**Introduction**

**Abstract**

**This document describes the technical characteristics and record contents of the 1991 New Beneficiary Followup (NBF) to the 1982 New Beneficiary Survey (NBS). The NBS collected information from recent recipients of Social Security benefits and his/her spouse. The 1991 NBF reinterviewed the original sample persons from the NBS or the spouse of original sample persons who had died. Information collected in the survey includes: demographic data on respondent and spouse, employment history in the past decade, contacts with family members, marital changes in the past decade and their economic effects, housing, residential mobility in the last decade, work attempts of disabled workers, as well as health information and current income of the respondent and spouse in the three months preceding the interview. Income and asset items have been imputed for missing data and summarized as quarterly totals. Flag variables identify the cases with imputed income information. Questionnaire recodes identify household composition, age at the time of interview, and marital status change over the decade.**

**In addition to questionnaire data for each respondent and spouse, administrative data from the Social Security Administration and the Health Care Financing Administration has been placed in a separate data file. These administrative data include annual covered earnings up to the taxable maximum from 1951-1991, annual benefit information from 1980-1991, selected Supplemental Security Income application and payment status information, and annual summaries of Medicare billings in 1984-1991. Medicare billings are available only for original NBS sample persons. All of the above information on the 1982 New Beneficiary Survey respondents are collectively the New Beneficiary Data System.**

**NBS questionnaire data were collected in October through December of 1982 from a cross-section sample drawn from SSA's Master Beneficiary Record. The sample included retired workers, disabled workers, and wives and widows who were new beneficiaries of social security benefits (first payment in mid-1980 through mid-1981), and a comparison sample of individuals who had established entitlement to Medicare and were eligible for, but had not yet received monthly social security cash benefits.**

**NBF questionnaire data were collected in November 1990 through July 1992, although most data were collected in calendar year 1991. The NBF revisited original sample respondents or their surviving spouses. The NBF questionnaire data are released as two data files: one with data for original sample respondents and one with data for surviving spouses of deceased original sample respondents, for whom a somewhat abbreviated set of questions were asked. The NBF is described in statistical notes published in the Fall 1993 and Summer 1994 issues of the Social Security Bulletin.**

**All data for the New Beneficiary Data System are exactly matchable using the variable CASE, which is a unique number for each original sample respondent which is common across all data files: the NBS, the NBF for original sample respondents, the NBF for surviving spouses of original sample respondents, and the administrative data. Surviving spouses have the same case number as the original NBS sample respondent. Universe estimates for the 1991 NBF respondents and surviving spouses can be obtained by weighing data with the variable FINALWG3. Estimates for couples in the 1991 NBF can be obtained by weighing with the variable CUPL91. The couple weight differs slightly from the respondent weight to account for a small number of cases in which both spouses were original sample respondents. Both weight variables are on the 1991 NBF data file for respondents.**

**Technical characteristics**

**Number of logical records:**

**1991 NBF of original sample respondents: 12,128**

**1991 NBF of surviving spouses of NBS respondents: 1,834**

**1991 release of administrative data: 18,599**

**Sort sequence: Records are sorted by the variable CASE.**

**Characters per record (logical record size):**

**1991 NBF of original sample respondents: 4,838**

**1991 NBF of surviving spouses: 4,838**

**1991 Administrative data: 1,612**

**Blocking factor: NBF, 6 records per block; Adm., 20 records per block**

**Number of Standard Length Tape reels and density:**

**1991 NBF and Administrative data: 1 cartridge tape, or 1 reel of 6250 BPI, 9-track tape (All 3 files fit onto one tape or reel)**

**Data Format: EBCDIC, ASCII, or SAS(6.08) XPORT FILE**

**Parity: Odd**

**Tracks: 9**

**Labels: IBM standard labels or no label**

**Data representation and missing values:**

**All fields contain integer values. The following not applicable (NA) or missing value coding applies to variables in the 1991 NBF, except where otherwise noted:**

**99...99 Missing or refused**

**99...98 Doesn't know**

**99...95 Amount censored at field length limit**

**blank Not obtained, inapplicable**

**Missing data in the administrative file are coded 0.**

**References**

**The basic reference for the 1991 NBF is the New Beneficiary Followup Main questionnaire and Surviving Spouse questionnaire administered in 1990-1992 (OMB No. 0960-0478).**

**Record Format Description**

**The first of the following three documents contains a sequential listing of variables on the NBF survey file. The first column is the variable name. The second column is the variable number. The third column is the width of the data field, and the fourth column shows the beginning column location of the variable.**

**The second document contains a variable-by-variable description of the record format for the New Beneficiary Followup data file. Each page has column headings which describe the variable and define its location in the character file. A similar document was released for the 1982 NBS.**

**The first line of each variable description has the variable number and a brief description of the variable.**

**The second line contains a variable name of 8 or fewer characters.**

**The third line contains the beginning field location for each variable and the variable length.**

**The fourth and subsequent lines of each variable include the entire question text and response codes where applicable. Notes on the universe for the variable appear as appropriate. When a similar pattern of responses occurs for several questions, a grid format identifies the variable names and locations for the second and succeeding questions.**

**The third and last document contains a variable-by-variable description of the record format for the Administrative data file.**

**FID 1 5 1**

**CASE 2 5 6**

**FRPROX 3 1 11**

**FDR 4 1 12**

**FLENTHIN 5 3 13**

**FWHENBEG 6 1 16**

**FWHENEND 7 1 17**

**FDATEMON 8 2 18**

**FDATEDAY 9 2 20**

**FDATEYR 10 2 22**

**FINTVID 11 5 24**

**F1 12 1 29**

**F1A 13 1 30**

**F2 14 1 31**

**F3 15 1 32**

**F4 16 1 33**

**FNUMPER 17 2 34**

**F5REL 18 2 36**

**F6SEX 19 1 38**

**F5REL2 20 2 39**

**F6SEX2 21 1 41**

**F7AGE2 22 2 42**

**F5REL3 23 2 44**

**F6SEX3 24 1 46**

**F7AGE3 25 2 47**

**F5REL4 26 2 49**

**F6SEX4 27 1 51**

**F7AGE4 28 2 52**

**F5REL5 29 2 54**

**F6SEX5 30 1 56**

**F7AGE5 31 2 57**

**F5REL6 32 2 59**

**F6SEX6 33 1 61**

**F7AGE6 34 2 62**

**F5REL7 35 2 64**

**F6SEX7 36 1 66**

**F7AGE7 37 2 67**

**F5REL8 38 2 69**

**F6SEX8 39 1 71**

**F7AGE8 40 2 72**

**F5REL9 41 2 74**

**F6SEX9 42 1 76**

**F7AGE9 43 2 77**

**F5REL10 44 2 79**

**F6SEX10 45 1 81**

**F7AGE10 46 2 82**

**F5REL11 47 2 84**

**F6SEX11 48 1 86**

**F7AGE11 49 2 87**

**F5REL12 50 2 89**

**F6SEX12 51 1 91**

**F7AGE12 52 2 92**

**F8 53 1 94**

**F9A 54 1 95**

**F10A 55 2 96**

**F11A 56 1 98**

**F12A 57 1 99**

**F9B 58 1 100**

**F10B 59 2 101**

**F11B 60 1 103**

**F12B 61 1 104**

**F9C 62 1 105**

**F10C 63 2 106**

**F11C 64 1 108**

**F12C 65 1 109**

**F9D 66 1 110**

**F10D 67 2 111**

**F11D 68 1 113**

**F12D 69 1 114**

**F13 70 2 115**

**F14A 71 1 117**

**F15A 72 2 118**

**F16A 73 1 120**

**F17A 74 1 121**

**F14B 75 1 122**

**F15B 76 2 123**

**F16B 77 1 125**

**F17B 78 1 126**

**F14C 79 1 127**

**F15C 80 2 128**

**F16C 81 1 130**

**F17C 82 1 131**

**F18 83 1 132**

**F18A 84 1 133**

**F18BA 85 1 134**

**F18BB 86 1 135**

**F18BC 87 1 136**

**F18BD 88 1 137**

**F18BE 89 1 138**

**F18BF 90 1 139**

**F18C 91 6 140**

**F18CC 92 2 146**

**F18CTIME 93 1 148**

**F18CDAYS 94 1 149**

**F19A 95 1 150**

**F20A 96 2 151**

**F21A 97 3 153**

**F22A 98 1 156**

**F19B 99 1 157**

**F20B 100 2 158**

**F21B 101 3 160**

**F22B 102 1 163**

**F19C 103 1 164**

**F20C 104 2 165**

**F21C 105 3 167**

**F22C 106 1 170**

**F19D 107 1 171**

**F20D 108 2 172**

**F21D 109 3 174**

**F22D 110 1 177**

**F19E 111 1 178**

**F20E 112 2 179**

**F21E 113 3 181**

**F22E 114 1 184**

**F19F 115 1 185**

**F20F 116 2 186**

**F21F 117 3 188**

**F22F 118 1 191**

**F19G 119 1 192**

**F20G 120 2 193**

**F21G 121 3 195**

**F22G 122 1 198**

**F19H 123 1 199**

**F20H 124 2 200**

**F21H 125 3 202**

**F22H 126 1 205**

**F19I 127 1 206**

**F20I 128 2 207**

**F21I 129 3 209**

**F22I 130 1 212**

**F23 131 1 213**

**F24A 132 1 214**

**F24B 133 1 215**

**F24C 134 1 216**

**F24D 135 1 217**

**F24E 136 1 218**

**F24F 137 1 219**

**F24G 138 1 220**

**F24H 139 1 221**

**F24I 140 1 222**

**F24J 141 1 223**

**F24K 142 1 224**

**F24L 143 1 225**

**F24M 144 1 226**

**F24MSTIM 145 2 227**

**F25 146 1 229**

**F26\_MO 147 2 230**

**F26\_YR 148 2 232**

**F27A 149 1 234**

**F27B 150 1 235**

**F27C 151 1 236**

**F27D 152 1 237**

**F27E 153 1 238**

**F27F 154 1 239**

**F27G 155 1 240**

**F27H 156 1 241**

**F27I 157 1 242**

**F27J 158 1 243**

**F27K 159 1 244**

**F27L 160 1 245**

**F27M 161 1 246**

**F27\_A 162 2 247**

**F28 163 3 249**

**F29 164 1 252**

**F30 165 3 253**

**F32 166 1 256**

**F33 167 1 257**

**F34A 168 1 258**

**F34B 169 1 259**

**F34C 170 1 260**

**F34D 171 1 261**

**F34E 172 1 262**

**F341OTH 173 1 263**

**F341REAS 174 2 264**

**F342OTH 175 1 266**

**F342REAS 176 2 267**

**F35 177 3 269**

**F36 178 2 272**

**F37 179 1 274**

**F38A 180 1 275**

**F38B 181 1 276**

**F38C 182 1 277**

**F38D 183 1 278**

**F38E 184 1 279**

**F38F 185 1 280**

**F38G 186 1 281**

**F38H 187 1 282**

**F39 188 1 283**

**F40 189 1 284**

**IF41 190 6 285**

**F41C 191 2 291**

**F41TIME 192 1 293**

**F41DAY 193 1 294**

**F42LOSS 194 1 295**

**IF42 195 6 296**

**F42C 196 2 302**

**F43 197 1 304**

**F44 198 1 305**

**F45 199 1 306**

**IF46 200 6 307**

**F46C 201 2 313**

**F46TIME 202 1 315**

**F46DAY 203 1 316**

**F47 204 1 317**

**F48 205 1 318**

**F49 206 1 319**

**CHKPTA 207 1 320**

**F50 208 1 321**

**F51MO 209 2 322**

**F51YR 210 4 324**

**F51AGE 211 2 328**

**F52 212 1 330**

**F53 213 1 331**

**F54MO 214 2 332**

**F54YR 215 4 334**

**F54AGE 216 2 338**

**CHKPTB 217 1 340**

**F55ASP 218 1 341**

**F55A 219 1 342**

**F55B 220 1 343**

**F55C 221 1 344**

**F55D 222 1 345**

**F55E 223 1 346**

**F55F 224 1 347**

**F55AMT 225 6 348**

**F55AC 226 2 354**

**F55TIME 227 1 356**

**F55DAY 228 1 357**

**F55BMO 229 2 358**

**F55BYR 230 2 360**

**F56A 231 1 362**

**F56B 232 1 363**

**F56C 233 1 364**

**F56D 234 1 365**

**F56E 235 1 366**

**F56F 236 1 367**

**F56G 237 1 368**

**F56H 238 1 369**

**F56I 239 1 370**

**F56J 240 1 371**

**F56K 241 1 372**

**F56L 242 1 373**

**F56M 243 1 374**

**F56N 244 1 375**

**F56O 245 1 376**

**F56P 246 1 377**

**F56Q 247 1 378**

**F56R 248 1 379**

**F56S 249 1 380**

**F56SR 250 2 381**

**F56T 251 1 383**

**F56TR 252 2 384**

**F57 253 2 386**

**F58 254 1 388**

**F59 255 1 389**

**F60A 256 1 390**

**F60B 257 1 391**

**F60C 258 1 392**

**F60D 259 1 393**

**F61A 260 1 394**

**F61B 261 1 395**

**F61C 262 1 396**

**F61D 263 1 397**

**F61E 264 1 398**

**F61F 265 1 399**

**F61G 266 1 400**

**F61H 267 1 401**

**F62 268 1 402**

**F63 269 1 403**

**F64 270 1 404**

**F65 271 1 405**

**F66A 272 1 406**

**F67A 273 1 407**

**F66B 274 1 408**

**F67B 275 1 409**

**F66C 276 1 410**

**F67C 277 1 411**

**F66D 278 1 412**

**F67D 279 1 413**

**F68 280 1 414**

**F68A 281 1 415**

**CHKPTC 282 1 416**

**CHKPTD 283 1 417**

**F69 284 1 418**

**F70 285 1 419**

**F71MO 286 2 420**

**F71YR 287 2 422**

**CHKPTE 288 1 424**

**F72 289 1 425**

**F73 290 1 426**

**F74MON 291 2 427**

**F74YR 292 2 429**

**F75 293 1 431**

**CHKPTF 294 1 432**

**F76 295 1 433**

**F77 296 1 434**

**F78MO 297 2 435**

**F78YR 298 2 437**

**F79 299 1 439**

**F80MO 300 2 440**

**F80YR 301 2 442**

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**F82C 307 1 449**

**F83C 308 1 450**

**F82D 309 1 451**

**F83D 310 1 452**

**F82E 311 1 453**

**F83E 312 1 454**

**F82F 313 1 455**

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**F82G 315 1 457**

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**F82H 317 1 459**

**F83H 318 1 460**

**F82I 319 1 461**

**F83I 320 1 462**

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**F86A 323 1 465**

**F86B 324 1 466**

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**F89D 330 1 474**

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**F89I 335 1 479**

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**F89L 338 1 482**

**F90 339 2 483**

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**F91MO 341 2 486**

**F91YR 342 2 488**

**F92 343 1 490**

**F93 344 1 491**

**F94MO 345 2 492**

**F94YR 346 2 494**

**F95A 347 1 496**

**F95B 348 1 497**

**F95C 349 1 498**

**F95D 350 1 499**

**F95E 351 1 500**

**F95F 352 1 501**

**F95G 353 1 502**

**F95H 354 1 503**

**F95I 355 1 504**

**F95J 356 1 505**

**F95K 357 1 506**

**F96 358 2 507**

**F97 359 3 509**

**F98 360 1 512**

**F99 361 3 513**

**F101 362 3 516**

**F102 363 2 519**

**F103 364 1 521**

**F104 365 1 522**

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**F106 367 1 524**

**F107 368 1 525**

**IF108D 369 6 526**

**F108C 370 2 532**

**F108TIME 371 1 534**

**F108DAY 372 1 535**

**IF109D 373 6 536**

**F109C 374 2 542**

**F110 375 1 544**

**F111 376 1 545**

**F112 377 1 546**

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**F115 380 1 549**

**F116 381 1 550**

**CHKPTH 382 1 551**

**F117A 383 1 552**

**F118A 384 1 553**

**F117B 385 1 554**

**F118B 386 1 555**

**F117C 387 1 556**

**F118C 388 1 557**

**F117D 389 1 558**

**F118D 390 1 559**

**F117E 391 1 560**

**F118E 392 1 561**

**F117F 393 1 562**

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**F117G 395 1 564**

**F118G 396 1 565**

**F117H 397 1 566**

**F118H 398 1 567**

**F117I 399 1 568**

**F118I 400 1 569**

**F119 401 2 570**

**F120 402 1 572**

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**F124FORE 413 2 583**

**F124G 414 1 585**

**F124GORE 415 2 586**

**F125MO 416 2 588**

**F125YR 417 2 590**

**F126A 418 1 592**

**F126B 419 1 593**

**F126C 420 1 594**

**F126D 421 1 595**

**F126E 422 1 596**

**F126F 423 1 597**

**F126G 424 1 598**

**F126H 425 1 599**

**F126I 426 1 600**

**F126J 427 1 601**

**F126K 428 1 602**

**F126L 429 1 603**

**F126M 430 1 604**

**F126N 431 1 605**

**F126O 432 1 606**

**F126P 433 1 607**

**F126Q 434 1 608**

**F126R 435 1 609**

**F126S 436 1 610**

**F126SORE 437 2 611**

**F126T 438 1 613**

**F126TORE 439 2 614**

**F127 440 2 616**

**F128 441 1 618**

**F129 442 1 619**

**F130A 443 1 620**

**F130B 444 1 621**

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**F134 457 1 634**

**F135 458 1 635**

**F136 459 2 636**

**F137AMO 460 2 638**

**F137AYR 461 2 640**

**F138AMO 462 2 642**

**F138AYR 463 2 644**

**F139A 464 1 646**

**F137BMO 465 2 647**

**F137BYR 466 2 649**

**F138BMO 467 2 651**

**F138BYR 468 2 653**

**F139B 469 1 655**

**F137CMO 470 2 656**

**F137CYR 471 2 658**

**F138CMO 472 2 660**

**F138CYR 473 2 662**

**F139C 474 1 664**

**F137DMO 475 2 665**

**F137DYR 476 2 667**

**F138DMO 477 2 669**

**F138DYR 478 2 671**

**F139D 479 1 673**

**CHKPTJ 480 1 674**

**CHKPTK 481 1 675**

**CHKPTL 482 1 676**

**F141 483 1 677**

**F142 484 1 678**

**F143A 485 1 679**

**F144A 486 1 680**

**F145A 487 1 681**

**F146A 488 2 682**

**F147A 489 1 684**

**F143B 490 1 685**

**F144B 491 1 686**

**F145B 492 1 687**

**F146B 493 2 688**

**F147B 494 1 690**

**F143C 495 1 691**

**F144C 496 1 692**

**F145C 497 1 693**

**F146C 498 2 694**

**F147C 499 1 696**

**F143D 500 1 697**

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**F145D 502 1 699**

**F146D 503 2 700**

**F147D 504 1 702**

**F143E 505 1 703**

**F144E 506 1 704**

**F145E 507 1 705**

**F146E 508 2 706**

**F147E 509 1 708**

**F143F 510 1 709**

**F144F 511 1 710**

**F145F 512 1 711**

**F146F 513 2 712**

**F147F 514 1 714**

**F148 515 1 715**

**CHKPTM 516 1 716**

**F149A 517 1 717**

**F150AMO 518 2 718**

**F150AYR 519 2 720**

**F150BA 520 1 722**

**F149B 521 1 723**

**F150BMO 522 2 724**

**F150BYR 523 2 726**

**F150BB 524 1 728**

**F149C 525 1 729**

**F150CMO 526 2 730**

**F150CYR 527 2 732**

**F150BC 528 1 734**

**F149D 529 1 735**

**F150DMO 530 2 736**

**F150DYR 531 2 738**

**F150BD 532 1 740**

**F151A 533 1 741**

**F152AA 534 1 742**

**F152BA 535 1 743**

**F152CAM 536 2 744**

**F152CAY 537 2 746**

**F152DA 538 1 748**

**F151B 539 1 749**

**F152AB 540 1 750**

**F152BB 541 1 751**

**F152CBM 542 2 752**

**F152CBY 543 2 754**

**F152DB 544 1 756**

**F151C 545 1 757**

**F152AC 546 1 758**

**F152BC 547 1 759**

**F152CCM 548 2 760**

**F152CCY 549 2 762**

**F152DC 550 1 764**

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**F153D 560 1 776**

**F153E 561 1 777**

**F153F 562 1 778**

**F153G 563 1 779**

**F153H 564 1 780**

**F154 565 2 781**

**F155 566 1 783**

**F156 567 2 784**

**CHKPTN 568 1 786**

**F157 569 1 787**

**F158 570 1 788**

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**F161H 587 1 805**

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**F174B 629 1 847**

**F174C 630 1 848**

**F174ASP 631 1 849**

**F175 632 1 850**

**F176 633 3 851**

**F176U 634 1 854**

**F177 635 2 855**

**F178 636 1 857**

**F179 637 3 858**

**F179U 638 1 861**

**F180 639 2 862**

**F181 640 1 864**

**F182 641 1 865**

**F183A 642 1 866**

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**F184B 653 1 877**

**F185B 654 1 878**

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**VAR #: 2 Case Number**

**CASE**

**LOCATION: 6-10 LENGTH: 5**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 3 Who Answered**

**FRPROX**

**LOCATION: 11 LENGTH: 1**

**1 Respondent**

**2 Proxy**

**3 Surviving Spouse**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 4 Disabl or Retirement**

**FDR**

**LOCATION: 12 LENGTH: 1**

**1 Disability**

**2 Retirement**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 5 Length of Intrvw-minutes**

**FLENTHIN**

**LOCATION: 13-15 LENGTH: 3**

**NUMBER OF MINUTES**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 6 Intrvw began AM or PM**

**FWHENBEG**

**LOCATION: 16 LENGTH: 1**

**1 A.M.**

**2 P.M.**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 7 Intrvw end AM or PM**

**FWHENEND**

**LOCATION: 17 LENGTH: 1**

**1 A.M.**

**2 P.M.**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 8 Month of interview**

**FDATEMON**

**LOCATION: 18-19 LENGTH: 2**

**MONTH**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 9 Day of interview**

**FDATEDAY**

**LOCATION: 20-21 LENGTH: 2**

**DAY**

**---------------------------------------------------------------------**

**VAR #: 10 Year of interview**

**FDATEYR**

**LOCATION: 22-23 LENGTH: 2**

**YEAR**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 11 Interviewer ID Number**

**FINTVID**

**LOCATION: 24-28 LENGTH: 5**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 12 Q.1 R's marital status**

**F1**

**LOCATION: 29 LENGTH: 1**

**Are you currently:**

**1 married**

**2 a widow/widower**

**3 separated**

**4 divorced**

**5 never married**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 13 Q.1A Spouse live with R**

**F1A**

**LOCATION: 30 LENGTH: 1**

**(IF MARRIED, ASK): Does your spouse usually live here?**

**1 Yes**

**2 No**

**(Note: Married only)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 14 Q.2 Relatives**

**F2**

**LOCATION: 31 LENGTH: 1**

**What are the names of everyone living here who is related to you?**

**[IF CURRENTLY MARRIED: Please start with your (husband/wife).]**

**0 No relatives**

**1 Relatives added to list**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 15 Q.3 Other nonrelatives**

**F3**

**LOCATION: 32 LENGTH: 1**

**What are the names of any other persons not related to you in this**

**household?**

**0 No other persons**

**1 Other persons added to list**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 16 Q.4 Other Persons**

**F4**

**LOCATION: 33 LENGTH: 1**

**Let's see. I have\_\_\_\_people listed here. Have I missed any babies**

**or small children? Any lodgers, boarders, or friends who usually**

**live here? Anyone else who is away temporarily traveling, at**

**school, or temporarily in a hospital?**

**0 No other persons**

**1 Other persons added to list**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 17 I.5 Number of Persons**

**FNUMPER**

**LOCATION: 34-35 LENGTH: 2**

**NUMBER OF PERSONS LISTED, INTERVIEWER TALLY**

**(Note: Other persons in household)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 18 Q.5‑1 Relationship**

**F5REL**

**LOCATION: 36-37 LENGTH: 2**

**What is (NAME)'s relationship to you?**

**01 Respondent (ALWAYS CODED IN THIS LOCATION)**

**(Note: Other persons in household)**

**----------------------------------------------------------------------VAR #: 19 Q.6‑1 Sex of R**

**F6SEX**

**LOCATION: 38 LENGTH: 1**

**Is (NAME) male or female?**

**1 Male**

**2 Female**

**(Note: Other persons in household)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 20 Q.5‑2 Relationship of person 2**

