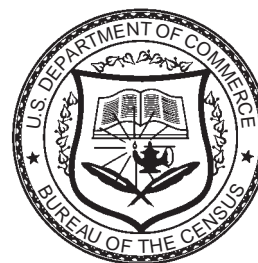


NOTE: Office staff should complete transcription items 1-4 below for interviewed CU's only.

1. Regional Office code	2. CONTROL NUMBER							3a. HH No.	3b. CU No.	4. Interview No.
REG_OFF	PSU code	Segment number	Segment number suffix	Sample designation	Serial number	Serial suffix	Check digit	HH_NUM	CU_NUM	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 5
	AREA CODE	SEGMENT	SEG_SUFF	SAMP_DES	SERIAL		CHECK			

A L P H A S U F

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



QUESTIONNAIRE
QUARTERLY INTERVIEW SURVEY
CONSUMER EXPENDITURE SURVEYS

Section 1 - GENERAL SURVEY INFORMATION

FORM CE-302 (4-1-99)

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

Part A - Field Representative Records

1 01 25 3

QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

1. Regional Office code REG_OFF 2. Control number PSU code Segment No. SEGMENT II Segment number suffix SEG_SUFF Sample designation SAMP_DES Serial No. SERIAL Serial suffix ALPHA_SUF Check digit CHECK 3a. HH No. HH_NUM 3b. CU No. CU_NUM 4. Interview No. 2 3 4 5

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

Table with columns: Call (a), Reason (b), Call (a), Reason (b), Call (a), Reason (b), REASON FOR TELEPHONE CONTACT, OFFICE USE ONLY. Rows 1-4 with call numbers 1-4 and reasons PH_CAL, 0100, 0120, 0140, 0160.

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

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Table with columns: Activity, TIME (Began, Ended), OFFICE USE ONLY (Total minutes). Rows: Interviewing, Field Representative review, Office edit, Office transcription.

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

Table with columns: Trip (a), Time (b), Reason (c), OFFICE USE ONLY. Rows 1-4 with trip numbers 1-4 and reasons VISIT, 0390, 0420, 0450, 0480.

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

a. Enter the line number of the respondent who answered the most questionnaire sections - Enter code 99 for non CU member. b. Enter the line number(s) of all other respondents - Enter code 99 for non CU member. c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records? d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?

NOTES

9. LAST SECTION COMPLETED

If the respondent did not complete the interview to its conclusion, enter the last section completed. 0850 Section number SECTNO 0860 1 9 9 9 FORM_YR2

Section 1 - GENERAL SURVEY INFORMATION

FORM CE-302 (4-1-99)

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

Part A - Field Representative Records

1 01 25 3

1. Regional Office code, 2. Control number (PSU code, Segment No., Segment number suffix, Sample designation, Serial No., Serial suffix, Check digit), 3a. HH No., 3b. CU No., 4. Interview No. (2, 3, 4, 5)

QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

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

Table with columns: Call (a), Reason (b), Call (a), Reason (b), Call (a), Reason (b), REASON FOR TELEPHONE CONTACT (1-3), OFFICE USE ONLY (0250)

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

Table with columns: Trip (a), Time (b), Reason (c), OFFICE USE ONLY, Trip (a), Time (b), Reason (c), OFFICE USE ONLY, Trip (a), Time (b), Reason (c), OFFICE USE ONLY

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Table with columns: Activity, TIME (Began, Ended), OFFICE USE ONLY (Total minutes)

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

a. Enter the line number of the respondent who answered the most questionnaire sections... b. Enter the line number(s) of all other respondents... c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records? d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?

NOTES

9. LAST SECTION COMPLETED

If the respondent did not complete the interview to its conclusion, enter the last section completed. 0850 Section number

PROCESSING USE ONLY 0860 1 9 9 9

Section 1 - GENERAL SURVEY INFORMATION

FORM CE-302 (4-1-99)

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

Part A - Field Representative Records

1 01 25 3

1. Regional Office code, 2. Control number (PSU code, Segment No., Segment number suffix, Sample designation, Serial No., Serial suffix, Check digit), 3a. HH No., 3b. CU No., 4. Interview No. (2, 3, 4, 5)

QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

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Table with columns: Call (a), Reason (b), Call (a), Reason (b), Call (a), Reason (b), REASON FOR TELEPHONE CONTACT (1-3), OFFICE USE ONLY (0250)

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

Table with columns: Trip (a), Time (b), Reason (c), OFFICE USE ONLY, Trip (a), Time (b), Reason (c), OFFICE USE ONLY, Trip (a), Time (b), Reason (c), OFFICE USE ONLY

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Table with columns: Activity, TIME (Began, Ended), OFFICE USE ONLY (Total minutes)

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

a. Enter the line number of the respondent who answered the most questionnaire sections... b. Enter the line number(s) of all other respondents... c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records? d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?

NOTES

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If the respondent did not complete the interview to its conclusion, enter the last section completed. 0850 Section number

PROCESSING USE ONLY 0860 1 9 9 9

Section 1 - GENERAL SURVEY INFORMATION

FORM CE-302 (4-1-99)

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

Part A - Field Representative Records

1 01 25 3

1. Regional Office code, 2. Control number (PSU code, Segment No., Segment number suffix, Sample designation, Serial No., Serial suffix, Check digit), 3a. HH No., 3b. CU No., 4. Interview No. (checkboxes 2, 3, 4, 5)

QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

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

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Table with columns: Call (a), Reason (b), Call (a), Reason (b), Call (a), Reason (b), REASON FOR TELEPHONE CONTACT (1-3), OFFICE USE ONLY (0250)

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

Table with columns: Trip (a), Time (b), Reason (c), OFFICE USE ONLY, Trip (a), Time (b), Reason (c), OFFICE USE ONLY, Trip (a), Time (b), Reason (c), OFFICE USE ONLY

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Table with columns: Activity, TIME (Began, Ended), OFFICE USE ONLY (Total minutes)

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

a. Enter the line number of the respondent who answered the most questionnaire sections... b. Enter the line number(s) of all other respondents... c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records? Mark (X) one. d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information? Mark (X) all that apply.

NOTES

9. LAST SECTION COMPLETED

If the respondent did not complete the interview to its conclusion, enter the last section completed. 0850 Section number. PROCESSING USE ONLY: 0860 1 9 9 9

Section 1 - GENERAL SURVEY INFORMATION

FORM CE-302 (4-1-99)

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

Part A - Field Representative Records

1 01 25 3

1. Regional Office code, 2. Control number (PSU code, Segment No., Segment number suffix, Sample designation, Serial No., Serial suffix, Check digit), 3a. HH No., 3b. CU No., 4. Interview No. (checkboxes 2, 3, 4, 5)

QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

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

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

Table with columns: Call (a), Reason (b), Call (a), Reason (b), Call (a), Reason (b), REASON FOR TELEPHONE CONTACT (1-3), OFFICE USE ONLY (0250)

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Table with columns: Activity, TIME (Began, Ended), OFFICE USE ONLY (Total minutes)

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

Table with columns: Trip (a), Time (b), Reason (c), OFFICE USE ONLY (multiple columns)

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

a. Enter the line number of the respondent who answered the most questionnaire sections... b. Enter the line number(s) of all other respondents... c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records? d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?

NOTES

9. LAST SECTION COMPLETED

If the respondent did not complete the interview to its conclusion, enter the last section completed. 0850 Section number

PROCESSING USE ONLY 0860 1 9 9 9

Section 1 - GENERAL SURVEY INFORMATION - Continued

Part C - Major Household Appliances - For New Consumer Units Only

3 01 28 3 →

NOTES

PROCESSING USE ONLY	a		b	c					NOTES
	Information Booklet, page 6 Does your CU have any of the following appliances?		If YES - How many?	Was this (Were any of these) - 1. Purchased for own use? 2. Included with own house? 3. Received as a gift? 4. Included with rental unit? 5. Rented separately? FIELD REPRESENTATIVE - Mark (X) first box that applies.					
	Yes	No		1	2	3	4	5	
0010	Electric cooking stove, range, or oven	<input type="checkbox"/>	<input type="checkbox"/>	MA	JA	PPLQ	A	PPLSTAT	
0020	Gas cooking stove, range, or oven	<input type="checkbox"/>	<input type="checkbox"/>						
0030	Microwave oven	<input type="checkbox"/>	<input type="checkbox"/>						
0040	Other cooking stove, range, or oven	<input type="checkbox"/>	<input type="checkbox"/>						
0050	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>						
0060	Home-freezer	<input type="checkbox"/>	<input type="checkbox"/>						
0070	Built-in dishwasher	<input type="checkbox"/>	<input type="checkbox"/>						
0080	Portable dishwasher	<input type="checkbox"/>	<input type="checkbox"/>						
0090	Garbage disposal	<input type="checkbox"/>	<input type="checkbox"/>						
0100	Clothes washer	<input type="checkbox"/>	<input type="checkbox"/>						
0110	Clothes dryer	<input type="checkbox"/>	<input type="checkbox"/>						
0120	Color television	<input type="checkbox"/>	<input type="checkbox"/>						
0130	Computer, not solely for games	<input type="checkbox"/>	<input type="checkbox"/>						
0140	Sound components, component system, or compact disc sound system	<input type="checkbox"/>	<input type="checkbox"/>						
0150	Video tape recorder, video disc player, or video cassette recorder (VCR)	<input type="checkbox"/>	<input type="checkbox"/>						
GO TO SECTION 2									

Section 2 – RENTED LIVING QUARTERS

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

1 02 01 2 ↓

			NOTES															
<p>1. FIELD REPRESENTATIVE CHECK ITEM</p> <p>a. Mark (X) appropriate box based upon section 1, part B, item 2 for first interview or new consumer units. For subsequent interviews, this item will be prefilled.</p> <p>b. Are these living quarters owned or being bought by you (or any members of your CU)?</p> <p>ASK IF NOT PREVIOUSLY ANSWERED – IF PREVIOUSLY ANSWERED MARK (X) APPROPRIATE BOX.</p> <p>c. Do you (or any members of your CU) pay rent for these living quarters?</p> <p>RENTAL OF THE SAMPLE UNIT</p> <p>2a. What is the rental charge to your CU for this unit, including any extra charge for garage or parking facilities? Do not include direct payments by local, state, or federal agencies.</p> <p>b. What period of time does this cover?</p> <p>c. Since the 1st of (month, 3 months ago), how many payments have been made?</p> <p>d. Were all the payments in the amount of (rental charge reported in item 2a)?</p> <p>e. If NO – What was the amount of each payment and how many payments were made at that amount?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Payment</th> <th style="width:15%;">Number</th> </tr> </thead> <tbody> <tr> <td>0080</td> <td>\$ RTIREGX .00</td> <td>RTIREGQ</td> </tr> <tr> <td>0100</td> <td>\$.00</td> <td>0110</td> </tr> <tr> <td>0120</td> <td>\$.00</td> <td>0130</td> </tr> <tr> <td>0140</td> <td>\$.00</td> <td>0150</td> </tr> </tbody> </table> <p>f. Were any payments made during the current month?</p> <p>g. If YES – How much?</p>		Payment	Number	0080	\$ RTIREGX .00	RTIREGQ	0100	\$.00	0110	0120	\$.00	0130	0140	\$.00	0150	<p>0010 1 <input type="checkbox"/> Student housing – Go to item 6 2 <input type="checkbox"/> Not student housing</p> <p>0020 1 <input type="checkbox"/> Yes – Go to item 6 2 <input type="checkbox"/> No OWNED</p> <p>0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a RENTED</p> <p>0040 \$ RTREGX .00 x <input type="checkbox"/> Don't know</p> <p>0050 4 <input type="checkbox"/> Month 9 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> RNTLPRD</p> <p>0060 RTPMTQ Number</p> <p>0070 1 <input type="checkbox"/> Yes – Go to item 2f 2 <input type="checkbox"/> No RTPMTRG</p> <p>0080 \$ RTIREGX .00</p> <p>0090</p> <p>0100 \$.00</p> <p>0110</p> <p>0120 \$.00</p> <p>0130</p> <p>0140 \$.00</p> <p>0150</p> <p>0200 1 <input type="checkbox"/> Yes RTCREXP 2 <input type="checkbox"/> No – Go to item 3</p> <p>0210 \$ RTCREXX .00</p> <p>0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No RTELECT</p> <p>0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No RTGAS</p> <p>0240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No RTWATER</p> <p>0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No RTHEAT</p> <p>0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No RTTRASH</p> <p>0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No RTPARK</p>	<p>4a. Did you (or any members of your CU) receive any reduced or free rent for this unit as a form of pay since the 1st of (month, 3 months ago)?</p> <p>0300 1 <input type="checkbox"/> Yes RTASPAY 2 <input type="checkbox"/> No – Go to item 5a</p> <p>b. What is the rental charge to another tenant for a similar unit?</p> <p>0310 \$ RTCOMPX .00 x <input type="checkbox"/> Don't know</p> <p>c. What period of time does this cover?</p> <p>0320 4 <input type="checkbox"/> Month 9 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> RTCMPPD x <input type="checkbox"/> Don't know</p> <p>5a. Is any portion of this unit used for your own business?</p> <p>0540 1 <input type="checkbox"/> Yes RTBSNS 2 <input type="checkbox"/> No – Go to item 6</p> <p>b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.</p> <p>0550 RTBSNSZ .00 Percent</p> <p>6. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any other houses, apartments, or temporary living quarters not used for business or vacation? Do not include college or university regulated housing.</p> <p>0620 1 <input type="checkbox"/> Yes – Complete part B for other rental property 2 <input type="checkbox"/> No – Go to next section</p>	<p>NOTES</p>
	Payment	Number																
0080	\$ RTIREGX .00	RTIREGQ																
0100	\$.00	0110																
0120	\$.00	0130																
0140	\$.00	0150																

Section 2 – RENTED LIVING QUARTERS – Continued

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

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

RENTAL OF OTHER THAN SAMPLE UNIT	PROCESSING USE ONLY	1 02 02 0 ↓ m				NOTES
1a. What is the rental charge to your CU for the other unit, including any extra charge for garage or parking facilities?	0010	\$	RTREGX e .00	x <input type="checkbox"/> Don't know t i		
b. What period of time does this cover?	0020	4 <input type="checkbox"/> Month 9 <input type="checkbox"/> Other – Specify ↘ RNTL PRD				
c. Since the 1st of (month, 3 months ago), how many payments have been made?	0030	RTPMTQ Number				
d. Were all the payments in the amount of (rental charge reported in item 1a)?	0040	1 <input type="checkbox"/> Yes – G 2 <input type="checkbox"/> No RTPM TRG				
e. If NO – What was the amount of each payment and how many payments were made at that amount?	0050	Payment	RTIREGX .00	Number	RTIREGQ 0060	
	0070	\$	.00		0080	
	0090	\$	.00		0100	
	0110	\$	.00		0120	
	0170	1 <input type="checkbox"/> Yes RTCREXP 2 <input type="checkbox"/> No – Go to item 2				
g. If YES – How much?	0180	\$	RTCREXX .00			
2. Does the rental payment include the cost of –	Yes		No			
a. Electricity?	0190	1 <input type="checkbox"/>	2 <input type="checkbox"/> RTELECT			
b. Gas?	0200	1 <input type="checkbox"/>	2 <input type="checkbox"/> RTGAS			
c. Piped-in water?	0210	1 <input type="checkbox"/>	2 <input type="checkbox"/> RTWATER			
d. Heating?	0220	1 <input type="checkbox"/>	2 <input type="checkbox"/> RTHEAT			
e. Trash/Garbage collection?	0230	1 <input type="checkbox"/>	2 <input type="checkbox"/> RTTRASH			
f. Garage or parking facilities?	0240	1 <input type="checkbox"/>	2 <input type="checkbox"/> RTPARK			
3a. Did you or any members of your CU receive any free or reduced rent for the unit as a form of pay since the 1st of (month, 3 months ago)?	0250	1 <input type="checkbox"/> Yes RTASPAY 2 <input type="checkbox"/> No – Go to item 4				
b. What is the rental charge to another tenant for a similar unit?	0260	\$	RTCOMPX .00	x <input type="checkbox"/> Don't know		
c. What period of time does this cover?	0270	4 <input type="checkbox"/> Month 9 <input type="checkbox"/> Other – Specify ↘ RTCMPPD				
4a. Is any portion of the unit used for your own business?	0280	1 <input type="checkbox"/> Yes RTBSNS 2 <input type="checkbox"/> No – Go to item 5				
b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.	0290	RTBSNSZ .00 Percent				
5. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any other houses, apartments, or temporary living quarters not used for business or vacation? Do not include college or university regulated housing.	0300	1 <input type="checkbox"/> Yes – Complete part B for other rental property 2 <input type="checkbox"/> No – Go to next section				

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE

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

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

FIELD REPRESENTATIVE INSTRUCTIONS

- After completing all screening items (Part A.1) fill the appropriate parts of section 3 for each property owned.
- For each property previously recorded and still owned ("Yes" in item 1, column g), complete part I.
- For each property previously recorded and disposed of within the last 3 months ("No" in item 1, column g), complete parts D and
-
-
-

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

8 03 00 7 →

PROPERTY INVENTORY CHART

PROCESSING USE ONLY	a		b		c	d	e	f	g		h		i	j				k		l		m	n		o	p				
	PROP_NOA	PROPDISP	1	2					3	STILOWN	BNSN	SEXP		OBSNSZBA	Mortgage or lump sum home equity loan	Mortgage or loan number	TYPE		Amount paid from part F, item 11 or part G, item 11	Has your mortgage (lump sum home equity loan) payment of (amount paid) changed?	Line of Credit Home Equity Loan (Part H)		Line of Credit Home Equity Loan number (Part H, item 1d)	Since the 1st of (last month), have you (or your CU) made any payments for your line of credit home equity loan?			PD2A MTX	PRN2A MTX		
																	Mortgage	Home equity loan			YES			NO					YES	NO	YES	NO
0001	1 <input type="checkbox"/>	2 <input type="checkbox"/>							1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	\$ ____ .00			
0021	1 <input type="checkbox"/>	2 <input type="checkbox"/>							1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	\$ ____ .00			
0041	1 <input type="checkbox"/>	2 <input type="checkbox"/>							1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	\$ ____ .00			
0061	1 <input type="checkbox"/>	2 <input type="checkbox"/>							1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	\$ ____ .00			
0081	1 <input type="checkbox"/>	2 <input type="checkbox"/>							1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	\$ ____ .00			
0101	1 <input type="checkbox"/>	2 <input type="checkbox"/>							1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	\$ ____ .00			
0121	1 <input type="checkbox"/>	2 <input type="checkbox"/>							1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	\$ ____ .00			
0141	1 <input type="checkbox"/>	2 <input type="checkbox"/>							1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	\$ ____ .00			

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

Part A.1 – Screening Questions – Continued

1 03 01 0 ↓

2a. Since the 1st of (month, 3 months ago), have you obtained any additional mortgages, including second mortgages or home equity loans for any property you own?

b. If YES – For which property was this additional mortgage or home equity loan obtained?

Ask for each property.

c. Was this a mortgage or a home equity loan?

d. There are two basic types of home equity loans. I'll describe both types. Please tell me which type more closely describes your loan.

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

02 A line of credit loan where you (your CU) can increase the amount borrowed by simply writing a check or using a special credit card?

e. Is this new loan a lump sum home equity loan?

Ask or verify.

f. Is this new loan a line of credit home equity loan?

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

Property number	Property code	Mortgage (Complete a part F)	Lump sum home equity loan (Complete a part G)	Line of credit home equity loan (Complete a part H)
_____	□ □ □	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	□ □ □	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	□ □ □	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	□ □ □	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	□ □ □	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

0010 1 Yes
2 No – Go to item 3a

Enter the appropriate property number(s) and property code(s) in item 2g below from the property inventory chart (items 1a and 1e).

0020 1 Mortgage – Mark (X) "Yes" in mortgage column in item 2g
2 Home Equity Loan – Continue with item 2d

0030 1 Yes – Mark (X) "Yes" in lump sum home equity loan column in item 2g
2 No – Continue with item 2f

0040 1 Yes – Mark (X) "Yes" in line of credit home equity loan column in item 2g

4. FIELD REPRESENTATIVE INSTRUCTION – Refer to the chart below. Complete all appropriate parts for each new property disposed of in the reference period and for each new property currently owned before moving on to the next property.

PROPERTY STATUS	
Currently owned ("Yes" in item 3b)	Disposed of ("No" in item 3b)
B, E, I	B, D, E, I

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

NOTES

3a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or otherwise acquired any property or real estate?

b. Please look at (page 7, Information Booklet). What kind of property was it (were they)?

ENTER PROPERTY CODE(S) FROM BELOW

100 The home in which you (your CU) currently live(s)
200 A home in which you (your CU) used to live
600 Property for business or investment purposes only
300 A second home, vacation home or recreational property
400 Unimproved land with no buildings on it
500 Other property – Specify _____

c. Do you still have this property?

Mark (X) the appropriate box in "still owned" column.

Property code	Still owned
0050 □ □ □	1 <input type="checkbox"/> Yes – Ask items 3b and 3c 2 <input type="checkbox"/> No – Go to next part or section
0060 □ □ □	0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
0080 □ □ □	0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
0100 □ □ □	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE

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

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

1. Now I want to talk about owned living quarters and other currently owned real estate. I'll be asking separately about each of these types of property. (Hand respondent Information Booklet, page 7.) Do you (any members of your CU) own the home in which you (your CU) currently live(s)? (Treat land contracts as ownership.)	Property code	YES	NO	If YES ask – How many such properties do you (does your CU) own?		NOTES						
	100	0010 1 <input type="checkbox"/>	2 <input type="checkbox"/>									
2. Since the first of (month, 3 months ago), have you (has anyone in your CU) lived in any other home that you (any member of your CU) still own(s)?	200	0020 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 3	0030 _____ Number								
3. Do you (Does your CU) own any property only for business or investment purposes?	600	0035 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 4									
READ IF "YES" IN ITEM 3 – In the following questions, please do not include any of the properties you (your CU) own(s) only for business or investment purposes.												
4. Other than property you have already mentioned, do you (does your CU) own a second home, vacation home, or recreational property?	300	0040 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 5	0050 _____ Number								
5. Other than property you have already mentioned, do you (does your CU) own any unimproved land, that is, land without buildings on it?	400	0060 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 6	0070 _____ Number								
6. Do you (Does your CU) own any other real estate? – Specify ↴ _____	500	0080 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 7a	0090 _____ Number								
7a. Since the first of (month, 3 months ago), did you (your CU) own any real estate or land that you (your CU) no longer own(s)?	0100 1 <input type="checkbox"/> Yes		2 <input type="checkbox"/> Go to item 8									
b. If YES – How many different properties?	0110 _____ Number											
c. Please look at page 7 in the Information Booklet. What kind of property(ies) was it (were they)? Enter property code(s) from below. 100 – The home in which you (your CU) currently live(s) 200 – A home in which you (your CU) used to live 600 – Property for business or investment purposes only 300 – A second home, vacation home, or recreational property 400 – Unimproved land with no buildings on it 500 – Other property – Specify ↴ _____	0120	<input type="text"/>	0130	<input type="text"/>	0140	<input type="text"/>						
	0150	<input type="text"/>	0160	<input type="text"/>	0170	<input type="text"/>						
	0180	<input type="text"/>	0190	<input type="text"/>	0200	<input type="text"/>						
	0210	<input type="text"/>	0220	<input type="text"/>	0230	<input type="text"/>						
8. FIELD REPRESENTATIVE INSTRUCTIONS – Refer to the chart to the right. Complete all appropriate parts for each property disposed of in the reference period and for each property currently owned before moving on to next property. Note – Do not fill any parts for property code 600.	<table border="1" style="margin: auto;"> <thead> <tr> <th colspan="2">PROPERTY STATUS</th> </tr> <tr> <th>Currently owned ("YES" in items 1–6)</th> <th>Disposed of ("YES" in item 7a)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">B, E, I</td> <td style="text-align: center;">B, D, E, I</td> </tr> </tbody> </table>						PROPERTY STATUS		Currently owned ("YES" in items 1–6)	Disposed of ("YES" in item 7a)	B, E, I	B, D, E, I
PROPERTY STATUS												
Currently owned ("YES" in items 1–6)	Disposed of ("YES" in item 7a)											
B, E, I	B, D, E, I											

NOTE: As of April 1999, Section 3 Part C no longer exists.

