covered by any health insurance in SY?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. If any F.M. received hospitalization or medical care in SY, which was paid by health insurance (either directly to the hospital, etc., or reimbursed to the family), check services received by F.M. and enter amount, if known, for:						
(a) Hospital care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
(b) Surgical services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Other physician services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Other medical care (ambulance, drugs, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(e) Dental care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(f) Total paid by health insurance.....	\$	\$	\$	\$	\$	\$
	1299 741	1299 741	1299 741	1299 741	1299 741	1299 741
(g) Excess of payment over cost of medical care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

M. MEDICAL
M-II. Medical Expenses Not

Enter medical expenses not covered by insurance, and any part of a bill the insurance

ITEM (a)	EXPENSE IN BY (b)					TOTAL EXPENSE IN BY (c)
	F.M. No. 23	F.M. No. 20	F.M. No. 23	F.M. No. 23	F.M. No. 23	
Check services received by each F.M. Enter charges by individual item. If separate charges are not known enter combined expenses on subtotal line.						2300
IN-HOSPITAL CARE	3521 717	3521 717	3521 717	3521 717	3521 717	3521 717
Hospital Services:						
1. Room (including food and general nursing service).....	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$ 3521-11
2. Operating or recovery room.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-12
3. X-ray, laboratory tests, medications, etc.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-13
4. Special nurses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-14
5. Ambulance service.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-15
6. Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-16
7. SUBTOTAL (1 through 6)	\$	\$	\$	\$	\$	\$ -17
	3521 725	3521 725	3521 725	3521 725	3521 725	3521 725
Physicians' Services:						
8. For childbirth.....	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$ -21
9. For surgery.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-42
10. Anesthesia.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-23
11. Other physicians' services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-24
12. SUBTOTAL (8 through 11)	\$	\$	\$	\$	\$	\$ -25
13. IN-HOSPITAL CARE—TOTAL (7 + 12)	\$ 3521 501	\$ 3521 501	\$ 3521 501	\$ 3521 501	\$ 3521 501	\$ 3521 501
OTHER MEDICAL CARE	3522 716	3522 716	3522 716	3523 716	3522 716	3522 716
Family Doctor:						
14. Home visits.....	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$ 3522-11
15. Office visits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-22
16. SUBTOTAL (14 + 15)	\$	\$	\$	\$	\$	\$ -13
Pediatrician:						
17. Home visits.....	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$ -21
18. Office visits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-22
19. SUBTOTAL (17 + 18)	\$	\$	\$	\$	\$	\$ -23
Other Medical Specialists (excluding dental and eye):	3524 714	3524 714	3524 714	3524 714	3524 714	3524 714
20. Home visits.....	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$ -31
21. Office visits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-32
22. SUBTOTAL (20 + 21)	\$	\$	\$	\$	\$	\$ -33
23. Chiropractors and other practitioners.....	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$ 3524-11

NOTES:

(38)

CARE—Continued
Covered By Health Insurance

did not meet Expenses completely covered by insurance should not be reported here.

ITEM (a)	EXPENSE IN BY (b)					TOTAL EXPENSE IN BY (c)
	F.M. No. 23	F.M. No. 20	F.M. No. 23	F.M. No. 23	F.M. No. 23	
	3526 717	3526 717	3526 717	3526 717	3526 717	3526 717
OTHER MEDICAL CARE—Continued						
24. Nursing care at home.....	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$ 3527-11
25. Care at nursing home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-12
26. Laboratory tests.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-13
27. X-rays (excluding dental and eye).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-14
28. Therapeutic treatments.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-15
29. Other outpatient services at clinics and hospitals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-16
30. SUBTOTAL (24 through 29)	\$	\$	\$	\$	\$	\$ -17
31. SUBTOTAL (16 + 19 + 22 through 30)	\$	\$	\$	\$	\$	\$
Dental Services:	3523 717	3523 717	3523 717	3523 717	3523 717	3523 717
32. Fillings.....	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$ 3523-11
33. Extractions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-12
34. X-rays.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-13
35. Cleaning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-14
36. Dentures, inlays, crowns, etc.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-15
37. Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-16
38. SUBTOTAL (32 through 37)	\$	\$	\$	\$	\$	\$ -17
Eye Care:	3524 724	3524 724	3524 724	3524 724	3524 724	3524 724
39. Examination for eyeglasses.....	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$ 3524-11
40. Eyeglasses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-12
41. Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-13
42. SUBTOTAL (39 through 41)	\$	\$	\$	\$	\$	\$ -14
Drugs and Prescriptions, Medical Supplies, etc.:	3525 716	3525 716	3525 716	3525 716	3525 716	3525 716
43. Vitamins.....	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$ 3525-11
44. Prescriptions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-12
45. Drugs and medicines bought without prescriptions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-13
46. Medical appliances (artificial limbs, crutches, hearing aids, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-14
47. Other medical supplies (bandages, thermometers, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-15
48. SUBTOTAL (43 through 47)	\$	\$	\$	\$	\$	\$ -16
49. OTHER MEDICAL CARE—TOTAL (31 + 38 + 42 + 48)	\$	\$	\$	\$	\$	\$

NOTES:

(39)