**F5REL2**

**LOCATION: 39-40 LENGTH: 2**

**Relationship of 2nd person.**

**(SEE APPENDIX "A", RELATIONSHIP CODES)**

**(Note: Other persons in household)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 21 Q.6‑2 Sex of person 2**

**F6SEX2**

**LOCATION: 41 LENGTH: 1**

**Sex of 2nd person.**

**1 Male**

**2 Female**

**(Note: Other persons in household)**

**----------------------------------------------------------------------VAR #: 22 Q.7‑2 Age of person 2**

**F7AGE2**

**LOCATION: 42-43 LENGTH: 2**

**How old was (NAME) on (his/her) last birthday?**

**00 Infant under one year**

**95 95 years old or older**

**(Note: Other persons in household)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑--VAR #: 23-52 Relationship, sex, and age of persons 3 through 12**

**VARIABLE NAMES, STARTING LOCATIONS**

**(Person) F5REL3- F6SEX3- F7AGE3-**

**F5REL12 F6SEX12 F7AGE12**

**3 44 46 47**

**4 49 51 52**

**5 54 56 57**

**6 59 61 62**

**7 64 66 67**

**8 69 71 72**

**9 74 76 77**

**10 79 81 82**

**11 84 86 87**

**12 89 91 92**

**See variables 20-22 for codes**

**-----------------------------------------------------------------**

**VAR #: 53 Q.8 Num liv parent/stepparent**

**F8**

**LOCATION: 94 LENGTH: 1**

**How many living parents or stepparents do you (and your spouse) have**

**altogether?**

**0 None**

**------------------------------------------------------------------------VAR #: 54 Q.9a Is R's mother living**

**F9A**

**LOCATION: 95 LENGTH: 1**

**Which parents or stepparents are still living?**

**(FOR EACH LIVING PARENT, ASK QQ 10‑12)**

**1 Respondent's mother living**

**2 Respondent's mother not living**

**(Note: Living parents/stepparents)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 55 Q.10a R's mother's age**

**F10A**

**LOCATION: 96-97 LENGTH: 2**

**What was her age on her last birthday?**

**95 95 Years old or older**

**(Note: Living parents/stepparents)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 56 Q.11a Time from mother to R**

**F11A**

**LOCATION: 98 LENGTH: 1**

**About how long would it take her to get here from where she lives by**

**the usual way:**

**1 10 minutes or less**

**2 11‑30 minutes**

**3 31‑60 minutes**

**4 61 minutes to less than one day**

**5 One day or longer**

**6 Parent unable to travel**

**7 Lives here**

**(Note: Living parents/stepparents)**

**------------------------------------------------------------------------VAR #: 57 Freq of contact R's mom**

**F12A**

**LOCATION: 99 LENGTH: 1**

**How often are you in contact with her:**

**1 daily**

**2 at least once a week**

**3 at least once a month**

**4 less than once a month**

**5 not at all**

**(Note: Living parents/stepparents)**

**---‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 58-69 Characteristics and contact, remaining parents**

**VARIABLE NAMES, STARTING LOCATIONS**

**F9B-F12B F9C-F12C F9D-F12D**

**(R's fa.) (Sp's mo.) (Sp's fa.)**

**9. Whether alive 100 105 110**

**10. Age 101 106 111**

**11. Time to reach 103 108 113**

**12. Frequency of contact 104 109 114**

**See variables 54-57 for codes**

**--------------------------------------------------------------------**

**VAR #: 70 Q.13 Number of children**

**F13**

**LOCATION: 115-116 LENGTH: 2**

**How many living children do you (and your spouse) have altogether?**

**Include adopted children and children of either spouse by previous**

**marriage.**

**00 None**

**------------------------------------------------------------------------VAR #: 71 Q.14a Sex child 1 most contact**

**F14A**

**LOCATION: 117 LENGTH: 1**

**What is the sex of the child you are in contact with most**

**frequently?**

**1 Male**

**2 Female**

**(Note: Living children)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 72 Q.15a Age child 1 most contact**

**F15A**

**LOCATION: 118-119 LENGTH: 2**

**What was (his/her) age on (his/her) last birthday?**

**(Note: Living children)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 73 Q.16a Time from child 1**

**F16A**

**LOCATION: 120 LENGTH: 1**

**About how long would it take (him/her) to get here from where (he/**

**she) lives by the usual way:**

**1 10 minutes or less**

**2 11‑30 minutes**

**3 31‑60 minutes**

**4 61 minutes to less than one day**

**5 one day or longer**

**6 child unable to travel**

**7 lives here**

**(Note: Living children)**

**------------------------------------------------------------------------**

**VAR #: 74 Q.17a Freq contact child 1**

**F17A**

**LOCATION: 121 LENGTH: 1**

**How often are you (or your spouse) in contact with (him/her):**

**1 daily**

**2 at least once a week**

**3 at least once a month**

**4 less than once a month**

**5 not at all**

**(Note: Living children)**

**----------------------------------------------------------------------**

**VAR #: 75-82 Characteristics and contact, second and third children**

**VARIABLE NAMES, STARTING LOCATIONS**

**F14B-F17B F14C-F17C**

**(2nd child) (3rd child)**

**14. Sex 122 127**

**15. Age 123 128**

**16. Time to reach 125 130**

**17. Frequency of contact 126 131**

**See variables 71-74 for codes**

**----------------------------------------------------------------------**

**VAR #: 83 Work for pay since 12/82**

**F18**

**LOCATION: 132 LENGTH: 1**

**Now I would like to talk about paid employment in recent years.**

**Since December 1982, did you work for pay either part time or full time?**

**1 Yes**

**2 No**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 84 Q.18a Main reason not working**

**F18A**

**LOCATION: 133 LENGTH: 1**

**What was the main reason you were not working or looking for work?**

**1 personal, family reasons**

**2 ill or disabled, unable to work**

**3 did not want to work**

**4 retired**

**5 no suitable jobs avail., wouldn't have done good to look**

**6 labor dispute**

**7 other**

**(Note: No paid work since 1982) ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 85 Q.18ba Definitely take job**

**F18BA**

**LOCATION: 134 LENGTH: 1**

**If you were offered a job by some employer in this area, how likely**

**would you be to take it: Definitely take job**

**a. Yes, definitely?**

**1 Yes**

**2 No**

**(Note: No paid work since 1982)**

**------------------------------------------------------------------------**

**VAR #: 86-90 Conditions for taking a job**

**VARIABLE NAMES, STARTING LOCATIONS**

**F18BB-F18BF**

**b. If could do 135**

**c. If wages O.K. 136**

**d. If locations O.K. 137**

**e. If hours O.K. 138**

**f. If other 139**

**See variable 85 for codes**

**------------------------------------------------------------------------VAR #: 91 Q.18c Smallest acceptable wage**

**F18C**

**LOCATION: 140-145 LENGTH: 6**

**What would the smallest wage or salary have to be?**

**DOLLARS**

**(Note: No paid work since 1982. Might take job if offered)**

**------------------------------------------------------------------------VAR #: 92 Q.18CC**

**F18CC**

**LOCATION: 146-147 LENGTH: 2**

**Blank cells**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 93 Q.18cu Time period of wage**

**F18CTIME**

**LOCATION: 148 LENGTH: 1**

**TIME PERIOD**

**1 Year**

**2 Month**

**3 Week**

**4 Day**

**5 Hour**

**6 Other**

**(Note: No paid work since 1982. Might take job if offered)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 94 Q.18cu Num days week would work**

**F18CDAYS**

**LOCATION: 149 LENGTH: 1**

**Number of days per week?**

**(Note: No paid work since 1982. Might take job if offered)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 95 Q.19a Any work in 1991**

**F19A**

**LOCATION: 150 LENGTH: 1**

**Did you work for pay at any time in 1991?**

**1 Yes**

**2 No**

**3 Employed, not worked yet this year**

**(Note: Paid work since 1982)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 96 Q.20a Num weeks worked in 1991**

**F20A**

**LOCATION: 151-152 LENGTH: 2**

**In how many weeks did you work in 1991?**

**1 one week or less**

**(Note: Paid work since 1982)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 97 Q.21a Hrs week usually work 91**

**F21A**

**LOCATION: 153-155 LENGTH: 3**

**How many hours per week did you usually work on all jobs in 1991?**

**(Note: Paid work since 1982)**

**----------------------------------------------------------------------**

**VAR #: 98 Q.22a Employee, self-empld 91**

**F22A**

**LOCATION: 156 LENGTH: 1**

**Did you usually work as an employee or were you self‑employed in**

**your own business, professional practice or farm?**

**1 employee**

**2 self-employed**

**3 both**

**(Note: Paid work since 1982)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 99-130 Work in 1983-1990**

**VARIABLE NAMES, STARTING LOCATIONS**

**(Year) F19B-F19I F20B-F20I F21B-F21I F22B-F22I**

**(any work) (weeks) (hours/wk) (employee or SE)**

**b. 1990 157 158 160 163**

**c. 1989 164 165 167 170**

**d. 1988 171 172 174 177**

**e. 1987 178 179 181 184**

**f. 1986 185 186 188 191**

**g. 1985 192 193 195 198**

**h. 1984 199 200 202 205**

**i. 1983 206 207 209 212**

**See variables 95-98 for codes**

**--------------------------------------------------------------**

**VAR #: 131 Q.23 Working part or full time**

**F23**

**LOCATION: 213 LENGTH: 1**

**Are you currently working for pay, either part time or full time?**

**1 Yes**

**2 No**

**7 Refused to provide any information on employment (Skipped to**

**Checkpoint C)**

**(Note: Paid work since 1982)**

**------------------------------------------------------------------**

**VAR #: 132 Q.24a Work for financial need**

**F24A**

**LOCATION: 214 LENGTH: 1**

**Why are you working now?**

**Financial need**

**1 Yes**

**2 No**

**(Note: Question 24 has subparts a-m, followed by Question 24A. Currently employed only)**

**------------------------------------------------------------------------**

**VAR #: 133-144 Other reasons for working**

**VARIABLE NAMES, STARTING LOCATIONS**

**F24B-F24I**

**b. Raise liv level 215**

**c. Buy item 216**

**d. Want to work 217**

**e. Found job 218**

**f. Health now allows 219**

**g. Spouse health changed 220**

**h. Rehab enabled work 221**

**i. Raise soc. sec. 222**

**j. Raise pension 223**

**k. Soc. Sec. stopped 224**

**l. Medicare not affected 225**

**m. Other reason 226**

**See variable 132 for codes**

**----------------------------------------------------------------------VAR #: 145 Q.24A Most imp reason work now**

**F24MSTIM**

**LOCATION: 227-228 LENGTH: 2**

**Which was the most important reason for your continuing to work?**

**SEE APPENDIX "B" FOR CODES**

**(Note: Currently employed only. Question 24A follows Question**

**24 a-m)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 146 Q.25 Would work if no need**

**F25**

**LOCATION: 229 LENGTH: 1**

**If (you/you and your [husband/wife]) were to get enough money to**

**live comfortably without your working, do you think that you would**

**work anyway?**

**1 Yes**

**2 No**

**(Note: Currently employed only)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 147 Q.26‑mo Month start cur/last job**

**F26\_MO**

**LOCATION: 230-231 LENGTH: 2**

**Now I would like to ask some questions about your (current/last)**

**job. In what month did you start working at (this/that) job?**

**(Note: Current/last job since 1982)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 148 Q.26‑yr Yr start cur/last job**

**F26\_YR**

**LOCATION: 232-233 LENGTH: 2**

**In what year did you start working at (this/that) job?**

**(Note: Current/last job since 1982)**

**------------------------------------------------------------------**

**VAR #: 149 Q.27a Need money**

**F27A**

**LOCATION: 234 LENGTH: 1**

**Why did you take this job?**

**Financial need**

**1 Yes**

**2 No**

**(Note: Question 27 has subparts a-m, followed by Question 27A. Current/last job since 1982. Job began 1980 or later)**

**------------------------------------------------------------------------**

**VAR #: 150-161 Other reasons for taking current or last job since 1980**

**VARIABLE NAMES, STARTING LOCATIONS**

**F27B-F27M**

**b. Raise liv level 235**

**c. Buy item 236**

**d. Want to work 237**

**e. Found job 238**

**f. Health now allows 239**

**g. Spouse health changed 240**

**h. Rehab enabled work 241**

**i. Raise soc. sec. 242**

**j. Raise pension 243**

**k. Soc. Sec. stopped 244**

**l. Medicare not affected 245**

**m. Other reason 246**

**See variable 149 for codes**

**----------------------------------------------------------------------**

**VAR #: 162 Q.27A Most imp reason took job**

**F27\_A**

**LOCATION: 247-248 LENGTH: 2**

**Which was the most important reason for taking this job?**

**SEE APPENDIX "B" FOR CODES**

**(Note: Question 27A follows Question 27 a-m. Current/last job since 1982 or later. Job began 1980 or later. More than one reason for taking job)**

**----------------------------------------------------------------------**

**VAR #: 163 Q.28 Business or industry**

**F28**

**LOCATION: 249-251 LENGTH: 3**

**In what kind of business or industry (is this/was your last) job?**

**[For example: TV and radio manufacturing, retail shoe store, state**

**Labor Department, farm.]**

**(USE CODES FROM 1980 ALPHABETICAL INDEX OF INDUSTRIES AND**

**OCCUPATIONS) ‑‑ SEE APPENDIX "C"**

**(Note: Current/last job since 1982)**

**------------------------------------------------------------------------VAR #: 164 Q.29 Mfg, wholesale, retail**

**F29**

**LOCATION: 252 LENGTH: 1**

**(Is/Was) this mainly manufacturing, wholesale trade, retail trade or**

**something else?**

**1 Manufacturing**

**2 Wholesale trade**

**3 Retail trade**

**4 Something else**

**(Note: Current/last job since 1982)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 165 Q.30 Job title**

**F30**

**LOCATION: 253-255 LENGTH: 3**

**What kind of work (do/did) you do? What (is/was) your job title?**

**[For example: electrical engineer, stock clerk, typist, farmer.]**

**(USE CODES FROM 1980 ALPHABETICAL INDEX OF INDUSTRIES AND**

**OCCUPATIONS) ‑‑ SEE APPENDIX "D"**

**(Note: Current/last job since 1982)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 166 Q.32 Health ins available**

**F32**

**LOCATION: 256 LENGTH: 1**

**(Is/Was) employer‑provided health insurance coverage available to**

**you from this job?**

**1 Yes**

**2 No**

**(Note: Current/last job since 1982)**

**------------------------------------------------------------------------VAR #: 167 Q.33 Take health insurance**

**F33**

**LOCATION: 257 LENGTH: 1**

**Did you elect to be covered by this health insurance?**

**1 Yes**

**2 No**

**(Note: Current/last job since 1982. Health insurance available**

**on job.)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 168 Q.34a Covered by Medicare**

**F34A**

**LOCATION: 258 LENGTH: 1**

**Why not?**

**Covered by Medicare**

**1 Yes**

**2 No**

**(Note: Current/last job since 1982. Health insurance available on**

**job but did not elect to be covered)**

**------------------------------------------------------------------------**

**VAR #: 169-172 Other precoded reasons for not electing emp.-based health insurance**

**VARIABLE NAMES, STARTING LOCATIONS**

**F34B-F34E**

**b. Covered by spouse ins. 259**

**c. Other coverage 260**

**d. Conditions not covered 261**

**e. Too expensive 262**

**See variable 168 for codes**

**-----------------------------------------------------------------------**

**VAR #: 173 Q.34f Other reason 1 - YN**

**F341OTH**

**LOCATION: 263 LENGTH: 1**

**Some Other Reason**

**1 Yes**

**2 No**

**(Note: Current/last job since 1982. Health insurance available**

**on job but did not elect to be covered)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 174 Q.34f First other reason**

**F341REAS**

**LOCATION: 264-265 LENGTH: 2**

**First Other Reason**

**SEE APPENDIX "E" FOR CODES**

**(Note: Current/last job since 1982. Health insurance available**

**on job but did not elect to be covered)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 175 Q.34g Other reason 2 - YN**

**F342OTH**

**LOCATION: 266 LENGTH: 1**

**Second Other Reason**

**1 Yes**

**2 No**

**(Note: Current/last job since 1982. Health insurance available**

**on job but did not elect to be covered)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 176 Q.34g Second other reason**

**F342REAS**

**LOCATION: 267-268 LENGTH: 2**

**Second Other Reason**

**SEE APPENDIX "E" FOR CODES**

**(Note: Current/last job since 1982. Health insurance available**

**on job but did not elect to be covered)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 177 Q.35 Hours/week usually work**

**F35**

**LOCATION: 269-271 LENGTH: 3**

**How many hours a week (do/did) you usually work on this job?**

**(Note: Current/last job since 1982)**

**------------------------------------------------------------------**

**VAR #: 178 Q.36 Weeks/year usually work**

**F36**

**LOCATION: 272-273 LENGTH: 2**

**How many weeks per year (do/did) you usually work on this job?**

**Include any time during the year when you had paid vacation, paid**

**sick leave, or military service?**

**1 one week or less**

**(Note: Current/last job since 1982)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 179 Q.37 Preferred hours**

**F37**

**LOCATION: 274 LENGTH: 1**

**Would you have preferred to work more, less, or about as many hours**

**as you actually worked in this job?**

**1 More**

**2 Less**

**3 As many as worked**

**(Note: Current/last job since 1982)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 180 Q.38a Employer limits hours**