NOTES

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

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

Part D – Disposed of Property					
1. FIELD REPRESENTATIVE ITEM <i>Complete at the 1st interview in which the property is reported as being disposed of. Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i>	PROCESSING USE ONLY	1 03 33 3 ↓	1 03 34 1 ↓	1 03 35 8 ↓	1 03 36 6 ↓
	a. PROPERTY NUMBER	0010 _____ Number PROP_NOD	0010 _____ Number	0010 _____ Number	0010 _____ Number
	b. PROPERTY CODE	0020 [][] Code O W N Y D	0020 [][] Code	0020 [][] Code	0020 [][] Code
	c. DESCRIPTION	Description	Description	Description	Description
2. Did you (your CU) sell this property, give it to someone else (outside your CU), or do something else with it?	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↘ _____ DISPM TH D _____ Mark property traded-in as "sold."	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↘ _____ _____ Mark property traded-in as "sold."	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↘ _____ _____ Mark property traded-in as "sold."	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↘ _____ _____ Mark property traded-in as "sold."	
3. In what month and year did you (your CU) (sell/response to item 2) this property?	0040 [][] Month 0050 [][][][] Year DISPM O DISPYR If "sold" in item 2, go to item 4; otherwise go to part E.	0040 [][] Month 0050 [][][][] Year If "sold" in item 2, go to item 4; otherwise go to part E.	0040 [][] Month 0050 [][][][] Year If "sold" in item 2, go to item 4; otherwise go to part E.	0040 [][] Month 0050 [][][][] Year If "sold" in item 2, go to item 4; otherwise go to part E.	
4. What was the selling price (trade-in value)?	0060 \$ _____ .00	0060 \$ _____ .00	0060 \$ _____ .00	0060 \$ _____ .00	
5. Hand the respondent Information Booklet, page 9. Here is a list of some of the costs people may have when selling (trading) property. Looking at the list may help you remember what your (your CU's) expenses were. What were the total expenses in selling (trading) this property?	0070 \$ DISPEXPX _____ .00	0070 \$ _____ .00	0070 \$ _____ .00	0070 \$ _____ .00	
6a. Did you (your CU) finance any part of the sale (trade) for the buyer?	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E M O R T H O L D	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E	
b. What was the amount of the mortgage that you (your CU) financed?	0090 \$ TRUSTX _____ .00	0090 \$ _____ .00	0090 \$ _____ .00	0090 \$ _____ .00	
TX NOTES					

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

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


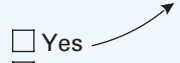


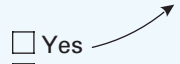
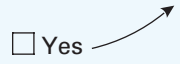


Part E – Mortgage/Home Equity Loan Screening Questions

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

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

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

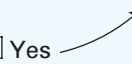


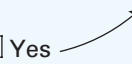
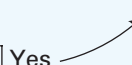
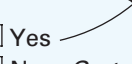
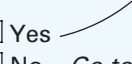
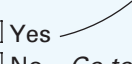
Part E – Mortgage/Home Equity Loan Screening Questions – Continued

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

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

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

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

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

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

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

Part F – Mortgages

1. FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, a brief description of the property in item 1c. Enter the 3-digit loan number in item 1d, beginning with 101 and assigning loan numbers consecutively, regardless of property number.	PROCESSING USE ONLY	1 03 43 2 ↓	1 03 44 0 ↓	1 03 45 7 ↓
	a. PROPERTY NUMBER	0010 _____ Number PROP_NOF	0010 _____ Number	0010 _____ Number
	b. PROPERTY CODE	0020 [][] Code OW NYF	0020 [][] Code	0020 [][] Code
	c. DESCRIPTION	Description	Description	Description
	d. LOAN NUMBER	0030 1 [][] Number LOAN_NOF	0030 1 [][] Number	0030 1 [][] Number
2. I'd like to ask some additional questions about your mortgage. In what month and year did you (your CU) make your (your CU's) first payment on this mortgage?	FRSTPYMO Month	FRSTPYR Year	Month	Year
	0035 [][]	0045 [][][][]	0035 [][]	0045 [][][][]
3. Is this a 30-year mortgage, a 15-year mortgage, or something else?	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year M TERM	0065 3 <input type="checkbox"/> Something else – Specify MORTERM Number of years	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year Number of years	0065 3 <input type="checkbox"/> Something else – Specify Number of years
4. What was the rate of interest at the time the mortgage was obtained? Enter in two decimal places, such as 9.50% for 9 1/2%. (Include all FHA guarantee insurance if applicable.)	0075 OLDMRRT Percent	0075 _____ Percent	0075 _____ Percent	0075 _____ Percent
5. What is the current interest rate on your (your CU's) mortgage? (Convert fractions to decimals.)	0080 NEWMRRT Percent	0080 _____ Percent	0080 _____ Percent	0080 _____ Percent
6a. Is this a fixed rate mortgage?	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No FIXEDRTE	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No
b. There are many different kinds of mortgages. Which one of these (hand respondent Information Booklet, page 10) comes closest to yours (your CU's)?	0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable PAYTYPE	0090 5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Other – Specify x <input type="checkbox"/> Don't know	0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know	0090 5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Other – Specify x <input type="checkbox"/> Don't know
7. Have you (Has your CU) refinanced or renegotiated this mortgage?	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No REFINED	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No
8. What was the amount of the mortgage when you (your CU) obtained it, excluding any interest?	0130 \$ _____ .00 ORGMRTX	0130 \$ _____ .00	0130 \$ _____ .00	0130 \$ _____ .00
9. How often are (were) mortgage payments due?	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify MRTPMPD	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly
10. On your (your CU's) last regular payment, which of these things were included? (Hand respondent Information Booklet, page 11.) Mark (X) all that apply.	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance	0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0230 6 <input type="checkbox"/> Any other payments – Specify	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance
11. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things?	0235 \$ MRTPMTX .00	0235 \$ _____ .00	0235 \$ _____ .00	0235 \$ _____ .00
12. If any of codes 2–6 marked in item 10, ask – How much of that amount was for principal and interest?	0245 \$ PRININTX .00 x <input type="checkbox"/> Don't know	0245 \$ _____ .00 x <input type="checkbox"/> Don't know	0245 \$ _____ .00 x <input type="checkbox"/> Don't know	0245 \$ _____ .00 x <input type="checkbox"/> Don't know

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

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

Part G – Lump Sum Home Equity Loans

1. FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, a brief description of the property in item 1c. Enter the 3-digit loan number in item 1d, beginning with 201 and assigning loan numbers consecutively, regardless of property number.	PROCESSING USE ONLY	1 03 58 0 ↓	1 03 59 8 ↓	1 03 60 6 ↓
	a. PROPERTY NUMBER	0010 _____ Number PROP_NOF	0010 _____ Number	0010 _____ Number
	b. PROPERTY CODE	0020 [][] Code OWN YF	0020 [][] Code	0020 [][] Code
	c. DESCRIPTION	Description	Description	Description
	d. LOAN NUMBER	0030 2 [][] Number LOAN_NOF	0030 2 [][] Number	0030 2 [][] Number
2. I'd like to ask some additional questions about your lump sum home equity loan. In what month and year did you (your CU) make your (your CU's) first payment on this loan?	FRSTPYM O Month	FRSTPYR Year	Month	Year
	0035 [][]	0045 [][][][]	0035 [][]	0045 [][][][]
3. Is this a 30-year home equity loan, a 15-year home equity loan, or something else?	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year M TERM	3 <input type="checkbox"/> Something else – Specify MORTTERM Number of years	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year Number of years	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year Number of years
4. What was the rate of interest at the time the home equity loan was obtained? Enter in two decimal places, such as 9.50% for 9 1/2%. (Include all FHA guarantee insurance if applicable.)	0075 _____ Percent	_____ Percent	_____ Percent	_____ Percent
5. What is the current interest rate on your (your CU's) home equity loan? (Convert fractions to decimals.)	0080 _____ Percent	_____ Percent	_____ Percent	_____ Percent
6a. Is this a fixed rate home equity loan?	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	FIXEDRTE	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No
b. There are many different kinds of lump sum home equity loans. Which one of these (hand respondent Information Booklet, page 10) comes closest to yours (your CU's)?	0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable	5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Other – Specify PAYTYPE	0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable	0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable
7. Have you (Has your CU) refinanced or renegotiated this lump sum home equity loan?	0105 1 <input type="checkbox"/> Yes – Read to respondent – 2 <input type="checkbox"/> No	REFINED	0105 1 <input type="checkbox"/> Yes – Read to respondent – 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – 2 <input type="checkbox"/> No
8. What was the amount of the lump sum home equity loan when you (your CU) obtained it, excluding any interest?	0130 \$ _____ .00	ORGMRTX	0130 \$ _____ .00	0130 \$ _____ .00
9. How often are (were) loan payments due?	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly	5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify M RTPM PD	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly
10. On your (your CU's) last regular payment, which of these things were included? (Hand respondent Information Booklet, page 11.) Mark (X) all that apply.	0175 1 <input type="checkbox"/> Principal and interest 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance	0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0230 6 <input type="checkbox"/> Any other payments – Specify	0175 1 <input type="checkbox"/> Principal and interest 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance	0175 1 <input type="checkbox"/> Principal and interest 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance
11. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things?	0235 \$ _____ .00	_____ .00	0235 \$ _____ .00	0235 \$ _____ .00
12. If any of codes 2–6 marked in item 10, ask – How much of that amount was for principal and interest?	0245 \$ _____ .00	x <input type="checkbox"/> Don't know	0245 \$ _____ .00	0245 \$ _____ .00

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

FIELD REPRESENTATIVE -

Part H - Line of Credit Home Equity Loans

1. FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 03 68 9 ↓	1 03 69 7 ↓	1 03 70 5 ↓	NOTES
Enter the property number in item 1a, the property code in item 1b, a brief description of the property in item 1c. Enter the 3-digit loan number in item 1d, beginning with 301 and assigning loan numbers consecutively, regardless of property number.	a. PROPERTY NUMBER	[0010] PROP_NOH _____ Number	[0010] _____ Number	[0010] _____ Number	
	b. PROPERTY CODE	[0020] [] [] [] Code O W N Y H	[0020] [] [] [] Code	[0020] [] [] [] Code	
	c. DESCRIPTION	Description	Description	Description	
	d. LOAN NUMBER	[0030] 3 [] [] LOAN_NOH _____ Number	[0030] 3 [] [] _____ Number	[0030] 3 [] [] _____ Number	
2. I'd like to ask some additional questions about your (your CU's) line of credit home equity loan. Since the 1st of (last month), have you (has any member of your CU) made any payments for this loan?		[0040] 1 <input type="checkbox"/> Yes PAIDLOAN 2 <input type="checkbox"/> No - Go to next loan or part I	[0040] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next loan or part I	[0040] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next loan or part I	
3. If YES - What was the amount of the last payment?		[0050] \$ PAIDAMTX [] [] .00	[0050] \$ [] [] [] [] .00	[0050] \$ [] [] [] [] .00	
4. Prior to the last payment, what was the total amount owed?		[0060] \$ PRINAMTX [] [] .00	[0060] \$ [] [] [] [] .00	[0060] \$ [] [] [] [] .00	

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

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

Part I – Ownership Costs

<p>1. FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</p>	<p>PROCESSING USE ONLY a. PROPERTY NUMBER b. PROPERTY CODE c. DESCRIPTION</p>	<p>1 03 77 0 ↓ 0010 PROP_NOI Number 0020 Code OW NYI Description</p>	<p>8. If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a.</p> <p>COOPRG#</p>	<p>0160 01 <input type="checkbox"/> Repayment of loans owed by cooperative 0170 02 <input type="checkbox"/> Property taxes 0180 03 <input type="checkbox"/> Property insurance 0190 04 <input type="checkbox"/> Management 0200 05 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal 0210 06 <input type="checkbox"/> Improvements 0220 07 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities 0230 08 <input type="checkbox"/> Security, including guards and alarm systems 0240 09 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat 0250 10 <input type="checkbox"/> Trash collection 0260 11 <input type="checkbox"/> Other – Specify</p>	<p>11a. If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these items?</p>	<p>SPCLPAY 0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a</p>
<p>2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.</p>		<p>0030 1 <input type="checkbox"/> Mortgage/lump sum home equity loan 2 <input type="checkbox"/> No mortgage/no lump sum home equity loan – W A S M O R T Go to item 4a</p>	<p>9. If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments? Mark (X) all that apply.</p> <p>HOCORG#</p>	<p>0270 21 <input type="checkbox"/> Management 0280 22 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal 0290 23 <input type="checkbox"/> Improvements 0300 24 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat 0310 25 <input type="checkbox"/> Parking 0320 26 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities 0330 27 <input type="checkbox"/> Security, including guards and alarm systems 0340 28 <input type="checkbox"/> Maid service 0350 29 <input type="checkbox"/> Medical services 0360 30 <input type="checkbox"/> Trash collection 0370 31 <input type="checkbox"/> Other – Specify</p>	<p>b. Since the 1st of (month, 3 months ago), what services were provided?</p> <p>HOCOSP</p>	<p>SERVICES FOR CO-OPS 0440 0 0450 0 0460 0 0470 0 0480 0 0490 0 0500 0 0510 0 0520 0 0530 1 0540 1 COOPSP SERVICES FOR CONDOS/ SOMETHING ELSE 0550 2 0560 2 0570 2 0580 2 0590 2 0600 2 0610 2 0620 2 0630 2 0640 3 0650 3</p>
<p>3a. Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?</p> <p>b. Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?</p> <p>c. How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?</p> <p>d. Were there any penalty charges as a result of the extra payments?</p> <p>e. Since the 1st of (month, 3 months ago), how much were these penalty charges?</p> <p>f. How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?</p>		<p>0040 1 <input type="checkbox"/> Yes MORTSPEC 2 <input type="checkbox"/> No – Go to item 4a 0050 \$ SPECIALX .00 0060 \$ SPECLXCM .00 0070 1 <input type="checkbox"/> Yes SPPENCHG 2 <input type="checkbox"/> No – Go to item 4a 0080 \$ SPPENCHX .00 0090 \$ SPPCHCMX .00</p>	<p>10a. Are any of the costs included in your (your CU's) mortgage payment?</p> <p>b. If YES – How much per month?</p> <p>c. In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services?</p> <p>d. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?</p> <p>e. How much of the (amount in item 10d) was paid since the 1st of (current month)?</p>	<p>0380 1 <input type="checkbox"/> Yes INC_MORT 2 <input type="checkbox"/> No – Go to item 10d 0390 \$ MGMORTX .00 0400 1 <input type="checkbox"/> Yes M G O T H E R 2 <input type="checkbox"/> No – Go to item 11a 0410 \$ M G O T H E R X .00 0420 \$ M G O T H R C X .00</p>	<p>c. Since the 1st of (month, 3 months ago), how much were these special payments?</p> <p>d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?</p>	<p>0660 \$ SPECLX .00 0670 \$ SPECLCX .00</p>
<p>4a. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)?</p> <p>b. If YES – What was the total amount paid?</p> <p>c. How much of the (amount in item 4b) was paid since the 1st of (current month)?</p>		<p>0100 1 <input type="checkbox"/> Yes GRNDRENT 2 <input type="checkbox"/> No – Go to item 5 0110 \$ GRNDRNTX .00 0120 \$ GRNDRTCX .00</p>			<p>12a. Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks, or other things like that?</p> <p>b. What was the total amount paid?</p> <p>c. How much of the (amount in item 12b) was paid since the 1st of (current month)?</p>	<p>0680 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13 ASSESSM T 0690 \$ ASSESSX .00 0700 \$ ASSESSCX .00</p>
<p>5. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If property is condo, mark box 1. If property is co-op, mark box 2. If property is neither, mark box 3. Refer to part B, item 10 or part A.1, item 1, column d</p> <p>6. If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner's association?</p> <p>7. If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?</p>		<p>0130 1 <input type="checkbox"/> Condominium – Go to item 7 2 <input type="checkbox"/> Co-op – Go to item 8 3 <input type="checkbox"/> Neither condo nor co-op – Continue with item 6 TYPEPROP 0140 1 <input type="checkbox"/> Yes – Go to item 9 2 <input type="checkbox"/> No – Go to item 11a PAYHOASS 0150 1 <input type="checkbox"/> Yes – Go to item 9 2 <input type="checkbox"/> No – Go to item 11a PAYCONDO</p>			<p>13. Ask if code 100, 200, or 300 in item 1b. If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?</p>	<p>0710 \$ RNTEQVX .00 x <input type="checkbox"/> Don't know</p>

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

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

Part I – Ownership Costs – Continued

<p>1. FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</p>	<p>PROCESSING USE ONLY 1 03 78 8 ↓</p> <p>a. PROPERTY NUMBER <input type="text"/> Number</p> <p>b. PROPERTY CODE <input type="text"/> Code</p> <p>c. DESCRIPTION Description</p>		<p>8. If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a.</p>	<p><input type="checkbox"/> 01 Repayment of loans owed by cooperative</p> <p><input type="checkbox"/> 02 Property taxes</p> <p><input type="checkbox"/> 03 Property insurance</p> <p><input type="checkbox"/> 04 Management</p> <p><input type="checkbox"/> 05 Repairs and maintenance, including lawn care and snow removal</p> <p><input type="checkbox"/> 06 Improvements</p> <p><input type="checkbox"/> 07 Recreational, including swimming, golf, and tennis facilities</p> <p><input type="checkbox"/> 08 Security, including guards and alarm systems</p> <p><input type="checkbox"/> 09 Utilities: such as gas, electricity, water, heat</p> <p><input type="checkbox"/> 10 Trash collection</p> <p><input type="checkbox"/> 11 Other – Specify <input type="text"/></p>	<p>11a. If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these items?</p> <p><input type="checkbox"/> 0430 1 Yes <input type="checkbox"/> 2 No – Go to item 12a</p>	
<p>2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.</p>	<p><input type="checkbox"/> 0030 1 Mortgage/lump sum home equity loan <input type="checkbox"/> 2 No mortgage/no lump sum home equity loan – Go to item 4a</p>		<p>9. If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments? Mark (X) all that apply.</p>	<p><input type="checkbox"/> 0270 21 Management</p> <p><input type="checkbox"/> 0280 22 Repairs and maintenance, including lawn care and snow removal</p> <p><input type="checkbox"/> 0290 23 Improvements</p> <p><input type="checkbox"/> 0300 24 Utilities: such as gas, electricity, water, heat</p> <p><input type="checkbox"/> 0310 25 Parking</p> <p><input type="checkbox"/> 0320 26 Recreational, including swimming, golf, and tennis facilities</p> <p><input type="checkbox"/> 0330 27 Security, including guards and alarm systems</p> <p><input type="checkbox"/> 0340 28 Maid service</p> <p><input type="checkbox"/> 0350 29 Medical services</p> <p><input type="checkbox"/> 0360 30 Trash collection</p> <p><input type="checkbox"/> 0370 31 Other – Specify <input type="text"/></p>	<p>b. Since the 1st of (month, 3 months ago), what services were provided?</p> <p>SERVICES FOR CO-OPS</p> <p><input type="text"/> 0440 <input type="text"/> 0 <input type="text"/> 0450 <input type="text"/> 0 <input type="text"/></p> <p><input type="text"/> 0460 <input type="text"/> 0 <input type="text"/> 0470 <input type="text"/> 0 <input type="text"/></p> <p><input type="text"/> 0480 <input type="text"/> 0 <input type="text"/> 0490 <input type="text"/> 0 <input type="text"/></p> <p><input type="text"/> 0500 <input type="text"/> 0 <input type="text"/> 0510 <input type="text"/> 0 <input type="text"/></p> <p><input type="text"/> 0520 <input type="text"/> 0 <input type="text"/> 0530 <input type="text"/> 1 <input type="text"/></p> <p><input type="text"/> 0540 <input type="text"/> 1 <input type="text"/></p> <p>SERVICES FOR CONDOS/ SOMETHING ELSE</p> <p><input type="text"/> 0550 <input type="text"/> 2 <input type="text"/> 0560 <input type="text"/> 2 <input type="text"/></p> <p><input type="text"/> 0570 <input type="text"/> 2 <input type="text"/> 0580 <input type="text"/> 2 <input type="text"/></p> <p><input type="text"/> 0590 <input type="text"/> 2 <input type="text"/> 0600 <input type="text"/> 2 <input type="text"/></p> <p><input type="text"/> 0610 <input type="text"/> 2 <input type="text"/> 0620 <input type="text"/> 2 <input type="text"/></p> <p><input type="text"/> 0630 <input type="text"/> 2 <input type="text"/> 0640 <input type="text"/> 3 <input type="text"/></p> <p><input type="text"/> 0650 <input type="text"/> 3 <input type="text"/></p>	
<p>3a. Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?</p> <p><input type="checkbox"/> 0040 1 Yes <input type="checkbox"/> 2 No – Go to item 4a</p> <p>b. Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?</p> <p><input type="text"/> 0050 \$ <input type="text"/> .00</p> <p>c. How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?</p> <p><input type="text"/> 0060 \$ <input type="text"/> .00</p> <p>d. Were there any penalty charges as a result of the extra payments?</p> <p><input type="checkbox"/> 0070 1 Yes <input type="checkbox"/> 2 No – Go to item 4a</p> <p>e. Since the 1st of (month, 3 months ago), how much were these penalty charges?</p> <p><input type="text"/> 0080 \$ <input type="text"/> .00</p> <p>f. How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?</p> <p><input type="text"/> 0090 \$ <input type="text"/> .00</p>			<p>10a. Are any of the costs included in your (your CU's) mortgage payment?</p> <p><input type="checkbox"/> 0380 1 Yes <input type="checkbox"/> 2 No – Go to item 10d</p> <p>b. If YES – How much per month?</p> <p><input type="text"/> 0390 \$ <input type="text"/> .00</p> <p>c. In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services?</p> <p><input type="checkbox"/> 0400 1 Yes <input type="checkbox"/> 2 No – Go to item 11a</p> <p>d. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?</p> <p><input type="text"/> 0410 \$ <input type="text"/> .00</p> <p>e. How much of the (amount in item 10d) was paid since the 1st of (current month)?</p> <p><input type="text"/> 0420 \$ <input type="text"/> .00</p>		<p>c. Since the 1st of (month, 3 months ago), how much were these special payments?</p> <p><input type="text"/> 0660 \$ <input type="text"/> .00</p> <p>d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?</p> <p><input type="text"/> 0670 \$ <input type="text"/> .00</p>	
<p>4a. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)?</p> <p><input type="checkbox"/> 0100 1 Yes <input type="checkbox"/> 2 No – Go to item 5</p> <p>b. If YES – What was the total amount paid?</p> <p><input type="text"/> 0110 \$ <input type="text"/> .00</p> <p>c. How much of the (amount in item 4b) was paid since the 1st of (current month)?</p> <p><input type="text"/> 0120 \$ <input type="text"/> .00</p>					<p>12a. Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks, or other things like that?</p> <p><input type="checkbox"/> 0680 1 Yes <input type="checkbox"/> 2 No – Go to item 13</p> <p>b. What was the total amount paid?</p> <p><input type="text"/> 0690 \$ <input type="text"/> .00</p> <p>c. How much of the (amount in item 12b) was paid since the 1st of (current month)?</p> <p><input type="text"/> 0700 \$ <input type="text"/> .00</p>	
<p>5. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If property is condo, mark box 1. } Refer to part B, item 10 or If property is co-op, mark box 2. } part A.1, item 1, column d If property is neither, mark box 3.</p> <p><input type="checkbox"/> 0130 1 Condominium – Go to item 7 <input type="checkbox"/> 2 Co-op – Go to item 8 <input type="checkbox"/> 3 Neither condo nor co-op – Continue with item 6</p>					<p>13. Ask if code 100, 200, or 300 in item 1b. If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?</p> <p><input type="text"/> 0710 \$ <input type="text"/> .00 x <input type="checkbox"/> Don't know</p>	
<p>6. If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner's association?</p> <p><input type="checkbox"/> 0140 1 Yes – Go to item 9 <input type="checkbox"/> 2 No – Go to item 11a</p> <p>7. If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?</p> <p><input type="checkbox"/> 0150 1 Yes – Go to item 9 <input type="checkbox"/> 2 No – Go to item 11a</p>						