N. PERSONAL CARE SERVICES IN BARBER SHOPS, BEAUTY PARLORS, ETC.

ITEM (a)	NUM- BER OF VISITS (b)	USUAL EXPENSE PER VISIT FOR ALL F.M.'s (Excluding tips) (c)	TOTAL EXPENSE IN \$'s (Including tips) (d)
	2300		2300
	0361 714		3611-714
CARE OF HAIR AND SCALP			
1. Haircuts:			
(a) For men.....	0361-01	\$.....	\$ 2611-11
(b) For women.....	- 02		- 16
(c) For boys (through 15).....	- 03		- 13
(d) For girls (through 15).....	- 04		- 14
	0361 725		3611-725
2. Permanent waves or press and curl.....	11	\$.....	\$ - 21
3. Shampoos, other waves.....	12		- 22
4. Tinting and coloring.....	- 13		- 23
5. Shaves.....	- 14		- 24
6. Other care of hair and scalp.....	- 15		- 25
	0361 732		3612-732
OTHER PERSONAL CARE SERVICES			
7. Manicures.....	- 21	\$.....	\$ 3612-11
8. Massages and slenderizing treatments.....	- 22		- 22
9. Other personal care services (Specify).....	xxx	xxxxxxx	- 13
10. TOTAL (1 through 9).....	xxx	xxxxxxx	\$.....

NOTES:

(40)

O. RECREATION, READING, AND EDUCATION IN HOME CITY

ITEM (a)	F.M. No.	Number of Admissions	Price	Total expense	TOTAL EXPENSE IN \$'s (b)
RECREATION— Spectator Admissions:					
1. Movies, indoor.....			\$.....	\$.....	
OFFICE USE					
		Number of admissions	0371-713		
Adults.....	0371	01			
Children.....		02			
TOTAL.....		03			
					2300
					3712-714
					\$ 3712 - 01
2. Movies, drive-in.....					- 02
3. Spectator sports.....					- 03
4. Concerts, plays, and other admissions.....					- 04
					3713-715
Participant Sport:					\$ 3713 - 01
5. Dues for membership in athletic clubs.....					- 02
6. Fees for indoor sports (bowling, billiards, etc.).....					- 03
7. Fees for outdoor sports (golf course, tennis courts, etc.).....					- 04
8. Hunting and fishing equipment and licenses.....					- 05
9. Other sports equipment (excluding athletic uniforms and shoes).....					- 06
					3714-712
Club Dues and Membership:					\$ 3714 - 01
10. Social and recreational clubs.....					- 02
11. Other (excluding union dues and insurance premiums).....					- 03
					3715-717
Hobbies:					\$ 3715 - 01
12. Cameras.....					- 02
13. Other photographic equipment (films, etc.).....					- 03
14. Collections (coins, stamps, albums, etc.).....					- 04
15. Electronic instrument and amateur radio (except Hi-Fi sets and components).....					- 05
16. Crafts (woodworking, model building, etc., excluding general purpose tools).....					- 06
17. Pets (purchase, supplies, licenses, etc., excluding food).....					- 07
18. Other hobbies.....					- 08
					3716-713
Toys and Play Equipment:					\$ 3716 - 01
19. Dolls and accessories.....					- 02
20. Stuffed toys and infants' toys.....					- 03
21. Tricycles.....					- 04
					3716-726
22. Wagons, skates, sleds, etc.....					- 05
23. Mechanical toys.....					- 06
24. Games and puzzles.....					- 07
25. Children's playground goods and playground equipment.....					- 08
26. Other toys and equipment (Specify).....					- 09
27. Lump sum expenditures (to be used only when respondent is unable to itemize toy expenditures).....					- 10

(41)

O. RECREATION, READING, AND EDUCATION IN HOME CITY—Continued

ITEM (a)	TOTAL EXPENSE IN \$Y (b)
RECREATION—Continued	2300
Other Recreation:	3717-711
28. Other recreation expense (excluding TV, radio, musical instruments and supplies) (Specify).....	\$ 3717 - 01
29. SUBTOTAL (1 through 28).....	\$.....
READING—	3721-712
30. Newspapers.....	\$ 3721 - 01
31. Magazines (subscriptions and single copies).....	- 02
Books Bought (not School or Technical):	3722-713
32. Pocket editions and other paper backs.....	\$ 3722 - 01
33. Comic books.....	- 02
34. Hard-bound books.....	- 03
Other Reading Expense:	3723-712
35. Book rentals, library fees and fines.....	\$ 3723 - 01
36. Other reading expenses (Specify).....	- 02
37. SUBTOTAL (30 through 36).....	\$.....
EDUCATION WHILE LIVING AT HOME—	3731-712
Tuition and Fees:	3731-712
38. College and professional.....	\$ 3731 - 01
39. Other school levels.....	- 02
School and Technical Books, Supplies and Equipment:	3732-712
40. College and professional.....	\$ 3732 - 01
41. Other school levels.....	- 02
Other Educational Expenses:	3733-713
42. College and professional (Specify).....	\$ 3733 - 01
43. Other school levels (Specify).....	- 02
44. Music lessons, dancing lessons, etc.....	- 03
45. SUBTOTAL (38 through 44).....	\$.....
46. TOTAL RECREATION, READING AND EDUCATION (20+37+45).....	\$.....