**F38A**

**LOCATION: 275 LENGTH: 1**

**Which of the following (limits/limited) your work:**

**employer (limits/limited) available work hours on this job?**

**1 Yes**

**2 No**

**(Note: Current/last job since 1982. Preferred more hours.)**

**-----------------------------------------------------------------**

**VAR #: 181-187 Other factors limiting hours worked**

**VARIABLE NAMES, STARTING LOCATIONS**

**F38B-F38H**

**b. Health limits hours 276**

**c. Layoff or discharge 277**

**d. Business slow 278**

**e. Would reduce pension 279**

**f. Would reduce Soc. Sec. 280**

**g. Family or personal 281**

**h. Other 282**

**See variable 180 for codes**

**---------------------------------------------------------------------**

**VAR #: 188 Q.39 Employee of self-empld**

**F39**

**LOCATION: 283 LENGTH: 1**

**(Do you work/Did you work) as an employee or (are/were) you self‑**

**employed in your own business, professional practice, or farm?**

**1 Employee**

**2 Self‑employed**

**(Note: Current/last job since 1982)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 189 Q.40 Pay self salary**

**F40**

**LOCATION: 284 LENGTH: 1**

**(Do/Did) you pay yourself a salary from this business?**

**1 Yes**

**2 No**

**(Note: Current/last job since 1982. Self-employed only)**

**------------------------------------------------------------------**

**VAR #: 190 Q.41 Imputed salary**

**IF41**

**LOCATION: 285-290 LENGTH: 6**

**Before taxes or deductions, how much (is/was) your salary (when you**

**left this job)? (Imputed)**

**DOLLARS**

**(Note: Current/last job since 1982. Self-employed only and pays/paid**

**self salary)**

**--------------------------------------------------------------------**

**VAR #: 191 Q.41C**

**F41C**

**LOCATION: 291-292 LENGTH: 2**

**Blank Cells**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 192 Q.41u Time period of salary**

**F41TIME**

**LOCATION: 293 LENGTH: 1**

**Time Period**

**1 Year**

**2 Month**

**3 Week**

**4 Day**

**5 Hour**

**6 Other**

**(Note: Current/last job since 1982. Self-employed only and**

**pays/paid self salary)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 193 Q.41u Number days per week**

**F41DAY**

**LOCATION: 294 LENGTH: 1**

**Number of days per week (Note: Current/last job since 1982. Self-employed only and**

**pays/paid self salary)**

**-----------------------------------------------------------------**

**VAR #: 194 Q.42L Loss**

**F42LOSS**

**LOCATION: 295 LENGTH: 1**

**LOSS**

**1 Checked**

**2 Not Checked**

**(Note: Current/last job since 1982. Self-employed only)**

**------------------------------------------------------------------------VAR #: 195 Q.42 Imp avg year salary from bus**

**IF42**

**LOCATION: 296-301 LENGTH: 6**

**Before any taxes and deductions, about how much (do/did) you draw**

**from this business in an average year? Do not include reimburse‑**

**ments for out‑of‑pocket expenses. (Imputed)**

**DOLLARS**

**(Note: Current/last job since 1982. Self-employed only)**

**--------------------------------------------------------------------**

**VAR #: 196 Q.42C**

**F42C**

**LOCATION: 302-303 LENGTH: 2**

**Blank Cells**

**------------------------------------------------------------------------VAR #: 197 Q.43 Incorporated business**

**F43**

**LOCATION: 304 LENGTH: 1**

**(Is/Was) this an incorporated business?**

**1 Yes**

**2 No**

**(Note: Current/last job since 1982. Self-employed only)**

**------------------------------------------------------------------**

**VAR #: 198 Q.44 Keogh account for self**

**F44**

**LOCATION: 305 LENGTH: 1**

**(Are you contributing/Did you contribute) to a Keogh retirement**

**account for yourself?**

**1 Yes**

**2 No**

**(Note: Current/last job since 1982. Unincorporated self-employed**

**only)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 199 Q.45 Type of organization**

**F45**

**LOCATION: 306 LENGTH: 1**

**(Are/Were) you an employee of:**

**1 a nonprofit, charitable, or tax‑exempt organization**

**2 a private co.,bus.or individual for wages,salary or comm.**

**3 the federal government, as a civilian**

**4 state government**

**5 local government**

**6 the Armed Forces**

**7 other**

**(Note: Current/last job since 1982. Employees only)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 200 Q.46 Imp amount of earnings**

**IF46**

**LOCATION: 307-312 LENGTH: 6**

**Before any taxes and deductions, how much (do/did) you earn from**

**this employer (when you left this job)? (Imputed)**

**DOLLARS**

**(Note: Current/last job since 1982. Employees only)**

**------------------------------------------------------------------**

**VAR #: 201 Q.46C**

**F46C**

**LOCATION: 313-314 LENGTH: 2**

**Blank Cells**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 202 Q.46u Time period of earnings**

**F46TIME**

**LOCATION: 315 LENGTH: 1**

**Time Period**

**1 Year**

**2 Month**

**3 Week**

**4 Day**

**5 Hour**

**6 Other**

**(Note: Current/last job since 1982. Employees only)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 203 Q.46u Number days per week**

**F46DAY**

**LOCATION: 316 LENGTH: 1**

**Number of days per week**

**(Note: Current/last job since 1982. Employees only)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 204 Q.47 Included in pension plan**

**F47**

**LOCATION: 317 LENGTH: 1**

**With this job, (are/were) you included in a pension or retirement**

**plan provided by your employer or union? Include any profit‑sharing**

**plans or any other type of plan that provides retirement benefits,**

**except Social Security or Railroad Retirement.**

**1 Yes**

**2 No**

**8 Don't know**

**(Note: Current/last job since 1982. Employees only)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 205 Q.48 More than one pension**

**F48**

**LOCATION: 318 LENGTH: 1**

**Other than Social Security or Railroad Retirement (are/were) you**

**covered by more than one pension or retirement plan on this job?**

**1 Yes**

**2 No**

**8 Don't Know**

**(Note: Current/last job since 1982. Employees only. Had pension**

**on job)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 206 Q.49 Now receiving payments**

**F49**

**LOCATION: 319 LENGTH: 1**

**(The next questions will be about your basic pension plan, the one**

**intended to pay the most benefits.)**

**Are you now receiving any payments from this pension plan?**

**1 Yes**

**2 No**

**3 Don't Know**

**(Note: Current/last job since 1982. Employees only. Had pension**

**on job)**

**------------------------------------------------------------------**

**VAR #: 207 CHKPTA R currently working**

**CHKPTA**

**LOCATION: 320 LENGTH: 1**

**IS R CURRENTLY WORKING? ("YES" in Q.23)**

**1 Yes**

**2 No**

**(Note: Current/last job since 1982. Employees only. Had pension**

**on job)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 208 Q.50 Could start pay now**

**F50**

**LOCATION: 321 LENGTH: 1**

**If you left this employer now, could you start receiving payments**

**from this plan?**

**1 Yes**

**2 No**

**8 Don't Know**

**(Note: Employees only; currently working and has pension coverage)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 209 Q.51‑mo Month could get pension**

**F51MO**

**LOCATION: 322-323 LENGTH: 2**

**If you had wanted to retire, what was the earliest date you could**

**have retired and started to receive payments from this plan, based**

**on your age or years of service?**

**MONTH**

**(Note: Employees only; currently working and has pension coverage)**

**------------------------------------------------------------------**

**VAR #: 210 Q.51‑yr Year could get pension**

**F51YR**

**LOCATION: 324-327 LENGTH: 4**

**YEAR**

**(Note: Employees only; currently working and has pension coverage)**

**-‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 211 Q.51‑age Age could get pension**

**F51AGE**

**LOCATION: 328-329 LENGTH: 2**

**AGE**

**(Note: Employees only; currently working and has pension coverage)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 212 Q.52 Lump sum or one-time pay**

**F52**

**LOCATION: 330 LENGTH: 1**

**Did you receive a lump sum benefit or one‑time cash payment from**

**this plan after you left the job?**

**1 Yes**

**2 No**

**(Note: Employees only; currently working and has pension coverage)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 213 Q.53 Expect future payments**

**F53**

**LOCATION: 331 LENGTH: 1**

**Do you expect to receive retirement payments from this plan in the**

**future?**

**1 Yes**

**2 No**

**8 Don't Know**

**(Note: Employees only; currently working and has pension coverage)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 214 Q.54‑mo Month could receive**

**F54MO**

**LOCATION: 332-333 LENGTH: 2**

**What is the earliest date you could start receiving payments from**

**this plan based on your age or years of service?**

**MONTH**

**0 Age, not date, given**

**95 Could start now**

**96 Data missing**

**(Note: Employees only; currently working and has pension coverage)**

**------------------------------------------------------------------------VAR #: 215 Q.54‑yr Year could receive**

**F54YR**

**LOCATION: 334-337 LENGTH: 4**

**YEAR**

**(Note: Employees only; currently working and has pension coverage**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 216 Q.54‑age Age could receive**

**F54AGE**

**LOCATION: 338-339 LENGTH: 2**

**AGE**

**(Note: Employees only; currently working and has pension coverage)**

**------------------------------------------------------------------**

**VAR #: 217 CHKPTB R currently working**

**CHKPTB**

**LOCATION: 340 LENGTH: 1**

**IS R CURRENTLY WORKING? ("YES" in Q.23)**

**1 Yes**

**2 No**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 218 Q.55A 55A in surviving spouse Questionnaire F55ASP**

**LOCATION: 341 LENGTH: 1**

**(Surviving Spouse Questionnaire Only):**

**Was (he/she) still employed on (his/her) last job at the time of**

**death?**

**1 Yes**

**2 No**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 219 Q.55a Definitely take job**

**F55A**

**LOCATION: 342 LENGTH: 1**

**If you were offered a job by some employer in this area, how likely**

**would you be to take it:**

**yes, definitely?**

**1 Yes**

**2 No**

**(Note: Question 55 has subparts a-f, followed by Question 55A. Not currently working)**

**------------------------------------------------------------------**

**VAR #: 220-224 Conditions for taking a job**

**VARIABLE NAMES, STARTING LOCATIONS**

**F55B-F55F**

**b. Could do 343**

**c. Wages O.K 344**

**d. Location O.K. 345**

**e. Hours O.K. 346**

**f. Other 347**

**See variables 219 for codes**

**---------------------------------------------------------------------**

**VAR #: 225 Q.55A Smallest wage amount**

**F55AMT**

**LOCATION: 348-353 LENGTH: 6**

**What would the smallest wage or salary have to be?**

**DOLLARS**

**(Note: Question follows Questions 55a-f. Not currently working but would take job)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 226 Q.55c**

**F55AC**

**LOCATION: 354-355 LENGTH: 2**

**Blank Cells**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 227 Q.55a‑u Time period of wage**

**F55TIME**

**LOCATION: 356 LENGTH: 1**

**Time Period**

**1 year**

**2 Month**

**3 Week**

**4 Day**

**5 Hour**

**6 Other**

**(Note: Not currently working but would take job)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 228 Q55a‑u Num days per week would work**

**F55DAY**

**LOCATION: 357 LENGTH: 1**

**Number of days per week**

**(Note: Not currently working but would take job)**

**----------------------------------------------------------------------**

**VAR #: 229 Q.55b‑mo Month left last job**

**F55BMO**

**LOCATION: 358-359 LENGTH: 2**

**In what month did you leave last job?**

**MONTH**

**(Note: Not currently working but would take job)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 230 Q.55b‑yr Year left last job**

**F55BYR**

**LOCATION: 360-361 LENGTH: 2**

**In what year did you leave last job?**

**YEAR**

**(Note: Not currently working but would take job)**

**------------------------------------------------------------------**

**VAR #: 231 Q.56a Lost job**

**F56A**

**LOCATION: 362 LENGTH: 1**

**I will now read to you some reasons a person might give for leaving**

**a job. Please tell me which of these reasons were important to you**

**when you left your last job. Did you leave:**

**because you lost your job?**

**1 Yes**

**2 No**

**(Note: Not currently working)**

**------------------------------------------------------------------------**

**VAR #: 232-248 Other precoded reasons for leaving last job**

**VARIABLE NAMES, STARTING LOCATIONS**

**F56B-F56R**

**b. Business bad 363**

**c. Pay too low 364**

**d. Disliked job 365**

**e. Transportation problems 366**

**f. R moved 367**

**g. To get Soc. Sec. 368**

**h. Apply for SS disability 369**

**i. Avoid cutoff/disab.ben. 370**

**j. To keep medicare 371**

**k. To Get a pension 372**

**l. To care for others 373**

**m. To get a better job 374**

**n. Spouse retired 375**

**o. Spouse health changed 376**

**p. Wanted to retire 377**

**q. Compulsory ret. age 378**

**r. Health problems 379**

**See variable 231 for codes**

**------------------------------------------------------------------**

**VAR #: 249 Q.56s Other reason 1 - YN**

**F56S**

**LOCATION: 380 LENGTH: 1**

**First Other**

**1 Yes**

**2 No**

**(Note: Not currently working)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 250 Q.56s First other reason**

**F56SR**

**LOCATION: 381-382 LENGTH: 2**

**First Other Reason**

**SEE APPENDIX "F" FOR CODES**

**(Note: Not currently working)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 251 Q.56t Other reason 2 - YN**

**F56T**

**LOCATION: 383 LENGTH: 1**

**Second Other**

**1 Yes**

**2 No**

**(Note: Not currently working)**

**----------------------------------------------------------------------**

**VAR #: 252 Q.56t Second other reason**

**F56TR**

**LOCATION: 384-385 LENGTH: 2**

**Second Other Reason**

**SEE APPENDIX "F" FOR CODES**

**(Note: Not currently working)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 253 Q.57 Most important reason**

**F57**

**LOCATION: 386-387 LENGTH: 2**

**Of the reasons you have just given me, which was the most important**

**reason you left that job?**

**SEE APPENDIX "F" FOR CODES**

**(Note: Not currently working; gave more than one reason for leaving**

**last job)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 254 Q.58 Could do fewer hrs, days**

**F58**

**LOCATION: 388 LENGTH: 1**

**Would your health have allowed you to do a similar job but fewer**

**hours a day or fewer days in a week?**

**1 Yes**

**2 No**

**(Note: Not currently working; left last job because of health**

**problems)**

**------------------------------------------------------------------**

**VAR #: 255 Q.59 Health allow other job**

**F59**

**LOCATION: 389 LENGTH: 1**

**Would your health have let you do another kind of job?**

**1 Yes**

**2 No**

**(Note: Not currently working; left last job because of health**

**problems)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 256 Q.60a Doctor decision**

**F60A**

**LOCATION: 390 LENGTH: 1**

**Did your doctor or your employer decide that you had to leave that**

**job because of health, or did you make the decision?**

**Doctor**

**1 Yes**

**2 No**

**(Note: Not currently working; left last job because of health**

**problems)**

**----------------------------------------------------------------------**

**VAR #: 257-259 Other persons making decision about health**

**VARIABLE NAMES, STARTING LOCATIONS**

**F60B-F60D**

**b. Employer 391**

**c. Respondent 392**

**d. Other 393**

**See variable 256 for codes**

**------------------------------------------------------------------**

**VAR #: 260 Q.61a Difficult commute**

**F61A**

**LOCATION: 394 LENGTH: 1**

**Why were your health problems an important reason for leaving this**

**job:**

**a. did you have difficulties getting to and from work?**

**1 Yes**

**2 No**

**(Note: Not currently working; left last job because of health**

**problems)**

**----------------------------------------------------------------------**

**VAR #: 261-267 Other health-related reasons for leaving job**

**VARIABLE NAMES, STARTING LOCATIONS**

**F61B-F61H**

**b. Too many hours 395**

**c. Absent too much 396**

**d. Unable to do work 397**

**e. Lowered output of others 398**

**f. Adverse work conditions 399**

**g. Bills affect ins. costs 400**

**h. Other 401**

**See variable 260 for codes**

**----------------------------------------------------------------------**

**VAR #: 268 Q.62 Lose health ins**

**F62**

**LOCATION: 402 LENGTH: 1**

**Did you lose any employer‑provided health insurance coverage when**

**you left this job?**

**1 Yes**

**2 No**

**(Note: Not currently working)**

**------------------------------------------------------------------**

**VAR #: 269 Q.63 Have other health ins**

**F63**

**LOCATION: 403 LENGTH: 1**

**Did you have any health insurance from another source at the time**

**you left this job? Do not include Medicare.**

**1 Yes**

**2 No**

**(Note: Not currently working)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 270 Q.64 Living with family mbrs**

**F64**

**LOCATION: 404 LENGTH: 1**

**When you stopped working, were you living with other family members?**

**1 Yes**

**2 No**

**(Note: Not currently working)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 271 Q.65 Affect family mbr work**

**F65**

**LOCATION: 405 LENGTH: 1**

**I'm interested in what ways your stopping work affected your family.**

**Did anyone in your family who was living with you begin to work, or**

**change his or her work hours because you stopped working?**

**1 Yes**

**2 No**

**(Note: Not currently working; living with other family members**

**when stopped work)**

**------------------------------------------------------------------**

**VAR #: 272 Q.66a Spouse affected**

**F66A**

**LOCATION: 406 LENGTH: 1**

**Who was that?**

**a. Husband/Wife**

**1 Yes**

**2 No**

**(Note: Not currently working; living with other family members when**

**stopped work and other family member made a work change)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 273 Q.67a Stop, start, more, less**

**F67A**

**LOCATION: 407 LENGTH: 1**

**Did (she/he) begin to work, work more, work less or stop?**

**1 begin work**

**2 work more**

**3 work less**

**4 stop work**

**(Note: Not currently working; living with other family members when**

**stopped work and other family member made a work change)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 274-279 Other family members who modified their work**

**VARIABLE NAMES, STARTING LOCATIONS**

**F66B-F66D F67B-F67D**

**(yes/no) (how modified)**

**b. Parent 408 409**

**c. Child 410 411**

**d. Other relative 412 413**

**See variable 273 for codes**

**------------------------------------------------------------------**

**VAR #: 280 Q.68 Effect on family income**

**F68**

**LOCATION: 414 LENGTH: 1**

**What happened to your family's income after you stopped working (and**

**anyone else changed his or her work)? Did it:**

**1 decrease**

**2 remain about the same**

**3 increase**

**(Note: Not currently working; living with other family members when**

**stopped work and other family member made a work change)**

**-------------------------------------------------------------------**

**VAR #: 281 Q.68A Look for another job**

**F68A**

**LOCATION: 415 LENGTH: 1**

**Did you look for another job after you left this job?**

**1 Yes**

**2 No**

**(Note: Not currently working; living with other family members when**

**stopped work and other family member made a work change)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 282 CHKPTC R is disabled benef**

**CHKPTC**

**LOCATION: 416 LENGTH: 1**

**WAS R A DISABLED WORKER BENEFICIARY [SAMPLE INDICATOR FROM LABEL ON**

**SCREENING FORM IS "DIS"]?**

**1 Yes**

**2 No**

**----------------------------------------------------------------------**

**VAR #: 283 CHKPTD R answered next section**

**CHKPTD**

**LOCATION: 417 LENGTH: 1**

**DID R ALREADY ANSWER THE SECTION BELOW? (QQ.69 to 141)**

**1 Yes**

**2 No**

**(Note: Disabled-worker beneficiary)**

**---------------------------------------------------------------------**

**VAR #: 284 Q.69 Confirm first DI pay**

**F69**

**LOCATION: 418 LENGTH: 1**

**According to our records, you began to receive Social Security**

**disability insurance benefits for a period of disability around**

**Is this correct?**

**1 Yes**

**2 No**

**6 Yes, refused to answer anything about post disability jobs (Skipped**

**to Q. 142)**

**7 Yes, refused entire disability module (Skipped to Q. 159)**

**(Note: Disabled-worker beneficiary)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 285 Q.70 Confirm data of DI benefit**

**F70**

**LOCATION: 419 LENGTH: 1**

**Did you receive Social Security disability benefits earlier or later**

**than this date, or have you never received disability benefits?**

**1 Earlier**

**2 Later**

**3 Both, earlier and later**

**4 Never received**

**(Note: Disabled-worker beneficiary)**

**---------------------------------------------------------------------**

**VAR #: 286 Q.71‑mo Month DI began**

**F71MO**

**LOCATION: 420-421 LENGTH: 2**

**In what month did you begin to receive Social Security disability**

**benefits?**

**MONTH**

**(Note: Disability date incorrect on label)**

**---------------------------------------------------------------------**

**VAR #: 287 Q.71‑yr Yr DI began**

**F71YR**

**LOCATION: 422-423 LENGTH: 2**

**In what year did you begin to receive Social Security disability**

**benefits?**

**YEAR**

**(Note: Disability date incorrect on label)**

**---------------------------------------------------------------------**

**VAR #: 288 CHKPTE Check reported date vs. label date**

**CHKPTE**

**LOCATION: 424 LENGTH: 1**

**IS THE DATE REPORTED IN Q.71 WITHIN 15 MONTHS OF THE KEY DATE ON THE**

**LABEL?**

**1 Yes**

**2 No**

**7 R refused to answer entire disability module (Skipped to Q.159)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 289 Q.72 Had health ins when got SSDI**

**F72**

**LOCATION: 425 LENGTH: 1**

**Were you covered by a health insurance plan when you started**

**receiving Social Security disability benefits?**

**1 Yes**

**2 No**

**3 Employer had no plan**

**7 Remainder of module missing**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 290 Q.73 Working when began SSDI**

**F73**

**LOCATION: 426 LENGTH: 1**

**Were you working for pay at the time you began to receive Social**

**Security disability benefits?**

**1 Yes**

**2 No**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 291 Q.74‑mo Month started work**

**F74MON**

**LOCATION: 427-428 LENGTH: 2**

**What month did you start working at this job?**

**MONTH**

**(Note: Working when DI began)**

**------------------------------------------------------------------**

**VAR #: 292 Q.74‑yr Yr started work**

**F74YR**

**LOCATION: 429-430 LENGTH: 2**

**What year did you start working at this job?**

**YEAR**

**(Note: Working when DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 293 Q.75 Job same as current job**

**F75**

**LOCATION: 431 LENGTH: 1**

**Is this job we are now discussing the same job with the same**

**employer as the current or most recent job you already told me**

**about?**

**1 Yes**

**2 No**

**3 Had not already discussed a current or most recent job**

**(Note: Working when DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 294 CHKPTF Work after Dec 82**

**CHKPTF**

**LOCATION: 432 LENGTH: 1**

**WAS ANY WORK REPORTED AFTER DECEMBER 1982? ("YES" in Q.18)**

**1 Yes**

**2 No**

**(Note: Not working when DI began)**

**------------------------------------------------------------------**

**VAR #: 295 Q.76 Paid work after DI benefits**

**F76**

**LOCATION: 433 LENGTH: 1**

**Did you ever work for pay either part time or full time after the**

**month in which your Social Security disability benefits began?**

**1 Yes**

**2 No**

**(Note: Not working when DI began or after 12/82)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 296 Q.77 Looked for work after DI benefit**