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

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

Part I – Ownership Costs – Continued

<p>1. FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</p>	<p>PROCESSING USE ONLY a. PROPERTY NUMBER b. PROPERTY CODE c. DESCRIPTION</p>	<p>1 03 79 6 ↓ 0010 _____ Number 0020 _____ Code Description</p>	<p>8. If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a.</p>	<p>0160 01 <input type="checkbox"/> Repayment of loans owed by cooperative 0170 02 <input type="checkbox"/> Property taxes 0180 03 <input type="checkbox"/> Property insurance 0190 04 <input type="checkbox"/> Management 0200 05 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal 0210 06 <input type="checkbox"/> Improvements 0220 07 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities 0230 08 <input type="checkbox"/> Security, including guards and alarm systems 0240 09 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat 0250 10 <input type="checkbox"/> Trash collection 0260 11 <input type="checkbox"/> Other – Specify _____</p>	<p>11a. If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these items?</p>	<p>0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a</p>
<p>2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.</p>		<p>0030 1 <input type="checkbox"/> Mortgage/lump sum home equity loan 2 <input type="checkbox"/> No mortgage/no lump sum home equity loan – Go to item 4a</p>	<p>9. If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments? Mark (X) all that apply.</p>	<p>0270 21 <input type="checkbox"/> Management 0280 22 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal 0290 23 <input type="checkbox"/> Improvements 0300 24 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat 0310 25 <input type="checkbox"/> Parking 0320 26 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities 0330 27 <input type="checkbox"/> Security, including guards and alarm systems 0340 28 <input type="checkbox"/> Maid service 0350 29 <input type="checkbox"/> Medical services 0360 30 <input type="checkbox"/> Trash collection 0370 31 <input type="checkbox"/> Other – Specify _____</p>	<p>b. Since the 1st of (month, 3 months ago), what services were provided?</p>	<p>SERVICES FOR CO-OPS 0440 0 0450 0 0460 0 0470 0 0480 0 0490 0 0500 0 0510 0 0520 0 0530 1 0540 1 SERVICES FOR CONDOS/ SOMETHING ELSE 0550 2 0560 2 0570 2 0580 2 0590 2 0600 2 0610 2 0620 2 0630 2 0640 3 0650 3</p>
<p>3a. Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan? b. Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra? c. How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)? d. Were there any penalty charges as a result of the extra payments? e. Since the 1st of (month, 3 months ago), how much were these penalty charges? f. How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?</p>		<p>0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a 0050 \$ _____ .00 0060 \$ _____ .00 0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a 0080 \$ _____ .00 0090 \$ _____ .00</p>	<p>10a. Are any of the costs included in your (your CU's) mortgage payment? b. If YES – How much per month? c. In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services? d. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services? e. How much of the (amount in item 10d) was paid since the 1st of (current month)?</p>	<p>0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10d 0390 \$ _____ .00 0400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a 0410 \$ _____ .00 0420 \$ _____ .00</p>	<p>c. Since the 1st of (month, 3 months ago), how much were these special payments? d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?</p>	<p>0660 \$ _____ .00 0670 \$ _____ .00</p>
<p>4a. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)? b. If YES – What was the total amount paid? c. How much of the (amount in item 4b) was paid since the 1st of (current month)?</p>		<p>0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5 0110 \$ _____ .00 0120 \$ _____ .00</p>			<p>12a. Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks, or other things like that? b. What was the total amount paid? c. How much of the (amount in item 12b) was paid since the 1st of (current month)?</p>	<p>0680 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13 0690 \$ _____ .00 0700 \$ _____ .00</p>
<p>5. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If property is condo, mark box 1. If property is co-op, mark box 2. If property is neither, mark box 3. Refer to part B, item 10 or part A.1, item 1, column d. 6. If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner's association? 7. If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?</p>		<p>0130 1 <input type="checkbox"/> Condominium – Go to item 7 2 <input type="checkbox"/> Co-op – Go to item 8 3 <input type="checkbox"/> Neither condo nor co-op – Continue with item 6 0140 1 <input type="checkbox"/> Yes – Go to item 9 2 <input type="checkbox"/> No – Go to item 11a 0150 1 <input type="checkbox"/> Yes – Go to item 9 2 <input type="checkbox"/> No – Go to item 11a</p>			<p>13. Ask if code 100, 200, or 300 in item 1b. If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?</p>	<p>0710 \$ _____ .00 x <input type="checkbox"/> Don't know</p>

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

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

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

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

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

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

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

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

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

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

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

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

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES

Part A – Telephone Expenses

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

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

Part A - Telephone Expenses - Continued

	PROCESSING USE ONLY	PROCESSING USE ONLY	NOTES																																																		
	1 04 03 4 ↴	1 04 04 2 ↴																																																			
2. What property(ies) was (were) the telephone bills for? • Owned properties – Enter a description of the property and enter a property number for – <i>Property previously reported in section 3, part A.1, item 1, column a</i> <i>Property reported at this interview in section 3, part B, item 1a</i> • All other properties – Mark (X) appropriate box and enter a description of the property.	0020 _____ Property number 96 <input type="checkbox"/> Mobile (car) phone 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU	Description	0020 _____ Property number 96 <input type="checkbox"/> Mobile (car) phone 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU	Description																																																	
3. What is the name of the company which provides telephone services for (property description)?	OFFICE USE ONLY 0030 _____	Name of telephone company	OFFICE USE ONLY 0030 _____	Name of telephone company																																																	
4. How many telephone bills were received for (property description) from (company name)?	0040 _____ Number	0040 _____ Number																																																			
5a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Bill 1</th> <th>Bill 2</th> <th>Bill 3</th> <th>Bill 4</th> </tr> <tr> <td>0060 0 <input type="checkbox"/> None</td> <td>0120 0 <input type="checkbox"/> None</td> <td>0180 0 <input type="checkbox"/> None</td> <td>0240 0 <input type="checkbox"/> None</td> </tr> <tr> <td>\$ _____ .00</td> <td>\$ _____ .00</td> <td>\$ _____ .00</td> <td>\$ _____ .00</td> </tr> </table>	Bill 1	Bill 2	Bill 3	Bill 4	0060 0 <input type="checkbox"/> None	0120 0 <input type="checkbox"/> None	0180 0 <input type="checkbox"/> None	0240 0 <input type="checkbox"/> None	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Bill 1</th> <th>Bill 2</th> <th>Bill 3</th> <th>Bill 4</th> </tr> <tr> <td>0060 0 <input type="checkbox"/> None</td> <td>0120 0 <input type="checkbox"/> None</td> <td>0180 0 <input type="checkbox"/> None</td> <td>0240 0 <input type="checkbox"/> None</td> </tr> <tr> <td>\$ _____ .00</td> <td>\$ _____ .00</td> <td>\$ _____ .00</td> <td>\$ _____ .00</td> </tr> </table>	Bill 1	Bill 2	Bill 3	Bill 4	0060 0 <input type="checkbox"/> None	0120 0 <input type="checkbox"/> None	0180 0 <input type="checkbox"/> None	0240 0 <input type="checkbox"/> None	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Bill 1</th> <th>Bill 2</th> <th>Bill 3</th> <th>Bill 4</th> </tr> <tr> <td>0060 0 <input type="checkbox"/> None</td> <td>0120 0 <input type="checkbox"/> None</td> <td>0180 0 <input type="checkbox"/> None</td> <td>0240 0 <input type="checkbox"/> None</td> </tr> <tr> <td>\$ _____ .00</td> <td>\$ _____ .00</td> <td>\$ _____ .00</td> <td>\$ _____ .00</td> </tr> </table>	Bill 1	Bill 2	Bill 3	Bill 4	0060 0 <input type="checkbox"/> None	0120 0 <input type="checkbox"/> None	0180 0 <input type="checkbox"/> None	0240 0 <input type="checkbox"/> None	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Bill 1</th> <th>Bill 2</th> <th>Bill 3</th> <th>Bill 4</th> </tr> <tr> <td>0060 0 <input type="checkbox"/> None</td> <td>0120 0 <input type="checkbox"/> None</td> <td>0180 0 <input type="checkbox"/> None</td> <td>0240 0 <input type="checkbox"/> None</td> </tr> <tr> <td>\$ _____ .00</td> <td>\$ _____ .00</td> <td>\$ _____ .00</td> <td>\$ _____ .00</td> </tr> </table>	Bill 1	Bill 2	Bill 3	Bill 4	0060 0 <input type="checkbox"/> None	0120 0 <input type="checkbox"/> None	0180 0 <input type="checkbox"/> None	0240 0 <input type="checkbox"/> None	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	
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b. In what month was the bill received?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Month</th> <th>Month</th> <th>Month</th> <th>Month</th> </tr> <tr> <td>0070</td> <td>0130</td> <td>0190</td> <td>0250</td> </tr> </table>	Month	Month	Month	Month	0070	0130	0190	0250	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Month</th> <th>Month</th> <th>Month</th> <th>Month</th> </tr> <tr> <td>0070</td> <td>0130</td> <td>0190</td> <td>0250</td> </tr> </table>	Month	Month	Month	Month	0070	0130	0190	0250	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Month</th> <th>Month</th> <th>Month</th> <th>Month</th> </tr> <tr> <td>0070</td> <td>0130</td> <td>0190</td> <td>0250</td> </tr> </table>	Month	Month	Month	Month	0070	0130	0190	0250	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Month</th> <th>Month</th> <th>Month</th> <th>Month</th> </tr> <tr> <td>0070</td> <td>0130</td> <td>0190</td> <td>0250</td> </tr> </table>	Month	Month	Month	Month	0070	0130	0190	0250																	
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6. Does the total amount of the bill include –	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> </table>	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> </table>	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> </table>	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> </table>	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																	
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d. FIELD REPRESENTATIVE CHECK ITEM Was a bill or checkbook used or was an estimate given?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>0110 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗</td> <td>0170 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗</td> <td>0230 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗</td> <td>0290 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗</td> </tr> </table>	0110 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0170 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0230 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0290 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>0110 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗</td> <td>0170 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗</td> <td>0230 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗</td> <td>0290 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗</td> </tr> </table>	0110 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0170 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0230 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0290 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>0110 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗</td> <td>0170 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗</td> <td>0230 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗</td> <td>0290 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗</td> </tr> </table>	0110 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0170 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0230 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0290 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>0110 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗</td> <td>0170 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗</td> <td>0230 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗</td> <td>0290 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗</td> </tr> </table>	0110 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0170 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0230 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0290 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗																																	
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7a. Is any of the total charge to be deducted as a business expense?	0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8	0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8																																																			
b. If YES – What percentage will be deducted?	0430 _____ .00 Percent	0430 _____ .00 Percent																																																			
8. Did you (or any members of your CU) receive any other telephone bills for telephones that are not used entirely for business purposes?	0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company 2 <input type="checkbox"/> No – Go to part B	0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company 2 <input type="checkbox"/> No – Go to part B																																																			

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

Part C – Detailed Questions

1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM Enter a utility code in item 1a and a description of utility or fuel in item 1b from part B, item 1 for utility codes 100–130.	PROCESSING USE ONLY				1 04 51 3 ↓				1 04 52 1 ↓										
	a. UTILITY CODE Code UTILY				Description				Code				Description						
2. What property were the charges for? • Owned properties – Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, col. a Property reported at this interview in section 3, part B, item 1a • All other properties – Mark (X) appropriate box and enter a description of the property. Ask for utility codes 100–120, 200–260, and 290 only.				0020 WHATPROP _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				Description				0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				Description			
3. What is the name of the company or government agency which provides (utility or fuel description)? Ask for utility codes 100–120, 200–260, and 290 only.				Name COMPNAME				Name				Name							
OFFICE USE ONLY				0030				0030				0030							
4. How many bills were received for (utility or fuel) for (property description)?				0045 _____ Number				0045 _____ Number				0045 _____ Number							
5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.				0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____				BLPERIOD				0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____				BLPERIOD			
6. Do you have any of these bills or other records showing these (utility or fuel) charges?				0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
Complete a separate column for each bill received since the 1st of (month, 3 months ago).				Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4				
7a. What was the amount of bill (bill number)?				0070 UTLCHGX \$ _____ .00	0140 _____ .00	0210 _____ .00	0280 _____ .00	0070 _____ .00	0140 _____ .00	0210 _____ .00	0280 _____ .00	0070 _____ .00	0140 _____ .00	0210 _____ .00	0280 _____ .00				
b. In what month was the bill received?				Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month				
0080 BILLMO				0150	0220	0290	0080	0150	0220	0290	0080	0150	0220	0290					
c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms? Ask items 7c–f				Unit-of-measure UTLUNIT	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure				
OFFICE USE ONLY				0095	0165	0235	0305	0095	0165	0235	0305	0095	0165	0235	0305				
d. What was the quantity consumed for bill (bill number)?				Quantity 0105 UTILCON	Quantity 0175	Quantity 0245	Quantity 0315	Quantity 0105	Quantity 0175	Quantity 0245	Quantity 0315	Quantity 0105	Quantity 0175	Quantity 0245	Quantity 0315				
e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?				0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g				
f. How much were these charges?				0120 INCSVCX \$ _____ .00	0190 _____ .00	0260 _____ .00	0330 _____ .00	0120 _____ .00	0190 _____ .00	0260 _____ .00	0330 _____ .00	0120 _____ .00	0190 _____ .00	0260 _____ .00	0330 _____ .00				
g. FIELD REPRESENTATIVE CHECK ITEM Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.				0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘	0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘	0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘				
8. Was any part of the charge deducted as a business expense?				0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No UTILBUSN				0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?				0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No				0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No				0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No							

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

Part C - Detailed Questions

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

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

FIELD REPRESENTATIVE – In this section,

Part A – Screening Questions

<p><i>Information Booklet, page 14</i></p> <p>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for –?</p>		JOB CODE	YES	NO	PROCESSING USE ONLY		1 05 00 7 ↻	
<p>Dwellings under construction including a vacation or second home</p>		100			4a. Have there been any expenses for any other property (property that you do not own or rent) by you (or any members of your CU)?		<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5	
<p><i>Information Booklet, page 14</i></p> <p>2. Have there been any expenses for property you owned or rented since the 1st of (month, 3 months ago), for any of the following jobs? (Renters should not include jobs that have been or will be totally reimbursed by anyone outside of their CU.)</p>		110			b. Which jobs were those expenses for?		Enter job code(s) from items 1 through 3.	
<p>Building an addition to the house or a new structure, such as a porch, garage, or new wing</p>		110			0010		0020	
<p>Finishing a basement or an attic or enclosing a porch</p>		120			0030		0040	
<p>Remodeling one or more rooms in the house</p>		130			0050		1 <input type="checkbox"/> All "No" 2 <input type="checkbox"/> At least one "Yes" marked	
<p>Landscaping the ground or planting new shrubs or trees</p>		140			5. FIELD REPRESENTATIVE CHECK ITEM		Job codes items 1, 2, 3, and 4	
<p>Building outdoor patios, walks, fences, or other enclosures, driveways, or permanent swimming pools</p>		150			6a. Since the 1st of (month, 3 months ago), excluding the current month, have you (or any members of your CU) purchased any materials or supplies for jobs not yet started?		0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a ADVMATER	
<p><i>Information Booklet, page 14</i></p> <p>3a. Have there been any expenses that deal with the upkeep or improvement of this unit or any other unit you owned or rented since the 1st of (month, 3 months ago)? (Renters should not include jobs that have been or will be totally reimbursed by anyone outside of their CU.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4a</p>		160			b. If YES – What kind of job will the materials be used for?		Description	
<p>Repairing outdoor patios, walks, fences, driveways, or permanent swimming pools</p>		160			Enter a job code.			
<p>Inside painting or papering</p>		170			0070		Job code CRM CODEA	
<p>Outside painting</p>		180			0080		\$ _____ .00 ADVMATX	
<p>Plastering or paneling</p>		190			7a. Since the 1st of (month, 3 months ago), excluding the current month, have you (or any members of your CU) purchased any materials or supplies not for any specific job?		0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8 MATNSPEC	
<p>Plumbing or water heating installations and repairs</p>		200			b. If YES – What was the total cost?		0100 \$ _____ .00 MATNSPCX	
<p>Electrical work</p>		210			8. FIELD REPRESENTATIVE INSTRUCTION – If any box marked "Yes" in item 1, 2, 3, or 4, fill section 5B.			
<p>Heating or air-conditioning jobs</p>		220						
<p>Flooring repair or replacement, including inlaid linoleum or vinyl tile</p>		230						
<p>Insulation</p>		240						
<p>Roofing, gutters, or downspouts</p>		260						
<p>Siding</p>		270						
<p>Installation, repair, or replacement of window panes, screens, storm doors, awnings, and the like</p>		280						
<p>Masonry, brick, or stucco work</p>		290						
<p>Other improvements or repairs</p>		300						
<p><i>Use only if unable to itemize above – Combined expenses</i></p>		310						

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

Part B – Job Description

1. FIELD REPRESENTATIVE ITEM		PROCESSING USE ONLY	7. Which of these items did it include and what was the cost of each?		OFFICE USE ONLY	Description	NOTES
JOB NUMBER		1	1		0130	APPCDE	
Enter the job code from part A. (For combined jobs use code 310.)		0010	2		0140	APPL_X x <input type="checkbox"/> Don't know	
2a. On which property was the (job description) done?		Description		OFFICE USE ONLY		Description	
b. Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties.		0020	2		0150		
CRM PROPI Property number		97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU		0160		\$.00 x <input type="checkbox"/> Don't know	
3a. What work was done? Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview.		Description		8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?		0250 1 <input type="checkbox"/> Yes CRM MATER 2 <input type="checkbox"/> No – Go to item 9a	
b. Job classification – Mark (X) one.		0030 1 <input type="checkbox"/> Addition CRM TYPE 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair 5 <input type="checkbox"/> New construction		b. What was the total cost for all items purchased for this job in –		0260 \$.00 0 <input type="checkbox"/> None SUPPLYX3 0270 \$.00 0 <input type="checkbox"/> None SUPPLYX2 0280 \$.00 0 <input type="checkbox"/> None SUPPLYX1 0290 \$.00 0 <input type="checkbox"/> None SUPPLYX0	
OFFICE USE ONLY – Enter detail job codes.		0040 CRM CODE		9a. Have you (or any members of your CU) RENTED any tools or equipment for doing this job?		0300 1 <input type="checkbox"/> Yes TOOLRENT 2 <input type="checkbox"/> No – Go to item 10a	
4. What was the total cost of the job? Include all costs paid for by you (or any members of your CU) or by any non-CU member, such as insurance companies, and so forth.		0050 \$.00 TOTJBCST		b. What was the total cost for all items rented for this job in –		0310 \$.00 0 <input type="checkbox"/> None TOOLRTX3 0320 \$.00 0 <input type="checkbox"/> None TOOLRTX2 0330 \$.00 0 <input type="checkbox"/> None TOOLRTX1 0340 \$.00 0 <input type="checkbox"/> None TOOLRTX0	
5a. Did you do all the work yourself or did you pay someone or contract with a builder to do all or part of the work?		0060 1 <input type="checkbox"/> Self only – Go to item 8a 2 <input type="checkbox"/> Paid or contracted with someone else CONTRACT		10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?		0350 1 <input type="checkbox"/> Yes REIM BRS 2 <input type="checkbox"/> No – Go to item 11a	
b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN –		0070 \$.00 0 <input type="checkbox"/> None CNTRCTX3 0080 \$.00 0 <input type="checkbox"/> None CNTRCTX2 0090 \$.00 0 <input type="checkbox"/> None CNTRCTX1 0100 \$.00 0 <input type="checkbox"/> None CNTRCTX0		b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?		0370 .00 Percent REIM BRSZ	
c. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?		0110 \$.00 0 <input type="checkbox"/> None – Go to item 8a CONTRCTX		11a. Were (Will) any of these expenses for this job (be) deducted as a business expense?		0380 1 <input type="checkbox"/> Yes CRM BSN SD 2 <input type="checkbox"/> No – Go to next job	
6. Did the charge(s) include the cost of any appliances or equipment?		0120 1 <input type="checkbox"/> Yes MAJ_APPL 2 <input type="checkbox"/> No – Go to item 8a		b. What percent was (will be) deducted?		0390 .00 Percent CRM BSN SZ	

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

Part B – Job Description – Continued

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

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

Part B – Job Description – Continued

1. FIELD REPRESENTATIVE ITEM PROCESSING USE ONLY JOB NUMBER Enter the job code from part A. (For combined jobs use code 310.)	1 05 52 8 ↓	7. Which of these items did it include and what was the cost of each?	OFFICE USE ONLY Description 1 0130	NOTES
	3 Code		0140 \$.00 x <input type="checkbox"/> Don't know	
2a. On which property was the (job description) done?	Description	8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?	OFFICE USE ONLY Description 2 0150	
b. Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties.	0020 Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU		0160 \$.00 x <input type="checkbox"/> Don't know	
3a. What work was done? Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview.	Description	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a		
FIELD REPRESENTATIVE CHECK ITEM b. Job classification – Mark (X) one.	0030 1 <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair 5 <input type="checkbox"/> New construction	b. What was the total cost for all items purchased for this job in – (month, 3 months ago)? (month, 2 months ago)? (last month)? (the current month)?	0260 \$.00 o <input type="checkbox"/> None 0270 \$.00 o <input type="checkbox"/> None 0280 \$.00 o <input type="checkbox"/> None 0290 \$.00 o <input type="checkbox"/> None	
OFFICE USE ONLY – Enter detail job codes.	0040	9a. Have you (or any members of your CU) RENTED any tools or equipment for doing this job?	0300 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a	
4. What was the total cost of the job? Include all costs paid for by you (or any members of your CU) or by any non-CU member, such as insurance companies, and so forth.	0050 \$.00	b. What was the total cost for all items rented for this job in – (month, 3 months ago)? (month, 2 months ago)? (last month)? (the current month)?	0310 \$.00 o <input type="checkbox"/> None 0320 \$.00 o <input type="checkbox"/> None 0330 \$.00 o <input type="checkbox"/> None 0340 \$.00 o <input type="checkbox"/> None	
5a. Did you do all the work yourself or did you pay someone or contract with a builder to do all or part of the work?	0060 1 <input type="checkbox"/> Self only – Go to item 8a 2 <input type="checkbox"/> Paid or contracted with someone else	10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?	0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a	
b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN – (month, 3 months ago)? (month, 2 months ago)? (last month)? (the current month)?	0070 \$.00 o <input type="checkbox"/> None 0080 \$.00 o <input type="checkbox"/> None 0090 \$.00 o <input type="checkbox"/> None 0100 \$.00 o <input type="checkbox"/> None	b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?	0370 .00 Percent	
c. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?	0110 \$.00 o <input type="checkbox"/> None – Go to item 8a	11a. Were (Will) any of these expenses for this job (be) deducted as a business expense?	0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next job	
If codes 100–130, 200–220, or 300 in item 1, ask items 6 and 7; for all other codes, go to item 8a. Information Booklet, page 15	0120 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	b. What percent was (will be) deducted?	0390 .00 Percent	

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

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

Part B – Purchase of Household Appliances and Other Selected Items

6 06 04 6 →

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

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

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

Part B – Purchase of Household Appliances and Other Selected Items – Continued

6 06 06 1 →

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

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

FIELD REPRESENTATIVE -

Part C - Screening Question						PRE			NOTES
Did you (or any members of your CU) have any expenses for repairing, refinishing or reupholstering furniture, including the costs for fabric?				<input type="checkbox"/> Yes - Go to part D <input type="checkbox"/> No - Go to next section		1	2	3	
						Description from column a	Month from column c	Cost from column d	
Part D - Furniture Repair or Reupholstering						4 07 04 9 →			
Item No.	a What item of furniture was repaired or reupholstered? <i>Describe type of furniture.</i>	PROCESSING USE ONLY	b OFFICE USE ONLY FURNREPY	c In what month did you have it repaired or reupholstered? Month	d How much did it cost? FURNREPX	e Did this include sales tax? FRNREPTX			
						YES	NO		
1		0010	220	SRVCMOD	\$.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$.00	
2		0020	220		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
3		0030	220		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
4		0040	220		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
5		0050	220		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
6		0060	220		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
7		0070	220		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
8		0080	220		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
9		0090	220		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
10		0100	220		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	

Section 8 – HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS

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

Section 8 – HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS – Continued

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

Part A – Purchases – Continued				5 08 02 8 →																
a				b	PROCESSING USE ONLY	c	d	e		f		g		h		NOTES	PRE			
Information Booklet, pages 23 and 24 Have you (or any members of your CU) purchased for your CU or as a gift to someone outside of your CU any of the following?				What did you purchase? <i>Enter a brief description of the item purchased.</i>		ENTER ITEM CODE from column a.	In what month did you purchase it?	Was this purchased for your CU or as a gift to someone outside the CU? 1 – For use by the CU. 2 – As a gift to someone outside CU.		What was the purchase price?		Did this include sales tax?		Did you purchase any other . . . ? <i>If "No," go to next item in column a.</i>			1	2	3	
CLOSET STORAGE AND TRAVEL ITEMS							Month	Mark box									Description from column b	Month from column d	Cost from column f	
ITEM CODE YES NO																				
Storage items				180				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Travel items				181				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
DISHES, DINNERWARE, FLATWARE, GLASSWARE, AND COOKWARE				190				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Plastic dinnerware				191				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
China and other dinnerware				192				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Stainless, silver, and other flatware				193				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Glassware				195				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Serving pieces other than silver				196				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Non-electric cookware				197	/ / / /			1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
<i>Use only if unable to itemize above – Combined kitchenware (Codes 190–196)</i>				198				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Silver serving pieces				199				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
HOUSEHOLD LINENS				200				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Bedroom linens				201				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Bathroom linens				202				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Kitchen and dining room linens				203				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Other linens				204	/ / / /			1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
<i>Use only if unable to itemize above – Combined linens (Codes 200–203)</i>				205				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Slipcovers, decorative pillows and cushions				206				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
FLOOR AND WINDOW COVERINGS				210				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Original wall-to-wall carpet				211				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Replacement wall-to-wall carpet				212				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Room size rugs and other non-permanent floor coverings, including carpet squares				214				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Curtains and drapes				215				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
Venetian blinds, window shades, other window coverings				220	/ / / /			1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00
<i>Use only if unable to itemize above – Combined expenses</i>				220				1	2	\$.00	1	2	<input type="checkbox"/>	<input type="checkbox"/>						\$.00