NOTES:

(42)

STANDARD QUESTIONS—III
Medical and Personal Care, Recreation, Reading, and Education—Sections M, N, O

ITEM (a)	TOTAL IN \$Y (b)					
1. If the family received any of the goods and services listed below as PAY or GIFT from agencies or persons not in the family, how much was it worth?	6510-816					
(a) Medical care from company doctors, clinics or hospitals.....	\$ 6520 - 60					
(b) Medical care in veterans or public hospitals or paid for by Medicare, welfare agencies, or persons.....	6550 - 61					
(c) Personal care services.....	6600 - 62					
(d) Memberships, toys and recreation equipment.....	6710 - 63					
(e) Books, magazines and other reading materials.....	6720 - 64					
(f) Tuition, school books and supplies and other educational expenses.....	6730 - 65					
2. If the family paid for any goods and services listed below which were GIVEN* to persons not in the family, how much did it spend?	4312-815					
(a) Medical care services, appliances or other items.....	\$ 4312 - 61					
(b) Personal care services.....	- 62					
(c) Memberships, toys and recreation equipment.....	- 63					
(d) Books and magazines.....	- 64					
(e) Tuition, school books and supplies.....	- 65					
(f) Total question 2.....	\$.....					
3. If the family SOLD any items listed below, how much did it receive?	2127-814					
(a) Medical appliances and other items.....	\$ 2127 - 31					
(b) Toys and recreation equipment.....	- 32					
(c) Books and magazines.....	- 33					
(d) School books and supplies.....	- 34					
(e) Total question 3.....	\$.....					
4. How much did the family OWE on installments and other debts for:						
	MEDICAL FARE (c)	PERSONAL SERVICES (d)	RECREATION (e)	READING MATERIALS (f)	EDUCATION (g)	TOTAL (h)
	2207 814	2207 824	2207 834	2207 844	2207 854	
(a) On January 1, SY.....	\$ 0221 - 61	\$ - 62	\$ - 63	\$ - 64	\$ - 65	XXXXXXXXXX
(b) On December 31, SY.....	0222 - 61	- 62	- 63	- 64	- 65	XXXXXXXXXX
5. If 4(a) is larger than 4(b), enter difference.....	2217 - 31	- 32	- 33	- 34	- 35	\$.....
6. If 4(b) is larger than 4(a), enter difference.....	2227 - 31	- 32	- 33	- 34	- 35	\$.....

*Space below may be used to itemize expenditures for GIFTS reported in response to question 2.

(43)

P. TRAVEL AND
P-I. Automobile

ITEM (a)	(b)		(c)
A. CAR OWNERSHIP			
1. How many cars did family own during SY? (If none, skip to Section P-11.)			
B. DESCRIPTION OF CARS OWNED IN SY (Enter the following for each car, one car to a column)			
2. Make of car(s) owned on December 31, SY	CAR No. 14 0034-706	CAR No. 14 0034-706	
3. Make of car(s) sold, traded or otherwise disposed of in SY			
4. Model year	19	10	
5. Series			
6. Number of cylinders			
7. Transmission: Automatic or hand shift (Check)	Automatic <input type="checkbox"/> 1 Hand <input type="checkbox"/> 2	Automatic <input type="checkbox"/> 1 Hand <input type="checkbox"/> 2	
8. Year acquired	10	10	
9. Condition when acquired (Check)	New <input type="checkbox"/> 1 Used <input type="checkbox"/> 2	New <input type="checkbox"/> 1 Used <input type="checkbox"/> 2	
10. Number of months owned in SY			
C. USE OF CAR(S) IN SY			
11. How many miles was each car driven in SY?			
(a) Total			
(b) For driving to and from work			
12. Was car used for business purposes (other than driving to and from work)?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	
13. If yes, enter			
(a) Number of miles driven for business in SY			
(b) Percent of purchase costs chargeable to business use in SY			
(c) Percent of operating costs chargeable to business use in SY			
D. CAR(S) PURCHASED IN SY (Enter the following in the column for each car purchased in SY.)			
14. Total purchase price (including all charges made, and before trade-in allowance)	CAR No. 23 3411-712	CAR No. 23 3411-712	2300 3411-712
15. Allowance for car trade-in			
16. Net outlay (14 minus 15)			
17. If total purchase price included any of the following, check the box and enter the amount, if known:			
(a) Registration fee	<input type="checkbox"/> \$ 0341-717	<input type="checkbox"/> \$ 0341-717	
(b) Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Financing charges	<input type="checkbox"/>	<input type="checkbox"/>	
18. If no car was traded in, what discount or reduction was given from list price?			
19. Cash payment made at time of purchase			
20. If financed, how many time payments were to be made			
(a) Monthly			
(b) Other (Specify)			

(44)

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TRANSPORTATION
Expenses in SY

ITEM (a)	EXPENSE IN SY (b)		TOTAL EXPENSE IN SY (c)
	CAR No. 23	CAR No. 23	2300
E. CAR(S) ON WHICH TIME PAYMENTS WERE MADE IN SY			
21. Number of regular payments made in SY	0341-723	0341-723	0341-723
22. Amount of each regular payment			x x x x x x x x
23. Amount of other payments made in SY (except cash down payment)			
24. TOTAL (21 x 22 + 23)			
F. CAR(S) SOLD IN SY			
25. Sale price	2127-712	2127-712	2127-712
26. Balance owed to family on December 31, SY			2127-51
G. CAR OPERATING EXPENSES			
27. Gasoline	3412-715	3412-715	3412-715
28. Motor oil			3412-01
29. Antifreeze			-02
30. Lubrication			-03
31. Washing; air filter, oil filter			-04
32. New tires and tubes	3412-726	3412-726	3412-726
33. Used and recapped tires; other tire expenses			3412-11
34. Batteries			-12
35. Spark plugs			-13
36. Other equipment and supplies (not included when car was purchased)			-14
37. Combined expenses (when respondent is unable to itemize above). Includes items			-15
H. EXPENDITURES FOR REPAIRS AND PARTS NOT COVERED BY INSURANCE			
38. Tune-ups, electrical and motor repairs	3412-736	3412-736	3412-736
39. Clutch and transmission work			-21
40. Brake adjustments, repairs and service			-22
41. Front end alignment; steering adjustment; wheel balancing			-23
42. Body work and frame repairs, including painting and glass replacement			-24
43. Combined expenses (when respondent is unable to itemize above). Includes items			-25