**F77**

**LOCATION: 434 LENGTH: 1**

**Did you ever look for work after the month in which your Social**

**Security disability benefits began?**

**1 Yes**

**2 No**

**(Note: No paid work after DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 297 Q.78‑mo Month started looking**

**F78MO**

**LOCATION: 435-436 LENGTH: 2**

**In what month did you first start looking for work after you began**

**to receive Social Security disability benefits?**

**MONTH**

**95 Did not look for job**

**(Note: Worked or looked for work after DI began)**

**---------------------------------------------------------------------**

**VAR #: 298 Q.78‑yr Yr started looking**

**F78YR**

**LOCATION: 437-438 LENGTH: 2**

**In what year did you first start looking for work after you began to**

**receive Social Security disability benefits?**

**YEAR**

**(Note: Worked or looked for work after DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 299 Q.79 Get DI benefits when looked**

**F79**

**LOCATION: 439 LENGTH: 1**

**Were you receiving disability benefits at the time you began to look**

**for work?**

**1 Yes**

**2 No**

**(Note: Looked for work after DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 300 Q.80‑mo Months without benefits when looked F80MO**

**LOCATION: 440-441 LENGTH: 2**

**How long had you been without benefits when you began to look for**

**work?**

**NUMBER OF MONTHS**

**01 One month or less**

**96 Coded in years**

**(Note: Not working when DI began; looked for work after DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 301 Q.80‑yr Yrs without benefits when looked**

**F80YR**

**LOCATION: 442-443 LENGTH: 2**

**How long had you been without benefits when you began to look for**

**work?**

**NUMBER OF YEARS**

**(Note: Not working when DI began; looked for work after DI began)**

**------------------------------------------------------------------**

**VAR #: 302 Q.81 Health ins. when looked**

**F81**

**LOCATION: 444 LENGTH: 1**

**Were you covered by health insurance, other than Medicare, when you**

**started looking for work?**

**1 Yes**

**2 No**

**(Note: Looked for work after DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 303 Q.82a Looked where worked before**

**F82A**

**LOCATION: 445 LENGTH: 1**

**What did you do to find work:**

**(checked/checking) where you worked before?**

**1 Yes**

**2 No**

**(Note: Looked for work after DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 304 Q.83a Job offer?**

**F83A**

**LOCATION: 446 LENGTH: 1**

**Did (WAY MENTIONED IN Q.82a) lead to a job offer?**

**1 Yes**

**2 No**

**(Note: Looked for work after DI began)**

**------------------------------------------------------------------**

**VAR #: 305-320 Other job search activities and if successful**

**VARIABLE NAMES, STARTING LOCATIONS**

**F82B-F82I F83B-F83I**

**b. Asked relative 447 448**

**c. Asked friend 449 450**

**d. Answered ad 451 452**

**e. State emply agency lead 453 454**

**f. Priv. emply agency lead 455 456**

**g. Voc. Rehab. agency lead 457 458**

**h. checked employers 459 460**

**i. Other 461 462**

**See variables 303-304 for codes**

**----------------------------------------------------------------------**

**VAR #: 321 Q.84 Looked for same kind of job**

**F84**

**LOCATION: 463 LENGTH: 1**

**Were you looking for the same kind of job that you had as your main**

**job prior to receiving disability benefits?**

**1 Yes**

**2 No**

**(Note: Looked for work after DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 322 Q.85 Looked for special, or any job**

**F85**

**LOCATION: 464 LENGTH: 1**

**Did you limit your looking to a particular kind of job or were you**

**open to any type of employment?**

**1 Particular kind of job**

**2 Any type of employment**

**(Note: Looked for work after DI began)**

**------------------------------------------------------------------**

**VAR #: 323 Q.86a Looked for part time**

**F86A**

**LOCATION: 465 LENGTH: 1**

**Did you look for:**

**part time work?**

**1 Yes**

**2 No**

**(Note: Looked for work after DI began)**

**--‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 324 Q.86b Looked for full time**

**F86B**

**LOCATION: 466 LENGTH: 1**

**full time work?**

**1 Yes**

**2 No**

**(Note: Looked for work after DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 325 Q.87 Num of employers checked**

**F87**

**LOCATION: 467-468 LENGTH: 2**

**About how many employers did you go to trying to get a job?**

**95 95 or more**

**(Note: Looked for work after DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 326 Q.88 Num rejected offers**

**F88**

**LOCATION: 469-470 LENGTH: 2**

**About how many job offers did you receive and not take?**

**00 None**

**(Note: Looked for work after DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 327 Q.89a Not right kind of work**

**F89A**

**LOCATION: 471 LENGTH: 1**

**What were the main reasons you did not accept (this/these) job**

**offer(s):**

**you did not want that kind of work?**

**1 Yes**

**2 No**

**(Note: Looked for work after DI began; rejected job offered)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 328-338 Other reasons for not accepting job offer**

**VARIABLE NAMES, STARTING LOCATIONS**

**F89B-F89L**

**b. Pay too low 472**

**c. Hrs. not O.K. 473**

**d. Part-time not offered 474**

**e. Job was temporary 475**

**f. Hard to get to work 476**

**g. No child care 477**

**h. Health benefits not O.K. 478**

**i. Took other job 479**

**j. Job conditions not O.K. 480**

**k. Had health problems 481**

**l. Others 482**

**See variable 327 for codes**

**------------------------------------------------------------------------**

**VAR #: 339 Q.90 Most important reason**

**F90**

**LOCATION: 483-484 LENGTH: 2**

**Of the reasons you just gave me, which reason was the most**

**important?**

**SEE APPENDIX "G" FOR CODES**

**------‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 340 CHKPTG R worked after DI receipt**

**CHKPTG**

**LOCATION: 485 LENGTH: 1**

**DID R WORK AFTER RECEIVING DISABILITY BENEFITS? ("YES" in EITHER**

**Q.18, Q.73 or Q.76)**

**1 Yes**

**2 No**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 341 Q.91‑mo Month started work after DI receipt F91MO**

**LOCATION: 486-487 LENGTH: 2**

**In what month did you start working for the first time after you**

**began receiving benefits?**

**MONTH**

**95 Already working when benefits began**

**(Note: Worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 342 Q.91‑yr Yr started work after DI receipt**

**F91YR**

**LOCATION: 488-489 LENGTH: 2**

**In what year did you start working for the first time after you**

**began receiving benefits?**

**YEAR**

**(Note: Worked after receiving DI)**

**--------------------------------------------------------------------**

**VAR #: 343 Q.92 Same job as current or most recent**

**F92**

**LOCATION: 490 LENGTH: 1**

**Is this job we are now discussing the same job with the same**

**employer as the current or most recent job you already told me**

**about?**

**1 Yes**

**2 No**

**3 Had not already discussed a current or most recent job**

**(Note: Worked after receiving DI)**

**---------------------------------------------------------------------**

**VAR #: 344 Q.93 Still getting DI when returned to work F93**

**LOCATION: 491 LENGTH: 1**

**Were you still receiving disability benefits at the time you**

**returned to work or had your benefits stopped at that time?**

**1 Still receiving**

**2 Benefits had stopped**

**(Note: Worked after receiving DI; job not current or last)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 345 Q.94‑mo Months without DI when returned**

**F94MO**

**LOCATION: 492-493 LENGTH: 2**

**How long had you been without benefits when you returned to work?**

**NUMBER OF MONTHS**

**01 One month or less**

**96 Coded in years**

**(Note: R worked after receiving DI; job not current or last; DI had**

**stopped when R returned to work)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 346 Q.94‑yr Yrs without DI when returned**

**F94YR**

**LOCATION: 494-495 LENGTH: 2**

**How long had you been without benefits when you returned to work?**

**NUMBER OF YEARS**

**(Note: R worked after receiving DI; job not current or last; DI had**

**stopped when R returned to work)**

**---------------------------------------------------------------------**

**VAR #: 347 Q.95a Needed money**

**F95A**

**LOCATION: 496 LENGTH: 1**

**Why did you return to work?**

**Financial need**

**1 Yes**

**2 No**

**(Note: R worked after receiving DI; job not current or last)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 348-357 Other reasons for returning to work**

**VARIABLE NAMES, STARTING LOCATIONS**

**F95B-F95K**

**b. Raise liv level 497**

**c. Soc. Sec. stopped 498**

**d. Buy item 499**

**e. Wanted to work 500**

**f. Found job 501**

**g. Health improved 502**

**h. Medicare not affected 503**

**i. Spouse health change 504**

**j. Able due to rehab 505**

**k. Other reasons 506**

**See variable 347 for codes**

**---------------------------------------------------------------------**

**VAR #: 358 Q.96 Most important reason**

**F96**

**LOCATION: 507-508 LENGTH: 2**

**Which was the most important reason for your returning to work?**

**SEE APPENDIX "H" FOR CODES**

**(Note: R worked after receiving DI; job not current or last; more than one reason for returning to work)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 359 Q.97 Business or Industry - 1st job**

**F97**

**LOCATION: 509-511 LENGTH: 3**

**Now I would like to ask some questions about the first job you had**

**after you started getting disability benefits. In what kind of**

**business or industry was that? [For example: TV and radio, manu‑**

**facturing, retail shoe store, state Dept., farm.**

**(USE CODES FROM 1980 ALPHABETICAL INDEX OF INDUSTRIES AND**

**OCCUPATIONS) ‑‑ SEE APPENDIX "C"**

**(Note: R worked after receiving DI)**

**----------------------------------------------------------------------**

**VAR #: 360 Q.98 Mfg, wholesale, retail - 1st job**

**F98**

**LOCATION: 512 LENGTH: 1**

**Was this mainly manufacturing, wholesale trade, retail trade, or**

**something else?**

**1 Manufacturing**

**2 Wholesale trade**

**3 Retail trade**

**4 Something else**

**(Note: R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 361 Q.99 Job title - 1st job**

**F99**

**LOCATION: 513-515 LENGTH: 3**

**What kind of work did you do? What was your job title?**

**[For example: electrical engineer, stock clerk, typist, farmer.]**

**(USE CODES FROM 1980 ALPHABETICAL INDEX OF INDUSTRIES AND**

**OCCUPATIONS) ‑‑ SEE APPENDIX "D"**

**(Note: R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 362 Q101 Num hrs per week - 1st**

**F101**

**LOCATION: 516-518 LENGTH: 3**

**How many hours a week did you usually work on this job?**

**HOURS**

**(Note: R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 363 Q102 Weeks per yr - 1st**

**F102**

**LOCATION: 519-520 LENGTH: 2**

**How many weeks per year did you usually work on this job? Include**

**any time during the year when you had paid vacation, paid sick**

**leave, or military service?**

**WEEKS**

**(Note: R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 364 Q103 Prefer diff num of hrs - 1st**

**F103**

**LOCATION: 521 LENGTH: 1**

**Would you have preferred to work more, less or about as many hours**

**as you actually worked on this job?**

**1 More**

**2 Less**

**3 As many as worked**

**(Note: R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 365 Q104 Employee or self-empld - 1st**

**F104**

**LOCATION: 522 LENGTH: 1**

**Did you work as an employee or were you self‑employed in your own**

**business, professional practice, or farm?**

**1 Employee**

**2 Self‑employed**

**(Note: R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 366 Q105 Incorporated business - 1st**

**F105**

**LOCATION: 523 LENGTH: 1**

**Was this an incorporated business?**

**1 Yes**

**2 No**

**(Note: Self - empld only) (R worked after receiving DI)**

**----------------------------------------------------------------------**

**VAR #: 367 Q106 Pay self salary - 1st**

**F106**

**LOCATION: 524 LENGTH: 1**

**Did you pay yourself a salary from this business?**

**1 Yes**

**2 No**

**(Note: Self - empld only) (R worked after receiving DI)**

**------------------------------------------------------------------**

**VAR #: 368 Q107 Type of organization - 1st**

**F107**

**LOCATION: 525 LENGTH: 1**

**(Are/Were) you an employee of:**

**1 a nonprofit, charitable, or tax‑exempt organization**

**2 a private co, bus, or individual for wages, salary, comm**

**3 the federal government, as a civilian**

**4 state government**

**5 local government**

**6 the Armed Forces**

**7 Other**

**(Note: Employees only) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 369 Q108 Imputed salary - 1st**

**IF108D**

**LOCATION: 526-531 LENGTH: 6**

**Before taxes or deductions, how much was your salary?**

**DOLLARS**

**(Note: Employees or self - employed and paid self salary) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 370 Q108c**

**F108C**

**LOCATION: 532-533 LENGTH 2**

**BLANK CELLS**

**----------------------------------------------------------------------**

**VAR #: 371 Q108‑u Time period of salary**

**F108TIME**

**LOCATION: 534 LENGTH: 1**

**Time Period**

**1 Year**

**2 Month**

**3 Week**

**4 Day**

**5 Hour**

**6 Other**

**(Note: Employees or self - employed and paid self salary) (R worked after receiving DI)**

**----------------------------------------------------------------------**

**VAR #: 372 Q108d Number days per week**

**F108DAY**

**LOCATION: 535 LENGTH: 1**

**Number of days per week**

**(Note: Employees or self - employed and paid self salary) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 373 Q109 Imp avg draw from bus**

**IF109D**

**LOCATION: 536-541 LENGTH: 6**

**Before any taxes and deductions, about how much did you draw from**

**this business in an average year? Do not include reimbursements for**

**out‑of‑pocket expenses?**

**DOLLARS**

**(Note: Self-employed but did not pay self salary) (R worked after receiving DI)**

**----------------------------------------------------------------------**

**VAR #: 374 Q109c**

**F109C**

**LOCATION: 542-543 LENGTH 2**

**BLANK CELLS**

**-----------------------------------------------------------------------**

**VAR #: 375 Q110 Same employer as before DI**

**F110**

**LOCATION: 544 LENGTH: 1**

**Was this the same employer you had before you began receiving**

**disability benefits?**

**1 Yes**

**2 No**

**3 Never left**

**(Note: R work after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 376 Q111 Same tasks as before DI**

**F111**

**LOCATION: 545 LENGTH: 1**

**Did you perform substantially the same tasks for this job as you did**

**at the job you had before you started receiving disability benefits?**

**1 Yes**

**2 No**

**3 Never worked before receiving disability benefits**

**(Note: R work after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 377 Q112 Change in amt of exertion**

**F112**

**LOCATION: 546 LENGTH: 1**

**Were the tasks you performed after you returned to work more**

**physically demanding, less physically demanding, or about as**

**physically demanding as the tasks you had before you began**

**receiving disability benefits?**

**1 More**

**2 Less**

**3 About the same**

**(Note: Diff tasks than on job R had before DI) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 378 Q113 Change in responsibilities**

**F113**

**LOCATION: 547 LENGTH: 1**

**Do you think you had more responsibilities on the job you had before**

**you began receiving disability benefits or more on this first job**

**after you began to receive benefits?**

**1 More before**

**2 More after**

**3 About the same**

**(Note: Diff tasks than on job R had before DI) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 379 Q114 Fewer hours**

**F114**

**LOCATION: 548 LENGTH: 1**

**Did you work fewer hours per week after you returned to work than**

**you did before you were disabled?**

**1 Yes**

**2 No**

**(Note: R work after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 380 Q115 Change in rate of pay**

**F115**

**LOCATION: 549 LENGTH: 1**

**Compared to what you were making before you began receiving**

**disability benefits, was your rate of pay higher, lower, or about**

**the same when you first returned work?**

**1 Higher**

**2 Lower**

**3 About the same**

**(Note: R work after receiving DI)**

**---------------------------------------------------------------------**

**VAR #: 381 Q116 Pension plan coverage**

**F116**

**LOCATION: 550 LENGTH: 1**

**Were you covered by a pension plan on the job you had when you first**

**returned to work?**

**1 Yes**

**2 No**

**(Note: R work after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 382 CHKPTH Self-employed**

**CHKPTH**

**LOCATION: 551 LENGTH: 1**

**WAS R SELF‑EMPLOYED ON THIS JOB? ("SELF‑EMPLOYED" IN EITHER Q.39 OR**

**Q.104)**

**1 Yes**

**2 No**

**(Note: R work after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 383 Q117a Someone helped with work**

**F117A**

**LOCATION: 552 LENGTH: 1**

**On the card are listed a series of accommodations an employer may**

**offer in order to make it easier for you to do your work. Did your**

**employer:**

**(get/getting) someone to help you with your work?**

**1 Yes**

**2 No**

**(Note: employees only) (R worked after receiving DI)**

**---------------------------------------------------------------------**

**VAR #: 384 Q118a Helped R do/stay on job**

**F118A**

**LOCATION: 553 LENGTH: 1**

**Did (ACCOMMODATION) really help you do the job or stay on the job?**

**1 Yes**

**2 No**

**(Note: employees only) (R worked after receiving DI)**

**----------------------------------------------------------------------**

**VAR #: 385-400 Other accomodations from employer and if helpful**

**VARIABLE NAMES, STARTING LOCATIONS**

**F117B-F117I F118B-F118I**

**b. Use special equipment 554 555**

**c. Different type of work 556 557**

**d. Learn new skill 558 559**

**e. Shorter work day 560 561**

**f. Change start/stop time 562 563**

**g. More breaks 564 565**

**h. Special transportation 566 567**

**i. Assist in transportation 568 569**

**See variables 383-384 for codes**

**-----------------------------------------------------------------------**

**VAR #: 401 Q119 Most important aid**

**F119**

**LOCATION: 570-571 LENGTH: 2**

**Which accommodation helped you the most?**

**01 (get/getting) someone to help you with your work**

**02 (get/getting) special equipment for ... job**

**03 (switch/switching) to a different type of work...**

**04 (help/helping) you to learn a new job skill**

**05 (shorten/shortening) your work day**

**06 (change/changing) the time you could come and go**

**07 (allow/allowing) you to have more breaks and rests**

**08 (arrange/arranging) special transportation for you**

**09 (have/having) someone take you to work**

**(Note: employees only; more than one aid mentioned) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 402 Q120 Regular medical treatments received**

**F120**

**LOCATION: 572 LENGTH: 1**

**Did you receive regular medical treatments while you worked on this**

**job?**

**1 Yes**

**2 No**

**(Note: R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 403 Q121 Able to work without treatments**

**F121**

**LOCATION: 573 LENGTH: 1**

**Would you have been able to work without these treatments?**

**1 Yes**

**2 No**

**(Note: Received regular medical treatments when worked) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 404 CHKPTI 1st post-DI job same as current or last CHKPTI**

**LOCATION: 574 LENGTH: 1**

**IS THIS FIRST POST‑DISABILITY JOB BEING DISCUSSED THE CURRENT OR**

**LAST JOB ASKED ABOUT EARLIER ["YES" TO EITHER Q.75 or Q.92]**

**1 Yes**

**2 No**

**(Note: R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 405 Q122 Health ins. coverage**

**F122**

**LOCATION: 575 LENGTH: 1**

**Was employer‑provided health insurance coverage available to you**

**from this job?**

**1 Yes**

**2 No**

**(Note: Job is not current or last) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 406 Q123 Enroll for health ins**

**F123**

**LOCATION: 576 LENGTH: 1**

**Did you elect to be covered by this health insurance?**

**1 Yes**

**2 No**

**(Note: Job not current or last; health ins. was available) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 407 Q124a Already covered by Medicare**

**F124A**

**LOCATION: 577 LENGTH: 1**

**Why not?**

**Covered by Medicare**

**1 Yes**

**2 No**

**(Note: Job not current or last; health ins was available but R did not elect coverage) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 408-411 Other precoded reasons for not electing health ins.**

**VARIABLE NAMES, STARTING LOCATIONS**

**F124B-F124E**

**b. Covered under spouse's ins 578**

**c. Had other coverage 579**

**d. R's conditions not covered 580**

**e. Too expensive 581**

**See variables 407 for codes**

**-----------------------------------------------------------------------**

**VAR #: 412 Q124f Other reason 1**

**F124F**

**LOCATION: 582 LENGTH: 1**

**First Other**

**1 Yes**

**2 No**

**(Note: Job not current or last; health ins. was available but R did not elect coverage) ( R worked after receiving DI)**

**----------------------------------------------------------------------**

**VAR #: 413 Q124f First other reason**

**F124FORE**

**LOCATION: 583-584 LENGTH: 2**

**First Other Reason**

**SEE APPENDIX "E" FOR CODES**

**(Note: Job not current or last; health ins. was available but R did not elect coverage) ( R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 414 Q124g Other reason 2**

**F124G**

**LOCATION: 585 LENGTH: 1**

**Second Other**

**1 Yes**

**2 No**

**(Note: Job not current or last; health ins. was available but R did not elect coverage) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 415 Q234g Second other reason**

**F124GORE**

**LOCATION: 586-587 LENGTH: 2**

**Second Other Reason**

**SEE APPENDIX "E" FOR CODES**

**(Note: Job not current or last; health ins. was available but R did not elect coverage) (R worked after receiving DI)**