Part B – Rental or Leasing of Furniture				1 08 03 5 ↓															
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented or leased any furniture?				0010	1 <th colspan="1" style="text-align: center;">2 <th colspan="1" style="text-align: center;">FURNRNTL <th colspan="12"></th> </th></th>	2 <th colspan="1" style="text-align: center;">FURNRNTL <th colspan="12"></th> </th>	FURNRNTL <th colspan="12"></th>												
b. If YES – What was the total expense for renting or leasing furniture, excluding any expenses for the current month?				0020	\$ <th colspan="1" style="text-align: center;">FURNRNTX <th colspan="1" style="text-align: center;">.00</th> <th colspan="12"></th> </th>	FURNRNTX <th colspan="1" style="text-align: center;">.00</th> <th colspan="12"></th>	.00												
								NOTES											

Section 9 – CLOTHING AND SEWING MATERIALS

Section 9 – CLOTHING AND SEWING MATERIALS														6 09 02 4 →						
Part A – Clothing														6 09 02 4 →						
a			b		c	d		e	f		g		h		i		PRE			
Information Booklet, page 25 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any of the following items, for persons age 2 and over, either for members of your CU or for someone outside your CU?			What did you buy? Describe briefly the item purchased.		ENTER ITEM CODE from column a. CLOTHYA	For whom was it purchased? If CU member, enter name and line number from Control Card. If someone outside CU, enter name and appropriate code as follows: 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15 PERSONY		How many did you purchase? Enter number of identical items purchased. CLOTHQA	In what month did you purchase it? CLOTHMOA Month		How much did it cost? CLOTHXA		Did this include sales tax? CLOTHTXA		Did you purchase any other . . . ? If "No," go to next item in column a. YES NO YES NO		1	2	3	4
Coats, jackets, and furs					0010						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Sport coats and tailored jackets					0020						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Suits					0030						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Vests					0040						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Sweaters and sweater sets					0050						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Pants, slacks, and jeans					0060						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Shorts and short sets Exclude all athletic shorts					0070						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Dresses					0080						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Skirts					0090						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Shirts, blouses, and tops					0100						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–i.			1 09 01 7 ↓ 0010 999 <input type="checkbox"/> Go to next page		0110						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
NOTES					0120						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
					0130						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
					0140						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
					0150						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
					0160						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
					0170						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
					0180						\$.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

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

a			b			c			d			e			f			g			h			i			PRE															
Information Booklet, page 26 1. Have you (or any members of your CU) purchased any of the following items, for persons age 2 and over, either for members of your CU or for someone outside your CU?			What did you buy? Describe briefly the item purchased.			PROCESSING USE ONLY ENTER ITEM CODE from column a.			For whom was it purchased? If CU member, enter name and line number from Control Card. If someone outside CU, enter name and appropriate code as follows: 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 93 - Female 2-15			How many did you purchase? Enter number of identical items purchased.			In what month did you purchase it?			How much did it cost?			Did this include sales tax?			Did you purchase any other . . . ? If "No," go to next item in column a.			1 Description from column b				2 Person from column d				3 Month from column f				4 Cost from column g			
																											YES NO				YES NO				Name Month				Name Month			
Undergarments			200			0010												1 <input type="checkbox"/> 2 <input type="checkbox"/>																								
Hosiery			210			0020															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0030															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
2. FIELD REPRESENTATIVE CHECK ITEM			1 09 03 3 ↓			0040															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
Mark (X) box if there are no entries recorded in columns b-i.			0010 999 <input type="checkbox"/> Go to next page			0050															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
NOTES						0060															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0070															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0080															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0090															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0100															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0110															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0120															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0130															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0140															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0150															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0160															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0170															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0180															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

Part A – Clothing – Continued				6 09 06 5 →																			
a Information Booklet, page 26 1. Have you (or any members of your CU) purchased any of the following items, for persons age 2 and over, either for members of your CU or for someone outside your CU?				b What did you buy? Describe briefly the item purchased.		c ENTER ITEM CODE from column a.		d For whom was it purchased? If CU member, enter name and line number from Control Card. If someone outside CU, enter name and appropriate code as follows: 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15		e How many did you purchase? Enter number of identical items purchased.		f In what month did you purchase it?		g How much did it cost?		h Did this include sales tax?		i Did you purchase any other . . . ? If "No," go to next item in column a.		PRE			
																				1 Description from column b				2 Person from column d		3 Month from column f		4 Cost from column g
ITEM CODE	YES	NO	PROCESSING USE ONLY	Name	Line No. or code	Month	YES	NO	YES	NO	Name	Month											
Nightwear and loungewear	220																						
Accessories	230																						
Active sportswear	240																						
Uniforms, for which the cost is not reimbursed	250		0010																				
Costumes	260		0020																				
Combined clothing – This should be used only if the respondent cannot itemize clothing purchases. Specify (in the Notes) the types of clothing combined	270		0030																				
Footwear (Include here athletic shoes not specifically purchased for sports related use.)	280		0040																				
2. Have you (or any members of your CU) purchased any other clothing which you have not previously mentioned? Do not include infants clothing. If YES – probe and assign an item code.			0050																				
			0060																				
			0070																				
			0080																				
			0090																				
			0100																				
3. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–i.	1 09 05 8 ↓		0110																				
	0010 999 <input type="checkbox"/> Go to part B		0120																				
NOTES			0130																				
			0140																				
			0150																				
			0160																				
			0170																				
			0180																				

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

Part A - Clothing - Continued 6 09 07 3 →

b What did you buy? <i>Describe briefly the item purchased.</i>	c ENTER ITEM CODE from column a from the preceding pages.	d For whom was it purchased? <i>If CU member, enter name and line number from Control Card. If someone outside CU, enter name and appropriate code as follows: 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 93 - Female 2-15</i>		e How many did you purchase? <i>Enter number of identical items purchased.</i>	f In what month did you purchase it? Month	g How much did it cost?		h Did this include sales tax?		i Did you purchase any other...? <i>If "No," go to next item in column a.</i>		NOTES	PRE				
		Name	Line No. or code			YES	NO	YES	NO	Description from column b	Person from column d Name		Month from column f Month	Cost from column g			
	0010					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0020					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0030					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0040					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0050					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0060					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0070					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0080					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0090					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0100					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0110					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0120					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0130					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0140					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0150					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0160					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0170					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0180					\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

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

6 09 13 1 →

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

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

Part C – Sewing Materials

5 09 22 4 →

a				b		c	d		e		f		g		h		PRE		
							Was this purchased for your CU or for someone outside of your CU?		In what month did you purchase it?		How much did it cost?		Did this include sales tax?		Did you purchase any other . . . ?		1	2	3
1. Have you (or any members of your CU) purchased any sewing materials, either for members of your CU or for someone outside your CU?				What did you buy?		PROCESSING USE ONLY	ENTER ITEM CODE from column a.	SEW GFTC		SEW INGM O		SEW INGX	SEW INGLX		If "No," go to next item in column a.		Description from column b	Month from column e	Cost from column f
Information Booklet, page 27 <input type="checkbox"/> YES <input type="checkbox"/> NO – Go to item 2 If YES, read the list of individual items below. Complete columns b–h for each item purchased. Were these – Sewing materials for making slipcovers, curtains, etc., and for handwork in the home including yarn? Sewing materials for making clothes? Sewing notions? Other sewing materials? Use only if unable to itemize separately – Combined sewing materials				ITEM CODE	YES			NO	CU member	Non-CU member	Month		YES	NO	YES	NO			
						0010	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
				400		0020	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
				410		0030	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
				420		0040	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
				430		0050	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
				440		0060	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
2. FIELD REPRESENTATIVE CHECK ITEM						0070	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
Mark (X) box if there are no entries recorded in columns b–h.				0010	999	<input type="checkbox"/>	Go to part D				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
NOTES						0100	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0110	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0120	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0130	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0140	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0150	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0160	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0170	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0180	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

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

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

Section 10 – RENTED AND LEASED VEHICLES

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

Information Booklet, page 28
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.
 Yes No – Go to item 6
 If YES – Read the list of individual items below and mark (X) the appropriate "Yes" or "No" box.
b. If YES to an individual item ask – How many?

2. FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 10 01 5 ↓	1 10 02 3 ↓	1 10 03 1 ↓	1 10 04 9 ↓
a. Describe briefly the type of vehicle rented, such as "auto" or "boat."	VEHICLE NUMBER	1	2	3	4
	Description	Description	Description	Description	Description
b. Enter vehicle code from item 1b.	RENTCODE Code	0010	0010	0010	0010
3. Was it rented solely for use on a vacation, overnight trip, or a trip of 75 miles or more one way?	0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No ANYVACAT	0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No
4. Since the 1st of (month, 3 months ago), excluding (the current month) what has been your expense for renting this vehicle? <i>If periodic payments were made, enter in the notes the amount of the payment and the number of payments incurred during the reference period. Compute the total expense and enter the amount in this item.</i>	0080 \$ RENTEXPX .00	0080 \$.00	0080 \$.00	0080 \$.00	0080 \$.00
5a. Were (Will) any of the rental expenses (be) deducted as business expenses, reimbursed, or paid by someone else?	0130 1 <input type="checkbox"/> Yes ANYBSNRM 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6
b. If YES – What percent of the total expense will this cover? Enter to nearest whole percent.	0140 BSN SPCT Z .00 Percent	0140 .00 Percent	0140 .00 Percent	0140 .00 Percent	0140 .00 Percent

	VEHICLE CODE	YES	NO	HOW MANY?
Automobile	100			
Truck, including vans	110			
Motorized camper-coach	120			
Trailer-type camper	130			
Other attachable-type camper	140			
Motorcycle, motor scooter, or moped (motorized bicycle)	150			
Boat, with a motor	160			
Boat, without a motor	170			
Trailer, other than camper type, such as for a boat or cycle	180			
Private plane	190			
Any other vehicle	200			

LEASED VEHICLES

If this box is marked, no vehicles were previously reported
6. Ask column f for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column b below).

7 10 10 3 →																	
LEASED VEHICLE INVENTORY CHART																	
PROCESSING USE ONLY	a Vehicle number	b Vehicle disposed of		c Vehicle identification from part B, item 2				d Vehicle used for business from part B, item 6a		e LVICODE	f Do you still have vehicle? If NO		g How many miles are on the vehicle? Enter and go to next vehicle or to item 7a.	h What month was the lease terminated? LVIENDMO	i Were any fees incurred at the termination of the lease? TERM FEE		j If YES – How much? Enter and go to next vehicle or item 7a. TERM FEEX
		YES	NO	YEAR	MAKE	MODEL	YES	NO	YES		NO	Month			YES	NO	
		LVINUM	LVIMILE	LVIMILE	LVIMILE	LVIMILE	LVIMILE	LVIMILE	LVIMILE		LVIMILE	LVIMILE			LVIMILE	LVIMILE	
0010	1										1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0020	2										1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0030	3										1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0040	4										1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0050	5										1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0060	6										1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0070	7										1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00

NOTES

Section 10 – RENTED AND LEASED VEHICLES – Continued

FIELD REPRESENTATIVE – Ask item 7 for all respondents.

Part A.1 – Screening Questions – Continued

7a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) begun leasing any automobile or truck not used ENTIRELY for business?		1 10 11 4 ↓		NOTES
		0010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to section 11	
b. If YES – What kind of vehicle was it? Enter vehicle code		0020	<input type="text"/>	
		0030	<input type="text"/>	
		0040	<input type="text"/>	
		0050	<input type="text"/>	
Automobile		0060	<input type="text"/>	
Truck, including vans		0070	<input type="text"/>	
		0080	<input type="text"/>	
		0090	<input type="text"/>	
		0100	<input type="text"/>	
		0110	<input type="text"/>	
FIELD REPRESENTATIVE INSTRUCTION Complete part B for each newly leased vehicle.				

Section 10 – RENTED AND LEASED VEHICLES – Continued

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

Information Booklet, page 28 1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles. <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 6a If YES – Read the list of individual items below and mark (X) the appropriate "Yes" or "No" box.		2. FIELD REPRESENTATIVE ITEM		PROCESSING USE ONLY	1 10 12 2 ↓	1 10 13 0 ↓	1 10 14 8 ↓	1 10 15 5 ↓
		VEHICLE NUMBER			1	2	3	4
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles. <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 6a If YES – Read the list of individual items below and mark (X) the appropriate "Yes" or "No" box.		a. Describe briefly the type of vehicle rented, such as "auto" or "boat."		Description	Description	Description	Description	
		b. Enter vehicle code from item 1b.		RENTCODE	Code	Code	Code	Code
b. If YES to an individual item ask – How many?		3. Was it rented solely for use on a vacation, overnight trip, or a trip of 75 miles or more one way?		0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No ANYVACAT	0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	
		4. Since the 1st of (month, 3 months ago), excluding (the current month) what has been your expense for renting this vehicle? If periodic payments were made, enter in the notes the amount of the payment and the number of payments incurred during the reference period. Compute the total expense and enter the amount in this item.		0080 \$ RENTEXPX .00	0080 \$.00	0080 \$.00	0080 \$.00	
VEHICLE CODE YES NO HOW MANY?		5a. Were (Will) any of the rental expenses (be) deducted as business expenses, reimbursed, or paid by someone else?		0130 1 <input type="checkbox"/> Yes ANYBSNRM 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	
		b. If YES – What percent of the total expense will this cover? Enter to nearest whole percent.		0140 BSN SPCT Z .00 Percent	0140 .00 Percent	0140 .00 Percent	0140 .00 Percent	
Automobile ... 100 Truck, including vans ... 110 Motorized camper-coach ... 120 Trailer-type camper ... 130 Other attachable-type camper ... 140 Motorcycle, motor scooter, or moped (motorized bicycle) ... 150 Boat, with a motor ... 160 Boat, without a motor ... 170 Trailer, other than camper type, such as for a boat or cycle ... 180 Private plane ... 190 Any other vehicle ... 200		LEASED VEHICLES		1 10 20 5 ↓	NOTES			
		6a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any lease payments or begun leasing any automobile or truck not used ENTIRELY for business? 0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to section 11		b. If YES – What kind of vehicle was it? Enter vehicle code		0020 [][] [][] 0030 [][] [][]		
0040 [][] [][] 0050 [][] [][]								
Automobile ... 100 0060 [][] [][] 0070 [][] [][]								
Truck, including vans ... 110 0080 [][] [][] 0090 [][] [][]								
0100 [][] [][] 0110 [][] [][]								
0120 [][] [][] 0130 [][] [][]								
FIELD REPRESENTATIVE INSTRUCTION Complete part B on next page for each leased vehicle.								

Section 10 – RENTED AND LEASED VEHICLES – Continued

Part B – Detailed Questions for Leased Vehicles

1. FIELD REPRESENTATIVE ITEM		PROCESSING USE ONLY	1 10 21 3 ↓		10a. What was the number of payments contracted for?	NUMPAY	NOTES	
a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		a. VEHICLE NUMBER	0010	Number	LSDNUM	0190	Payments	
		b. VEHICLE CODE	0020	Code	LSDCODE	0200	0210	
2. What is the year, make, and model?		Year	0030	Make	Model	0220	PAYEXPX	
		MODEL	0040	MODEL	MODEL	0230	PAYTIME	
3. How many cylinders does it have?		0050	Cylinders	NUMCYL		0240	ANYEXTRA	
4. Does it have –		0060	ANYAUTO			0250	EXTRAEXP	
a. Automatic transmission?		0070	ANYSTEER			0260	ANYEMPLY	
b. Power steering?		0080	ANYBRAKE			0270	EMPLYEXP	
c. Power brakes?		0090	ANYAC			0280	ANYTRADE	
d. Air conditioning?		0100	ANYROOF			0290	TRADEEXP	
e. Sun roof?		0110	ANYTURBO			0300	ANYDOWN	
f. Turbo charged engine?		0120	ANYDIESL			0310	DOWNEXP	
g. Diesel engine?		0121	ANYWHEEL			0320	ANYDNEMP	
h. Four wheel drive?						0330	DNEMPEXP	
5a. How many doors does it have?		0122	DOORS	DOORS		0340	ANYHAVE	
b. Is it a . . . ?		0123	TYPEVEH			0350	LSDENDMO	
6a. Is it used for business?		0130	ANYBUSIN			0360	ANYFEES	
b. If used for business – What percent of the mileage is counted as a business expense?		0140	PRCBSNSZ	Percent		0370	FESEXP	
7. How many miles are currently on the vehicle?		0150	MILESVEH	Miles				
8. Was it new or used when first leased?		0160	NEW USED					
9. Was this vehicle leased from a –		0170	LSDSOURC					

Section 10 – RENTED AND LEASED VEHICLES – Continued

Part B – Detailed Questions for Leased Vehicles – Continued

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

Section 11 – OWNED VEHICLES

FIELD REPRESENTATIVE –

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

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

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

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

Information Booklet, page 28

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

1 11 01 3 ↓

0010 1 Yes
2 No – Go to next part or section

4 11 00 9 →

OWNED VEHICLE INVENTORY CHART

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

b. If YES – What kind of vehicle was it?
Enter vehicle code from item 3 below.

0020	<input type="text"/>	0030	<input type="text"/>
0040	<input type="text"/>	0050	<input type="text"/>
0060	<input type="text"/>	0070	<input type="text"/>
0080	<input type="text"/>	0090	<input type="text"/>
0100	<input type="text"/>	0110	<input type="text"/>

3. FIELD REPRESENTATIVE INSTRUCTION
Complete part B for each new vehicle.

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

NOTES

Section 11 – OWNED VEHICLES – Continued

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

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

1 11 02 1 ↓

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

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions

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

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions – Continued

<p>1. FIELD REPRESENTATIVE ITEM</p> <p>a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a.</p> <p>b. Enter a vehicle code from part A.1 or A.2.</p>		<p>PROCESSING USE ONLY</p> <p style="text-align: center;">1 11 04 7 ↓</p>	<p>11. In what month and year was it purchased?</p> <p>Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>0190 <input type="text"/> <input type="text"/> 0200 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>2. Briefly describe the (vehicle).</p> <p><i>Do not ask for vehicle codes 100 or 110.</i></p>		<p>a. VEHICLE NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Number</p> <p>b. VEHICLE CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code</p>	<p>12a. Was any portion of the purchase price financed?</p> <p>0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.</p>
<p>3. What is the year, make, and model?</p> <p><i>Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</i></p>		<p>Description</p> <p>Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Make: <input type="text"/> Model: <input type="text"/></p>	<p>b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?</p> <p>0220 1 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments</p>
<p>4. How many cylinders does it have?</p>		<p>0030 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>0040 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OFFICE USE ONLY Enter auto code</p>	<p>13a. Was a trade-in allowance received?</p> <p>0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c</p>
<p>5. Does it have –</p> <p>a. Automatic transmission? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Power steering? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Power brakes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Sun roof? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Turbo charged engine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. Diesel engine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h. Four wheel drive? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>0050 <input type="text"/> Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)</p>	<p>b. If YES – How much?</p> <p>0240 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>6a. How many doors does it have?</p> <p><i>Ask for vehicle code 100.</i></p>		<p>0060 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>0070 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>0080 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>0090 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>0100 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>0110 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>0120 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>0121 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>c. What was the amount paid for it after trade-in allowance and discount?</p> <p>0250 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>6b. Is it a . . . ?</p>		<p>0122 <input type="text"/> Doors</p> <p>0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?</p>	<p>d. Did this price include sales tax?</p> <p>0260 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No</p>
<p>7a. Is it used for business?</p> <p>b. If used for business – What percent of the mileage is counted as a business expense?</p>		<p>0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 8</p> <p>0140 <input type="text"/> Percent { If 100%, delete this vehicle and go to next vehicle. }</p>	<p>e. Was any of the amount or price paid by an employer?</p> <p>0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p>
<p>8. Was it new or used when acquired?</p>		<p>0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used</p>	<p>f. If YES – How much?</p> <p>0280 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>9. Was this vehicle purchased from –</p>		<p>0160 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify _____</p>	<p>14. What was the amount of the cash down payment?</p> <p>0290 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>10a. Was this vehicle –</p> <p>b. How many miles are currently on the vehicle?</p> <p><i>Ask for item codes 100–120 and 150 only.</i></p>		<p>0170 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?</p> <p>0180 <input type="text"/> Miles – If item 10a is code 3, go to next vehicle ↗</p>	<p>15a. What was the source of credit?</p> <p>0300 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify ↘ 4 <input type="checkbox"/> Credit Union</p>
			<p>b. Was this a home equity loan?</p> <p>0305 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
			<p>c. How much was borrowed, excluding any interest?</p> <p>0310 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
			<p>d. What was the number of payments contracted for?</p> <p>0320 <input type="text"/> Payments</p>
			<p>e. In what month and year was the first payment made?</p> <p>Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>0330 <input type="text"/> <input type="text"/> 0340 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
			<p>f. What is the amount of each payment?</p> <p>0350 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
			<p>g. What period is covered by each payment?</p> <p>0360 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↘ 4 <input type="checkbox"/> Quarter</p>
			<p>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</p> <p>0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section</p>
			<p>i. If YES – How much of the payment is for these extra charges?</p> <p>0380 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 x <input type="checkbox"/> Don't know</p>

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions – Continued

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

Section 11 - OWNED VEHICLES - Continued

Part B - Detailed Questions - Continued

1. FIELD REPRESENTATIVE ITEM a. New CU's - Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews - Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY 1 11 06 2 ↓	11. In what month and year was it purchased? Month: 0190 [][] Year: 0200 [][][][]
2. Briefly describe the (vehicle). <i>Do not ask for vehicle codes 100 or 110.</i>		a. VEHICLE NUMBER 0010 _____ Number b. VEHICLE CODE 0020 [][][] Code	12a. Was any portion of the purchase price financed? 0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.
3. What is the year, make, and model? <i>Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</i>		Description Year: 0030 [][][][] Make: _____ Model: _____	b. If YES - On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made? 0220 1 <input type="checkbox"/> Paid off - If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments
4. How many cylinders does it have?		OFFICE USE ONLY Enter auto code 0040 [][][][]	13a. Was a trade-in allowance received? 0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 13c
5. Does it have - a. Automatic transmission? b. Power steering? c. Power brakes? d. Air conditioning? e. Sun roof? f. Turbo charged engine? g. Diesel engine? h. Four wheel drive?		0050 _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	b. If YES - How much? 0240 \$ _____ .00
6a. How many doors does it have? <i>Ask for vehicle code 100.</i> b. Is it a . . . ?		Yes No 0060 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0080 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0090 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0100 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0110 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0120 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0121 1 <input type="checkbox"/> 2 <input type="checkbox"/>	c. What was the amount paid for it after trade-in allowance and discount? 0250 \$ _____ .00
7a. Is it used for business? b. If used for business - What percent of the mileage is counted as a business expense? <i>Ask for vehicle code 100.</i>		0122 _____ Doors 0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?	d. Did this price include sales tax? 0260 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No
8. Was it new or used when acquired?		0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only - Go to item 8	e. Was any of the amount or price paid by an employer? 0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14
9. Was this vehicle purchased from -		0140 _____ Percent <i>If 100%, delete this vehicle and go to next vehicle.</i>	f. If YES - How much? 0280 \$ _____ .00
10a. Was this vehicle - b. How many miles are currently on the vehicle? <i>Ask for item codes 100-120 and 150 only.</i>		0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used	14. What was the amount of the cash down payment? 0290 \$ _____ .00
10a. Was this vehicle - b. How many miles are currently on the vehicle? <i>Ask for item codes 100-120 and 150 only.</i>		0160 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? - Specify _____	15a. What was the source of credit? 0300 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other - Specify _____ 4 <input type="checkbox"/> Credit Union
10a. Was this vehicle - b. How many miles are currently on the vehicle? <i>Ask for item codes 100-120 and 150 only.</i>		0170 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? - Go to item 11 3 <input type="checkbox"/> Received as gift?	b. Was this a home equity loan? 0305 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
10a. Was this vehicle - b. How many miles are currently on the vehicle? <i>Ask for item codes 100-120 and 150 only.</i>		0180 _____ Miles - If item 10a is code 3, go to next vehicle	c. How much was borrowed, excluding any interest? 0310 \$ _____ .00
10a. Was this vehicle - b. How many miles are currently on the vehicle? <i>Ask for item codes 100-120 and 150 only.</i>			d. What was the number of payments contracted for? 0320 _____ Payments
10a. Was this vehicle - b. How many miles are currently on the vehicle? <i>Ask for item codes 100-120 and 150 only.</i>			e. In what month and year was the first payment made? Month: 0330 [][] Year: 0340 [][][][]
10a. Was this vehicle - b. How many miles are currently on the vehicle? <i>Ask for item codes 100-120 and 150 only.</i>			f. What is the amount of each payment? 0350 \$ _____ .00
10a. Was this vehicle - b. How many miles are currently on the vehicle? <i>Ask for item codes 100-120 and 150 only.</i>			g. What period is covered by each payment? 0360 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other - Specify _____ 4 <input type="checkbox"/> Quarter
10a. Was this vehicle - b. How many miles are currently on the vehicle? <i>Ask for item codes 100-120 and 150 only.</i>			h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance? 0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section
10a. Was this vehicle - b. How many miles are currently on the vehicle? <i>Ask for item codes 100-120 and 150 only.</i>			i. If YES - How much of the payment is for these extra charges? 0380 \$ _____ .00 x <input type="checkbox"/> Don't know