Notes:

(45)

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P. TRAVEL AND

P-I. Automobile Expenses in SY—Continued

ITEM (a)	EXPENSE IN SY (b)		TOTAL EXPENSE IN SY (c)
	CAR No. 23 3412-747	CAR No. 23 3412-747	2300 3412-747
I. INSURANCE AND FEES			
44. Premiums paid in SY for:			
(a) Comprehensive (physical damage) coverage.....	\$	\$	\$ 3412 - 31
(b) Collision coverage.....			- 32
(c) Public liability: bodily injury (including medical payments), and property damage.....			- 33
(d) Total premium (if unable to itemize above).....			- 34
45. Registration fees and taxes; inspection fees.			
(a) Paid to state.....			- 35
(b) Paid to city/county.....			- 36
46. Driver's license fees.....			
			- 37
J. MISCELLANEOUS			
47. Toll charges (bridges, ferries, parkways).....			
	\$	\$	\$ - 41
48. Parking; garage rent; parking meters.....			
			- 42
49. Other auto expenses (tolls, auto club memberships, etc.). (Specify).....			
			- 43
50. TOTAL (27 through 49).....			
	\$	\$	\$
51. If the family was REIMBURSED for any of the items below, how much did it receive?			
(a) On purchase of an automobile.....			0340-793 \$ 0341 - 11
(b) On operating expenses (fuel, parts, repairs, services, etc.).....			- 42
(c) From car pools and sharing of car.....			- 43

NOTES:

(46)

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TRANSPORTATION—Continued

P-II. Expenses for Local Transportation in Home City

ITEM (a)	P.M. NO. (b)	WORK COLLEGE SCHOOL OTHER (c)	NUMBER OF RIDERS (d)	RATE (e)	TOTAL (f) x (e)	TOTAL EXPENSE IN SY (g)
					(f)	(g)
1. Streetcar, bus, subway, etc.						
Family member number.....					\$	2300 3421-713
Family member number.....						
Family member number.....						
Family member number.....						
Family member number.....						
Total question 1.....	X X X	X X X X X X	X X X X X X	X X X X	X X X X X X X	\$ 3421 - 01
2. Taxicabs (Include tips):						
Family member number.....					\$	
Family member number.....						
Family member number.....						
Total question 2.....	X X X	X X X X X X X	X X X X X X X	X X X X	X X X X X X X	\$ - 02
3. Car pool or shared car (not owned):						
Family member number.....					\$	
Family member number.....						
Family member number.....						
Total question 3.....	X X X	X X X X X X X	X X X X X X X	X X X X	X X X X X X X	\$ - 03
4. TOTAL (1 through 3).....						
					\$	0342-714
FOR OFFICE USE						
Number of rides to—Work.....						0342 - 01
College.....						- 02
School.....						- 03
Other.....						- 04

P-III. Other Transportation Expenses Not Reported in Section Q

ITEM (a)	TOTAL IN SY (b)
	2300 3423-717
1. Driver's licenses (for non-car-owning families).....	\$ 3423 - 01
2. Operating expenses for borrowed car (from company or persons outside the family).....	- 02
3. Rent of car (including operating expense).....	- 03
4. Purchase, operation, and rental of motorcycles or scooters.....	- 04
5. Purchase, operation, and rental of boats, outboard motors, boat trailers, etc.....	- 05
6. Purchase, upkeep, and rental of bicycles.....	- 06
7. All other transportation expenses including rental and operation of utility trailer (Specify).....	- 07
8. TOTAL (1 through 7).....	
	\$

(47)

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Q. EXPENDITURES AND REIMBURSEMENTS FOR FAMILY MEMBERS TEMPORARILY OUT OF THE HOME CITY AT ANY TIME IN SY

INTERVIEWER: If any of these expenses are occupational expenses, check the subcolumn preceding the amount of expense for applicable items. Show in column (c) on the appropriate lines the amounts paid by an employer as reimbursement to a family member.

ITEM (a)	DESCRIPTION OF TRAVEL (b)			TOTAL MILES (c)	
	23	23	23	2300-0342-01	
1. Family member number	0342	0342	0342		
2. Purpose of absence (enter code). Measure or vacation—1; college or other school—2; business—3; work (place of employment out of home city)—4; other—5	3	3	3		
3. Number of days away from home during SY	32 days	42 days	52 days		
4. If used own car, approximate number of miles traveled (expenses and reimbursement included in section P-1)	33 miles	43 miles	53 miles	0.3 miles	
EXPENSES FOR TRAVEL, FOOD, LODGING, ETC., WHILE OUT OF THE CITY IN SY	EXPENDITURES			REIMBURSEMENTS	NET EXPENSE OF FAMILY IN SY
Transportation out of the city:	3422	3422	3422	3422	3422
5. Train	7 31	7 41	7 51	4 71	5 01
6. Airplane	32	42	52	92	02
7. Bus, intercity	33	43	53	93	03
8. Shared or rented car	34	44	54	94	04
9. Steamship	35	45	55	95	05
10. Other intercity transport	36	46	56	96	06
11. Local transportation (in another city)	37	47	57	97	07
Lodging, food and drink out of the city:	3240	3240	3240	3240	3240
12. Hotel, motel, rooms, cottages, etc.	7 31	7 41	7 51	4 71	5 01
13. Room and board combined	32	42	52	92	02
14. Meals in restaurants, board, etc.	3122	3122	3122	3122	3122
15. Provisions (expenses not included in Section J)	7 31	7 41	7 51	4 71	5 01
16. Snacks, ice cream, soft drinks, etc.	32	42	52	92	02
17. Beer, liquor, and wine	3822	3822	3822	3822	3822
18. Movies, theater and other admissions	7 31	7 41	7 51	4 71	5 01
19. Fishing, hunting and other sports	32	42	52	92	02
20. Other recreation expenses	33	43	53	93	03
School expenses:	3735	3735	3735	3735	3735
21. Tuition and fees	7 31	7 41	7 51	4 71	5 01
22. Books and supplies	32	42	52	92	02
23. Fraternities, sororities (excluding room and board)	33	43	53	93	03
24. Other school expenses	34	44	54	94	04
Combined and other expenses:	3832	3832	3832	3832	3832
25. All-expense tours	7 31	7 41	7 51	4 71	5 01
26. Combined expenses (Specify items included)	32	42	52	92	02
27. Other expenses away from home (Specify)	33	43	53	93	03
28. TOTAL (items 5 through 27)	XXXXXXXXXX			\$	\$