**---------------------------------------------------------------------**

**VAR #: 416 Q125‑mo Month stopped work**

**F125MO**

**LOCATION: 588-589 LENGTH: 2**

**In what month did you stop working at this job?**

**MONTH**

**(Note: Job not current or last) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 417 Q125‑yr Yr stopped work**

**F125YR**

**LOCATION: 590-591 LENGTH: 2**

**In what year did you stop working at this job?**

**YEAR**

**(Note: Job not current or last) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 418 Q126a Lost job**

**F126A**

**LOCATION: 592 LENGTH: 1**

**I will now read to you some reasons a person might give for leaving**

**a job. Please tell me which of these reasons were important to you**

**when you left this job. Did you leave: because you lost your job?**

**1 Yes**

**2 No**

**(Note: Job not current or last) (R worked after receiving DI)**

**----------------------------------------------------------------------**

**VAR #: 419-435 Other reasons for leaving job**

**VARIABLE NAMES, STARTING LOCATIONS**

**F126B-F126R**

**b. Business bad 593**

**c. Pay too low 594**

**d. Disliked job 595**

**e. Transportation problems 596**

**f. R moved 597**

**g. To get Soc Sec retirement 598**

**h. To apply for SS disability 599**

**i. To avoid cut off of disab. 600**

**j. To keep medicare 601**

**k. To get a pension 602**

**l. To care for others 603**

**m. Got better job 604**

**n. Spouse retired 605**

**o. Spouse health changed 606**

**p. Wanted to retire 607**

**q. Compulsory retirement 608**

**r. Health problems 609**

**See variable 418 for codes**

**------------------------------------------------------------------------**

**VAR #: 436 Q126s‑1 Other reason 1**

**F126S**

**LOCATION: 610 LENGTH: 1**

**First Other**

**1 Yes**

**2 No**

**(Note: Job not current or last) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 437 Q126s‑1 First other reason**

**F126SORE**

**LOCATION: 611-612 LENGTH: 2**

**First Other Reason**

**SEE APPENDIX "F" FOR CODES**

**(Note: Job not current or last) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 438 Q126s‑2 Other reason 2**

**F126T**

**LOCATION: 613 LENGTH: 1**

**Second Other**

**1 Yes**

**2 No**

**(Note: Job not current or last) (R worked afte receiving DI)**

**---------------------------------------------------------------------**

**VAR #: 439 Q126s‑2 Second other reason**

**Q126TORE**

**LOCATION: 614-615 LENGTH: 2**

**Second Other Reason**

**SEE APPENDIX "F" FOR CODES**

**(Note: Job not current or last) (R worked after receiving DI)**

**------------------------------------------------------------------**

**VAR #: 440 Q127 Most important reason**

**F127**

**LOCATION: 616-617 LENGTH: 2**

**Of the reasons you have just given me, which was the most important**

**reason you left that job?**

**SEE APPENDIX "F" FOR CODES**

**(Note: Job not current or last; health problem was reason for leaving job) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 441 Q128 Health allowed fewer hrs**

**F128**

**LOCATION: 618 LENGTH: 1**

**Would your health have allowed you to do a similar job but fewer**

**hours a day?**

**1 Yes**

**2 No**

**(Note: Job not current or last; health problem was reason for leaving job) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 442 Q129 Health allowed diff job**

**F129**

**LOCATION: 619 LENGTH: 1**

**Would your health have let you do another kind of job?**

**1 Yes**

**2 No**

**(Note: Job not current or last; health problem was reason for leaving job) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 443 Q130‑1 Doctor decided**

**F130A**

**LOCATION: 620 LENGTH: 1**

**Did your doctor or your employer decide that you had to leave that**

**job because of health, or did you make the decision?**

**Doctor**

**1 Yes**

**2 No**

**(Note: Job not current or last; health problem was reason for leaving job) (R worked after receiving DI)**

**------------------------------------------------------------------**

**VAR #: 444-446 Who decided health was reason to leave job**

**VARIABLE NAMES, STARTING LOCATIONS**

**F130B-F130D**

**b. Employer 621**

**c. Self 622**

**d. Other 623**

**See variable 443 for codes**

**------------------------------------------------------------------------**

**VAR #: 447 Q131a Hard getting to work**

**F131A**

**LOCATION: 624 LENGTH: 1**

**In what way did your health make you unable to do the job‑‑because:**

**you had difficulties getting to and from work?**

**1 Yes**

**2 No**

**(Note: Job not current or last; health problem was reason for leaving job) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 448-454 Other ways health made R unable to do job**

**VARIABLE NAMES, STARTING LOCATIONS**

**F131B-F131H**

**b. Too many hrs 625**

**c. Absent too much 626**

**d. Unable to do same kind of work 627**

**e. Pace too fast 628**

**f. R's health lowered all productivity 629**

**g. Work worsened health 630**

**h. R's costs raised employer's health cost 631**

**See variable 447 for codes**

**-----------------------------------------------------------------------**

**VAR #: 455 Q132 Lost health ins. when left**

**F132**

**LOCATION: 632 LENGTH: 1**

**Did you lose any employer‑provided health insurance coverage when**

**you left this job?**

**1 Yes**

**2 No**

**(Note: Job not current or last) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 456 Q133 Had other health ins when left**

**F133**

**LOCATION: 633 LENGTH: 1**

**Did you have any health insurance from other source at the time you**

**left this job‑‑do not include Medicare?**

**1 Yes**

**2 No**

**(Note: Job not current or last) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 457 Q134 Started another job**

**F134**

**LOCATION: 634 LENGTH: 1**

**Did you start working at another job after you left this first job**

**after receiving Social Security disability benefits?**

**1 Yes**

**2 No**

**(Note: Job not current or last) (R worked after receiving DI)**

**------------------------------------------------------------------------VAR #: 458 Q135 Looked for another job**

**F135**

**LOCATION: 635 LENGTH: 1**

**Did you look for another job after you left this job?**

**1 Yes**

**2 No**

**(Note: Job not current or last; did not work after leaving first**

**post-DI job) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 459 Q136 Number of jobs after left**

**F136**

**LOCATION: 636-637 LENGTH: 2**

**How many more jobs did you have after you left this first job?**

**00 None**

**(Note: Had more than one post-DI job) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 460 Q137a‑mo Month started**

**F137AMO**

**LOCATION: 638-639 LENGTH: 2**

**Let's take that second job. In what month did you start working on**

**that job?**

**MONTH**

**96 Still in job**

**(Note: Second post-DI job) (R worked after receiving DI)**

**----------------------------------------------------------------------**

**VAR #: 461 Q137a‑yr Yr started**

**F137AYR**

**LOCATION: 640-641 LENGTH: 2**

**Let's take the second job. In what year did you start working on**

**that job?**

**YEAR**

**(Note: Second post-DI job) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 462 Q138a‑mo Month stopped**

**F138AMO**

**LOCATION: 642-643 LENGTH: 2**

**In what month did you stop working on that job?**

**MONTH**

**96 Still in job**

**(Note: Second post-DI job) (R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑-**

**VAR #: 463 Q138a‑yr Yr stopped**

**F138AYR**

**LOCATION: 644-645 LENGTH: 2**

**In what year did you stop working on that job?**

**YEAR**

**(Note: Second post-DI job) (R worked after receiving DI)**

**----------------------------------------------------------------------**

**VAR #: 464 Q139a Previous employer?**

**F139A**

**LOCATION: 646 LENGTH: 1**

**Is this an employer you had worked for before this job?**

**1 Yes**

**2 No**

**(Note: R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 465-479 Characteristics of 3rd-5th post-DI jobs**

**VARIABLE NAMES, STARTING LOCATIONS**

**F137BMO- F137BYR- F138BMO- F138BYR- F139B-**

**F137DMO F137DYR F138DMO F138DYR F139D**

**b. 3rd 647-648 649-650 651-652 653-654 655**

**c. 4th 656-657 658-659 660-661 662-663 664**

**d. 5th 665-666 667-668 669-670 671-672 673**

**See variables 460-464 for codes**

**------------------------------------------------------------------------**

**VAR #: 480 CHKPTJ Last job end before Jan 83?**

**CHKPTJ**

**LOCATION: 674 LENGTH: 1**

**DID THE LAST JOB REPORTED ABOVE IN Q.138 END BEFORE JANUARY 1983?**

**1 Yes**

**2 No**

**(Note: R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 481 CHKPTK Fifth post-DI job reported?**

**CHKPTK**

**LOCATION: 675 LENGTH: 1**

**WAS A FIFTH JOB REPORTED IN Q.138?**

**1 Yes**

**2 No**

**(Note: R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 482 CHKPTL Job already reported**

**CHKPTL**

**LOCATION: 676 LENGTH: 1**

**WAS A (CURRENT/LAST) JOB ALREADY REPORTED ABOVE IN QQ.26‑86a?**

**1 Yes**

**2 No**

**(Note: R worked after receiving DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 483 Q141 Fifth post-DI job the last**

**F141**

**LOCATION: 677 LENGTH: 1**

**Was your job with (FIFTH EMPLOYER NAMED IN Q.140) the last job that**

**you have worked until now?**

**1 Yes**

**2 No**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 484 Q142 Any post-1980 rehab**

**F142**

**LOCATION: 678 LENGTH: 1**

**Now I would like to ask about any rehabilitation services you may**

**have received. This may include such things as job or vocational**

**training, job counseling, job placement, physical therapy, and**

**special or general education.**

**Did you receive any rehabilitation services after 1980?**

**1 Yes**

**2 No**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 485 Q143a Physical therapy**

**F143A**

**LOCATION: 679 LENGTH: 1**

**I would like to ask you some questions about kinds of rehabilitation**

**services that you may have received.**

**Did you receive: a. physical therapy?**

**a. physical therapy?**

**1 Yes**

**2 No**

**(Note: Received rehab after 1980)**

**----------------------------------------------------------------------**

**VAR #: 486 Q144a Who provided**

**F144A**

**LOCATION: 680 LENGTH: 1**

**Who provided this (SERVICE)? Was it a:**

**1 state government agency**

**2 private agency**

**3 state government and private agency**

**4 some other agency**

**5 state government and some other agency**

**6 private and some other agency**

**7 state government, private and some other agency**

**(Note: Received rehab after 1980)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 487 Q145a Started before 1st post-DI job**

**F145A**

**LOCATION: 681 LENGTH: 1**

**Did this service begin before the first job you started after**

**receiving disability benefits?**

**1 Yes**

**2 No, No job**

**3 Already working when benefits began**

**(Note: Received rehab after 1980)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 488 Q146a Yr began**

**F146A**

**LOCATION: 682-683 LENGTH: 2**

**In what year did you first begin to receive this service?**

**YEAR**

**(Note: Received rehab after 1980)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 489 Q147a Helped R work**

**F147A**

**LOCATION: 684 LENGTH: 1**

**Do you think these services helped make you able to return to work**

**or continue working?**

**1 Yes**

**2 No**

**(Note: Received rehab after 1980)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 490-514 Other rehab services**

**VARIABLE NAMES, STARTING LOCATIONS**

**F143B- F144B- F145B- F146B- F147B-**

**F143F F144F F145F F146F F147F**

**b. Job training 685 686 687 688-689 690**

**c. Job counseling 691 692 693 694-695 696**

**d. Gen education 697 698 699 700-701 702**

**e. Help in job**

**placement 703 704 705 706-707 708**

**f. Other rehab 709 710 711 712-713 714**

**See variables 485-489 for codes**

**----------------------------------------------------------------------**

**VAR #: 515 Q148 Know about work incentives**

**F148**

**LOCATION: 715 LENGTH: 1**

**[At the time you began looking for work,] were you aware of any work**

**incentive provisions in the Social Security disability programs that**

**allowed you to test your ability to work?**

**1 Yes**

**2 No**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 516 CHKPTM R working when began DI**

**CHKPTM**

**LOCATION: 716 LENGTH: 1**

**WAS R WORKING WHEN (HE/SHE) FIRST BEGAN TO RECEIVE DISABILITY**

**BENEFITS?**

**1 Yes**

**2 No**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 517 Q149a Know about trial work**

**F149A**

**LOCATION: 717 LENGTH: 1**

**Now I would like to ask about the incentive provisions.**

**Were you aware of: trial work period which allows you to work**

**without losing benefits?**

**1 Yes**

**2 No**

**(Note: R was aware of work incentive provisions and was working when began DI)**

**----------------------------------------------------------------------**

**VAR #: 518 Q150a‑mo Month first knew**

**F150AMO**

**LOCATION: 718-719 LENGTH: 2**

**When did you first become aware of (INCENTIVE PROVISIONS):**

**Month**

**(Note: R was aware of work incentive provisions and was working when began DI**

**----------------------------------------------------------------------**

**VAR #: 519 Q150a‑yr Yr first knew**

**F150AYR**

**LOCATION: 720-721 LENGTH: 2**

**When did you first become aware of (INCENTIVE PROVISION):**

**Year**

**(Note: R was aware of work incentive provisions and was working when began DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 520 Q150b‑a Any influence on R**

**F150BA**

**LOCATION: 722 LENGTH: 1**

**Did this incentive provision influence your decision to look for**

**work, or to take a job, or to continue working?**

**1 Yes**

**2 No**

**(Note: R was aware of work incentive provisions and was working when began DI)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 521-532 Other work incentive provisions**

**VARIABLE NAMES, STARTING LOCATIONS**

**F149B- F150BMO- F150BYR- F150BB-**

**F149D F150DMO F150DYR F150BD**

**b. Extended eligibility 723 724-725 726-727 728**

**c. Extended Medicare 729 730-731 732-733 734**

**d. Other provisions 735 736-737 738-739 740**

**See variables 517-520 for codes**

**------------------------------------------------------------------------**

**VAR #: 533 Q151a Know about trial work**

**F151A**

**LOCATION: 741 LENGTH: 1**

**Now I would like to ask about the incentive provisions.**

**Were you aware of:**

**trial work period which allows you to work for a period of time**

**without losing benefits?**

**1 Yes**

**2 No**

**(Note: R was aware of work incentive provisions; was not working when DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 534 Q152a‑a Aware of provision when looked**

**F152AA**

**LOCATION: 742 LENGTH: 1**

**Were you aware of (INCENTIVE PROVISION) when you began to look**

**for work after getting disability benefits?**

**1 Yes**

**2 No**

**3 Did not look for work**

**(Note: R was aware of work incentive provisions; was not working when DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 535 Q152b‑a Aware of provision when began job**

**F152BA**

**LOCATION: 743 LENGTH: 1**

**Were you aware of this incentive provision when you began your first**

**job after getting disability benefits?**

**1 Yes**

**2 No**

**3 Did not look for work**

**(Note: R was aware of work incentive provisions; was not working when DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 536 Q152c‑am Month became aware**

**F152CAM**

**LOCATION: 744-745 LENGTH: 2**

**When did you first become aware of this incentive provision:**

**Month**

**(Note: R was aware of work incentive provisions; was not working when DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 537 Q152c‑ay Year became aware**

**F152CAY**

**LOCATION: 746-747 LENGTH: 2**

**When did you first become aware of this incentive provision:**

**Year**

**(Note: R was aware of work incentive provisions; was not working when DI began)**

**‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑**

**VAR #: 538 Q152d‑a Any influence on R**

**F152DA**

**LOCATION: 748 LENGTH: 1**

**Did this incentive provision influence your decision to look for**

**work or to take a job?**

**1 Yes**

**2 No**

**(Note: R was aware of work incentive provisions; was not working when DI began)**

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 539-556 Provision that influenced decision

VARIABLE NAMES, STARTING LOCATIONS

F151B- F152AB- F152BB- F152CBM- F152CBY- F152DB-

F151D F152AD F152BD F152CDM F152CDY F152DD

b. Extended 749 750 751 752-753 754-755 756

eligib

c. Extended

Medicare 757 758 759 760-761 762-763 764

d. Other

Provision 765 766 767 768-769 770-771 772

See variables 533-538 for codes

------------------------------------------------------------------------

VAR #: 557 Q153a Learned from friend/relative

F153A

LOCATION: 773 LENGTH: 1

How did you become aware of these provisions?

Friend or relative

1 Yes

2 No

(Note: R was aware of work incentive provisions)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 558-564 How knew about incentive provisions

VARIABLE NAMES, STARTING LOCATIONS

F153B-F153H

b. Learned from physician 774

c. Learned from SSA publication 775

d. Learned from SSA office 776

e. Learned from other gov't office 777

f. Learned from voc rehab provider 778

g. Learned from ins provider 779

h. Learned from other 780

See variable 557 for codes

----------------------------------------------------------------------

VAR #: 565 Q154 Highest schooling

F154

LOCATION: 781-782 LENGTH: 2

What is the highest grade of school that you have completed?

0 None

01‑08 Elementary School

09‑12 High School

13‑17 College

77 Other

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 566 Q155 Any school after 1980

F155

LOCATION: 783 LENGTH: 1

Did you complete any of this schooling after 1980?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 567 Q156 Yrs school completed when began DI

F156

LOCATION: 784-785 LENGTH: 2

How many years had you already completed when you began to receive

Social Security benefits?

0 None

01‑08 Elementary School

09‑12 High school

13‑17 College

77 Other

(Note: Some schooling completed after 1980)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 568 CHKPTN Sample case #

CHKPTN

LOCATION: 786 LENGTH: 1

WHAT IS THE PERSON'S SAMPLE CASE NUMBER FROM LABEL ON SCREENING

FORM?

1 9 or 10

2 16

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 569 Q157 Race/ethnicity

F157

LOCATION: 787 LENGTH: 1

Tell me which group best describes your racial or ethnic background.

1 American Indian or Alaskan Native

2 Asian or Pacific Islander

3 Black or Negro

4 White

5 Other

(Note: R's sample case# is 16)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 570 Q158 Hispanic

F158

LOCATION: 788 LENGTH: 1

Is your ethnic background or national origin any of the following:

Mexican, Puerto Rican, Cuban, Central or South American, Chicano, or

other Spanish cultures?

1 Yes

2 No

(Note: R's sample case# is 16)

(End of disabled-worker beneficiary only vars)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 571 Q159 General health

F159

LOCATION: 789 LENGTH: 1

The next questions are about health. Would you say your health in

general is:

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 572 Q160 Health compared to peers

F160

LOCATION: 790 LENGTH: 1

Compared to other people your age, would you say your health is:

1 Better

2 Same

3 Worse

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 573 Q161a Sight problems

F161A

LOCATION: 791 LENGTH: 1

At the present time, do you have any of the following conditions:

blindness or serious trouble seeing with one or both eyes, even

when wearing glasses?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 574 Q162a Limit daily activity

F162A

LOCATION: 792 LENGTH: 1

How much does this limit your ability to carry out your daily living

activities:

1 None

2 Some

3 A lot

----------------------------------------------------------------------

VAR #: 575-600 Other conditions limiting activities

VARIABLE NAMES, STARTING LOCATIONS

F161B-F161N F162B-F162N

b. Conditions affecting eyes 793 794

c. Hearing conditions 795 796

d. Missing hand, arm, foot, or leg 797 798

e. Bone or muscle conditions 799 800

f. Stiffness or deformity, limbs 801 802

g. Nervous system conditions 803 804

h. Paralysis not already noted 805 806

i. Respiratory system conditions 807 808

j. Digestive system conditions 809 810

k. Diabetes 811 812

l. Urinary system conditions 813 814

m. Cancer 815 816

n. Mental conditions 817 818

See variable 573-574 for codes

----------------------------------------------------------------------

VAR #: 601 Q163 Heart attack or stroke - ever

F163

LOCATION: 819 LENGTH: 1

Have you ever had a heart attack or stroke?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 602 Q164 Heart problems now

F164

LOCATION: 820 LENGTH: 1

Do you NOW have any heart problems, such as hardening of the

arteries, high blood pressure, or chest pain?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 603 Q165 Limit daily activity

F165

LOCATION: 821 LENGTH: 1

How much, if at all, does this condition limit your ability to carry

out your daily living activities:

1 none

2 some

3 a lot

(Note: R has heart problems)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 604 Q166 Trouble remembering

F166

LOCATION: 822 LENGTH: 1

People find that they sometimes have more trouble remembering things

as they get older. In the past year, about how often did you have

trouble remembering things:

1 Frequently

2 Sometimes

3 Rarely

4 Never

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 605 Q167 Have Medicare

F167

LOCATION: 823 LENGTH: 1

These next questions are about health and hospitalization insurance

that you may have.

Medicare is a national health insurance program for disabled persons

and for persons 65 years old and over.

Are you now covered by Medicare?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 606 Q168 Have Medicaid or MediCal

F168

LOCATION: 824 LENGTH: 1

Are you covered by Medicaid or (Medical Assistance/MediCal), the

state public assistance program that pays for health care? This is

not the federal health plan called Medicare.

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 607 Q168a Ever apply for Medicaid

F168A

LOCATION: 825 LENGTH: 1

Have you ever applied for Medicaid?

1 Yes

2 No

(Note: Not covered by Medicaid or MediCal)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 608 Q168b Ever denied Medicaid

F168B

LOCATION: 826 LENGTH: 1

Were you ever denied Medicaid?

1 Yes

2 No

(Note: Not covered but had applied for Medicaid)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 609 Q169 Have Champus, Va, other military

F169

LOCATION: 827 LENGTH: 1

Are you covered by CHAMPUS, VA, or military health care?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 610 Q170 Other health ins or HMO

F170

LOCATION: 828 LENGTH: 1

Are you covered by any other health insurance or belong to any other

health plan, including Blue Cross/Blue Shield or an HMO or Health

Maintenance Organization? Do not count any health coverage you

already told me about.

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 611 Q170a‑a Cover inpatient care

F170AA

LOCATION: 829 LENGTH: 1

Does this insurance, or health plan cover:

inpatient hospital care?

1 Yes

2 No

(Note: Has health ins. other than Medicare/Medicaid/CHAMPUS/VA

/Military)

----------------------------------------------------------------------

VAR #: 612-617 Other medical services covered

VARIABLE NAMES, STARTING LOCATIONS

F17OAB-F17OAG

b. Outpatient care 830

c. Physician services 831

d. Home health care 832

e. Nursing home care 833

f. Prescription drugs 834

g. Dental care 835

See variable 611 for codes

----------------------------------------------------------------------VAR #: 618 Q171a Coverage through job

F171A

LOCATION: 836 LENGTH: 1

Did you obtain this insurance or health plan:

through a job?