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions – Continued

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

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions – Continued

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

Section 11 – OWNED VEHICLES – Continued

Part C – Disposed of Vehicles

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

NOTES

Section 11 – OWNED VEHICLES – Continued

Part C – Disposed of Vehicles – Continued

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

NOTES

Section 12 – VEHICLE OPERATING EXPENSES

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

8 12 02 4 →

a				PROCESSING USE ONLY	b What was the expense for? <i>Enter a brief description.</i>	c ENTER ITEM CODE from column a. VOPSERVY	d Did this expense include labor? VOPLABOR		e Which vehicle was it for? <i>Describe briefly and enter the vehicle code from the vehicle code list.</i> VOPVENYA		f In what month did you have this expense? VOPMOA		g What was the total cost? VOPEXPX		h Did this include sales tax? VOPTAX		i Has any of this expense or will any of it be reimbursed? VOPREIMB		j IF YES – How much? VOPRMBXA		k Did you have any other expenses for . . . ? <i>If "No", go to next item in column a.</i>			PRE							
							YES	NO	Description	Vehicle code	Month	YES	NO	YES	NO	YES	NO	YES	NO	Description from column b	Month from column f	Cost from column g									
<p>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following?</p> <p><i>Information Booklet, pages 29 and 30</i> I will now ask about expenses for vehicle services, parts, and equipment. Please do not include expenses for vehicles used entirely for business.</p>				<p>ITEM CODE</p> <p>YES</p> <p>NO</p>	0010			1 <input type="checkbox"/>	2 <input type="checkbox"/>					\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00				
					Oil change, lubrication, and oil filter	100			1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
					Motor tune-up	110			1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
					Brake work	120			1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
					Battery purchases and installation	130			1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
					Tire purchases and mounting	140			1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
					Tire repair	150			1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
					Front end alignment, wheel balancing and wheel rotation	160			1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					
					Steering or front-end work	170			1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					
					Electrical system work	180			1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					
					Engine repair or replacement	190			1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					
					Air conditioning work	200			1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					
					Engine cooling system work	210			1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					
									0150			1 <input type="checkbox"/>	2 <input type="checkbox"/>					\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				
					NOTES																										
<p>2. FIELD REPRESENTATIVE CHECK ITEM</p> <p>Mark (X) box if there are no entries recorded in columns b–k.</p>				1 12 01 1 ↓																											
				0010 999 <input type="checkbox"/> Go to next page																											
																					Automobile	100									
																					Truck	110									
																					Motorized camper	120									
																	Trailer camper	130													
																	Other attachable-type camper	140													
																	Motorcycle, scooter, or moped	150													
																	Boat, with motor	160													
																	Boat, without motor	170													
																	Trailer, other than camper such as for boat	180													
																	Private plane	190													
																	Any other vehicle	200													

Section 12 – VEHICLE OPERATING EXPENSES – Continued

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

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

8 12 04 0 →

a			PROCESSING USE ONLY	b	c	d		e		f	g		h		i		j	k		PRE		
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following?				What was the expense for? <i>Enter a brief description.</i>	ENTER ITEM CODE from column a.	YES	NO	Which vehicle was it for? <i>Describe briefly and enter the vehicle code from the vehicle code list.</i>		In what month did you have this expense?	What was the total cost?	Did this include sales tax?		Has any of this expense or will any of it be reimbursed? <i>If "No", go to column k.</i>		IF YES – How much?	Did you have any other expenses for...? <i>If "No", go to next item in column a.</i>		Description from column b	Month from column f	Cost from column g	
ITEM CODE	YES	NO						Description	Vehicle code	Month		YES	NO	YES	NO		YES	NO				
Exhaust system work																						
Clutch or transmission work				0010																		
Body work and painting				0020																		
Shock absorber replacement				0030																		
Drive shaft or rear-end work				0040																		
Audio equipment and installation				0050																		
Vehicle accessories and customizing				0060																		
Other vehicle services, parts, and equipment				0070																		
				0080																		
				0090																		
				0100																		
				0110																		
				0120																		
				0130																		
				0140																		
				0150																		
NOTES																						
2. FIELD REPRESENTATIVE CHECK ITEM																						
Mark (X) box if there are no entries recorded in columns b–k.																						

Section 12 – VEHICLE OPERATING EXPENSES – Continued

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

Part B – Licensing, Registration, and Inspection of Vehicles

3 12 26 4 →

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

Section 12 – VEHICLE OPERATING EXPENSES – Continued

Part C – Other Vehicle Operating Expenses		1 12 51 6 ↓
1a. Since the 1st of (month, 3 months ago), what has been the CU's AVERAGE MONTHLY expense for gasoline and other fuels (including gasohol) to operate automobiles, trucks, motorcycles, or any other vehicles?	0010 \$ <u>VOPGA SX</u> .00 0 <input type="checkbox"/> None – Go to item 2a	4. Since the 1st of (month, 3 months ago), have any members of your CU had expenses for –
b. Was any of this expense for the purchase of diesel fuel?	0020 1 <input type="checkbox"/> Yes VOPDIES 2 <input type="checkbox"/> No – Go to item 1d	a. Parking, including garage rental, metered parking, and parking lot fees, except any expenses included in property ownership costs? Do not include parking expenses that are totally reimbursed or paid entirely for business.
c. If YES – How much?	0030 \$ <u>VOPDIESX</u> .00	0120 1 <input type="checkbox"/> Yes VOPPA RK 2 <input type="checkbox"/> No – Go to item 4c
d. Was any of the average monthly cost counted as a business expense?	0040 1 <input type="checkbox"/> Yes VOPBSNS 2 <input type="checkbox"/> No – Go to item 2a	b. If YES – How much was paid, excluding any payments made this month?
e. How much of the (dollar amount in item 1a) was counted as a business expense?	0050 \$ <u>VOPBSNSX</u> .00	0130 \$ <u>VOPPA RKX</u> .00 0 <input type="checkbox"/> None
2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any oil for operating vehicles, other than oil included with the purchase of an oil change? Do not include purchases for vehicles used entirely for business.	0060 1 <input type="checkbox"/> Yes VOPOIL 2 <input type="checkbox"/> No – Go to item 3a	c. Towing charges, excluding contracted or pre-paid towing charges?
b. What was the total cost?	0070 \$ <u>VOPOILX</u> .00	0140 1 <input type="checkbox"/> Yes VOPTOW 2 <input type="checkbox"/> No – Go to item 4e
c. Was any of this purchased this month?	0080 1 <input type="checkbox"/> Yes VOPOILNT 2 <input type="checkbox"/> No – Go to item 3a	d. If YES – How much was paid, excluding any payments made in the current month?
d. If YES – How much was purchased this month?	0090 \$ <u>VOPOILNX</u> .00	0150 \$ <u>VOPTOWX</u> .00 0 <input type="checkbox"/> None
3a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) purchased any antifreeze, brake fluid, transmission fluid, or additives, except if purchased with a tune-up? Do not include purchases for vehicles used entirely for business.	0100 1 <input type="checkbox"/> Yes VOPFLUID 2 <input type="checkbox"/> No – Go to item 4a	e. Docking and landing fees for boats and planes?
b. What was the total cost of these purchases?	0110 \$ <u>VOPFLUDX</u> .00	0160 1 <input type="checkbox"/> Yes VOPDOCK 2 <input type="checkbox"/> No – Go to item 5a
		f. If YES – How much was paid, excluding any payments made in the current month?
		0170 \$ <u>VOPDOCKX</u> .00 0 <input type="checkbox"/> None
		5a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) had any expenses for auto repair service policies? Do not include service policies for vehicles used entirely for business.
		0180 1 <input type="checkbox"/> Yes VOPPOLCY 2 <input type="checkbox"/> No – Go to item 6a
		b. If YES – How much?
		0190 \$ <u>VOPPLCYX</u> .00
		6a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) had any expenses for bottled or tank gas for recreational vehicles, including vans, campers, and boats?
		0200 1 <input type="checkbox"/> Yes TANKGA S 2 <input type="checkbox"/> No – Go to next section
		b. If YES – How much?
		0210 \$ <u>TANKGA SX</u> .00

NOTES

Section 13 – INSURANCE OTHER THAN HEALTH – Continued

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

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

Section 13 – INSURANCE OTHER THAN HEALTH – Continued

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

Part B – Detailed Questions

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

Section 13 – INSURANCE OTHER THAN HEALTH – Continued

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

Part B – Detailed Questions – Continued

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

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE

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

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

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

1. Complete columns i through m in the "Health Insurance Policy Inventory Chart" below for each policy previously reported, except policies that were discontinued ("YES" in column f).

8 14 00 4 →

HEALTH INSURANCE POLICY INVENTORY CHART

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

<p>2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any (additional) health or hospitalization insurance?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>		<p>1 14 01 7 ↓</p> <p>NOTES</p>
<p>b. If YES – How many policies did you buy? Complete a column in part B for each new policy.</p> <p>0020 _____ Number</p>		
<p>3a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for health insurance plans for persons outside of your CU?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next part</p>		
<p>b. If YES – How many policies did you buy? Complete a column in part B for each policy.</p> <p>0040 _____ Number</p>		
<p>4. FIELD REPRESENTATIVE INSTRUCTIONS Complete a column in part B for each new policy reported. If "No," to items 2 and 3 – Go to part C.</p>		

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

Part B – Detailed Questions

		1 14 03 3 ↓	1 14 04 1 ↓	1 14 05 8 ↓	1 14 06 6 ↓	1 14 07 4 ↓
1. FIELD REPRESENTATIVE ITEM New CU's – Enter a policy number in consecutive order beginning with 1. 2nd thru 5th interviews – Enter policy number in consecutive order using the next available number in policy chart in part A.1.	PROCESSING USE ONLY					
	a. POLICY NUMBER	0010 HHIPDLIB Number	0010 _____ Number 5	0010 _____ Number	0010 _____ Number	0010 _____ Number
	b. DISCONTINUED	0020 1 <input type="checkbox"/> HHISTATB	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>
2. What is the name of the insurance company? Enter name of insurance company, not the insurance agent. → If Blue Cross/Blue Shield, Mark (X) box.	Insurance company name	HHIBCBS				
		0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield
3. How many CU members are covered by this policy?		0060 HHIQOYO Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None
4a. What type of insurance plan is it? Information Booklet, page 32a 1 – Health Maintenance Organization 2 – Fee for Service Plan 3 – Commercial Medicare Supplement 4 – Other special purpose plan		0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 HHICODE	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – G	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5
	b. If, except in the case of an emergency, you go to a doctor other than one in the group center or your primary care doctor, without a referral, will the plan pay any of your expenses? Ask only if item 4a is "1."		0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No } HHIPOS	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 ☐ Yes } Go to item 5 2 ☐ No }
c. Is this fee for service plan a – 1 – Traditional Fee for Service Plan? 2 – Preferred Provider Option Plan Ask only if item 4a is "4."		0063 1 <input type="checkbox"/> } HHIFEET 2 <input type="checkbox"/> } Go to item 5	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }
d. Is this special purpose insurance plan– 1 – Dental insurance? 4 – Mental health insurance? 2 – Vision insurance? 5 – Dread disease policy? 3 – Prescription drug insurance? 6 – Other type of special purpose health insurance?		0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify <input checked="" type="checkbox"/> HHISPECT	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify <input checked="" type="checkbox"/>	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify <input checked="" type="checkbox"/>	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify <input checked="" type="checkbox"/>	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify <input checked="" type="checkbox"/>
5. Was the policy obtained on an individual or group basis? 1 – Individually obtained 3 – Group through other organization 2 – Group through place of employment		0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> HHIGROUP	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
6. Are premiums paid – 1 – Entirely by CU members? 4 – Entirely by another group or person outside of the CU? 2 – Partially by CU members? 3 – Entirely by an employer or union?		0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy HHIPRMPD	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy
7. Are any of the premiums paid through payroll deductions?		0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No HHIPRDED	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8a. What is your part of the regular health insurance payment, (including all payroll deductions)?		0110 \$ HHIRPMB .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00
	b. What period of time is covered by the regular payment?	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Quarter HHIRPMPD	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Quarter	0120 1 ☐ Week 5 ☐ 6 months 2 ☐ 2 weeks 6 ☐ Year 3 ☐ Month 7 ☐ Other – Specify ☒ 4 ☐ Quarter
9a. Since the 1st of (month, 3 months ago), were any payments made on this policy?		0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy HHICPMTB	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
b. Was each payment in the amount of (regular payment amount reported in item 8a)?		0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10 HHIRPMTB	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10
c. How many payments were made?		0150 HHIQPMTB } Go to Number } item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a
10. What was the total expense paid for this policy? Ask only if item 9b is "NO."		0160 \$ HHIIRGXB .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00
11a. Were any payments made during the current month?		0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy HHICMEXB	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
b. If YES – How much was paid during the current month?		0180 \$ HHICMXXB .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

Part B – Detailed Questions

		1 14 08 2 ↓	1 14 09 0 ↓	1 14 10 8 ↓	1 14 11 6 ↓	1 14 12 4 ↓
1. FIELD REPRESENTATIVE ITEM New CU's – Enter a policy number in consecutive order beginning with 1. 2nd thru 5th interviews – Enter policy number in consecutive order using the next available number in policy chart in part A.1.	PROCESSING USE ONLY					
	a. POLICY NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number
	b. DISCONTINUED	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>
2. What is the name of the insurance company? Enter name of insurance company, not the insurance agent. → If Blue Cross/Blue Shield, Mark (X) box.	Insurance company name					
		0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield
3. How many CU members are covered by this policy?		0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None
4a. What type of insurance plan is it? <i>Information Booklet, page 32a</i> 1 – Health Maintenance Organization 2 – Fee for Service Plan 3 – Commercial Medicare Supplement 4 – Other special purpose plan		0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5
	b. If, except in the case of an emergency, you go to a doctor other than one in the group center or your primary care doctor, without a referral, will the plan pay any of your expenses? <i>Ask only if item 4a is "1."</i>		0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 ☐ Yes } Go to item 5 2 ☐ No }
c. Is this fee for service plan a – 1 – Traditional Fee for Service Plan? 2 – Preferred Provider Option Plan <i>Ask only if item 4a is "4."</i>		0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }
	d. Is this special purpose insurance plan – 1 – Dental insurance? 4 – Mental health insurance? 2 – Vision insurance? 5 – Dread disease policy? 3 – Prescription drug insurance? 6 – Other type of special purpose health insurance?		0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ✓	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ✓	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ✓	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ✓	0064 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6 ☐ Specify ✓
5. Was the policy obtained on an individual or group basis? 1 – Individually obtained 3 – Group through other organization 2 – Group through place of employment		0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
	6. Are premiums paid – 1 – Entirely by CU members? 4 – Entirely by another group or person outside of the CU? 2 – Partially by CU members? 3 – Entirely by an employer or union?		0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }
7. Are any of the premiums paid through payroll deductions?		0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8a. What is your part of the regular health insurance payment, including all payroll deductions?		0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00
	b. What period of time is covered by the regular payment?	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ✓ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ✓ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ✓ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ✓ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ✓ 4 <input type="checkbox"/> Quarter	0120 1 ☐ Week 5 ☐ 6 months 2 ☐ 2 weeks 6 ☐ Year 3 ☐ Month 7 ☐ Other – Specify ✓ 4 ☐ Quarter
9a. Since the 1st of (month, 3 months ago), were any payments made on this policy?		0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
	b. Was each payment in the amount of (regular payment amount reported in item 8a)?	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10
9c. How many payments were made?		0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a
10. What was the total expense paid for this policy? <i>Ask only if item 9b is "NO."</i>		0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00
11a. Were any payments made during the current month?		0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
	b. If YES – How much was paid during the current month?	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00

Section 15 – MEDICAL AND HEALTH EXPENDITURES

Part A – Screening Questions for Payments		Part B – Payments For Medical Expenses				4 15 02 6 →		PRE				
		PROCESSING USE ONLY	a ENTER ITEM CODE from part A. MEDPCARY	b		c Always ask – In what month was (were) the payment(s) made? MEDPMTMO	d What was the amount of the payment? MEDPMTX	e		1	2	3	4
Ask if not apparent – What was the (care/service or item)? Who received the (care/service or item)? Was the person a CU member?				Month	YES | NO			YES | NO	YES | NO	Care/service or item from column b	Name from column b	Month from column c	Total from column d
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for the following? Read all bold items below.		ITEM CODE	Payments YES | NO			Care/service or item	Person's name			CU member YES | NO	Month	Amount	Other payment(s) YES | NO	Month	Total
EYE CARE, such as Eye examinations, treatment, or surgery 110 Purchase of eye glasses or contact lenses 120 Combined eye care services 130 DENTAL CARE 200 INPATIENT HOSPITAL CARE, such as Hospital room 310 Hospital services 320 Combined hospital room and services 330 SERVICES BY MEDICAL PROFESSIONALS OTHER THAN PHYSICIANS 410 PHYSICIAN SERVICES 420 Combined hospital care and physicians' services 430		0010				1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00
		0020				1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00
		0030				1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00
		0040				1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00
		0050				1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00
		0060				1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00
		0070				1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00
		0080				1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00
		0090				1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00
		0100				1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00
		0110				1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00
		0120				1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00
		0130				1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00
		0140				1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00
0150				1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00		
2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in part B.		0010	999 <input type="checkbox"/>	Go to next page	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00	
		0170			1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	<input type="checkbox"/> <input type="checkbox"/>		\$.00	
										NOTES		

Section 15 – MEDICAL AND HEALTH EXPENDITURES – Continued

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

Part A – Screening Questions for Payments – Continued

Part B – Payments For Medical Expenses – Continued

4 15 05 9 →

Hand respondent Information Booklet, pages 34 and 35.

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

PROCESSING USE ONLY	a		b			c	d	e		PRE			
	ENTER ITEM CODE from part A.	Ask if not apparent – What was the (care/service or item)? Who received the (care/service or item)? Was the person a CU member?	Care/service or item	Person's name	CU member	Always ask – In what month was (were) the payment(s) made?	What was the amount of the payment?	Did you make any other payment(s) for . . . ? <i>If "No," go to next item in part A.</i>		1 Care/service or item from column b	2 Name from column b	3	4
					YES			NO	Month			Month	Total from column d
	ITEM CODE	Payments YES NO	0010			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
			0020			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
	OTHER MEDICAL CARE SERVICES, such as												
	Lab tests or x-rays	510	0030			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
	Care in convalescent or nursing home	520	0040			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
	Other medical care	530	0050			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
	Combined medical care services	540	0060			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
	MEDICINE AND MEDICAL SUPPLIES, such as												
	Hearing aids	610	0080			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
	Prescribed medicines or prescribed drugs	620	0090			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
	Rental of supportive or convalescent equipment	630	0100			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
	Purchase of supportive or convalescent equipment	640	0110			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
	Rental of medical or surgical equipment for general use	650	0120			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
	Purchase of medical or surgical equipment for general use	660	0140			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
	Combined medicine and medical supplies	670	0150			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
			0160			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
			0170			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
			NOTES										

2. FIELD REPRESENTATIVE CHECK ITEM
Mark (X) box if there are no entries recorded in part B.

1 15 04 8 ↓
0010⁹⁹⁹ Go to next page

Section 15 – MEDICAL AND HEALTH EXPENDITURES – Continued

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

Part C – Screening Questions for Reimbursements – Continued			Part D – Reimbursements for Medical Expenses – Continued						4 15 09 1 →							
Hand respondent Information Booklet, pages 34 and 35. 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any reimbursements for the following? Read all bold items below.			PROCESSING USE ONLY	a	b			c	d		e		PRE			
				ENTER ITEM CODE from part C.	Ask if not apparent – What was the (care/service or item)? Who received the (care/service or item)? Was the person a CU member?			Always ask – In what month was (were) the reimbursement(s) received?	What was the amount of the reimbursements?	Did you receive any other reimbursement(s) for . . . ? If "No," go to next item in part C.		1	2	3	4	
		Reimbursements		Care/service or item	Person's name	CU member		Month		YES	NO	Care/service or item from column b	Name from column b	Month from column c	Total from column d	
ITEM CODE	YES	NO				YES	NO		\$					Month	\$	
OTHER MEDICAL CARE SERVICES, such as			0010			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
			0020			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Lab tests or x-rays	510		0030			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Care in convalescent or nursing home	520		0040			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Other medical care	530		0050			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
<i>Combined medical care services</i>	540		0060			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
MEDICINE AND MEDICAL SUPPLIES, such as			0070			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Hearing aids	610		0080			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Prescribed medicines or prescribed drugs	620		0090			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Rental of supportive or convalescent equipment	630		0100			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Purchase of supportive or convalescent equipment	640		0110			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Rental of medical or surgical equipment for general use	650		0120			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Purchase of medical or surgical equipment for general use	660		0140			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
<i>Combined medicine and medical supplies</i>	670		0150			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
2. FIELD REPRESENTATIVE CHECK ITEM	1 15 08 9 ↓		0160			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Mark (X) box if there are no entries recorded in part D.	0010 ⁹⁹⁹ <input type="checkbox"/> Go to next page		0170			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
													NOTES			

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

Section 16 – EDUCATIONAL EXPENSES

7 16 02 7 →

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

Section 16 - EDUCATIONAL EXPENSES - Continued

7 16 04 3 →

a			b	c	d		e	f	g	h		i	j		PRE			
Information Booklet, page 36.					ENTER ITEM CODE from column a.	What was the expense for? <i>Describe briefly the expense.</i>				Who was it for? <i>If CU member, enter name and line number from Control Card. If someone outside CU, enter 99.</i>			Complete without asking if information is known. What kind of school was it? 1 - College or university 2 - Elementary or high school 3 - Child day care center 4 - Nursery school or preschool 5 - Other school <i>Mark (X) box</i>	In what month was the payment made? Month	How much was paid? \$.00	Has any of this amount been or will any of it be reimbursed by an employer, agency, or other person? If "No," go to column j. YES NO	If "Yes" in column h - How much was or will be reimbursed? \$.00	Did you make any other payments for ...? If "No," go to next item in column a. YES NO	1 Item code from column b	2 Name from column d	3 Month from column f	4 Cost from column g
3b. Did you pay for - (Continued) Private school bus? ... Purchase of any school books, supplies, or equipment which has not already been reported? ... Other school related expenses not already reported? ... <i>Use only if the respondent is unable to separate expenses.</i> <i>Combined expenses for books and tuition (Codes 300 and 350)</i> ... <i>Other combined education expenses (Include any combined educational expenses not previously reported.) (Codes 100, 200, 300, 310, 320, 340-360)</i> ...	ITEM CODE	YES	NO	PROCESSING USE ONLY														
	340				0010			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>					\$.00
	350				0020			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>					\$.00
	360				0030			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>					\$.00
	370				0040			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>					\$.00
	380				0050			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>					\$.00
					0060			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>					\$.00
					0070			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>					\$.00
					0080			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>					\$.00
					0090			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>					\$.00
					0100			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>					\$.00
					0110			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>					\$.00
4. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b-j.	1 16 03 8 ↓			0120			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
	0010 999 <input type="checkbox"/> Go to next section			0130			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
				0140			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
				0150			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>					\$.00	