R. OTHER FAMILY EXPENSES

ITEM (a)	TOTAL EXPENSE IN SY (b)
1. Interest (not principal payments) that came due in SY on loans from personal loan companies, banks, individuals, etc. (Do not include mortgage interest on home or farm, or on business loans.)	2300 3831-716
2. Charges for checks and other bank service charges	3831-01
3. Safe deposit box rent	-02
4. Loss (other than business loss) such as money lost or stolen (not covered by insurance)	-03
5. Money allowances given to children living at home if you don't know how it was spent	-04
6. Funerals, cemetery lots (purchaser and upkeep), monuments, etc.	-05
7. Legal expenses (not business)	3831-722
8. Other expenses (Report in this item any other expenses in SY which could not be shown in other parts of the schedule.)	-07
(Specify)	-08
9. TOTAL (1 through 8)	\$

NOTES:

STANDARD QUESTIONS—IV
Transportation and Miscellaneous Expenses—Sections P, Q, R

ITEM (a)	TOTAL IN \$Y						
	2300						
1. If the family received any of the goods and services listed below as PAY or GIFT from agencies or persons not in the family, how much was it worth?							
(a) Automobile						641-917	
(b) Auto operating expenses (fuel, parts, repairs, etc.)						412-72	
(c) Boat, cycle and other transport equipment and operating expenses						2423-73	
(d) Local transportation						421-77	
(e) Travel out of home city						412-74	
(f) Lodging, food and recreation out of home city						2201-75	
(g) Legal expenses, funeral costs, and gifts not reported elsewhere						531-76	
2. If the family paid for any of the goods and services listed below which were GIVEN* to persons not in the family, how much did it spend?							
(a) Automobile						4212-917	
(b) Auto operating expenses						42-72	
(c) Boat, cycle and other transport equipment and operating expenses						73	
(d) Local transportation						74	
(e) Travel out of home city						75	
(f) Lodging, food and recreation out of home city						76	
(g) Legal expenses, funeral costs, and gifts not reported elsewhere						77	
(h) Total question 2						2127-911	
3. If family SOLD any transportation equipment other than automobile, how much was received?							
						2127-911	
4. How much did the family OWE on installment and other debts for:							
	Auto purchase	Auto operating expenses	Boat, cycle and other transportation equipment and operating expenses	Travel out of city	Lodging and meals out of city	Legal and funeral expenses	Total
	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	2206 914	2207 924	2207 934	2207 944	2207 954	2207 964	
(a) On January 1, SY	\$ 0221-71	\$ -72	\$ -73	\$ -74	\$ -75	\$ -76	x x x x x x x
(b) On December 31, SY	0222-71	-72	-73	-74	-75	-76	x x x x x x x
5. If 4(a) is larger than 4(b), enter difference	2215-01	2217-41	-42	-43	-44	-45	\$
6. If 4(b) is larger than 4(a), enter difference	2225-01	2227-41	-42	-43	-44	-45	\$

S. FAMILY EARNINGS
S-1. Wage and Salary Earnings in SY

ITEM (a)	P.M. No. 24 <input type="checkbox"/> -1211		P.M. No. 24 <input type="checkbox"/> -1211		TOTAL IN \$Y (d)
	Job No. 7 <input type="checkbox"/> 1	Job No. 7 <input type="checkbox"/> 1	Job No. 8 <input type="checkbox"/> 1	Job No. 8 <input type="checkbox"/> 1	
1. Occupation (kind of work)..... 0121-01					
2. Business or industry..... -02					
3. Class of work (private --1)..... -03 (government--2).....					
4. Number of weeks worked in SY..... -04					
5. Usual number of hours per week..... -05					
6. Total wages and salaries before deductions (include overtime pay, tips, commissions, etc.). Check if based on W-2					
	\$	\$	\$	\$	\$ 1211-00
7. Deductions from wages and salaries:					
(a) Federal income tax					1702-01
(b) State/local income tax					-02
(c) Social security					4102-01
(d) Railroad and other government retirement	\$	\$	\$	\$	-03
(e) Non-government retirement					-04
(f) Union dues and assessments					1212-01
(g) Contributions to Red Cross, Community Chest, etc.					4221-02
(h) Group life insurance					4101-02
(i) Subtotal ((c) + (d) + (e) + (g) + (h))	x x x	x x x x	x x x x	x x x x	\$
	1211-7 <input type="checkbox"/> 3	1211-7 <input type="checkbox"/> 3	1211-8 <input type="checkbox"/> 3	1211-8 <input type="checkbox"/> 3	2300
					1211
					603
(j) U.S. Savings Bonds	\$	\$	\$	\$	\$
(k) Group health insurance, hospital, surgical, and medical plans					
(l) Other deductions: (Specify)					
(m) Total deductions ((a) through (h) plus (j) through (l))					
8. Take home pay (6 minus 7(m))	\$	\$	\$	\$	\$