1 Yes

2 No

(Note: Has health ins. other than Medicare/Medicaid/CHAMPUS/VA/

Military)

----------------------------------------------------------------------

VAR #: 619-621 Other ways got insurance

VARIABLES NAMES, STARTING LOCATIONS

F171B-F171D

b. Membership organization 837

c. Purchased directly 838

d. Other 839

See variable 618 for codes

---------------------------------------------------------------------

VAR #: 622 Q172a Ins. from current job

F172A

LOCATION: 840 LENGTH: 1

Is this health insurance from a job from:

your current job?

1 Yes

2 No

(Note: Has health ins. other than Medicare/Medicaid/CHAMPUS/VA/

Military from a job)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 623-626 Other jobs as source of insurance

VARIABLE NAMES, STARTING LOCATIONS

F172B-F172E

b. R's previous job 841

c. Spouse's current job 842

d. Spouse's previous job 843

e. Someone else's job 844

See variable 622 for codes

----------------------------------------------------------------------

VAR #: 627 Q173 Primary beneficiary

F173

LOCATION: 845 LENGTH: 1

Is this health insurance in your name or is it in the name of some

other family member as the primary beneficiary?

1 Respondent's name

2 Another family member's name

3 Both respondent and another family member's name

(Note: Has health ins. other than Medicare/Medicaid/CHAMPUS/VA/

Military)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 628 Q174a Pays only for specified illnesses

F174A

LOCATION: 846 LENGTH: 1

Are you covered by any health insurance that:

pays only for curtain illnesses or diseases such as cancer or

stroke?

1 Yes

2 No

(Note: Has health ins. other than Medicare/Medicaid/CHAMPUS/VA/

Military)

----------------------------------------------------------------------

VAR #: 629 Q174b Pays the patient

F174B

LOCATION: 847 LENGTH: 1

pays the patient?

1 Yes

2 No

(Note: Has health ins. other than Medicare/Medicaid/CHAMPUS/VA/

Military)

----------------------------------------------------------------------VAR #: 630 Q174c Pays long-term care

F174C

LOCATION: 848 LENGTH: 1

pays if you are a resident of a long‑term care facility such as a

nursing home?

1 Yes

2 No

(Note: Has health ins. other than Medicare/Medicaid/CHAMPUS/VA/

Military)

----------------------------------------------------------------------

VAR #: 631 Late spouse receive hospice services

F174ASP

LOCATION: 849 LENGTH 1

Did your late (husband/wife) receive services from a hospice in the last year of life?

1 Yes

2 No

(Surviving Spouses Questionnaire Only)

----------------------------------------------------------------------VAR #: 632 Q175 Long-term care since 12/82

F175

LOCATION: 850 LENGTH: 1

I would like to ask you about long‑term care...

Since December 1982, have you been a resident in a nursing home,

residential care, or similar type of facility?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 633 Q176 Length of time

F176

LOCATION: 851-853 LENGTH: 3

Since December 1982, altogether how long have you been a resident in

one of these facilities?

NUMBER OF DAYS/WEEKS/MONTHS/YEARS

000 None

(Note: Long-term care since 12/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 634 Q176‑u Unit of time

F176U

LOCATION: 854 LENGTH: 1

UNIT

0 None

1 Days

2 Weeks

3 Months

4 Years

(Note: Long-term care since 12/82)

----------------------------------------------------------------------

VAR #: 635 Q177 Num of times stayed 30 + days

F177

LOCATION: 855-856 LENGTH: 2

About how many different times since December 1982 have you been a

resident of a long‑term care facility for a stay of 30 days or more?

(Note: Long-term care since 12/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 636 Q178 Type of place

F178

LOCATION: 857 LENGTH: 1

These next questions refer to your (longest) period in a long‑term

care facility since December 1982.

What type of place was this:

1 a specialty care hospital

2 a nursing home

3 a residential treatment center

4 a board and care home

5 a halfway house

6 other type of facility

(Note: Long-term care since 12/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 637 Q179 Length of time

F179

LOCATION: 858-860 LENGTH: 3

About how long was your (longest) stay?

NUMBER OF DAYS/WEEKS/MONTHS/YEARS

000 None

(Note: Long-term care since 12/82)

----------------------------------------------------------------------

VAR #: 638 Q179‑u Unit of time

F179U

LOCATION: 861 LENGTH: 1

UNIT

0 None

1 Days

2 Weeks

3 Months

4 Years

(Note: Long-term care since 12/82)

----------------------------------------------------------------------

VAR #: 639 Q180 Year stay ended

F180

LOCATION: 862-863 LENGTH: 2

In what year did this stay end?

YEAR

95 Current resident in care facility

(Note: Long-term care since 12/82)

---------------------------------------------------------------------

VAR #: 640 Q181 R responsible for $1,000 +

F181

LOCATION: 864 LENGTH: 1

Were you personally responsible for at least a $1,000 in charges for

this (longest) stay?

1 Yes

2 No

(Note: Long-term care since 12/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 641 Q182 Any care pd by other than R

F182

LOCATION: 865 LENGTH: 1

(For your longest stay,) Was any of this care paid for by someone

else, by some organization or group, or by insurance?

1 Yes

2 No

(Note: Long-term care since 12/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 642 Q183‑a Medicare paid

F183A

LOCATION: 866 LENGTH: 1

Other than yourself, who paid these bills?

Medicare

1 Yes

2 No

(Note: Long-term care since 12/82. Some care pd by other than R)

---------------------------------------------------------------------

VAR #: 643-650 Other sources of payment

VARIABLE NAMES, STARTING LOCATIONS

F183B-F183I

b. Medicaid 867

c. Private insurance 868

d. Employer/Union 869

e. VA 870

f. Local welfare agency 871

g. Church/synagogue 872

h. Relatives 873

i. Other 874

See variable 642 for codes

------------------------------------------------------------------

VAR #: 651 Q184a Used senior center since 12/82

F184A

LOCATION: 875 LENGTH: 1

These next questions are about community services. Since December

1982, have you:

used a Senior Center?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 652 Q185a How often

F185A

LOCATION: 876 LENGTH: 1

How often have you used these services?

1 Frequently

2 Sometimes

3 Rarely

----------------------------------------------------------------------

VAR #: 653-668 Other services used since 12/82

VARIABLE NAMES, STARTING LOCATIONS

F184B-F184I F185B-F185I

b. Meals in special places 877 878

c. Transportation services 879 880

d. Meals delivered 881 882

e. Visiting Nurse Services 883 884

f. Home Health Aides 885 886

g. Adult Day Care Services 887 888

h. Homemaker Services 889 890

i. Telephone Services 891 892

See variables 651-652 for codes

----------------------------------------------------------------------

VAR #: 669 Q186 Length of time since last doctor contact

F186

LOCATION: 893-894 LENGTH: 2

About how long has it been since you last saw or talked to a medical

doctor? Include doctors you may have seen while you were a patient

in a hospital or nursing home.

NUMBER OF DAYS/WEEKS/MONTHS/YEARS

00 None

97 Never seen a doctor

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 670 Q186‑u Unit of time

F186U

LOCATION: 895 LENGTH: 1

UNIT

0 None

1 Days

2 Weeks

3 Months

4 Years

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 671 Q187 Days in bed with ill/inj - past yr.

F187

LOCATION: 896-898 LENGTH: 3

During the past 12 months, about how many days did illness or injury

keep you in bed all or most of the time? Please include any days

while a patient in a hospital, or other health care facility.

DAYS

000 None

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 672 Q188 Days in bed - past 2 weeks

F188

LOCATION: 899-900 LENGTH: 2

During the past two weeks, how many days did you spend all or most

of the time in bed?

DAYS

(Note: R had days in bed with ill/inj in past yr)

---------------------------------------------------------------------

VAR #: 673 Q189 Time must stay in bed

F189

LOCATION: 901 LENGTH: 1

Now, I would like to ask you some questions about your ability to

get around. How much do you currently have to stay in bed:

1 all or most of the time,

2 some of the time, or

3 not at all?

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 674 Q190 Time in chair/wheelchair

F190

LOCATION: 902 LENGTH: 1

Do you have to stay in a chair or wheelchair:

1 all or most of the time,

2 some of the time, or

3 not at all?

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 675 Q191 Out of doors by self

F191

LOCATION: 903 LENGTH: 1

Does your health limit your ability to go outside by yourself?

1 Yes

2 No

(Note: Not bedbound)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 676 Q192 Use public trans by self

F192

LOCATION: 904 LENGTH: 1

Does your health limit your ability to use public transportation

such as buses and trains by yourself?

1 Yes

2 No

(Note: Not bedbound)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 677 Q193 Usual trans, other than walk

F193

LOCATION: 905 LENGTH: 1

When you want to go someplace that is too far to walk, do you

usually go by:

1 car

2 taxi

3 bus, or senior transportation

4 some other way

(Note: Not bedbound)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 678 Q194 Who drives

F194

LOCATION: 906 LENGTH: 1

When you go somewhere by car, who usually drives? Do you drive

yourself, does someone with whom you live drive, or does someone

outside your home drive?

1 Self

2 Someone in home

3 Someone outside home

4 Does not travel by car

(Note: Not bedbound)

----------------------------------------------------------------------VAR #: 679 Q195 Have driver's license

F195

LOCATION: 907 LENGTH: 1

Do you have currently valid driver's license?

1 Yes

2 No

(Note: Not bedbound. Does not usually drive)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 680 Q196 Miles driven past year

F196

LOCATION: 908 LENGTH: 1

About how many miles have you driven during the past 12 months:

1 Less than 1,000 miles

2 1,000 to 2,000 miles

3 2,000 to 5,000 miles

4 5,000 to 10,000 miles

5 10,000 to 15,000 miles

6 more than 15,000 miles

(Note: Not bedbound. Has valid drivers license)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 681 Q197 Ever had driver's license

F197

LOCATION: 909 LENGTH: 1

Have you ever had a driver's license?

1 Yes

2 No

(Note: Not bedbound. Does not have driver's license)

--------------------------------------------------------------------

VAR #: 682 Q198a Stopped driving - vision bad

F198A

LOCATION: 910 LENGTH: 1

Why did you stop driving? Was it because of:

vision problems?

1 Yes

2 No

(Note: Not bedbound. Used to have driver's license)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 683-687 Other reasons R stopped driving

VARIABLE NAMES, STARTING LOCATIONS

F198B-F198F

b. Health problem 911

c. Cost 912

d. Lost license or ins. 913

e. Someone else drove 914

f. Other reason 915

See variable 682 for codes

----------------------------------------------------------------------VAR #: 688 Q199 Limits on work at home

F199

LOCATION: 916 LENGTH: 1

Do you now have any physical, mental or other health condition or

handicap which limits the kind or amount of work you can do around

the house?

1 Yes

2 No

(Note: Not bedbound)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 689 Q200 Limit on work for pay

F200

LOCATION: 917 LENGTH: 1

These next questions are about your ability to work whether or not

you are working. Do you now have any physical, mental, or other

health condition or handicap that limits the kind or amount of work

you can do for pay?

1 Yes

2 No

(Note: Not bedbound)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 690 CHKPTO R is working

CHKPTO

LOCATION: 918 LENGTH: 1

Is R currently working?

1 Yes

2 No

(Note: Not bedbound. Has work limitation)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 691 Q201 Health keeps from working

F201

LOCATION: 919 LENGTH: 1

Does this health condition keep you from working altogether?

1 Yes

2 No

(Note: Not bedbound. Has work limitation. Not currently working)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 692 Q202 Same work before limitat

F202

LOCATION: 920 LENGTH: 1

Are you now able to do the same amount or kind of work you did

before this work limitation began?

1 Yes

2 No

3 Other

4 Never worked or did not work before limitation began

(Note: Not bedbound. Has work limitation but can work)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 693 Q203 Able work part time

F203

LOCATION: 921 LENGTH: 1

Are you now able to only work part time?

1 Yes

2 No

(Note: Not bedbound. Has work limitation but can work)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 694 Q204 Able to work regularly

F204

LOCATION: 922 LENGTH: 1

Are you now able to work regularly or can you only work occasionally

or irregularly?

1 Regularly

2 Occasionally or irregularly

(Note: Not bedbound. Has work limitation but can work)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 695 Q205‑mo Month limit began

F205MO

LOCATION: 923-924 LENGTH: 2

What month did this health condition begin?

MONTH

(Note: Not bed bound. Has work limitation)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 696 Q205‑yr Yr limit began

F205YR

LOCATION: 925-926 LENGTH: 2

What year did this health condition begin?

YEAR

(Note: Not bedbound. Has work limitation)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 697 Q206a Walk quarter mile

F206A

LOCATION: 927 LENGTH: 1

Are you able to do each of the following activities with NO DIFF‑

ICULTY, SOME DIFFICULTY, MUCH DIFFICULTY, or are you UNABLE to do

them at all? Are you able to: walk a quarter of a mile, which is

about two or three city blocks, without resting?

1 with no difficulty

2 with some difficulty

3 with much difficulty

4 unable to do at all

(Note: Not bedbound. Not wheelchair bound)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 698-706 Other activities R is able/unable to do

VARIABLE NAMES, STARTING LOCATIONS

F206B-F206J

b. Walk flight of stairs 928

c. Stoop, crouch, kneel 929

d. Stand for long periods 930

e. Sit for long periods 931

f. Lift or carry 10 lbs 932

g. Life or carry 25 lbs 933

h. Lift or carry 50 lbs 934

i. Reach over head 935

j. Grasp with fingers 936

See variable 697 for codes

----------------------------------------------------------------------

VAR #: 707 Q207a Get in/out bed/chairs

F207A

LOCATION: 937 LENGTH: 1

Are you able to do each of the following activities with NO DIFFI‑

CULTY, SOME DIFFICULTY, MUCH DIFFICULTY, or are you UNABLE to do

them at all? Are you able to: get in or out of bed or chairs?

1 with no difficulty

2 with some difficulty

3 with much difficulty

4 unable to do at all

----------------------------------------------------------------------

VAR #: 708-712 Other activities R is able/unable to do

VARIABLE NAMES, STARTING LOCATIONS

F207B-F207F

b. Walk 938

c. Feed self 939

d. Dress 940

e. Bathe or shower 941

f. Use toilet 942

See variable 707 for codes

--------------------------------------------------------------------

VAR #: 713 Q208 Use special aids for activities

F208

LOCATION: 943 LENGTH: 1

Do you use special equipment, devices, or mechanical aids in

performing any of these activities?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 714 Q209 Need help from others

F209

LOCATION: 944 LENGTH: 1

You said you have difficulty (ACTIVITIES CODED IN Q.207).

Do you need help from other people?

1 Yes

2 No

(Note: Has difficulty with ADL's)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 715 Q210 Receive help

F210

LOCATION: 945 LENGTH: 1

Do you generally receive the help that you need?

1 Yes

2 No

(Note: Needs help with ADL's)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 716 Q211‑a No one helps

F211A

LOCATION: 946 LENGTH: 1

Who helps with these activities?

No one

1 Yes

2 No

(Note: Needs help with ADL's)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 717 Q211‑b Visiting aide/nurse

F211B

LOCATION: 947 LENGTH: 1

Visiting health aide or nurse

1 Yes

2 No

(Note: Gets help with ADL's)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 718-722 Others who help

VARIABLE NAMES, STARTING LOCATIONS

F211C-F211G

c. Staff of facility 948

d. Relative in hh 949

e. Relative not in hh 950

f. Nonrelative in hh 951

g. Nonrelative not in hh 952

See variable 717 for codes

----------------------------------------------------------------------VAR #: 723 Q212a Most help

F212A

LOCATION: 953 LENGTH: 1

Who helps the MOST with these activities?

1 Visiting health aide or nurse

2 Staff member/Operator of facility

3 Relative, Household member

4 Relative, NOT a household member

5 Nonrelative, Household member

6 Nonrelative, NOT a household member

(Note: Gets help from more than one source with ADL's)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 724 Q212b‑a Spouse helps

F212BA

LOCATION: 954 LENGTH: 1

Which relatives help you?

Spouse

1 Yes

2 No

(Note: Gets help from relative with ADL's)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 725-733 Other relatives who help

VARIABLE NAMES,STARTING LOCATIONS

F212BB-F212BJ

b. Daughter 955

c. Son 956

d. Son-in-law 957

e. Daughter-in-law 958

f. Sister 959

g. Brother 960

h. Grandchild 961

i. Parent 962

j. Other relatives 963

See variable 724 for codes

----------------------------------------------------------------------VAR #: 734 Q213a Able to manage money

F213A

LOCATION: 964 LENGTH: 1

Are you able to do each of the following activities with NO

DIFFICULTY, SOME DIFFICULTY, MUCH DIFFICULTY, or are you UNABLE to

do them at all? Are you able to: manage money, such as

keeping track of bills and handling cash?

1 with no difficulty

2 with some difficulty

3 with much difficulty

4 unable to do at all

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 735 Q213b Able to use phone

F213B

LOCATION: 965 LENGTH: 1

use the telephone?

1 with no difficulty

2 with some difficulty

3 with much difficulty

4 unable to do at all

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 736 Q213c Able to take medicine

F213C

LOCATION: 966 LENGTH: 1

take medicines?

1 with no difficulty

2 with some difficulty

3 with much difficulty

4 unable to do at all

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 737 Q214a Needs help from others

F214A

LOCATION: 967 LENGTH: 1

You said you have difficulty performing (ACTIVITIES MARKED IN

Q.213). Do you need help from other people?

1 Yes

2 No

(Note: Has difficulty with IADL's)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 738 Q214b Receive help

F214B

LOCATION: 968 LENGTH: 1

Do you generally receive the help that you need?

1 Yes

2 No

(Note: Needs help with IADL's)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 739 Q214c‑a No one helps

F214CA

LOCATION: 969 LENGTH: 1

Who helps with these activities?

No one

1 Yes

2 No

(Note: Needs help with IADL's)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 740 Q214c‑b Visiting aide/nurse

F214CB

LOCATION: 970 LENGTH: 1

Visiting health aide or nurse

1 Yes

2 No

(Note: Gets help with IADL's)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 741-745 Others who help with IADL's

VARIABLE NAMES, STARTING LOCATIONS

F214CC-F214CG

c. Staff of facility 971

d. Relative in hh 972

e. Relative not in hh 973

f. Nonrelative in hh 974

g. Nonrelative not in hh 975

See variable 740 for codes

----------------------------------------------------------------------

VAR #: 746 Q214d Most help

F214D

LOCATION: 976 LENGTH: 1

Who helps the MOST with these activities?

1 Visiting health aide or nurse

2 Staff member/Operator of facility

3 Relative, Household member

4 Relative, NOT a household member

5 Nonrelative, Household member

6 Nonrelative, NOT a household member

(Note: Gets help from more than one source with IADL's)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 747 Q214e‑a Spouse helps

F214EA

LOCATION: 977 LENGTH: 1

Which relatives help you?

spouse

1 Yes

2 No

(Note: Gets help from relative with IADL's)

----------------------------------------------------------------------

VAR #: 748-756 Other relatives who help with IADL's

VARIABLE NAMES, STARTING LOCATIONS

F214EB-F214EJ

b. Daughter 978

c. Son 979

d. Son-in-law 980

e. Daughter-in-law 981

f. Sister 982

g. Brother 983

h. Grandchild 984

i. Parent 985

j. Other relatives 986

See variable 747 for codes

---------------------------------------------------------------------

VAR #: 757 Q215a Shop for personal or medical items

F215A

LOCATION: 987 LENGTH: 1

Are you able to do each of the following activites with NO DIFFI‑

CULTY, SOME DIFFICULTY, MUCH DIFFICULTY, or are you UNABLE to do

them at all? Are you able to: shop for personal items or medicines?

1 with no difficulty

2 with some difficulty

3 with much difficulty

4 unable to do at all

(Note: Not bedbound)

---------------------------------------------------------------------

VAR #: 758-761 Other activites R is able/unable to do

VARIABLE NAMES, STARTING LOCATIONS

F215B-F215E

b. Shop for groceries 988

c. Prepare meals 989

d. Do housework 990

e. Do laundry 991

See variable 757 for codes

----------------------------------------------------------------------

VAR #: 762 Q216 Needs help from others

F216

LOCATION: 992 LENGTH: 1

You said you have difficulty performing (ACTIVITIES MARKED IN

Q.215). Do you need help from other people?

1 Yes

2 No

(Note: Has difficulty with IADL's)

----------------------------------------------------------------------

VAR #: 763 Q217 Receives help

F217

LOCATION: 993 LENGTH: 1

Do you generally receive the help that you need?

1 Yes

2 No

3 Sometimes

(Note: Needs help with IADL's)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 764 Q218‑a No one helps

F218A

LOCATION: 994 LENGTH: 1

Who helps with these activities?

No one

1 Yes

2 No

(Note: Needs help with IADL's)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 765 Q218‑b Visiting aide/nurse

F218B

LOCATION: 995 LENGTH: 1

Visiting health aide or nurse

1 Yes

2 No

(Note: Gets help with IADL's)

----------------------------------------------------------------------

VAR #: 766-770 Others who help

VARIABLE NAMES, STARTING LOCATIONS

F218C-F218G

c. Staff of facility 996

d. Relative in hh 997

e. Relative not in hh 998

f. Nonrelative in hh 999

g. Nonrelative not in hh 1000

See variable 765 for codes

---------------------------------------------------------------------

VAR #: 771 Q219 Most help

F219

LOCATION: 1001 LENGTH: 1

Who helps the MOST with these activites?