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

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

Part A – Subscriptions and Memberships – Continued				4 17 04 8 →												NOTES									
a				PROCESSING USE ONLY	b		c		d		e		f			g			PRE				NOTES		
4. Have you (or any members of your CU) had any membership costs or other expenses related to any of the following? <i>Do not include contributions to or membership in religious, professional, business, or other tax deductible organizations.</i>					ENTER ITEM CODE from column a.		What is the name of the (subscription, club, or organization reported in column a)? <i>Enter name such as "Jaycees," "Kent Swim and Country Club," and "Amoco Motor Club."</i>		Mark (X) the appropriate box.		What was the total cost during this period?		How much of this amount was paid this month?			Did you purchase any other...?			COST						
FIELD REPRESENTATIVE – Read each item listed below. Country clubs, health clubs, swimming pools, tennis clubs, social or other recreational organizations 800 Civic, service, or fraternal organizations 810 Credit card memberships 820 Automobile service clubs 830					ITEM CODE				OWN USE | GIFT				None | YES | NO			None | YES | NO			Description from column c		Item code from column b			Total from column e		This month from column f
				0010				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
				0020				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
				0030				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
				0040				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
				0050				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
				0060				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
				0070				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
5a. Have you (or any members of your CU) purchased any memberships as a gift to someone outside the CU? <input type="checkbox"/> YES <input type="checkbox"/> NO – Go to item 6				0080				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
				0090				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
b. What memberships were purchased? <i>Complete a separate line for each gift membership.</i>				0100				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
				0110				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
				0120				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
				0130				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
6. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) box if there are no entries recorded in columns b–g.</i>				0140				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
				0150				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
				0160				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
NOTES				0170				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
				0180				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
				0190				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	
				0200				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00	

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

Part B – Books and Entertainment Expenses		1 17 26 7 ↓
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) paid any fees for participating in sports such as tennis, golf, bowling, or swimming?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 11a <p style="text-align: right;">SPORTFEE</p>	
b. What was the total expense for them?	<input type="text" value="0020"/> \$ <input type="text" value="SPORTFEEX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0030"/> \$ <input type="text" value="SPFEECMX"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
2a. Have you (or any members of your CU) paid any single admissions to spectator sporting events such as football, baseball, hockey, or soccer?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 3a <p style="text-align: right;">SPORTADM</p>	
b. What was the total expense for them?	<input type="text" value="0050"/> \$ <input type="text" value="SPORTADX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0060"/> \$ <input type="text" value="SPRTADXC"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
3a. Have you (or any members of your CU) paid any single admissions to entertainment activities such as movies, plays, operas, or concerts?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4a <p style="text-align: right;">RECADMIT</p>	
b. What was the total expense for them?	<input type="text" value="0080"/> \$ <input type="text" value="RECADMX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0090"/> \$ <input type="text" value="RECADMXC"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
4a. Have you (or any members of your CU) bought any (other) books, including paperbacks, not purchased through a book club? (Exclude reference books or school books.)	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5a <p style="text-align: right;">OTHBOOKS</p>	
b. What was the total expense for them?	<input type="text" value="0110"/> \$ <input type="text" value="OTHBOOKX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0120"/> \$ <input type="text" value="OTHBKXCM"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
5a. Have any CU members bought any magazines not included in a subscription?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 6a <p style="text-align: right;">MAGAZINE</p>	
b. What was the total expense for them?	<input type="text" value="0140"/> \$ <input type="text" value="MAGAZX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0150"/> \$ <input type="text" value="MAGAZXCM"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
6a. Have any CU members purchased single copies of newspapers (non-subscription)?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 7a <p style="text-align: right;">NEWSPR</p>	
b. What was the total expense for them?	<input type="text" value="0170"/> \$ <input type="text" value="NEWSPRX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0180"/> \$ <input type="text" value="NEWSPXC"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
7a. Have any CU members purchased compact discs, audio tapes, needles, or records other than through a mail-order club?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 8a <p style="text-align: right;">RECORDYN</p>	
b. What was the total expense for them?	<input type="text" value="0200"/> \$ <input type="text" value="RECORDX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0210"/> \$ <input type="text" value="RECORDXM"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
8a. Have any CU members purchased any photographic film?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 9a <p style="text-align: right;">FILM</p>	
b. What was the total amount spent?	<input type="text" value="0230"/> \$ <input type="text" value="FILMX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0240"/> \$ <input type="text" value="FILMXCM"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
9a. Have any CU members paid for film processing?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 10a <p style="text-align: right;">FILMPCRS</p>	
b. What was the total amount spent?	<input type="text" value="0260"/> \$ <input type="text" value="FLMPCRSX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0270"/> \$ <input type="text" value="FLMPCRCM"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
10a. Have any CU members purchased any video cassettes, video tapes, or video discs other than through a mail-order club?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 11a <p style="text-align: right;">VIDEOPUR</p>	
b. What was the total expense for them?	<input type="text" value="0290"/> \$ <input type="text" value="VIDOPURX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0300"/> \$ <input type="text" value="VDPURXCM"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
11a. Have any CU members rented any video cassettes, video tapes, or video discs?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to next section <p style="text-align: right;">VIDEORNT</p>	
b. What was the total expense for them?	<input type="text" value="0320"/> \$ <input type="text" value="VIDORNTX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0330"/> \$ <input type="text" value="VDRNTXCM"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
NOTES		

FIELD REPRESENTATIVE – Ask part A items 1–7, filling in item 8 for each trip or set of identical trips reported. Identical trips are trips taken in the SAME month to the SAME destination which are reimbursed to the SAME degree (i.e., entirely vs. partially paid for by CU).

Section 18 – TRIPS AND VACATIONS

Part A – Screening Questions		1 18 00 0 ↓	1 18 01 8 ↘																																																																				
<p>1a. Now I'm going to ask about trips and vacations. First I'd like to ask about trips taken by you (or any members of your CU) which were paid for by someone else. Since the 1st of (month, 3 months ago), have you (or any members of your CU) taken any trips entirely paid for by anyone outside your CU, such as a business, employer, or relative?</p> <p>b. If YES – How many trips like this did you have?</p>	<p>0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2</p> <p>ANYOUTSD</p>	<p>8. Ask columns c–i for each trip reported in items 2–7b. Do not record any trip more than once. Trips reported in item 1b will be</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">a</th> <th style="width: 5%;">b</th> <th style="width: 20%;">c</th> <th style="width: 10%;">d</th> <th style="width: 10%;">e</th> <th style="width: 10%;">f</th> <th style="width: 10%;">g</th> <th style="width: 10%;">h</th> <th style="width: 10%;">i</th> </tr> <tr> <th>Trip not ended</th> <th>Line No.</th> <th>Trip type</th> <th>Where did you (they) go on this trip?</th> <th>In what month did this trip end?</th> <th>How many trips did you (or members of your CU) take to (destination) in (month ended)?</th> <th>Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?</th> <th>How many of these trips were paid for entirely by you (your CU)?</th> <th>How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Trip not ended</td> <td style="text-align: center;">Line No.</td> <td style="text-align: center;">Trip type</td> <td style="text-align: center;">Where did you (they) go on this trip?</td> <td style="text-align: center;">In what month did this trip end?</td> <td style="text-align: center;">How many trips did you (or members of your CU) take to (destination) in (month ended)?</td> <td style="text-align: center;">Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?</td> <td style="text-align: center;">How many of these trips were paid for entirely by you (your CU)?</td> <td style="text-align: center;">How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?</td> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">1</td> <td style="text-align: center;">FROM ITEM – TYPETRIP</td> <td style="text-align: center;">City or place State Foreign country</td> <td style="text-align: center;">Month ☐ Not ended – Go to next trip</td> <td style="text-align: center;">NUMTRIPS Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)</td> <td style="text-align: center;">ANYBYOTH 1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</td> <td style="text-align: center;">NUMCUPAY Trips paid for entirely by CU – Enter trip I.D. 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<p>2. Last interview you reported _____ trip(s) which had not yet ended. I'd like to ask about that trip (those trips) now.</p>	<p>Complete items 8e–8i for each trip checked in 8a.</p>																																																																						
<p>3a. (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer to visit relatives or friends?</p> <p>b. If YES – How many trips were taken to visit relatives or friends?</p>	<p>0030 ANYRELS 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a</p> <p>0040 NUMRELS Trips Ask items 8c–8i for each trip reported</p>																																																																						
<p>4a. (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer for business?</p> <p>b. If YES – How many trips were taken for business?</p>	<p>0050 ANYBSNS 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a</p> <p>0060 NUMBSNS Trips Ask items 8c–8i for each trip reported</p>																																																																						
<p>5a. (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer for recreation such as sightseeing, sports events, club or organizational meetings, or outdoor recreation?</p> <p>b. If YES – How many trips were taken for these reasons?</p>	<p>0070 ANYREC 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a</p> <p>0080 NUMREC Trips Ask items 8c–8i for each trip reported</p>																																																																						
<p>6a. (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer on any other kind of trip?</p> <p>b. If YES – How many trips were taken for these reasons?</p>	<p>0090 ANYOTHER 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</p> <p>0100 NUMOTHER Trips Ask items 8c–8i for each trip reported</p>																																																																						
<p>7a. Now let's talk about times when you (or any members of your CU) did not stay away overnight, but went somewhere at least 75 miles away from home. Since the 1st of (month, 3 months ago), have you (or any members of your CU) taken any trips like that?</p> <p>b. If YES – How many such trips were taken?</p>	<p>0110 ANYTRP75 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9</p> <p>0120 NUMTRP75 Trips Ask items 8c–8i for each trip reported</p>																																																																						
		<p>9. TRIP TALLY CHART</p> <ul style="list-style-type: none"> For trips ENTIRELY paid for by someone outside the CU, complete one part D. For trips paid for by CU or trips partially paid for by someone outside the CU, fill out the chart below and complete the appropriate detailed part for each trip. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6"></th> <th colspan="2" style="text-align: center;">PRE</th> </tr> <tr> <th colspan="6"></th> <th style="width: 10%;">1</th> <th style="width: 10%;">2</th> </tr> <tr> <th colspan="6"></th> <th colspan="2" style="text-align: center;">Destination</th> </tr> <tr> <th>Trip identification No.</th> <th>Trip paid for entirely by CU (from column h)</th> <th>Trip partially paid for by non-CU members (from column i)</th> <th>Trip identification No.</th> <th>Trip paid for entirely by CU (from column h)</th> <th>Trip partially paid for by non-CU members (from column i)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">☐ Complete part B</td> <td style="text-align: center;">☐ Complete part C</td> <td style="text-align: center;">5</td> <td style="text-align: center;">☐ Complete part B</td> <td style="text-align: center;">☐ Complete part C</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">☐ Complete part B</td> <td style="text-align: center;">☐ Complete part C</td> <td style="text-align: center;">6</td> <td style="text-align: center;">☐ Complete part B</td> <td style="text-align: center;">☐ Complete part C</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">☐ Complete part B</td> <td style="text-align: center;">☐ Complete part C</td> <td style="text-align: center;">7</td> <td style="text-align: center;">☐ Complete part B</td> <td style="text-align: center;">☐ Complete part C</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">☐ Complete part B</td> <td style="text-align: center;">☐ Complete part C</td> <td style="text-align: center;">8</td> <td style="text-align: center;">☐ Complete part B</td> <td style="text-align: center;">☐ Complete part C</td> <td></td> <td></td> </tr> </tbody> </table>												PRE								1	2							Destination		Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)	Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)			1	☐ Complete part B	☐ Complete part C	5	☐ Complete part B	☐ Complete part C			2	☐ Complete part B	☐ Complete part C	6	☐ Complete part B	☐ Complete part C			3	☐ Complete part B	☐ Complete part C	7	☐ Complete part B	☐ Complete part C			4	☐ Complete part B	☐ Complete part C	8	☐ Complete part B	☐ Complete part C		
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4	☐ Complete part B	☐ Complete part C	8	☐ Complete part B	☐ Complete part C																																																																		

Section 18 – TRIPS AND VACATIONS – Continued

Part A – Screening Questions – Continued

1 18 02 6 ↴

NOTES		8. Ask columns c-i for each trip reported in items 2-7b. Do not record any trip more than once. Trips reported in item 1b will be recorded in part D.							
a	b	c	d	e	f	g	h	i	
Trip not ended	Line No.	Trip type	Where did you (they) go on this trip?	In what month did this trip end?	How many trips did you (or members of your CU) take to (destination) in (month ended)?	Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?	How many of these trips were paid for entirely by you (your CU)?	How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?	
<input type="checkbox"/>	5	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place _____ State _____ Foreign country _____	_____ Month 0 <input type="checkbox"/> Not ended – Go to next trip	_____ Trips <i>(If more than one trip, go to item 8h)</i> <i>(If one trip, go to item 8g)</i>	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	_____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. _____ Trip identification No.	_____ Trips partially reimbursed – Enter trip I.D. No. below _____ Trip identification No.	
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9. TRIP TALLY CHART – Continued						NOTES			
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9	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	13	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C				
10	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	14	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C				
11	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	15	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C				
12	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	16	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C				

Section 18 - TRIPS AND VACATIONS - Continued

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

Part B - Trips Paid Entirely By CU

1. FIELD REPRESENTATIVE ITEM
In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.

PROCESSING USE ONLY 1 18 34 9 ↓

a. TRIP IDENTIFICATION NUMBER TRIPIDBC Identification number

b. DESTINATION TRIPDEST

OFFICE USE ONLY

c. NUMBER OF (IDENTICAL) TRIPS NUMSA ME Number

d. MONTH ENDED EOTRIPMO

e. If set of identical trips read Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.

f. Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.

g. Verify, if already reported. Otherwise, ask how many nights did you (or any members of your CU) spend away from home on this trip? NUMNIGHT Nights

2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal? Yes No - Go to item 3a

b. Did the package deal include . . .

	Yes	No	DK
FOODDEAL <input type="text" value="0070"/> Food and beverages . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LODGDEAL <input type="text" value="0080"/> Lodging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANDEAL <input type="text" value="0090"/> Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELSEDEAL <input type="text" value="0100"/> Anything else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify _____

c. How much did you (or any members of your CU) pay for the package deal? \$ PKGTRIPX .00

NOTES

Hand respondent Information Booklet, page 37.

3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.

PROBE - Any other kinds of transportation on this trip?

If no codes 1-12 marked, go to item 4.

- COMMERCIAL**
- 01 Local (taxi, etc.) CMLOCALY
 - 02 Airplane CMPLANEY
 - 03 Train CMTRAINY
 - 04 Bus CMBUSY
 - 05 Ship CMSHIPY
- RENTED**
- 06 Car, jeep RTCA RY
 - 07 Truck, van RTTRUCKY
 - 08 Motorcycle, moped RTMOPEDY
 - 09 Private plane RTPLANEY
 - 10 Boat, trailer RTBOATY
 - 11 Camper RTCAMPY
 - 12 Other vehicles RTOTHERY
- PRIVATE**
- 13 Car owned by CU PVCA RY
 - 14 Vehicle leased by CU PVLEA SY
 - 15 Other vehicle owned by CU PVOTHERY
 - 16 Vehicle owned by someone else PVELSEY
 - 17 Other transport PVTRAN SY

3b. Ask for each code 1-5 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)?

Ask for each code 6-12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)?

COMMERCIAL	RENTED
<input type="text" value="0290"/> 01 \$ CMLOCALX .00 0 <input type="checkbox"/> None	<input type="text" value="0340"/> 06 \$ RTCA RX .00 0 <input type="checkbox"/> None
<input type="text" value="0300"/> 02 \$ CMPLANEX .00 0 <input type="checkbox"/> None	<input type="text" value="0350"/> 07 \$ RTTRUCKX .00 0 <input type="checkbox"/> None
<input type="text" value="0310"/> 03 \$ CMTRAINX .00 0 <input type="checkbox"/> None	<input type="text" value="0360"/> 08 \$ RTMOPEDX .00 0 <input type="checkbox"/> None
<input type="text" value="0320"/> 04 \$ CMBUSX .00 0 <input type="checkbox"/> None	<input type="text" value="0370"/> 09 \$ RTPLANEX .00 0 <input type="checkbox"/> None
<input type="text" value="0330"/> 05 \$ CMSHIPX .00 0 <input type="checkbox"/> None	<input type="text" value="0380"/> 10 \$ RTBOATX .00 0 <input type="checkbox"/> None
	<input type="text" value="0390"/> 11 \$ RTCAMPX .00 0 <input type="checkbox"/> None
	<input type="text" value="0400"/> 12 \$ RTOTHERX .00 0 <input type="checkbox"/> None

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

Section 18 – TRIPS AND VACATIONS – Continued

Part B – Trips Paid Entirely by CU – Continued		1 18 35 6 ↓	NOTES
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010	1 <input type="checkbox"/> Yes A NYGAS 2 <input type="checkbox"/> No – Go to item 5c	
b. How much did you (or any members of your CU) spend for that?	0020	\$ GA SOILX .00	
c. While on the trip, did you (or any members of your CU) spend anything for tolls?	0030	1 <input type="checkbox"/> Yes ANYTOLL 2 <input type="checkbox"/> No – Go to item 5e	
<i>If YES –</i> d. How much did you (or any members of your CU) spend for tolls?	0040	\$ TRPTOLLX .00	
e. Did you (or any members of your CU) have any parking fees?	0050	1 <input type="checkbox"/> Yes ANYPA RK 2 <input type="checkbox"/> No – Go to item 6a	
<i>If YES –</i> f. How much were they?	0060	\$ PARKINGX .00	
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0070	1 <input type="checkbox"/> Yes LODGING 2 <input type="checkbox"/> No – Go to item 7a	
<i>If YES –</i> b. What was the cost, including taxes and tips?	0080	\$ LDGCOSTX .00	
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0090	1 <input type="checkbox"/> Yes TRPFOOD 2 <input type="checkbox"/> No – Go to item 8a	
<i>If YES –</i> b. What was the cost, including taxes and tips?	0100	\$ TRPFOODX .00	
c. Was any of the (amount in item 7b) for alcoholic beverages?	0110	1 <input type="checkbox"/> Yes TRPALCIN 2 <input type="checkbox"/> No – Go to item 8a	
<i>If YES –</i> d. What was the cost for alcoholic beverages, including taxes and tips?	0120	\$ TRPALCHX .00	
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130	1 <input type="checkbox"/> Yes ANYGROC 2 <input type="checkbox"/> No – Go to item 9a	
<i>If YES –</i> b. What were the expenses, including taxes?	0140	\$ TRPGROCX .00	
c. Was any of the (amount in item 8b) for alcoholic beverages?	0150	1 <input type="checkbox"/> Yes ANYALC 2 <input type="checkbox"/> No – Go to item 9a	
<i>If YES –</i> d. What was the cost for alcoholic beverages, including taxes?	0160	\$ TRPALCGX .00	
9a. Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170	1 <input type="checkbox"/> Yes ANYSPEQP 2 <input type="checkbox"/> No – Go to item 10a	
<i>If YES –</i> b. How much did you (or any members of your CU) pay to rent sports equipment?	0180	\$ TRSPRTX .00	
10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190	1 <input type="checkbox"/> Yes ANYSPORT 2 <input type="checkbox"/> No – Go to item 11a	
<i>If YES –</i> b. How much did you (or any members of your CU) pay?	0200	\$ TRSPORTX .00	
11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)	0210	1 <input type="checkbox"/> Yes ANYENTER 2 <input type="checkbox"/> No – Go to item 12a	
<i>If YES –</i> b. How much did you (or any members of your CU) spend?	0220	\$ TRPETRTX .00	
12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?	0230	1 <input type="checkbox"/> Yes ANYMISC 2 <input type="checkbox"/> No – Go to item 13a	
<i>If YES –</i> b. How much were these expenses?	0240	\$ TRMISCTX .00	
13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0250	1 <input type="checkbox"/> Yes TRPGFTC 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D	
b. Did these expenses include anything for . . . ?			
<i>FIELD REPRESENTATIVE – Read each item listed.</i>			
FOODOUTS	0260 Food and beverages . . .	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
LODGOUTS	0270 Lodging	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
TRANOUTS	0280 Transportation	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
ELSEOUTS	0290 Other expenses	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
c. How much of the total expenses for this trip were for persons outside your CU?	0300	\$ TRPGFTCX .00	
14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0310	\$ TCOMBEST .00	
b. Does this (amount) include anything for . . . ?			
<i>FIELD REPRESENTATIVE – Read each item listed.</i>			
FOODCOMB	0320 Food and beverages . . .	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
LODGCAMB	0330 Lodging	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
TRANCOMB	0340 Transportation	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
ELSECOMB	0350 Other expenses	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
OTHRCOMB	0360 Expenses for others . . .	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.			

Section 18 – TRIPS AND VACATIONS – Continued

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

Part B – Trips Paid Entirely By CU – Continued

1. FIELD REPRESENTATIVE ITEM
In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.

PROCESSING USE ONLY	1 18 36 4 ↓	
a. TRIP IDENTIFICATION NUMBER	0010	Identification number
b. DESTINATION		
OFFICE USE ONLY	0020	
c. NUMBER OF (IDENTICAL) TRIPS	0030	Number
d. MONTH ENDED	0040	

e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.

f. Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.

g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?

0050 _____ Nights

2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?

0060 1 Yes
 2 No – Go to item 3a

b. If "Yes," ask for each item: Did the package deal include . . .
FIELD REPRESENTATIVE – Read each item listed.

	Yes	No	DK
0070 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0080 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0090 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0100 Anything else ↗	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
Specify _____			

c. How much did you (or any members of your CU) pay for the package deal?

0110 \$ _____ .00

NOTES

Hand respondent Information Booklet, page 37.

3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.

PROBE – Any other kinds of transportation on this trip?

If no codes 1–12 marked, go to item 4.

- COMMERCIAL
- 0120 01 Local (taxi, etc.)
 - 0130 02 Airplane
 - 0140 03 Train
 - 0150 04 Bus
 - 0160 05 Ship

- RENTED
- 0170 06 Car, jeep
 - 0180 07 Truck, van
 - 0190 08 Motorcycle, moped
 - 0200 09 Private plane
 - 0210 10 Boat, trailer
 - 0220 11 Camper
 - 0230 12 Other vehicles

- PRIVATE
- 0240 13 Car owned by CU
 - 0250 14 Vehicle leased by CU
 - 0260 15 Other vehicle owned by CU
 - 0270 16 Vehicle owned by someone else
 - 0280 17 Other transport

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

3b. Ask for each code 1–5 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)?

Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)?

COMMERCIAL

- 0290 01 \$ _____ .00 0 None
- 0300 02 \$ _____ .00 0 None
- 0310 03 \$ _____ .00 0 None
- 0320 04 \$ _____ .00 0 None
- 0330 05 \$ _____ .00 0 None

RENTED

- 0340 06 \$ _____ .00 0 None
- 0350 07 \$ _____ .00 0 None
- 0360 08 \$ _____ .00 0 None
- 0370 09 \$ _____ .00 0 None
- 0380 10 \$ _____ .00 0 None
- 0390 11 \$ _____ .00 0 None
- 0400 12 \$ _____ .00 0 None

Section 18 – TRIPS AND VACATIONS – Continued

Part B – Trips Paid Entirely by CU – Continued		1 18 37 2 ↓	NOTES																							
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels? <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5c	0010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c																								
b. How much did you (or any members of your CU) spend for that? \$ _____ .00	0020	\$ _____ .00																								
c. While on the trip, did you (or any members of your CU) spend anything for tolls? <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5e	0030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e																								
If YES – d. How much did you (or any members of your CU) spend for tolls? \$ _____ .00	0040	\$ _____ .00																								
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If YES – d. What was the cost for alcoholic beverages, including taxes? \$ _____ .00	0160	\$ _____ .00																								
9a. Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.) <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 10a	0170	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a																								
If YES – b. How much did you (or any members of your CU) pay to rent sports equipment? \$ _____ .00	0180	\$ _____ .00																								
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11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.) <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 12a	0210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a																								
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b. Did these expenses include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.	0260	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>0260 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0270 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0280 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0290 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>				
	YES	NO	DK																							
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0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
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	YES	NO	DK																							
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GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.																										

Section 18 – TRIPS AND VACATIONS – Continued

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

Part B – Trips Paid Entirely By CU – Continued

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

Hand respondent Information Booklet, page 37.

3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.

PROBE – Any other kinds of transportation on this trip?

If no codes 1–12 marked, go to item 4.

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

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

Section 18 – TRIPS AND VACATIONS – Continued

Part B – Trips Paid Entirely by CU – Continued		1 18 39 8 ↓	NOTES																								
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c																									
b. How much did you (or any members of your CU) spend for that?	0020	\$ _____ .00																									
c. While on the trip, did you (or any members of your CU) spend anything for tolls?	0030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e																									
If YES – d. How much did you (or any members of your CU) spend for tolls?	0040	\$ _____ .00																									
e. Did you (or any members of your CU) have any parking fees?	0050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a																									
If YES – f. How much were they?	0060	\$ _____ .00																									
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a																									
If YES – b. What was the cost, including taxes and tips?	0080	\$ _____ .00																									
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0090	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a																									
If YES – b. What was the cost, including taxes and tips?	0100	\$ _____ .00																									
c. Was any of the (amount in item 7b) for alcoholic beverages?	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a																									
If YES – d. What was the cost for alcoholic beverages, including taxes and tips?	0120	\$ _____ .00																									
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																									
If YES – b. What were the expenses, including taxes?	0140	\$ _____ .00																									
c. Was any of the (amount in item 8b) for alcoholic beverages?	0150	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																									
If YES – d. What was the cost for alcoholic beverages, including taxes?	0160	\$ _____ .00																									
9a. Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a																									
If YES – b. How much did you (or any members of your CU) pay to rent sports equipment?	0180	\$ _____ .00																									
10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)			0190																								
If YES – b. How much did you (or any members of your CU) pay?			0200																								
11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)			0210																								
If YES – b. How much did you (or any members of your CU) spend?			0220																								
12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?			0230																								
If YES – b. How much were these expenses?			0240																								
13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?			0250																								
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Section 18 – TRIPS AND VACATIONS – Continued

Part B – Trips Paid Entirely by CU – Continued		1 18 41 4 ↓	NOTES																								
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c																									
b. How much did you (or any members of your CU) spend for that?	0020	\$ _____ .00																									
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GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.																											