NOTES:

S. FAMILY EARNINGS—Continued
S-II. Income From Profession or Unincorporated Business in SY

ITEM (a)	2401-12	2401-12	2401-12	TOTAL (e)
	BUSINESS No 7 <input type="checkbox"/> 6	BUSINESS No 7 <input type="checkbox"/> 6	BUSINESS No 7 <input type="checkbox"/> 6	
1. Business or profession engaged in.....		BUSINESS OWNED BUT NOT OPERATED		XXXXXXXXXX
2. Did family actually participate in or operate the business?.....	Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 6	Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 6	Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 6	XXXXXXXXXX
3. Number of weeks worked in SY?.....				XXXXXXXXXX
4. Net income for SY before personal income taxes.....	\$	\$ 1220 - 00	\$ LOSS =	\$ 1220 - 00
5. Federal income tax paid in SY.....				1703 - 03
6. State/local income taxes paid in SY.....				1703 - 04
7. Social security for F.M. paid in SY.....				41 02 - 02
8. Value of goods and services withdrawn from the business in SY.....				XXXXXXXXXX
9. Salary paid to F.M. in SY (before F.M.'s taxes).....				XXXXXXXXXX
10. Other money withdrawn from the business in SY.....				XXXXXXXXXX
11. Family money added to the business in SY.....				XXXXXXXXXX
12. Net change in investment in business in SY (Use worksheet below to compute this entry.)				(0)\$

* Transfer this entry to section V, item 5. If plus, enter in column (e). If minus, enter in column (d).

**SUPPLEMENTAL WORKSHEET FOR COMPUTATION OF NET CHANGE IN INVESTMENT IN UNINCORPORATED
BUSINESS OR PROFESSION**

(a)	(b)	(c)
ASSETS:		
1. Property, land, buildings, equipment, etc.		
(a) Purchase and improvements (at cost) in SY.....	XXXXXXXXXX	\$.....
(b) Sale and depreciation in SY.....	\$.....	XXXXXXXXXX
2. Inventories of merchandise:	XXXXXXXXXX	XXXXXXXXXX
(a) On January 1, SY.....	\$.....	XXXXXXXXXX
(b) On December 31, SY.....	XXXXXXXXXX	\$.....
3. Accounts receivable:	XXXXXXXXXX	XXXXXXXXXX
(a) On January 1, SY.....	\$.....	XXXXXXXXXX
(b) On December 31, SY.....	XXXXXXXXXX	\$.....
4. Cash reserve and U.S. bonds or other securities:	XXXXXXXXXX	XXXXXXXXXX
(a) On January 1, SY.....	\$.....	XXXXXXXXXX
(b) On December 31, SY.....	XXXXXXXXXX	\$.....
LIABILITIES:		
5. Mortgages, business debts, accounts payable or other liabilities:	XXXXXXXXXX	XXXXXXXXXX
(a) On January 1, SY.....	XXXXXXXXXX	\$.....
(b) On December 31, SY.....	\$.....	XXXXXXXXXX
6. TOTAL (1 through 5).....	\$.....	\$.....
NET CHANGE IN INVESTMENT (0(c) minus 0(b)).....	\$.....	\$.....

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T. MONEY INCOME FROM OTHER SOURCES

Report the total amount received by each family member during SY from each of the sources listed below.

ITEM (a)	RECEIVED BY (b)			TOTAL RECEIVED IN SY (c)
	F.M. No 23 1270-711	F.M. No 23 1270-711	F.M. No 23 1270-711	2300 1270-711
INTEREST AND DIVIDENDS				
1. Interest received from bonds, savings accounts, mortgages, loans, etc.....	\$	\$	\$	\$ 1270 - 01
2. Dividends received from stocks and cooperatives.....	1280-711	1280-711	1280-711	1280-711
RECEIPTS BASED ON MILITARY SERVICE				
3. Mustering-out pay, bonuses, war insurance refunds.....	1297-711	1297-711	1297-711	1297-711
4. Veterans' pensions and compensations (retirement, survivor, and service-connected disability pay, educational benefits, and other allowances to veterans).....	\$	\$	\$	\$ 1297 - 01
5. Dependency allotments from persons in Armed Forces (excluding deductions from family members' pay).....				- 02
6. Quarters and subsistence allowances to family members in Armed Forces.....				- 03
OTHER INCOME				
7. Social Security benefits (old-age and survivors insurance benefits).....	1293-714	1293-714	1293-714	1293-714
8. Other public pensions and retirement pay, including Railroad Retirement, and Federal, State and local Civil Service Retirement, etc.....	\$	\$	\$	\$ 1293 - 01
9. Unemployment insurance benefits.....				- 02
10. Workmen's compensation.....				- 03
11. Private pensions and retirement pay from private employers, labor unions, and other private sources.....	1294-711	1294-711	1294-711	1294-711
12. Periodic payments received from private insurance annuities and trust funds.....	\$	\$	\$	\$ 1294 - 00
13. Cash received as public social assistance and private relief.....	1295-711	1295-711	1295-711	1295-711
14. Gifts of cash from other persons not in family.....	\$	\$	\$	\$ 1295 - 00
15. Regular contributions for support (alimony, etc.).....	1296-712	1296-712	1296-712	1296-712
16. Payments received from disability income insurance.....	\$	\$	\$	\$ 1296 - 01
17. All other income not reported elsewhere (Specify in footnote).....	1299-713	1299-713	1299-713	1299-713
18. Total (1 through 17).....	\$	\$	\$	\$ 1299 - 01
19. Other money received: Inheritances, bequests, lump sum settlements from casualty insurance, etc (less attorney's fees, taxes, and other expenses required to obtain such money receipts) (Specify source in footnote).....	5111-711	5111-711	5111-711	5111-711
	\$	\$	\$	\$ 5111 - 01

NOTES.....