1 Visiting health aide or nurse

2 Staff member/Operator of facility

3 Relative, Household member

4 Relative, NOT a household member

5 Nonrelative, Household member

6 Nonrelative, NOT a household member

(Note: Gets help from more than one source with IADL's)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 772 Q220‑a Spouse helps

F220A

LOCATION: 1002 LENGTH: 1

Which relatives help you?

Spouse

1 Yes

2 No

(Note: Gets help from relative with IADL's)

----------------------------------------------------------------------VAR #: 773-781 Other relatives who help

VARIABLE NAMES, STARTING LOCATIONS

F220B-F220J

b. Daughter 1003

c. Son 1004

d. Son-in-law 1005

e. Daughter-in-law 1006

f. Sister 1007

g. Brother 1008

h. Grandchild 1009

i. Parent 1010

j. Other relatives 1011

See variable 772 for codes

---------------------------------------------------------------------

VAR #: 782 Q221 Renting

F221

LOCATION: 1012 LENGTH: 1

Now I would like to ask you about your housing. Are you (or your

spouse) renting this residence?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 783 Q222 Living in public housing

F222

LOCATION: 1013 LENGTH: 1

Is it public housing, that is, is it owned by a local housing

authority or other public agency?

1 Yes

2 No

3 Other

(Note: R is renting)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 784 Q223 Any rent pd by gov't

F223

LOCATION: 1014 LENGTH: 1

Does the federal, state, or local government pay part of the rent

for this residence?

1 Yes

2 No

8 Don't know

(Note: R is renting)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 785 Q224 Any gov't heating subsidy last winter F224

LOCATION: 1015 LENGTH: 1

There are government programs that help people pay for heating their

homes during the winter season. This assistance can be received

directly by the household or it can be paid directly to the electric

or gas company, fuel dealer, or landlord.

Did this household receive this type of assistance during

the previous winter season‑‑that is, November 1989 through

March 1990?

1 Yes

2 No

8 Don't know

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 786 Q225 This is primary residence

F225

LOCATION: 1016 LENGTH: 1

Is this residence your primary residence, the place where you

usually live?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 787 Q226 Location of primary residence

LOCATION: 1017-1019 LENGTH: 3

NOT ON PUBLIC-USE TAPE

----------------------------------------------------------------------

VAR #: 788 Q227 Usually stay 30 days in other than

F227 primary residence

LOCATION: 1020 LENGTH: 1

Do you usually spend at least 30 consecutive days each year in a

location other than your primary residence?

1 Yes

2 No

----------------------------------------------------------------------

VAR #:789 Q228 Location where R spends 30 days or more per yr.

LOCATION: 1021-1023 LENGTH: 3

NOT ON PUBLIC-USE TAPE

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR ##: 790 Q229 Weeks usually at this location

F229

LOCATION: 1024-1025 LENGTH: 2

How many weeks do you usually spend at this location each year?

WEEKS

(Note: R spends more than 30 days at other than primary residence)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 791 Q230 Num times moved since 12/82

F230

LOCATION: 1026-1027 LENGTH: 2

I would now like to ask you some questions about the places you have

lived since December 1982. How many times, if ever, have you moved

your primary residence since December 1982?

00 None

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 792 Q231‑1 Year 1st move

F231\_1

LOCATION: 1028-1029 LENGTH: 2

In what year was the first move since December 1982?

YEAR

(Note: Moved since 12/82)

----------------------------------------------------------------------

VAR #: 793 Q232‑1 Same/other city/county/state - 1st move F232\_1

LOCATION: 1030 LENGTH: 1

When you moved for the first time, did you move:

1 within the same city or county,

2 to another city or within the same state,

3 to another state, or

4 some other place?

(Note: Moved since 12/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 794 Q233‑1 Own or other's decision - 1st move F233\_1

LOCATION: 1031 LENGTH: 1

When you moved for the first time, did you yourself decide to move,

did someone else make the decision for you, or was it a mutual decis

ion with someone else?

1 Own decision

2 Someone else's decision

3 Mutual decision

(Note: Moved since 12/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 795 Q234‑a1 Spouse decided - 1st move

F234A1

LOCATION: 1032 LENGTH: 1

Who made the (first) decision:

your spouse?

1 Yes

2 No

(Note: Moved since 12/82. Someone else made decision to move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 796 Q234‑b1 Family or friends decided - 1st move F234B1

LOCATION: 1033 LENGTH: 1

your family or friends?

1 Yes

2 No

(Note: Moved since 12/82. Someone else made decision to move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 797 Q234‑c1 Landlord decided - 1st move

F234C1

LOCATION: 1034 LENGTH: 1

your landlord‑‑you were evicted or asked to leave?

1 Yes

2 No

(Note: Moved since 12/82. Someone else made decision to move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 798 Q234‑d1 Gov't agency decided - 1st move

F234D1

LOCATION: 1035 LENGTH: 1

a government agency?

1 Yes

2 No

(Note: Moved since 12/82. Someone else made decision to move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 799 Q234‑e1 Someone else decided - 1st move

F234E1

LOCATION: 1036 LENGTH: 1

someone else?

1 Yes

2 No

(Note: Moved since 12/82. Someone else made decision to move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 800 Q235‑a1 Moved to save money - 1st move

F235A1

LOCATION: 1037 LENGTH: 1

What are the reasons you moved?

To save money

1 Yes

2 No

(Note: Moved since 12/82. Neither gov't agency nor landlord forced move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 801 Q235‑b1 Moved for health - 1st move

F235B1

LOCATION: 1038 LENGTH: 1

Your health or your spouse's health

1 Yes

2 No

(Note: Moved since 12/82. Neither gov't agency nor landlord forced move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 802 Q235‑c1 Moved for weather - 1st move

F235C1

LOCATION: 1039 LENGTH: 1

Weather, climate

1 Yes

2 No

(Note: Moved since 12/82. Neither gov't agency nor landlord forced move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 803 Q235‑d1 Moved to be near family - 1st move

F235D1

LOCATION: 1040 LENGTH: 1

To be near family

1 Yes

2 No

(Note: Moved since 12/82. Neither gov't agency nor landlord forced move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 804 Q235‑e1 Job - related move - 1st move

F235E1

LOCATION: 1041 LENGTH: 1

Job‑related move

1 Yes

2 No

(Note: Moved since 12/82. Neither gov't agency nor landlord forced move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 805 Q235‑f1 Moved for other housing - 1st move

F235F1

LOCATION: 1042 LENGTH: 1

Wanted better or different housing

1 Yes

2 No

(Note: Moved since 12/82. Neither gov't agency nor landlord forced move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 806 Q235‑g1 Moved due to marital status change - 1st F235G1 move

LOCATION: 1043 LENGTH: 1

Because of change in marital status

1 Yes

2 No

(Note: Moved since 12/82. Neither gov't agency nor landlord forced move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 807 Q235‑h1 Moved for proximity to places - 1st move F235H1

LOCATION: 1044 LENGTH: 1

To be closer to places I want or have to go

1 Yes

2 No

(Note: Moved since 12/82. Neither gov't agency nor landlord forced move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 808 Q235‑i1 Moved for better services - 1st move F235I1

LOCATION: 1045 LENGTH: 1

To get better services

1 Yes

2 No

(Note: Moved since 12/82. Neither gov't agency nor landlord forced move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 809 Q235‑j1 Moved to get away from crime - 1st move F235J1

LOCATION: 1046 LENGTH: 1

To get away from crime or violence

1 Yes

2 No

(Note: Moved since 12/82. Neither gov't agency nor landlord forced move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 810 Q235‑k1 Involuntary move - 1st move

F235K1

LOCATION: 1047 LENGTH: 1

Involuntary move

1 Yes

2 No

(Note: Moved since 12/82. Neither gov't agency nor landlord forced move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 811 Q235‑l1 Old home destroyed - 1st move

F235L1

LOCATION: 1048 LENGTH: 1

Old home was destroyed

1 Yes

2 No

(Note: Moved since 12/82. Neither gov't agency nor landlord forced move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 812 Q235‑m1 Moved for other reason - 1st move

F235M1

LOCATION: 1049 LENGTH: 1

Other reason

1 Yes

2 No

(Note: Moved since 12/82. Neither gov't agency nor landlord forced move)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 813 Q236‑1 Sell old residence? - 1st move

F236\_1

LOCATION: 1050 LENGTH: 1

Did you sell your old residence when you moved?

1 Yes

2 No

3 Did not own former residence

(Note: Moved since 12/82. Not forced out by landlord)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 814 Q237‑a1 Purchased new residence - 1st move

F237A1

LOCATION: 1051 LENGTH: 1

What did you do with money you received from the sale of that

residence? Did you:

purchase a new residence?

1 Yes

2 No

(Note: Moved since 12/82. Not forced out by landlord. Sold old residence)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 815 Q237‑b1 Paid debts - 1st move

F237B1

LOCATION: 1052 LENGTH: 1

pay off debts?

1 Yes

2 No

(Note: Moved since 12/82. Not forced out by landlord. Sold old residence)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 816 Q237‑c1 Saved or invested money - 1st move

F237C1

LOCATION: 1053 LENGTH: 1

save or invest it?

1 Yes

2 No

(Note: Moved since 12/82. Not forced out by landlord. Sold old residence)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 817 Q237‑d1 Other purchase - 1st move

F237D1

LOCATION: 1054 LENGTH: 1

purchase something other than a new residence?

1 Yes

2 No

(Note: Moved since 12/82. Not forced out by landlord. Sold old residence)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 818 Q237‑e1 Gave money to kids - 1st move

F237E1

LOCATION: 1055 LENGTH: 1

give it to your children?

1 Yes

2 No

(Note: Moved since 12/82. Not forced out by landlord. Sold old residence)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 819 Q237‑f1 Something else - 1st move

F237F1

LOCATION: 1056 LENGTH: 1

give it to some other person or organization?

1 Yes

2 No

(Note: Moved since 12/82. Not forced out by landlord. Sold old residence)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 820 Q237‑g1 Something else - 1st move

F237G1

LOCATION: 1057 LENGTH: 1

something else?

1 Yes

2 No

(Note: Moved since 12/82. Not forced out by landlord. Sold old residence)

-‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 821-823, 850-852, 879-881, 908-910

Year, location, and decision about 2nd - 5th moves since 1982

VARIABLE NAMES, STARTING LOCATIONS

(Move) (Var #)

F231\_2- F232\_2- F233\_2-

F231\_5 F232\_5 F233\_5

\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

2nd 821-823 1058 1060 1061

3rd 850-852 1088 1090 1091

4th 879-881 1118 1120 1121

Most recent 908-910 1148 1150 1151

See variables 792-794 for codes

----------------------------------------------------------------------VAR #: 824-828, 853-857, 882-886, 911-915

Who made decision about 2nd-5th moves

VARIABLES NAMES, STARTING LOCATIONS

F234A2- F234A3- F234A4- F234A5-

F234E2 F234E3 F234E4 F234E5

(2nd) (3rd) (4th) (most recent)

a. Spouse 1062 1092 1122 1152

b. Family/friends 1063 1093 1123 1153

c. Landlord 1064 1094 1124 1154

d. Gov't. agency 1065 1095 1125 1155

e. Someone else 1066 1096 1126 1156

See variables 795-799 for codes

----------------------------------------------------------------------VAR #: 829-841, 858-870, 887-899, 916-928

Reasons for 2nd - 5th moves

VARIABLES NAMES, STARTING LOCATIONS

F235A2- F235A3- F235A4- F235A5-

F235M2 F235M3 F235M4 F235M5

(2nd) (3rd) (4th) (most

recent)

a. To save money 1067 1097 1127 1157

b. Health 1068 1098 1128 1158

c. Climate 1069 1099 1129 1159

d. Near family 1070 1100 1130 1160

e. Job-related 1071 1101 1131 1161

f. Better housing 1072 1102 1132 1162

g. Marital status change 1073 1103 1133 1163

h. Proximity issues 1074 1104 1134 1164

i. For better services 1075 1105 1135 1165

j. Away from crime 1076 1106 1136 1166

k. Involuntary 1077 1107 1137 1167

l. Old home destroyed 1078 1108 1138 1168

m. Other 1079 1109 1139 1169

See variables 800-812 for codes

----------------------------------------------------------------------

VAR #: 842, 871, 900, 929

Whether sold old residence in conjunction with 2nd - 5th moves

VARIABLE NAMES, STARTING LOCATIONS

F236\_2 F236\_3 F236\_4 F236\_5

(2nd) (3rd) (4th) (most

recent)

\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

1080 1110 1140 1170

See variable 813 for codes

------------------------------------------------------------------

VAR #: 843-849, 872-878, 901-907, 930-936

Disposition of money from sale of home, 2nd - 5th moves

VARIABLE NAMES, STARTING LOCATIONS

F237A2- F237A3- F237A4- F237A5-

F237G2 F237G3 F237G4 F237G5

(2nd) (3rd) (4th) (most

recent)

a. Purchased new residence 1081 1111 1141 1171

b. Paid debts 1082 1112 1142 1172

c. Saved or invested money 1083 1113 1143 1173

d. Other purchase 1084 1114 1144 1174

e. Gave money to kids 1085 1115 1145 1175

f. Gave others money 1086 1116 1146 1176

g. Something else 1087 1117 1147 1177

See variables 814-820 for codes

---------------------------------------------------------------------------

VAR #: 937 CHKPTP R's current marital status

CHKPTP

LOCATION: 1178 LENGTH: 1

WHAT IS R's CURRENT MARITAL STATUS [Q.1]?

1 Currently married

2 Widowed, widower

3 Separated

4 Divorced

5 Never married

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 938 Q238‑mo Month married

F238MO

LOCATION: 1179-1180 LENGTH: 2

In what month did you marry your (husband/wife)?

MONTH

97 DK, but before 12/82

98 Dk or Dk, but after 12/82

(Note: R currently married or separated)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 939 Q238‑yr Year married

F238YR

LOCATION: 1181-1182 LENGTH: 2

In what year?

YEAR

97 DK, but before 12/82

98 DK or DK, but after 12/82

(Note: Currently married or separated)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 940 Q239‑mo Month married

F239MO

LOCATION: 1183-1184 LENGTH: 2

In what month were you widowed?

MONTH

97 DK, but before 12/82

98 DK or DK, but after 12/82

(Note: Currently widowed)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 941 Q239‑yr Year widowed

F239YR

LOCATION: 1185-1186 LENGTH: 2

In what year?

YEAR

97 DK, but before 12/82

98 DK or DK, but after 12/82

(Note: Currently widowed)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 942 Q240‑mo Month married

F240MO

LOCATION: 1187-1188 LENGTH: 2

In what month were you married?

MONTH

97 DK, but before 12/82

98 DK or DK, but after 12/82

(Note: Currently widowed. Widowed after 11/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 943 Q240‑yr Year married

F240YR

LOCATION: 1189-1190 LENGTH: 2

In what year?

YEAR

97 DK, but before 12/82

98 DK or DK, but after 12/82

(Note: Currently widowed. Widowed after 11/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 944 Q241 Spouse's name flag

LOCATION: 1191 LENGTH: 1

NOT ON PUBLIC-USE TAPE

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 945 Q242‑mo Month divorced

LOCATION: 1192-1193 LENGTH: 2

NOT ON PUBLIC-USE TAPE

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 946 Q242‑yr Year divorced

F242YR

LOCATION: 1194-1195 LENGTH: 2

In what year?

YEAR

97 DK, but before 12/82

98 DK or DK, but after 12/82

(Note: Currently divorced)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 947 Q243‑mo Month married

F243MO

LOCATION: 1196-1197 LENGTH: 2

In what month were you married?

MONTH

97 DK, but before 12/92

98 DK or DK, but after 12/82

(Note: Currently divorced. Divorced after 11/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 948 Q243‑yr Year married

F243YR

LOCATION: 1198-1199 LENGTH: 2

In what year?

YEAR

97 DK, but before 12/82

98 DK or DK, but after 12/82

(Note: Currently divorced. Divorced after 11/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 949 Q244 Spouse's name

LOCATION: 1200-1243 LENGTH: 44

NOT ON PUBLIC-USE TAPE

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 950 Q245‑mo Spouse's month of birth

F245MO

LOCATION: 1244-1245 LENGTH: 2

What (is/was) (Mr./Mrs.\_\_\_\_ )'s date of birth?

MONTH

(Note: Married after 11/82; can be currently married, separated, widowed, or divorced)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 951 Q245‑day Spouse's day of birth

LOCATION: 1246-1247 LENGTH: 2

NOT ON PUBLIC-USE TAPE

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 952 Q245‑yr Spouse's year of birth

F245YR

LOCATION: 1248-1249 LENGTH: 2

YEAR

0 1900 or before

-1 Data missing

(Note: Married after 11/82; can be currently married, separated, widowed, or divorced)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 953

F246

LOCATION: 1250-1258 LENGTH: 9

For Internal Use Only

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 954 Q247 Married before

F247

LOCATION: 1259 LENGTH: 1

Were you married before your marriage to (Mr./Mrs.\_\_\_\_\_\_\_)?

1 Yes

2 No

(Note: Married after 11/82; can be currently married, separated, widowed, or divorced)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 955 Q248‑mo Month previous marriage ended

F248MO

LOCATION: 1260-1261 LENGTH: 2

In what month did your previous marriage end?

MONTH

(Note: Married after 11/82; had a prior marriage)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 956 Q248‑yr Year previous marriage ended

F248YR

LOCATION: 1262-1263 LENGTH: 2

In what year?

YEAR

97 DK, but before 12/82

98 DK or DK, but after 12/82

(Note: Married after 11/82; had a prior marriage)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 957 Q249‑mo Month prior marriage began

F249MO

LOCATION: 1264-1265 LENGTH: 2

In what month did the marriage begin?

MONTH

(Note: Married after 11/82 and had a prior marriage that ended after 11/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 958 Q249‑yr Year prior marriage began

F249YR

LOCATION: 1266-1267 LENGTH: 2

In what year?

YEAR

97 DK, but before 12/82

98 DK or DK, but after 12/82

(Note: Married after 11/82 and had a prior marriage that ended after 11/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 959 Q250 Prior spouse's name flag

LOCATION: 1268 LENGTH: 1

NOT ON PUBLIC-USE TAPE

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 960 Q251 How prior marriage ended

F251

LOCATION: 1269 LENGTH: 1

How did that marriage end?

1 Widowed or a widower

2 Divorced

3 Annulled

(Note: Married after 11/82; had a prior marriage that began before 12/82 and ended after 11/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 961 Q252 Married in 12/82?

F252

LOCATION: 1270 LENGTH: 1

Were you married in December 1982?

1 Yes

2 No

(Note: Married after 11/82; had a prior marriage that began and ended after 11/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 962 Q253 1982 spouse's name flag

LOCATION: 1271 LENGTH: 1

NOT ON PUBLIC-USE TAPE

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 963 Q254 How 1982 marriage ended

F254

LOCATION: 1272 LENGTH: 1

How did that marriage end?

1 Widowed or a widower

2 Divorced

3 Annulled

(Note: Married at least twice after 11/82; married in 12/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 964 Q255 Widowed since NBS

F255

LOCATION: 1273 LENGTH: 1

Have you been widowed since December 1982?

1 Yes

2 No

(Note: Married at least twice after 11/82; not married in 12/82; not currently widowed)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 965 Q256 Deceased spouse's name

LOCATION: 1274 LENGTH: 1

NOT ON PUBLIC-USE TAPE

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 966 Q257 Will discuss expenses of widowhood

F257

LOCATION: 1275 LENGTH: 1

Do you feel that you can answer a few questions about the expenses

connected with (Mr./Mrs.\_\_\_\_\_)'s death or is this a subject you just

can't discuss now?

1 Will answer

2 Can't discuss

(Note: Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 967 Q258a Pay $1,000 + for hosp. bills

F258A

LOCATION: 1276 LENGTH: 1

I'd like to know if you had any medical bills of $1,000 or more that

you had to pay personally after (Mr./Mrs.\_\_\_\_\_)'s death. Do not

include bills that were paid by insurance or by others.

Did you have to personally pay $1,000 or more for any:

hospital bills?

1 Yes

2 No

8 Don't Know

(Note: Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 968 Q259a How much?

F259A

LOCATION: 1277-1282 LENGTH: 6

About how much did you personally pay?

999998 Don't Know

(Note: Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 969-978 Other medical expenses associated with spouse's death

VARIABLE NAMES, STARTING LOCATIONS

F258B-F258F F259B-F259F

b. Doctor bills 1283 1284

c. Nursing home bills 1290 1291

d. Hospice bills 1297 1298

e. Medical care at home 1304 1305

f. Other medical bills 1311 1312

See variables 967-968 for codes

----------------------------------------------------------------------

VAR #: 979 Q260 Amt pd for funeral expenses

F260

LOCATION: 1318-1323 LENGTH: 6

How much did you personally pay for the funeral, marker and burial

plot?

999998 Don't know

(Note: Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

----------------------------------------------------------------------VAR #: 980 Q261 Any other death expenses

F261

LOCATION: 1324 LENGTH: 1

Were there any other expenses personally paid by you associated with

the death, such as inheritance or probate taxes, legal fees or debts

owed by (Mr./Mrs.\_\_\_\_\_)?

1 Yes

2 No

8 Don't know

(Note: Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

----------------------------------------------------------------------VAR #: 981 Q262 Amt pd

F262

LOCATION: 1325-1330 LENGTH: 6

How much did you personally pay for these other expenses?