Section 18 – TRIPS AND VACATIONS – Continued

Part C – Partially Reimbursed Trips – Continued		1 77 02 2 ↓	NOTES
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 <input type="checkbox"/> Yes A NYGAS 2 <input type="checkbox"/> No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 <input type="checkbox"/> Yes A NYSPORT 2 <input type="checkbox"/> No – Go to item 11a
b. What costs for gasoline or other fuels won't be reimbursed?	0020 \$ GA SOILX .00 0 <input type="checkbox"/> None	<i>If YES –</i> b. What costs for playing sports won't be reimbursed?	0200 \$ TRSPORTX .00 0 <input type="checkbox"/> None
c. While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 <input type="checkbox"/> Yes A NYTOLL 2 <input type="checkbox"/> No – Go to item 5e	11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)	0210 1 <input type="checkbox"/> Yes A NYENTER 2 <input type="checkbox"/> No – Go to item 12a
<i>If YES –</i> d. What costs for tolls won't be reimbursed?	0040 \$ TRPTOLLX .00 0 <input type="checkbox"/> None	<i>If YES –</i> b. What costs for entertainment and admissions won't be reimbursed?	0220 \$ TRPETRTX .00 0 <input type="checkbox"/> None
e. Did you (or any members of your CU) have any parking fees?	0050 1 <input type="checkbox"/> Yes A NYPA RK 2 <input type="checkbox"/> No – Go to item 6a	12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?	0230 1 <input type="checkbox"/> Yes A NYMISC 2 <input type="checkbox"/> No – Go to item 13a
<i>If YES –</i> f. What costs for parking fees won't be reimbursed?	0060 \$ PA RKINGX .00 0 <input type="checkbox"/> None	<i>If YES –</i> b. What costs for these things won't be reimbursed?	0240 \$ TRMISCX .00 0 <input type="checkbox"/> None
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0070 1 <input type="checkbox"/> Yes LODGING 2 <input type="checkbox"/> No – Go to item 7a	13a. You've told me about many non-reimbursed expenses you (your CU) had on this trip. Were any of these expenses you just reported for anyone outside your CU?	0250 1 <input type="checkbox"/> Yes TRPGFTC 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D
<i>If YES –</i> b. What costs for lodging, including taxes and tips, won't be reimbursed?	0080 \$ LDGCOSTX .00 0 <input type="checkbox"/> None	b. Did these expenses include anything for . . . ?	
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0090 1 <input type="checkbox"/> Yes TRPFOOD 2 <input type="checkbox"/> No – Go to item 8a	<i>FIELD REPRESENTATIVE – Read each item listed.</i>	
<i>If YES –</i> b. What costs for these things won't be reimbursed?	0100 \$ TRPFOODX .00 0 <input type="checkbox"/> None	FOODOUTS 0260 Food and beverages . . .	1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/>
c. Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 <input type="checkbox"/> Yes TRPALCIN 2 <input type="checkbox"/> No – Go to item 8a	LODGOUTS 0270 Lodging	1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/>
<i>If YES –</i> d. What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?	0120 \$ TRPALCHX .00 0 <input type="checkbox"/> None	TRANOUTS 0280 Transportation	1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/>
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130 1 <input type="checkbox"/> Yes A NYGROC 2 <input type="checkbox"/> No – Go to item 9a	ELSEOUTS 0290 Other expenses	1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/>
<i>If YES –</i> b. What costs, including taxes, won't be reimbursed?	0140 \$ TRPGROCX .00 0 <input type="checkbox"/> None	c. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	0300 \$ TRPGFTCX .00
c. Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 <input type="checkbox"/> Yes A NYALC 2 <input type="checkbox"/> No – Go to item 9a	14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those non-reimbursed expenses a respondent is not able to break down should be combined and entered here.	0310 \$ TCOMBEST .00
<i>If YES –</i> d. What cost for alcoholic beverages, including taxes, won't be reimbursed?	0160 \$ TRPALCGX .00 0 <input type="checkbox"/> None	b. Does this (amount) include anything for . . . ?	
9a. Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170 1 <input type="checkbox"/> Yes A NYSPEQP 2 <input type="checkbox"/> No – Go to item 10a	<i>FIELD REPRESENTATIVE – Read each item listed.</i>	
<i>If YES –</i> b. What costs for renting sports equipment won't be reimbursed?	0180 \$ TRSPRTX .00 0 <input type="checkbox"/> None	FOODCOMB 0320 Food and beverages . . .	1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/>
GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.			

Section 18 – TRIPS AND VACATIONS – Continued

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

Part C – Partially Reimbursed Trips – Continued

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

Hand respondent Information Booklet, page 37.

3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.

PROBE – Any other kinds of transportation on this trip?

If no codes 1–12 marked, go to item 4.

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

3b. Ask for each code 1–5 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)?

Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)?

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

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

Section 18 – TRIPS AND VACATIONS – Continued

Part C – Partially Reimbursed Trips – Continued		1 77 04 8 ↓	NOTES																								
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a																								
b. What costs for gasoline or other fuels won't be reimbursed?	0020 \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> b. What costs for playing sports won't be reimbursed?	0200 \$ _____ .00 0 <input type="checkbox"/> None																								
c. While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e	11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)	0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a																								
<i>If YES –</i> d. What costs for tolls won't be reimbursed?	0040 \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> b. What costs for entertainment and admissions won't be reimbursed?	0220 \$ _____ .00 0 <input type="checkbox"/> None																								
e. Did you (or any members of your CU) have any parking fees?	0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a	12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a																								
<i>If YES –</i> f. What costs for parking fees won't be reimbursed?	0060 \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> b. What costs for these things won't be reimbursed?	0240 \$ _____ .00 0 <input type="checkbox"/> None																								
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a	13a. You've told me about many non-reimbursed expenses you (your CU) had on this trip. Were any of these expenses you just reported for anyone outside your CU?	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D																								
<i>If YES –</i> b. What costs for lodging, including taxes and tips, won't be reimbursed?	0080 \$ _____ .00 0 <input type="checkbox"/> None	b. Did these expenses include anything for . . . ?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>0260 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0270 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0280 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0290 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>				
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<i>If YES –</i> b. What costs for these things won't be reimbursed?	0100 \$ _____ .00 0 <input type="checkbox"/> None	c. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	0300 \$ _____ .00																								
c. Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those non-reimbursed expenses a respondent is not able to break down should be combined and entered here.	0310 \$ _____ .00																								
<i>If YES –</i> d. What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?	0120 \$ _____ .00 0 <input type="checkbox"/> None	b. Does this (amount) include anything for . . . ?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>0320 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0330 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0340 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0350 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0360 Expenses for others . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0340 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
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8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a	GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.																									
<i>If YES –</i> b. What costs, including taxes, won't be reimbursed?	0140 \$ _____ .00 0 <input type="checkbox"/> None																										
c. Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																										
<i>If YES –</i> d. What cost for alcoholic beverages, including taxes, won't be reimbursed?	0160 \$ _____ .00 0 <input type="checkbox"/> None																										
9a. Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a																										
<i>If YES –</i> b. What costs for renting sports equipment won't be reimbursed?	0180 \$ _____ .00 0 <input type="checkbox"/> None																										

Section 18 – TRIPS AND VACATIONS – Continued

FIELD REPRESENTATIVE – Complete item 1 for all CU's.

Part D – 100% Reimbursed Trips		1 77 67 5 ↓				NOTES
1. FIELD REPRESENTATIVE CHECK ITEM Enter number of trips ENTIRELY paid for by NON-CU member from part A, item 1a or 1b.	0010 NUMYUPD Trips 0 <input type="checkbox"/> None – Go to part E					
2a. You told me that you (your CU) had (number from item 1) trip(s) entirely paid for by non-CU members. Even on trips entirely paid for by non-CU members there are sometimes miscellaneous expenses which are not paid for. Did you (your CU) have any expenses on this trip (these trips) that will not be covered by a business, employer, or other non-CU member?	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E		A NYUYUPD			
b. Did these expenses include anything for – ? FIELD REPRESENTATIVE – Read each item listed.	FOODYUPD 0030 Food and beverages ... LODGYUPD 0040 Lodging TRANYUPD 0050 Transportation ELSEYUPD 0060 Anything else – Specify ↗	YES 1 <input type="checkbox"/>	NO 2 <input type="checkbox"/>	DK x <input type="checkbox"/>		
c. What was the total amount for these expenses?	0070 \$ TOTYUPDX <input type="text"/> .00					

GO TO PART E

Section 18 – TRIPS AND VACATIONS – Continued

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

Part E – Trip Expenses for Non-CU Members	1 77 68 3 ↓		NOTES																				
<p>1a. Sometimes people in a CU don't take a trip themselves, but pay for part or all of a trip that someone else takes. Since the 1st of (month, three months ago), have you (has your CU) paid for part or all of such a trip for any non-CU members?</p> <p>_____</p> <p><i>If Yes –</i></p>	<p>0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part F</p>	<p>A NYNONCU</p>																					
<p>b. How many trips was that?</p>	<p>0020 NUMNONCU _____ Trips</p>																						
<p>c. Did these expenses include anything for – ? <i>FIELD REPRESENTATIVE – Read each item listed.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>0030 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>LODGNOCU 0040 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>TRA NNOCU 0050 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>ELSENOCU 0060 Anything else – Specify ↴ _____</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0030 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	LODGNOCU 0040 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	TRA NNOCU 0050 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	ELSENOCU 0060 Anything else – Specify ↴ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
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TRA NNOCU 0050 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																				
ELSENOCU 0060 Anything else – Specify ↴ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																				
<p>d. What was the total amount that you (your CU) paid for that trip (those trips)?</p>	<p>0070 \$ TRNONCUX _____ .00</p>																						
GO TO PART F																							

Section 18 – TRIPS AND VACATIONS – Continued

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

Part F – Local Overnight Stays		1 77 69 1 ↓																				
1. We've talked about many different kinds of trips. Sometimes people don't take a trip, but they stay overnight in a local hotel or motel such as for holidays or family getaways. Since the 1st of (month, 3 months ago), have you (or any members of your CU) stayed overnight in a local hotel or motel?	0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section	ANYLOC																				
2. VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?	0020 _____ Nights																					
3a. Sometimes when people stay away from home overnight they have some sort of package deal that covers some or all of the costs. Was all or part of this stay covered by anything like that?	0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a	ANYLOCDL																				
b. Ask for each item – Did the package deal include anything for . . . ?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>FOODLCDL</td> <td>0040 <input type="checkbox"/></td> <td>0041 <input type="checkbox"/></td> <td>0042 <input type="checkbox"/></td> </tr> <tr> <td>LODGLCDL</td> <td>0050 <input type="checkbox"/></td> <td>0051 <input type="checkbox"/></td> <td>0052 <input type="checkbox"/></td> </tr> <tr> <td>ENTRLCDL</td> <td>0060 <input type="checkbox"/></td> <td>0061 <input type="checkbox"/></td> <td>0062 <input type="checkbox"/></td> </tr> <tr> <td>ELSELCDL</td> <td>0070 <input type="checkbox"/></td> <td>0071 <input type="checkbox"/></td> <td>0072 <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	FOODLCDL	0040 <input type="checkbox"/>	0041 <input type="checkbox"/>	0042 <input type="checkbox"/>	LODGLCDL	0050 <input type="checkbox"/>	0051 <input type="checkbox"/>	0052 <input type="checkbox"/>	ENTRLCDL	0060 <input type="checkbox"/>	0061 <input type="checkbox"/>	0062 <input type="checkbox"/>	ELSELCDL	0070 <input type="checkbox"/>	0071 <input type="checkbox"/>	0072 <input type="checkbox"/>	
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c. How much did you (or any members of your CU) pay for the package deal?	0080 \$ _____ .00																					
4a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a	ANYLODGE																				
b. What was the cost, including taxes and tips?	0100 \$ _____ .00																					
5a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a	ANYMEAL																				
b. What was the cost, including taxes and tips?	0120 \$ _____ .00																					
c. Was any of the (amount in item 5b) for alcoholic beverages?	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a	ANYALCML																				
d. What was the cost for alcoholic beverages, including taxes and tips?	0140 \$ _____ .00																					
6a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?	0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a	ANYLCGR																				
b. What were the expenses, including taxes?	0160 \$ _____ .00																					
c. Was any of the (amount in item 6b) for alcoholic beverages?	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a	ANYALCGR																				
d. What was the cost for alcoholic beverages, including taxes?	0180 \$ _____ .00																					
7a. (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?	0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8	ANYADMISS																				
b. How much did you (or any members of your CU) pay?	0200 \$ _____ .00																					
8. If the respondent is unable to break down food and beverages, lodging, entertainment, or other expenses, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0210 \$ _____ .00																					
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9. Did you (or any members of your CU) have any other stays at local hotels or motels?	0260 1 <input type="checkbox"/> Yes – Complete part F for each stay 2 <input type="checkbox"/> No – Go to next section																					
NOTES																						

Section 18 – TRIPS AND VACATIONS – Continued

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

Part F – Local Overnight Stays – Continued		1 77 70 9 ↓																				
1. We've talked about many different kinds of trips. Sometimes people don't take a trip, but they stay overnight in a local hotel or motel such as for holidays or family getaways. Since the 1st of (month, 3 months ago), have you (or any members of your CU) stayed overnight in a local hotel or motel?	0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section																					
2. VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?	0020 _____ Nights																					
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b. Ask for each item – Did the package deal include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>0040 Food and beverages</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0050 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0060 Entertainment</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0070 Anything else – Specify ↴ _____</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0040 Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0050 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0060 Entertainment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0070 Anything else – Specify ↴ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	
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7a. (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?	0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8																					
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9. Did you (or any members of your CU) have any other stays at local hotels or motels?	0260 1 <input type="checkbox"/> Yes – Complete part F for each stay 2 <input type="checkbox"/> No – Go to next section																					
NOTES																						

Section 19 – MISCELLANEOUS EXPENSES

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

4 19 02 8 →

a	b	PROCESSING USE ONLY	c	d		e		f		g		NOTES	PRE					
				In what month did you have this expense? <i>If it is a continuous expense throughout the reference period, mark box.</i>		Was this expense for your CU or someone outside of your CU? 1 – For CU 2 – For someone outside your CU		What was the total amount of the expense? <i>For continuing expenses, do not include expenses for the current month.</i>		Did you have any other expenses for . . . ?			1	2	3			
				Month	Continuous expense	CU	Outside CU			YES	NO					Description from column b	Month or code from column d	Expense from column f
Information Booklet, pages 41 and 42 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following, either for your CU or for someone outside your CU?	What was the expense for? <i>Describe briefly.</i>		ENTER ITEM CODE from column a. MISC CODE															
FUNERALS, BURIALS, OR CREMATION ITEM CODE 100																		
PURCHASE OR UPKEEP OF CEMETERY LOTS OR VAULTS ITEM CODE 110			0010		MISC MO	13 <input type="checkbox"/>	1 <input type="checkbox"/>	MISC GFTC	MISCEX PX								\$	.00
COMBINATIONS OF THE ABOVE <i>Use only if cannot itemize the above</i> ITEM CODE 120			0020			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
CATERED AFFAIRS ITEM CODE 130			0030			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
FRESH FLOWERS OR POTTED PLANTS ITEM CODE 140			0040			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
LEGAL FEES <i>Do not include legal fees related to real estate closing costs which were reported in section 3.</i> ITEM CODE 150			0050			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
ACCOUNTING FEES ITEM CODE 160			0060			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
HOME SERVICES ITEM CODE 170			0070			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
Gardening or lawn care services ITEM CODE 180			0080			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
Housekeeping services ITEM CODE 210			0090			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
Other home services and small repair jobs around the house, not previously reported ITEM CODE 220			0100			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
Babysitting or other child care in your own home ITEM CODE 190			0110			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
Babysitting or other child care in someone else's home ITEM CODE 200			0120			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
Care for invalids, convalescents, handicapped or elderly persons in the home ITEM CODE 200			0130			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
ADULT DAY CARE CENTERS ITEM CODE 350			0140			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
PROFESSIONAL PHOTOGRAPHY FEES ITEM CODE 360			0150			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
HOME SECURITY SYSTEM SERVICE FEES ITEM CODE 370			0160			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
2. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) box if there are no entries recorded in columns b</i>			0170			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
			0180			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
			0190			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
			0200			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
			0210			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00
			0220			13 <input type="checkbox"/>	1 <input type="checkbox"/>										\$.00

Section 19 - MISCELLANEOUS EXPENSES - Continued

4 19 04 4 →

a				b What was the expense for? Describe briefly.	PROCESSING USE ONLY	c			d		e		f		g		NOTES	PRE		
ITEM CODE	YES	NO	ENTER ITEM CODE from column a.			In what month did you have this expense? <i>If it is a continuous expense throughout the reference period, mark box.</i>		Was this expense for your CU or someone outside of your CU? 1 - For CU 2 - For someone outside your CU		What was the total amount of the expense? <i>For continuing expenses, do not include expenses for the current month.</i>		Did you have any other expenses for . . . ?		1 Description from column b	2 Month or code from column d Month	3 Expense from column f				
						Month	Continuous expense	CU	Outside CU	\$		YES	NO							
3. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following, either for your CU or for someone outside your CU? <i>Information Booklet, page 42</i>																				
COMPUTER INFORMATION SERVICES	280			0010		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
TV COMPUTER GAMES AND COMPUTER GAME SOFTWARE	290			0020		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
				0030		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
HAND HELD COMPUTER GAMES AND COMPUTER BOARD GAMES	300			0040		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
				0050		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
TOYS AND GAMES	330			0060		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
				0070		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
HOBBIES	340			0080		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
				0090		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
MOVING, STORAGE, AND FREIGHT EXPRESS	230			0100		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
				0110		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
PURCHASE OF PETS, PET SUPPLIES, AND MEDICINE FOR PETS	240			0120		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
				0130		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
PET SERVICES	250			0140		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
				0150		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
VETERINARIAN EXPENSES FOR PETS	260			0160		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
				0170		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
ALIMONY	310			0180		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
				0190		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
CHILD SUPPORT	320			0200		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
				0210		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
MONEY GIVEN TO NON-CU MEMBERS, CHARITIES, AND OTHER ORGANIZATIONS	270			0220		13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>						\$.00	
4. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) box if there are no entries recorded in columns b-g.</i>																				
1 19 03 2 ↓ 0010 ⁹⁹⁹ <input type="checkbox"/> Go to section 20																				

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

Part A – Food and Beverages		1 20 01 4 ↓					NOTES
1a. Since the 1st of (month, 3 months ago), what has been your usual WEEKLY expense at the grocery store or supermarket?	0010 \$ GROCWEKX .00 <input type="checkbox"/> None – Go to item 2a		8. Have you (or any members of your CU) received any free food, beverages, or meals through public or private welfare agencies, including religious organizations? Do not include free meals in school or preschool programs.	0170 <input type="checkbox"/> Yes <input type="checkbox"/> No	FREEFOOD		
b. About how much of this amount was for nonfood items, such as paper products, detergents, home cleaning supplies, pet foods, and alcoholic beverages?	0020 \$ OTHSTUFX .00 <input type="checkbox"/> None		9a. Have you (or any members of your CU) received any free meals at work as part of your pay?	0180 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 10a	MEALSPA Y		
2a. Have you (or any members of your CU) purchased any food or nonalcoholic beverages from places other than grocery stores, such as home delivery, specialty stores, bakeries, convenience stores, dairy stores, vegetable stands, or farmers' markets? Include any large purchases made for freezing or canning.	0030 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 3a	OTHSTOR	b. About what was the WEEKLY dollar value of such meals?	0190 \$ MLPAYWKX .00			
b. What was your usual WEEKLY expense at these places?	0040 \$ OSTORWKX .00		c. Since the 1st of (month, 3 months ago), how many weeks did members of your CU receive such meals?	0200 MLPYQWKS Number of weeks			
3a. Do you (or any members of your CU) ever buy alcoholic beverages to be served at home?	0050 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4a	ALCOHOL	10a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or members of your CU) purchased any meals at school or in a preschool program for preschool or school age children?	0210 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to part B			
b. What was your usual MONTHLY expense for beer and wine?	0060 \$ BRWINMOX .00 <input type="checkbox"/> None		b. If YES – What are the names of all CU members who purchased meals at school? Enter the name of each CU member purchasing meals at school in column a, then ask columns b through d for each name entered.				
c. What was your usual MONTHLY expense for other alcoholic beverages?	0070 \$ OTHALMOX .00 <input type="checkbox"/> None		PROCESSING USE ONLY	MEMBRUM	SCHMLWKX	SCHMLWKQ	
4a. Have you (or any members of your CU) purchased any alcoholic beverages in restaurants, taverns, or cocktail lounges?	0080 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5a	ALC_OUT					
b. What was the usual MONTHLY expense?	0090 \$ ALC_OUTX .00		3 20 02 8 →				
5a. Have you (or any members of your CU) purchased dinners, other meals or snacks in restaurants, cafeterias, cafes, drive-ins, or other such places?	0100 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 6a	DINEOUT	0010		\$.00		
b. What was the usual MONTHLY expense for these purchases?	0110 \$ DINE_MOX .00		0020		\$.00		
6a. Have you (or any members of your CU) paid for board not received in a boarding house?	0120 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 7a	BOARD	0030		\$.00		
b. What was the usual MONTHLY expense?	0130 \$ BOARDX .00		0040		\$.00		
7a. Have you (or any members of your CU) received any food stamps?	0140 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 8	FD_STAMP	0050		\$.00		
b. For how many months since the 1st of (month, 3 months ago), were food stamps received?	0150 <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months	FD_STPRD	0060		\$.00		
c. What was the value of all food stamps received?	0160 \$ FD_STMPX .00		0070		\$.00		
			0080		\$.00		
			0090		\$.00		

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

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

Section 21 – CREDIT LIABILITY

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

Part A.1 – Credit Balances – Second Quarter Only

1 21 02 0 ↓

a				PROCESSING USE ONLY	b			c			d			e		NOTES
1. On the 1st of (the current month), did you (or any members of your CU) owe any money to any of the following? Do not include mortgage, home equity loans, automobile loans, or business related loans. Read each item listed below. Complete a separate line for each individual store, credit card, etc. CREDIT SOURCE					ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owe money? Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.			How much was owed to (credit source)?			Did any member of your CU owe any money to any other (credit source)? If "No," go to next credit source in column a.				
ITEM CODE	YES	NO		CREDITR1	CREDITX1				Don't know	YES	NO					
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.				0010				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Stores for installment credit accounts				0020				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Banks and savings and loan companies				0030				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Credit unions				0040				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Finance companies				0050				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Insurance companies (Do not include insurance premium payments)				0060				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance				0070				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other credit sources				0080				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				0090				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				0100				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				0110				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				0120				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				0130				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				0140				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				0150				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

2. FIELD REPRESENTATIVE CHECK ITEM

Mark (X) box if there are no entries recorded in columns b–e.