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U. PERSONAL TAXES, PERSONAL INSURANCE, OCCUPATIONAL EXPENSES, GIFTS, AND CONTRIBUTIONS NOT DEDUCTED FROM WAGES AND SALARIES

ITEM (a)	TOTAL EXPENSE IN SY (b)	ITEM (a)	TOTAL EXPENSE IN SY (b)
PERSONAL TAXES DUE IN SY			
1. Federal income tax for SY, not reported in Section S	1702-716	15. Other personal insurance (Specify)	4107-711
2. State and local income tax for SY not reported in Section S	-64	16. TOTAL (10 through 15)	\$
3. Poll taxes	-65	GIFTS AND CONTRIBUTIONS	
4. Personal property taxes	-66	17. Cash contributions for support of persons not in family (including alimony payments)	4211-717
5. Other taxes, e.g., hotel taxes (Specify)	-67	18. Gifts of cash, bonds, or stocks to persons not in the family	\$ 4211-01
6. TOTAL (1 through 5)	\$	19. Community Chest, Red Cross, etc. (not deducted from pay)	4221-01
PERSONAL TAXES FOR OTHER THAN SY			
7. Other taxes due in other than SY and paid in SY	2218-711	20. Church and other religious organizations	4222-01
REFUNDS			
8. Income tax refunds received in SY	1701-711	21. Educational and medical organizations	4223-01
9. Other refunds received in SY:	1703-714	22. Political and cooperative groups	-62
(a) Auto insurance	3412-00	23. All other gifts and contributions not reported elsewhere (Specify)	-63
(b) Other insurance	401-00	24. TOTAL (17 through 23)	\$
(c) Property taxes	3222-00	OCCUPATIONAL EXPENSE NOT REPORTED ELSEWHERE	
(d) Other (Specify)	3536-00	25. Union dues and assessments	1212-714
(e) Total item 9	\$	26. Business and professional association dues	763
PERSONAL INSURANCE			
10. Life, endowment insurance, annuity premiums paid, and insurance dividends applied to premiums:	4101-716	27. Tools, supplies and equipment	64
(a) Veterans	4101-00	28. Other occupational expenses (Specify)	-65
(b) Other	-63	29. TOTAL (25 through 28)	\$
11. Combined insurance: Life and (Specify)	-64		
12. Mutual aid insurance	-65		
13. Personal liability insurance (excluding comprehensive)	-66		
14. Disability income insurance (not reported in Section M)	-67		

Notes:

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V. CHANGES IN FAMILY ASSETS AND

The Bureau of Labor Statistics will hold this information in the strictest confidence

ITEM (a)	TOTAL ON JANUARY 1, SY (b)	TOTAL ON DECEMBER 31, SY (c)
ASSETS		
1. Cash in savings accounts, including credit union shares, building and loan association shares, postal savings, etc.	2300-0212-814	2300-0211-813
2. Cash in checking accounts and cash on hand		
3. Money owed to family members by individuals (not family members)		
4. Settlement on surrender of insurance policies during SY (life or annuity)		
5. Net change in investment in business (editor's transfer from Section S-11)		
6. Other assets excluding stocks and bonds (Specify)		
7. U.S. Savings Bonds purchased in SY and held at end of SY		
8. U.S. Savings Bonds held at beginning of SY and sold during SY (purchase price only; interest reported in T-1)		
9. Other bonds purchased in SY and held at end of SY		
10. Other bonds held at the beginning of SY and sold during SY		
11. Mutual fund shares purchased in SY and held at end of SY		
12. Mutual fund shares held at beginning of SY and sold during SY		
13. Other stocks purchased in SY and held at end of SY		
14. Other stocks held at beginning of SY and sold during SY		
15. TOTAL (columns (d) and (e)—items 1 through 14)		
16. U.S. Savings Bonds purchased in SY and sold during SY (purchase price only; interest reported in T-1)		
17. Other bonds purchased in SY and sold during SY or retired by company		
18. Mutual fund shares purchased in SY and sold during SY		
19. Other stocks purchased in SY and sold during SY		
20. TOTAL (columns (d) and (e)—items 16 through 19)		
LIABILITIES		
Money owed by family members (excluding mortgages, installment debts, and charge accounts reported elsewhere):		
21. To banks		
22. To small loan companies		
23. To credit unions		
24. To insurance companies		
25. To stock brokers		
26. To individuals (not family members)		
27. Other liabilities (Specify)		
28. TOTAL (columns (d) and (e)—items 21 through 27)		

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LIABILITIES NOT REPORTED ELSEWHERE

confidence. It will never be used for taxation or regulatory purposes.