1 21 01 2 ↓

0010 999 Go to next section

Section 21 – CREDIT LIABILITY – Continued

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

Part A.1 – Credit Balances – Continued – Second Quarter Only

1 21 03 8 ↴

a		PROCESSING USE ONLY	b			c			d			e		NOTES
CREDIT SOURCE	ITEM CODE		ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owe money? <i>Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.</i>			How much was owed to (credit source)?			Did any member of your CU owe any money to any other (credit source)? <i>If "No," go to next credit source in column a.</i>				
									Don't know	YES	NO			
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.	100	0010				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stores for installment credit accounts	200	0020				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Banks and savings and loan companies	300	0030				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Credit unions	400	0040				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Finance companies	500	0050				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Insurance companies (Do not include insurance premium payments)	600	0060				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance	700	0070				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other credit sources	800	0080				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0090				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0100				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0110				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0120				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0130				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0140				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0150				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Section 21 – CREDIT LIABILITY

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

Part A.2 – Credit Balances – Fifth Quarter Only				1 21 11 1 ↓										NOTES			
a				PROCESSING USE ONLY	b		c		d			e			f		
1. On the 1st of (the current month), did you (or any members of your CU) owe any money to any of the following? Do not include mortgage, home equity loans, automobile loans, or business related loans. Read each item listed below. Complete a separate line for each individual store, credit card, etc. CREDIT SOURCE					ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owed money? Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.		Ask if "Yes" in item 1. How much was owed to (credit source)?			What was the total amount owed on the 1st of (current month, one year ago)?			Did any member of your CU owe any money to any other (credit source)? If "No," go to next credit source in column a.			
ITEM CODE	YES	NO		CREDIT R5			CREDITS		Don't know	OWE MONEY	None	Don't know	YES	NO			
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.			100	0010				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stores for installment credit accounts.			200	0020				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Banks and savings and loan companies.			300	0030				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Credit unions.			400	0040				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Finance companies.			500	0050				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance companies (Do not include insurance premium payments)			600	0060				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance.			700	0070				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other credit sources.			800	0080				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2a. On the 1st day of (current month, one year ago), did you (or any members of your CU) owe money to any creditor that you did not owe money to on the 1st day of (the current month, the current year)? <input type="checkbox"/> YES <input type="checkbox"/> NO				0090				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. What was the source of the credit?				0100				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Complete columns b, c, e, and f for each credit source reported.				0110				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				0120				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. FIELD REPRESENTATIVE CHECK ITEM				0130				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mark (X) box if there are no entries recorded in columns b-f.				0010	999	<input type="checkbox"/>	Go to part B	\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				0140				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				0150				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 21 – CREDIT LIABILITY – Continued

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

Part A.2 – Credit Balances – Continued – Fifth Quarter Only

1 21 12 9 ↴

a		PROCESSING USE ONLY	b			c			d			e			f		NOTES
CREDIT SOURCE			ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owed money? <i>Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.</i>			Ask if "Yes" in item 1. How much was owed to (credit source)?			What was the total amount owed on the 1st of (current month, one year ago)?			Did any member of your CU owe any money to any other (credit source)? If "No," go to next credit source in column a.				
ITEM CODE								Don't know	None	Don't know	YES	NO					
100	Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.	0010				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
200	Stores for installment credit accounts	0020				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
300	Banks and savings and loan companies	0030				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
400	Credit unions	0040				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
500	Finance companies	0050				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
600	Insurance companies (Do not include insurance premium payments)	0060				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
700	Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance	0070				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
800	Other credit sources	0080				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0090				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0100				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0110				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0120				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0130				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		-140				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0150				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

FIELD REPRESENTATIVE – Ask items a through h and record the total amount of finance charges or interest paid during the past 12 months for each item.



Section 21 – CREDIT LIABILITY – Continued

Part B – Finance Charges – Fifth Quarter Only	1 21 20 2 ↓	NOTES
<p>During the past 12 months, have you (or any members of your CU) paid any finance charges, interest charges or late fees to any of the following except for mortgage, home equity loans, or automobile loans?</p>		
<p>a. Revolving credit accounts including store, gasoline and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.? <i>Do not include yearly fees.</i> <i>If YES – How much was paid for finance, interest and late charges?</i></p>	<p>0010 1 <input type="checkbox"/> Yes CREDCA RD 2 <input type="checkbox"/> No</p> <p>0020 \$ CRDCA RDX .00 x <input type="checkbox"/> Don't know</p>	
<p>b. Stores for installment credit accounts? <i>If YES – How much was paid for finance, interest and late charges?</i></p>	<p>0030 1 <input type="checkbox"/> Yes INSTA LL 2 <input type="checkbox"/> No</p> <p>0040 \$ INSTA LLX .00 x <input type="checkbox"/> Don't know</p>	
<p>c. Banks and Savings and Loans? <i>If YES – How much was paid for finance, interest and late charges?</i></p>	<p>0050 1 <input type="checkbox"/> Yes BA NK 2 <input type="checkbox"/> No</p> <p>0060 \$ BA NKX .00 x <input type="checkbox"/> Don't know</p>	
<p>d. Credit unions? <i>If YES – How much was paid for finance, interest and late charges?</i></p>	<p>0070 1 <input type="checkbox"/> Yes CRDUNION 2 <input type="checkbox"/> No</p> <p>0080 \$ CDUNIONX .00 x <input type="checkbox"/> Don't know</p>	
<p>e. Finance companies? <i>If YES – How much was paid for finance, interest and late charges?</i></p>	<p>0090 1 <input type="checkbox"/> Yes FINA NCE 2 <input type="checkbox"/> No</p> <p>0100 \$ FININT .00 x <input type="checkbox"/> Don't know</p>	
<p>f. Insurance companies? <i>If YES – How much was paid for finance, interest and late charges?</i></p>	<p>0110 1 <input type="checkbox"/> Yes INSURE 2 <input type="checkbox"/> No</p> <p>0120 \$ INSUREX .00 x <input type="checkbox"/> Don't know</p>	
<p>g. Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance? <i>If YES – How much was paid for finance, interest and late charges?</i></p>	<p>0130 1 <input type="checkbox"/> Yes MEDICA L 2 <input type="checkbox"/> No</p> <p>0140 \$ MEDICA LX .00 x <input type="checkbox"/> Don't know</p>	
<p>h. Other credit sources? <i>If YES – How much was paid for finance, interest and late charges?</i></p>	<p>0150 1 <input type="checkbox"/> Yes OTHER 2 <input type="checkbox"/> No</p> <p>0160 \$ PDOTHERX .00 x <input type="checkbox"/> Don't know</p>	

Section 22 – WORK EXPERIENCE AND INCOME

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

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

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

Section 22 - WORK EXPERIENCE AND INCOME - Continued

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

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

1. FIELD REPRESENTATIVE ITEM <small>Enter the first name and line number of each CU member 14 years old and over.</small>	PROCESSING USE ONLY a. NAME b. LINE NUMBER	1 22 06 9 ↓ 0010	5. <i>Ask if item 2 marked "Did not work" -</i> What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify	0100 _____ Code	8. During the past 12 months, did . . . receive - a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income checks from the State or local Government? <small>If YES in items 8a and/or 8b -</small> How much did . . . receive in Supplemental Security Income checks altogether?	0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00																																
2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.		0020 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5	6. During the past 12 months, did . . . receive any money in - a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b 0210 \$ _____ .00	<small>Ask items 9-12 only if item 6a is YES (code 1).</small> 9. What was the gross amount of . . . 's last pay and what period of time did this cover?	0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month																																
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Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

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

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY a. NAME b. LINE NUMBER</p>	<p>1 22 16 8 ↓ 0010</p>	<p>5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p>	<p>0100 _____ Code</p>	<p>8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income checks from the State or local Government? If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether?</p>	<p>0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00</p>																																
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FIELD REPRESENTATIVE - Ask a separate page of part A for each CU member 14 years old and over.

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

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4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: <small>Information Booklet, page 44</small> Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail 06 - Sales, business goods and services 07 - Technician Service 08 - Protective service 09 - Private household service 10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces		0070 _____ Code	c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses?	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 7 0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss	11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? <small>Ask if "Yes" in item 10c or 10g</small>	0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																
b. Was . . . CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary? 2 - A Federal government employee? 3 - A State government employee? 4 - A local government employee? 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm?		0080 _____ Code <small>Ask if code 5 and not a farm - Is the business incorporated?</small> 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7. During the past 12 months, did . . . receive from the U.S. Government any money - a. From Social Security checks? b. From Railroad Retirement checks?	0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in?	0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																
			c. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a	13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14																																
			d. What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$ _____ .00	b. If YES - How much?	0530 \$ _____ .00																																
			e. Is this amount AFTER the deduction for a Medicare premium?	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6-13.	0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used																																
			f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?	0330 _____ Number																																		

Section 22 – WORK EXPERIENCE AND INCOME – Continued

FIELD

Part B – Second Quarter, Fifth Quarter or New Consumer Units – Ask for entire CU as a group.

<p>1. During the past 12 months, did you (or any members of your CU) receive income from any of the following –</p> <p>a. Income from unemployment compensation? If YES – What was the total amount received by ALL CU members?</p> <p>b. Income from worker’s compensation or veteran’s benefits including education benefits, but excluding military retirement? If YES – What was the total amount received by ALL CU members?</p> <p>c. Income from public assistance or welfare including money received from job training grants such as Job Corps? If YES – What was the total amount received by ALL CU members?</p> <p>d. Income from interest on savings accounts or bonds? If YES – What was the total amount received by ALL CU members?</p> <p>e. Regular income from dividends, royalties, estates, or trusts? If YES – What was the total amount received by ALL CU members?</p> <p>f. Income from pensions or annuities from private companies, military, Government, IRA, or Keogh? If YES – What was the total amount received by ALL CU members?</p> <p>g. Net income or loss from any type of rental of rooms or living units? If YES –</p> <p>(1) How much net income or loss was received from roomers or boarders?</p> <p>(2) How much net income or loss was received from payments from other rental units?</p>	<p>PROCESSING USE ONLY</p> <p>1 2 2 9 7 8 ↓</p>	<p>1h. Income from child support?</p> <p>If YES –</p> <p>(1) Did you receive a one time lump sum payment for child support? If YES – What was the total amount received by ALL CU members in last 12 months?</p> <p>(2) Did you receive any child support payments in other than a lump sum amount? If YES – What was the total amount received by ALL CU members in last 12 months?</p> <p>i. Income from regular contributions from –</p> <p>(1) Alimony?</p> <p>(2) Other sources such as from persons outside the CU? If YES – for item i(1) or i(2) – Altogether what was the total amount received by ALL CU members?</p> <p>2. During the past 12 months, did you (or any members of your CU) receive any –</p> <p>a. Lump sum payments from estates, trusts, royalties, alimony, prizes or games of chance, or from persons outside of the CU? If YES – What was the total amount received by ALL CU members?</p> <p>b. Money from the sale of household furnishings, equipment, clothing, jewelry, pets, or other belongings, excluding the sale of vehicles or property? If YES – What was the total amount received by ALL CU members?</p> <p>c. Other money income, including money received from cash scholarships and fellowships, stipends not based on working, or from the care of foster children? If YES – What was the total amount received by ALL CU members?</p>	<p>3. During the past 12 months, did you (or any members of your CU) receive any refunds from the following – If YES – What was the total amount received by ALL CU members?</p> <p>a. Federal income tax?</p> <p>b. State and local income tax?</p> <p>c. Overpayment on Social Security?</p> <p>d. Insurance policies?</p> <p>e. Property taxes?</p> <p>f. Other sources, including any other taxes? Specify in notes.</p> <p>4. During the past 12 months, did you (or any members of your CU) pay any – If YES – What was the total amount PAID by ALL CU members?</p> <p>a. Federal income tax in addition to that withheld from earnings?</p> <p>b. State and local income tax in addition to that withheld from earnings?</p> <p>c. Personal property taxes not reported elsewhere?</p> <p>d. Other taxes not reported elsewhere? Do not include Social Security tax for the self-employed – Specify in notes.</p>
NOTES			

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

NOTES

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

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

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

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

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

NOTES

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

Part E – Third and Fourth Quarter

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY a. NAME b. LINE NUMBER</p>	<p>1 23 25 7 ↓ MEMBNO 0010</p>	<p>5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p>	<p>0100 INCNONWK Code</p>	<p>8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income checks from the State or local Government? If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether?</p>	<p>0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No SUPPLINC 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No SLSSI 0360 \$ SSIX .00</p>																								
<p>2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.</p>	<p>INCWEEKQ 0020</p>	<p>INCWEEKQ 0020 Weeks <input type="checkbox"/> Did not work – Go to item 5</p>	<p>6. During the past 12 months, did . . . receive any money in – a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses?</p>	<p>0200 1 <input type="checkbox"/> Yes SALARYST 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ SALARYX .00 0220 1 <input type="checkbox"/> Yes NONFARM 2 <input type="checkbox"/> No – Go to item 6c 0230 \$ NONFARMX .00 0240 3 <input type="checkbox"/> Loss NFRMLOSS 0250 1 <input type="checkbox"/> Yes FARMINC 2 <input type="checkbox"/> No – Go to item 7 0260 \$ FARMINCX .00 0270 3 <input type="checkbox"/> Loss FARMLOSS</p>	<p>Ask items 9–11 only if item 6a is YES (code 1). 9. What was the gross amount of . . . 's last pay and what period of time did this cover?</p>	<p>0370 \$ GROSPAYX .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month PAYPERD</p>																								
<p>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</p>	<p>INC HRSQ 0030</p>	<p>INC HRSQ 0030 Hours per week</p>	<p>7. During the past 12 months, did . . . receive from the U.S. Government any money – a. From Social Security checks? b. From Railroad Retirement checks? c. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b? d. What was the amount of the last Social Security or Railroad Retirement payment received? e. Is this amount AFTER the deduction for a Medicare premium? f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</p>	<p>0280 1 <input type="checkbox"/> Yes SOCSEGIN 2 <input type="checkbox"/> No 0290 1 <input type="checkbox"/> Yes RRRETINC 2 <input type="checkbox"/> No 0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a 0310 \$ RRRETIRX .00 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No INCMEDCR 0330 SS RRQ Number</p>	<p>10. Was there any money deducted from . . . 's last pay for – If YES – How much was deducted? a. Federal income tax? b. State and local income tax? c. Social Security including Medicare? d. Railroad Retirement? e. Government Retirement? f. Private pension fund? g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>0390 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0400 \$ AMTFED .00</td> </tr> <tr> <td>0410 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0420 \$ SLTAXX .00</td> </tr> <tr> <td>0430 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>0440 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0450 \$ RRRDEDX .00</td> </tr> <tr> <td>0460 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0470 \$ GOVRET X .00</td> </tr> <tr> <td>0480 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0490 \$ PRIVPENX .00</td> </tr> <tr> <td>0500 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>	Yes	No	Amount	0390 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0400 \$ AMTFED .00	0410 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0420 \$ SLTAXX .00	0430 1 <input type="checkbox"/>	2 <input type="checkbox"/>		0440 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0450 \$ RRRDEDX .00	0460 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0470 \$ GOVRET X .00	0480 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0490 \$ PRIVPENX .00	0500 1 <input type="checkbox"/>	2 <input type="checkbox"/>	
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<p>14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</p>	<p>0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used RECSUSED</p>	<p>0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used RECSUSED</p>	<p>14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</p>	<p>0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used RECSUSED</p>	<p>14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</p>	<p>0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used RECSUSED</p>																								

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

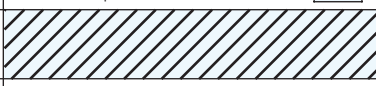
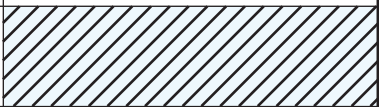
Part E – Third and Fourth Quarter – Continued

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY a. NAME b. LINE NUMBER</p>	<p>1 23 30 7 ↓ 0010</p>	<p>5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p>	<p>0100 _____ Code</p>	<p>8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income checks from the State or local Government? If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether?</p>	<p>0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00</p>																																
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0480 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0490 \$ _____ .00																																					
0500 1 <input type="checkbox"/> 2 <input type="checkbox"/>																																						
<p>Information Booklet, page 44 4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</p>		<p>0070 _____ Code</p>	<p>c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses?</p>	<p>0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss</p>	<p>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?</p>	<p>0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																																
<p>b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>		<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7. During the past 12 months, did . . . receive from the U.S. Government any money – a. From Social Security checks? b. From Railroad Retirement checks?</p>	<p>0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Ask if "Yes" in item 10c or 10g 12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in?</p>	<p>0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																																
			<p>c. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?</p>	<p>0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a</p>	<p>13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. b. If YES – How much?</p>	<p>0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 0530 \$ _____ .00</p>																																
			<p>d. What was the amount of the last Social Security or Railroad Retirement payment received?</p>	<p>0310 \$ _____ .00</p>	<p>14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</p>	<p>0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>																																
			<p>e. Is this amount AFTER the deduction for a Medicare premium?</p>	<p>0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																																		
			<p>f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</p>	<p>0330 _____ Number</p>																																		

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

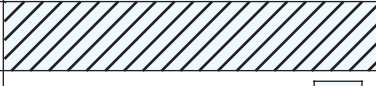
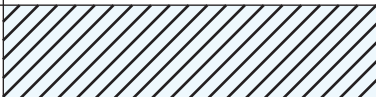
Part E – Third and Fourth Quarter – Continued

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 23 35 6 ↓</p>	<p>a. NAME b. LINE NUMBER 0010</p>	<p>5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p> <p>0100 _____ Code</p>	<p>8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? 0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Any Supplemental Security Income checks from the State or local Government? 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether? 0360 \$ _____ .00</p>	<p>Ask items 9–12 only if item 6a is YES (code 1). 9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p>
<p>2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.</p>	<p>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>	<p>0030 _____ Hours per week</p>	<p>6. During the past 12 months, did . . . receive any money in – a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? 0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ _____ .00</p>	<p>10. Was there any money deducted from . . . 's last pay for – If YES – How much was deducted? a. Federal income tax? 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00 b. State and local income tax? 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00 c. Social Security including Medicare? 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>  d. Railroad Retirement? 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00 e. Government Retirement? 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00 f. Private pension fund? 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00 g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck? 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/> </p>	<p>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</p>	<p>0070 _____ Code</p>	<p>0080 _____ Code</p>	<p>b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? 0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss</p>	<p>12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in? 0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. 0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 b. If YES – How much? 0530 \$ _____ .00</p>
<p>4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</p>	<p>0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss</p>	<p>13b. During the past 12 months, did . . . receive from the U.S. Government any money – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13. 0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>
<p>b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a</p>	<p>7. During the past 12 months, did . . . receive from the U.S. Government any money – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in? 0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>4b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>0310 \$ _____ .00</p>	<p>d. What was the amount of the last Social Security or Railroad Retirement payment received? 0310 \$ _____ .00</p>	<p>13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. 0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 b. If YES – How much? 0530 \$ _____ .00</p>	<p>14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13. 0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>
<p>4c. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>e. Is this amount AFTER the deduction for a Medicare premium? 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>13b. During the past 12 months, did . . . receive from the U.S. Government any money – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13. 0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>
<p>4d. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>0330 _____ Number</p>	<p>f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? 0330 _____ Number</p>	<p>13c. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. 0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 b. If YES – How much? 0530 \$ _____ .00</p>	<p>14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13. 0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

Part E – Third and Fourth Quarter – Continued

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

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

Part F – Occupational Expenses and Contributions – Fifth Quarter Only

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

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

Part G – Changes In Assets – Fifth Quarter Only

<p>1. On the last day of (last month), what was the total amount your CU had in –</p> <p style="text-align: right;">1 22 99 4 ↓</p> <p>a. Savings accounts in banks, savings and loans, credit unions and similar accounts?</p> <p>0010 \$ SAVACCTX .00 0 <input type="checkbox"/> None</p> <p>b. Checking accounts, brokerage accounts and other similar accounts?</p> <p>0020 \$ CKBKACTX .00 0 <input type="checkbox"/> None</p> <p>c. U.S. Savings bonds?</p> <p>0030 \$ USBNDX .00 0 <input type="checkbox"/> None</p>		<p>5. During the past 12 months, did you (or any members of your CU) sell any stocks, mutual funds or bonds?</p> <p>0160 1 <input type="checkbox"/> Yes SELLSEC 2 <input type="checkbox"/> No – Go to item 6</p> <p><i>If YES – What was the net amount received from sales after subtracting broker fees?</i></p> <p>0170 \$ SELLSECX .00</p>		<p>NOTES</p>
<p>2. How does the amount your CU had at the end of the last day of (last month) compare with the amount your CU had on the last day of (last month, one year ago) in –</p> <p><i>If more or less – How much more (less)?</i></p> <p>a. Savings accounts?</p> <p>0040 1 <input type="checkbox"/> Same – Go to item 2b 2 <input type="checkbox"/> More COMPSAV 3 <input type="checkbox"/> Less</p> <p>0050 \$ COMPSAVX .00</p> <p>b. Checking accounts?</p> <p>0060 1 <input type="checkbox"/> Same – Go to item 2c 2 <input type="checkbox"/> More COM PCKG 3 <input type="checkbox"/> Less</p> <p>0070 \$ COM PCKGX .00</p> <p>c. U.S. Savings bonds?</p> <p>0080 1 <input type="checkbox"/> Same – Go to item 3a 2 <input type="checkbox"/> More COM P BND 3 <input type="checkbox"/> Less</p> <p>0090 \$ COM P BNDX .00</p>		<p>6. During the past 12 months, did you (or any members of your CU) make any investments to your own business or farm?</p> <p>0180 1 <input type="checkbox"/> Yes BSINVST 2 <input type="checkbox"/> No – Go to item 7</p> <p><i>If YES – How much did you invest?</i></p> <p>0190 \$ BSINVSTX .00</p>		
<p>3a. Did you (or any members of your CU) own any securities, such as stocks, mutual funds, private bonds, government bonds or Treasury notes on the last day of (last month)?</p> <p>0100 1 <input type="checkbox"/> Yes o 2 <input type="checkbox"/> No – Go to item 4 SECOW ND</p> <p>b. If YES – What was the estimated value of all such securities on the last day of (last month)?</p> <p>0110 \$ SECESTX^o .00</p> <p>c. How does this compare with the value of such securities your CU held on the last day of (last month, one year ago)?</p> <p>0120 1 <input type="checkbox"/> Same – G 2 <input type="checkbox"/> More COM PSEC 3 <input type="checkbox"/> Less</p> <p>0130 \$ COM PSECX .00</p>		<p>7. During the past 12 months, did you (or any members of your CU) withdraw any assets from your own business or farm?</p> <p>0200 1 <input type="checkbox"/> Yes W DBSAST 2 <input type="checkbox"/> No – Go to item 8a</p> <p><i>If YES – What was the value of such assets?</i></p> <p>0210 \$ W DBSASTX .00</p> <p>8a. During the past 12 months, were any goods or services from your own business or farm withdrawn for personal use?</p> <p>0220 1 <input type="checkbox"/> Yes W DBSGDS 2 <input type="checkbox"/> No – Go to item 9a</p> <p>b. What was the value of these goods or services?</p> <p>0230 \$ W DBSGDSX 00</p>		
<p>4. During the past 12 months, did you (or any members of your CU) purchase any stocks, mutual funds or bonds?</p> <p><i>If YES – What was the total purchase price including broker fees?</i></p> <p>0140 1 <input type="checkbox"/> Yes PURSSEC 2 <input type="checkbox"/> No – Go to item 5</p> <p>0150 \$ PURSSECX .00</p>		<p>9a. On the last day of (last month), did anyone outside of your CU owe money to you or any member of your CU?</p> <p>0240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10 MONYOW E</p> <p>b. How does the amount owed to your CU on the last day of (last month) compare with the amount owed to your CU by persons outside your CU on the last day of (last month, one year ago)?</p> <p><i>If more or less – How much more (less)?</i></p> <p>0250 1 <input type="checkbox"/> Same – Go to item 10 2 <input type="checkbox"/> More COM POW D 3 <input type="checkbox"/> Less</p> <p>0260 \$ COM POW DX .00</p>		
		<p>10. Did anyone outside of your CU owe money to you or any member of your CU on the last day of (last month, one year ago)?</p> <p>0270 1 <input type="checkbox"/> Yes MONYOW D 2 <input type="checkbox"/> No – Go to item 11</p> <p><i>If YES – How much was owed?</i></p> <p>0280 \$ MONYOW DX .00</p>		
		<p>11a. During the past 12 months, did you (or any members of your CU) receive settlement on surrender of any insurance policies (life or annuity)?</p> <p>0290 1 <input type="checkbox"/> Yes SETLINS 2 <input type="checkbox"/> No</p> <p><i>If YES – How much did you receive?</i></p> <p>0300 \$ SETLINSX .00</p>		

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

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask the question and read each income range category beginning with code 1.

TOTAL CU INCOME <i>Information Booklet, page 43</i>	1 24 01 6 ↓	NOTES
<p>1. Which category represents the total combined income of this CU during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments, and any other money income received by all CU members 14 years of age or older.</p>	<p>CUINCOME</p> <p>0010 1 <input type="checkbox"/> Loss</p> <p>2 <input type="checkbox"/> Under \$3,000</p> <p>3 <input type="checkbox"/> \$3,000–5,999</p> <p>4 <input type="checkbox"/> \$6,000–7,499</p> <p>5 <input type="checkbox"/> \$7,500–9,999</p> <p>6 <input type="checkbox"/> \$10,000–12,999</p> <p>7 <input type="checkbox"/> \$13,000–14,999</p> <p>8 <input type="checkbox"/> \$15,000–19,999</p> <p>9 <input type="checkbox"/> \$20,000–24,999</p> <p>10 <input type="checkbox"/> \$25,000–29,999</p> <p>11 <input type="checkbox"/> \$30,000–34,999</p> <p>12 <input type="checkbox"/> \$35,000–49,999</p> <p>13 <input type="checkbox"/> \$50,000–74,999</p> <p>14 <input type="checkbox"/> \$75,000+</p> <p>15 <input type="checkbox"/> Refused</p> <p>X <input type="checkbox"/> Don't know</p>	

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