IF ITEM IN COL. (b) IS LARGER THAN IN COL. (a), ENTER THE DIFFERENCE IN THIS COLUMN (b)	IF ITEM IN COL. (c) IS LARGER THAN IN COL. (b), ENTER THE DIFFERENCE IN THIS COLUMN (c)	ITEM NO. (f)
2300-2121-714 \$ 2121-11 -12 2126-13 2128-01	2300-2111-713 \$ 2111-11 -12 2116-13	1 2 3
Decrease in investment 2124-722 \$ 2124-01 2129-11	Increase in investment 2114-722 \$ 2114-01 2119-11	4 5 6
2125-734 XXXXXXXXXXXXX \$ 2125-11 XXXXXXXXXXXXX -12 -12 XXXXXXXXXXXXX -13 -13 XXXXXXXXXXXXX -14 -14	2115-734 \$ 2115-11 XXXXXXXXXXXXX -12 XXXXXXXXXXXXX -13 XXXXXXXXXXXXX -14 XXXXXXXXXXXXX	7 8 9 10 11 12 13 14
1252-713 XXXXXXXXXXXXX \$ 1252-01 -02 -03	1251-713 XXXXXXXXXXXXX \$ 1251-01 -02 -03	15 16 17 18 19
2213-717 \$ 2213-11 -12 -13 -14 -15 -16	2223-717 \$ 2223-11 -12 -13 -14 -15 -16	20 21 22 23 24 25 26
2219-11	2229-11	27
		28

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W. LONG-TERM INFORMATION

Certain information for periods other than the SY is needed to provide essential data for research and analysis purposes. These questions relate to family income, excluding "Other money received" as listed in T-19 (e.g., inheritances, insurance settlements, etc.).

WARRINGTON OFFICE USE

2300
1200-718
2120-11
-12
-21
2122
-31
-32

1. (a) How did your family income in ... (SY) compare with family income in ... (SY minus 1)?
Was it:
 1 Much higher (More than 25%)
 2 Somewhat higher (5 to 25%)
 3 About the same
 4 Somewhat lower (5 to 25%)
 5 Much lower (More than 25%)
 6 Don't know
 7 Not applicable

(b) If higher or lower, why?

2. (a) How did your family income in ... (SY minus 1) compare with its income in ... (SY minus 2)?
Was it:
 1 Much higher (More than 25%)
 2 Somewhat higher (5 to 25%)
 3 About the same
 4 Somewhat lower (5 to 25%)
 5 Much lower (More than 25%)
 6 Don't know
 7 Not applicable

(b) If higher or lower, why?

3. (a) What do you expect your ... (SY plus 1) family income will be in comparison with ... (6Y)?
Will it be:
 1 Much higher (More than 25%)
 2 Somewhat higher (5 to 25%)
 3 About the same
 4 Somewhat lower (5 to 25%)
 5 Much lower (More than 25%)
 6 Don't know

(b) If higher or lower, why?

Notes:

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X. COMBINED EXPENDITURES
(For Washington Office Use Only)

CARD IDENTIFICATION NO. 21 Item (a)	PROPERTY NUMBER, CAR OR F.M. NUMBER, OR OO (b)	MACH. TAB CODE (c)		NUMBER BOUGHT (d)	PRICE (Excluding tax) (e)	TOTAL EXPENDITURES (Including tax) (f)
		Section	Item			
1.				X X X X X	X X X X X	\$
2.				X X X X X	X X X X X	
3.				X X X X X	X X X X X	
4.				X X X X X	X X X X X	
5.				X X X X X	X X X X X	
6.				X X X X X	X X X X X	
7.				X X X X X	X X X X X	
8.				X X X X X	X X X X X	
9.				X X X X X	X X X X X	
10.				X X X X X	X X X X X	
11.				X X X X X	X X X X X	
12.				X X X X X	X X X X X	
13.				X X X X X	X X X X X	
14.				X X X X X	X X X X X	
15.				X X X X X	X X X X X	
16.				X X X X X	X X X X X	
17.				X X X X X	X X X X X	
18.				X X X X X	X X X X X	
19.				X X X X X	X X X X X	
20.				X X X X X	X X X X X	
21.				X X X X X	X X X X X	
22.				X X X X X	X X X X X	

Notes: _____

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- ◊ A — Family Composition and Work Status
- ◊ B-C — {Housing Pattern
Rented Dwelling
- ◊ D — Dwelling and Other Real Estate Owned in SY
- ◊ E-F — {Dwelling and Other Property: Owner Expenses for Repairs, Replacements and Improvements in SY
Receipts From Roomers and Boarders, and From Rental Properties
- ◊ G-H — {Telephone, Fuel, Light, Refrigeration, Water
Miscellaneous Household Expenses
- ◊ I — Housefurnishings and Equipment
- ◊ J — Food and Alcoholic Beverages in Home City, and Cleaning Supplies, Paper and Personal Care Supplies, and Tobacco
- ◊ K — Clothing
- ◊ L — Materials for Clothing and Clothing Services
- ◊ M — Medical Care
- ◊ N-O — {Personal Care Services in Barber Shops, Beauty Parlors, etc.
Recreation, Reading and Education in Home City
- ◊ P — Travel and Transportation
- ◊ Q-R — {Expenditures and Reimbursements for Family Members Temporarily Out of the Home City at Any Time in SY
Other Family Expenses and Reimbursements
- ◊ S — Family Earnings
- ◊ T — Money Income From Other Sources
- ◊ U — Personal Taxes, Personal Insurance, Occupational Expenses, Gifts and Contributions Not Deducted From Wages and Salaries
- ◊ V — Changes in Family Assets and Liabilities Not Reported Elsewhere
- ◊ W-X — {Long-Term Information
Combined Expenditures (For Washington Office Use Only)