999998 Don't know

(Note: R pd some death - related expenses. Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

-‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 982 Q263 Total expenses pd

F263

LOCATION: 1331-1336 LENGTH: 6

What is your best estimate of the total expenses related to

(Mr./Mrs.\_\_\_\_\_)'s death that you yourself paid?

999998 Don't know

(Note: R pd some death - related expenses. Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 983 Q264a Used spouse's life ins. money

F264A

LOCATION: 1337 LENGTH: 1

How did you pay these expenses? Did you:

use money from your (husband/wife)'s life insurance policy?

1 Yes

2 No

(Note: R pd some death - related expenses. Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 984-994 Other ways of paying death-related expenses

VARIABLE NAMES, STARTING LOCATIONS

F264B-F264L

b. Used savings 1338

c. Sold stocks/bonds 1339

d. Sold home 1340

e. Sold business/other real estate 1341

f. Sold personal property 1342

g. Mortgaged home 1343

h. Mortgaged other real estate 1344

i. Got loan 1345

j. Borrowed from relative 1346

k. Borrowed from others 1347

l. Received gifts 1348

See variable 983 for codes

----------------------------------------------------------------------VAR #: 995 Q265 Still owe

F265

LOCATION: 1349 LENGTH: 1

Do you still personally owe for all, some, or none of these

expenses related to (Mr./Mrs.\_\_\_\_\_)'s death?

1 All

2 Some

3 None

8 Don't know

(Note: R pd some death - related expenses. Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 996 Q266 Amt R owes

F266

LOCATION: 1350-1355 LENGTH: 6

About how much do you personally owe?

999998 Don't know

(Note: Still owes some death - related expenses. Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 997 Q267 Spouse had will

F267

LOCATION: 1356 LENGTH: 1

Did (Mr./Mrs.\_\_\_\_\_) have a will?

1 Yes

2 No

(Note: Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 998 Q268 Spouse left $1,000 + to others

F268

LOCATION: 1357 LENGTH: 1

Did (Mr./Mrs.\_\_\_\_\_) leave money or property valued at $1,000 or more

to organizations or persons other than you?

1 Yes

2 No

(Note: Spouse had a will. Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 999 Q269a Left home to others

F269A

LOCATION: 1358 LENGTH: 1

What kind of property or other assets did (he/she) leave to these

other organizations or persons:

your home?

1 Yes

2 No

(Note: Spouse had a will and left $1,000+ to others. Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

-------------------------------------------------------------‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1000-1004 Other assets left by deceased spouse to someone other than R

VARIABLE NAMES, STARTING LOCATIONS

F269B-F269F

b. A business 1359

c. Other property/possessions 1360

d. Stocks or bonds 1361

e. Savings or cash 1362

f. Something else 1363

See variable 999 for codes

---------------------------------------------------------------------

VAR #: 1005 Q270 Amt of bequests to others

F270

LOCATION: 1364-1369 LENGTH: 6

Altogether, about how much was the total value of the bequests to

others?

999998 Don't Know

(Note: Spouse had a will and left $1,000+ to others. Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1006 Q271 R received something from estate

F271

LOCATION: 1370 LENGTH: 1

Did you personally receive anything from the estate?

1 Yes

2 No

(Note: Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1007 Q272 Amt R received from estate

F272

LOCATION: 1371 LENGTH: 1

Did you receive all, at least half, or less than half of the estate?

1 All

2 At least half

3 Less than half

(Note: Received something from estate. Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1008 Q273 Borrowed, used, or sold anything for

F273 living expenses after spouse's death LOCATION: 1372 LENGTH: 1

Did you personally have to borrow against, use or sell any of your

property or other assets in order to pay regular living expenses

after (Mr./Mrs.\_\_\_\_\_)'s death?

1 Yes

2 No

(Note: Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1009 Q274a Got money from own home

F274A

LOCATION: 1373 LENGTH: 1

Did you have to borrow against, use, or sell:

your home?

1 Yes

2 No

(Note: Had to borrow, use, or sell something for living expenses after spouse's death. Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

------------------------------------------------------------------

VAR #: 1010-1015 Other assets used by R to pay living expenses after spouse's death

VARIABLES NAMES, STARTING LOCATIONS

F274B-F274G

b. A business 1374

c. Other property/possessions 1375

d. Stocks or bonds 1376

e. Savings or cash 1377

f. Insurance 1378

g. Something else 1379

See variable 1009 for codes

----------------------------------------------------------------------

VAR #: 1016 Q278a Change in spouse's Soc. Sec.

F278A

LOCATION: 1380 LENGTH: 1

Now I would like to ask you about any changes in sources of income

that may have occurred as a result of (Mr./Mrs.\_\_\_\_\_)'s death. Did

the income formerly received by (Mr./Mrs.\_\_\_\_) from any of the fol‑

lowing sources decrease, stop or was there no change in the amount received when (he/she) died:

Social Security?

1 Decrease

2 Stop

0 No change

6 Never got

8 Don't know

5 Data missing

(Note: Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑--VAR #: 1017-1026, 1028-1037, 1040-1049

Changes, if any, in other income sources formerly received by spouse (Q278) or R (Q279) as a result of spouse's death, or by R as a result of divorce (Q281)

VARIABLE NAMES, STARTING LOCATIONS

F278B-F278K F279B-F279K F281B-F281K

b. Railroad retirement 1381 1392 1404

c. Other pension 1382 1393 1405

d. Annuities or insur. inc. 1383 1394 1406

e. Earnings 1384 1395 1407

f. SSI 1385 1396 1408

g. Not on public-use tape 1386 1397 1409

h. Food stamps or public asst. 1387 1398 1410

i. Support from relatives 1388 1399 1411

j. Asset income 1389 1400 1412

k. Other income 1390 1401 1413

See variables 1016, 1027, and 1039 for codes

----------------------------------------------------------------------

VAR #: 1027 Q279a Change in R's Soc. Sec.

F279A

LOCATION: 1391 LENGTH: 1

Did the income you yourself received from any of the following

sources begin, increase, decrease, stop, or was there no change

in the amount you received as a result of (Mr./Mrs.\_\_\_)'s death:

Social Security?

1 Begin

2 Increase

3 Decrease

4 Stop

0 No change

6 Never got

8 Don't know

5 Data missing

(Note: Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

--‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1038 Q280 Lose health ins

F280

LOCATION: 1402 LENGTH: 1

Did you lose any health insurance coverage as a result of

(Mr./Mrs.\_\_\_)'s death?

1 Yes

2 No

(Note: Refers to 12/82 marriage ending in widowhood, or, if no 12/82 marriage, a subsequent marriage ending in widowhood. Will discuss expenses of widowhood.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1039 Q281a Change in R's Soc Sec

F281A

LOCATION: 1403 LENGTH: 1

I would like to ask you about any changes in the sources of your

income that may have occurred as result of the divorce. That is,

did your income from:

Social Security?

1 Begin

2 Increase

3 Decrease

4 Stop

0 No change

6 Never got

8 Don't know

5 Data missing

(Note: Refers to 12/82 marriage ending in divorce, or if no 12/82 marriage and only one subsequent marriage, a subsequent marriage ending in divorce.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1050 Q282 Lose health ins

F282

LOCATION: 1414 LENGTH: 1

Did you lose any health insurance coverage as a result of divorce?

1 Yes

2 No

(Note: Refers to 12/82 marriage ending in divorce, or if no 12/82 marriage and only one subsequent marriage, a subsequent marriage ending in divorce.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1051 Q283 Lost any assets

F283

LOCATION: 1415 LENGTH: 1

Was there a property settlement in connection with your divorce that

resulted in a loss to you of any property or other assets?

1 Yes

2 No

(Note: Refers to 12/82 marriage ending in divorce, or if no 12/82 marriage and only one subsequent marriage, a subsequent marriage ending in divorce.)

----------------------------------------------------------------------

VAR #: 1052 Q284a Lost own home

F284A

LOCATION: 1416 LENGTH: 1

Did you lose all, part, or none of:

your home?

1 All

2 Part

3 None

(Note: Lost some assets in property settlement. Refers to 12/82 marriage ending in divorce, or if no 12/82 marriage and only one subsequent marriage, a subsequent marriage ending in divorce.)

---------------------------------------------------------------------

VAR #: 1053-1057 Other assets lost as a result of divorce

VARIABLE NAMES, STARTING LOCATIONS

F284B-F284F

b. A business 1417

c. Other property 1418

d. Stocks or bonds 1419

e. Savings 1420

f. Something else 1421

See variable 1052 for codes

----------------------------------------------------------------------VAR #: 1058 CHKPTQ R currently married

CHKPTQ

LOCATION: 1422 LENGTH: 1

IS R CURRENTLY MARRIED? [MARRIED in Q.1]

1 Yes

2 No

---------------------------------------------------------------------

VAR #: 1059 Q285 Talk with spouse

F285

LOCATION: 1423 LENGTH: 1

The next questions are about your (husband/wife). Could I please

talk to (him/her)?

1 Yes

2 No

7 Entire spouse section refused

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1060 Q286a Spouse not home

F286A

LOCATION: 1424 LENGTH: 1

Why is (he/she) not available?

Not at home?

1 Yes

2 No

(Note: Spouse not available)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1061-1067 Other reasons why spouse unavailable

VARIABLE NAMES, STARTING LOCATIONS

F286B-F286H

b. Work-related separation 1425

c. Spouse in nursing home 1426

d. Spouse in other medical facility 1427

e. Spouse in jail 1428

f. Marital problems 1429

g. Health problem 1430

h. Other reason 1431

See variable 1060 for codes

---------------------------------------------------------------------

VAR #: 1068 Q286s Other reason specified

F286S

LOCATION: 1432-1433 LENGTH: 2

Other Reason?

SEE APPENDIX "J" FOR CODES

(Note: Spouse not available)

---------------------------------------------------------------------

VAR #:1069 Q287

F287

LOCATION: 1434-1442 LENGTH: 9

For Internal Use Only

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1070 Q288 Spouse work since 12/82

F288

LOCATION: 1443 LENGTH: 1

Now I would like to talk about (your/your husband's/

your wife's) paid employment in recent years.

Since December 1982, did (you/your husband/your wife) work for pay

either part time or full time?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1071 Q289a Spouse work in 1991

F289A

LOCATION: 1444 LENGTH: 1

Did (you/he/she) work for pay in 1991?

1 Yes

2 No

3 Currently employed, but hasn't worked yet this year

(Note: Spouse worked since 12/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1072 Q290a Sp weeks worked 1991

F290A

LOCATION: 1445-1446 LENGTH: 2

In how many weeks did (you/he/she) work in 1991?

WEEKS

1 One week or less

(Note: Spouse worked in 1991)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1073 Q291a Sp hours/week usually work 1991

F291A

LOCATION: 1447-1449 LENGTH: 3

How many hours per week did (you/he/she) usually work on all jobs

in 1991?

HOURS

(Note: Spouse worked in 1991)

---------------------------------------------------------------------

VAR #: 1074 Q292a (Sp employee or self-emp 1991)

F292A

LOCATION: 1450 LENGTH: 1

Did (you/he/she) usually work as an employee or [were you/was

(he/she)] employed in (your/his/her) own business, professional

practice or farm?

1 Employee

2 Self‑employed

3 Both

------------------------------------------------------------------------VAR #: 1075-1106 Spouse's work in 1983-1990

VARIABLE NAMES, STARTING LOCATIONS

F289B- F290B- F291B- F292B-

F289I F290I F291I F292I

b. 1990 1451 1452 1454 1457

c. 1989 1458 1459 1461 1464

d. 1988 1465 1466 1468 1471

e. 1987 1472 1473 1475 1478

f. 1986 1479 1480 1482 1485

g. 1985 1486 1487 1489 1492

h. 1984 1493 1494 1496 1499

i. 1983 1500 1501 1503 1506

See variables 1071-1074

----------------------------------------------------------------------VAR #: 1107 Q293 Spouse health

F293

LOCATION: 1507 LENGTH: 1

The next questions are about health. Would you say (your/your

husband's/your wife's) health in general is:

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1108 Q294 Sp comparative health

F294

LOCATION: 1508 LENGTH: 1

Compared to other people (your/your husband's/your wife's) age,

would you say (your/his/her) health is:

1 Better

2 Same

3 Worse

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1109 Q295 Sp Medicare Coverage

F295

LOCATION: 1509 LENGTH: 1

These next questions are about health and hospitalization

insurance... Medicare is a national health insurance program for

disabled persons and for persons 65 years old and over.

[Are you/Is (he/she)] now covered by Medicare?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1110 Q296 Sp Medicaid Coverage

F296

LOCATION: 1510 LENGTH: 1

[Are/Is (he/she)] covered by Medicaid or (Medical Assistance/

MediCal), the state public assistance program that pays for health

care? This is not the federal health plan called Medicare.

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1111 Q296a Sp applied for Medicaid

F296A

LOCATION: 1511 LENGTH: 1

(Have you/Has your husband/Has your wife) ever applied for Medicaid?

1 Yes

2 No

(Note: Spouse not covered by Medicaid)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1112 Q296b Sp denied Medicaid

F296B

LOCATION: 1512 LENGTH: 1

(Have you/Has your husband/Has your wife) ever been denied Medicaid?

1 Yes

2 No

(Note: Spouse not covered by Medicaid; had applied)

----------------------------------------------------------------------

VAR #: 1113 Q297 Sp CHAMPUS/VA/Military Coverage

F297

LOCATION: 1513 LENGTH: 1

[Are you/Is (he/she)] covered by CHAMPUS, VA, or military health

care?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1114 Q298 Sp other health ins coverage

F298

LOCATION: 1514 LENGTH: 1

[Are you/Is (he/she)] covered by any other health insurance or

belong to any other health plan, including Blue Cross/Blue Shield or

an HMO or Health Maintenance Organization? Do not count any health

coverage (you/he/she) already told me about.

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1115 Q298a Sp ins covers inpatient care

F298A

LOCATION: 1515 LENGTH: 1

Does this insurance or health plan cover:

inpatient hospital care?

1 Yes

2 No

(Note: Spouse has other health ins)

----------------------------------------------------------------------VAR #: 1116-1121 Other medical servies covered for spouse

VARIABLES NAMES,STARTING LOCATIONS

F298B-F298G

b. Outpatient care 1516

c. Physician services 1517

d. Home health care 1518

e. Nursing home care 1519

f. Prescription drugs 1520

g. Dental care 1521

See variable 1115 for codes

----------------------------------------------------------------------

VAR #: 1122 Q299a Sp got ins thru job

F299A

LOCATION: 1522 LENGTH: 1

How did (you/he/she) obtain this insurance or health plan:

through a job?

1 Yes

2 No

(Note: Spouse has other health ins)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1123-1125 Other ways spouse got insurance

VARIABLES NAMES, STARTING LOCATIONS

F299B-F299D

b. Membership org. 1523

c. Purchased directly 1524

d. Other 1525

See variable 1122 for codes

----------------------------------------------------------------------VAR #: 1126 Q300a Sp ins from own current job

F300A

LOCATION: 1526 LENGTH: 1

Is this health insurance from a job from:

(your/his/her) current job?

1 Yes

2 No

(Note: Spouse has health ins thru a job)

---------------------------------------------------------------------------

VAR #: 1127-1130 Other jobs as source of spouse's insurance

VARIABLES NAMES, STARTING LOCATIONS

F300B-F300E

b. Sp. insur. from own previous job 1527

c. Sp. insur. from R's current job 1528

d. Sp. insur. from R's previous job 1529

e. Sp. insur. from someone else's job 1530

See variable 1126 for codes

----------------------------------------------------------------------VAR #: 1131 Q301 Sp ins in spouse's name

F301

LOCATION: 1531 LENGTH: 1

Is this health insurance in (your/his/her) name or is it in the name

of some other family member as the primary beneficiary?

1 Spouse's name

2 Another family member's name

3 Both spouse and another family member's name

(Note: Spouse has other health ins)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1132 Q302a Sp ins pays only for specified illnesses F302A

LOCATION: 1532 LENGTH: 1

[Are you/Is (he/she)] covered by any health insurance that:

pays only for certain illnesses or diseases such as cancer or

stroke?

1 Yes

2 No

(Note: Spouse has other health ins)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1133 Q302b Sp ins pays patient if hospitalized F302B

LOCATION: 1533 LENGTH: 1

pays the patient separately if hospitalized?

1 Yes

2 No

(Note: Spouse has other health ins)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1134 Q302c Sp ins pays long-term care

F302C

LOCATION: 1534 LENGTH: 1

pays if a resident of a long‑term care facility such as a nursing

home?

1 Yes

2 No

(Note: Spouse has other health ins)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1135 Q303 Sp in long-term care facility since

F303 12/82

LOCATION: 1535 LENGTH: 1

Since December 1982, have (you/has he/has she) been a resident in a

nursing home, residential care, or similar type of facility?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1136 Q304 Sp time in facility

F304

LOCATION: 1536-1538 LENGTH: 3

Since December 1982, altogether how long (have you/has he/has she) been a resident in one of these facilities?

NUMBER OF DAYS/WEEKS/MONTHS/YEARS

(Note: Spouse in long-term care facility since 12/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1137 Q304‑u Sp unit of time in facility

F304U

LOCATION: 1539 LENGTH: 1

UNIT

1 Days

2 Weeks

3 Months

4 Years

(Note: Spouse in long-term care facility since 12/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1138 Q305 Sp num of stays of 30+ days

F305

LOCATION: 1540-1541 LENGTH: 2

About how many different times since December 1982 [have you/has he/

has she] been a resident of a long‑term care facility for a stay of

30 days or more?

(Note: Spouse in long-term care facility since 12/82)

----------------------------------------------------------------------

VAR #: 1139 Q306 Sp type of facility

F306

LOCATION: 1542 LENGTH: 1

These next questions refer to (your/his/her) (longest) period in a

long‑term care facility since December 1982.

What type of place was this:

1 a specialty care hospital

2 a nursing home

3 a residential treatment center

4 a board and care home

5 a halfway house

6 other type of facility

(Note: Spouse in long-term care since 12/82; refers to longest stay if more than one)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1140 Q307 Sp length of stay

F307

LOCATION: 1543-1545 LENGTH: 3

About how long was (your/his/her) (longest) stay?

NUMBER OF DAYS/WEEKS/MONTHS/YEARS

000 None

(Note: Spouse in long-term care since 12/82; refers to longest stay if more than one)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1141 Q307‑u Sp unit of time for stay

F307U

LOCATION: 1546 LENGTH: 1

UNIT

1 Days

2 Weeks

3 Months

4 Years

(Note: Spouse in long-term care since 12/82; refers to longest stay if more than one)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1142 Q308 Sp yr stay ended

F308

LOCATION: 1547-1548 LENGTH: 2

In what year did this stay end?

YEAR

95 Current Resident in Facility

(Note: Spouse in long-term care since 12/82; refers to longest stay if more than one)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1143 Q309 Sp responsible for $1000+ for stay F309

LOCATION: 1549 LENGTH: 1

[Were you/Was (he/she)] personally responsible for at least $1,000

in charges for this stay?

1 Yes

2 No

(Note: Spouse in long-term care since 12/82; refers to longest stay if more than one)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1144 Q310 Any sp care pd by others

F310

LOCATION: 1550 LENGTH: 1

(For this longest stay,) Was any of this care paid for by someone

else, by some organization or group, or by insurance?

1 Yes

2 No

(Note: Spouse in long-term care since 12/82; refers to longest stay if more than one)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1145 Q311a Medicare pd some sp bills

F311A

LOCATION: 1551 LENGTH: 1

Other than (yourself/himself/herself), who paid the bills?

Medicare

1 Yes

2 No

(Note: Spouse in long-term care since 12/82; refers to longest stay if more than one. Others paid some bills)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1146-1153 Other sources of payment for spouse

VARIABLES NAMES, STARTING LOCATIONS

F311B-F311I

b. Medicaid 1552

c. Private insurance 1553

d. Employer/union 1554

e. VA 1555

f. Local welfare agency 1556

g. Church/synagogne 1557

h. Relatives 1558

i. Other 1559

See variable 1145 for codes

------------------------------------------------------------------

VAR #: 1154 Q312 Sp num days in bed in last year

F312

LOCATION: 1560-1562 LENGTH: 3

During the past 12 months, about how many days did illness or injury

keep (you/him/her) in bed all or most of the time? Please include

any days while a patient in a hospital, or other health care

facility.

DAYS

000 None

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1155 Q313 Sp num days in bed in last 2 weeks F313

LOCATION: 1563-1564 LENGTH: 2

During the past two weeks, how many days did (you/he/she) spend all

or most of the time in bed?

DAYS

(Note: Spouse spent some days in bed in last year)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1156 Q314 Sp time must stay in bed

F314

LOCATION: 1565 LENGTH: 1

How much (do you/does [he/she]) currently have to stay in bed:

1 all or most of the time

2 some of the time

3 not at all

(Note: Spouse spent some days in bed in last year)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1157 Q315 Sp time must stay seated

F315

LOCATION: 1566 LENGTH: 1

(Do you/Does [he/she]) have to stay in a chair or wheelchair:

1 all of most of the time

2 some of the time

3 not at all

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1158 Q316 Sp health limits house work

F316

LOCATION: 1567 LENGTH: 1

[Do you/Does (he/she)] now have any physical, mental or other health

condition or handicap which limits the kind or amount of work (you/

he/she) can do around the house?

1 Yes

2 No

(Note: Spouse not bedbound)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1159 Q317 Sp health limits ability to drive

F317

LOCATION: 1568 LENGTH: 1

Does (your/his/her) health limit (your/his/her) ability to drive?

1 Yes

2 No

(Note: Spouse not bedbound)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1160 Q318 Sp has valid driver's license

F318

LOCATION: 1569 LENGTH: 1

[Do you/Does (he/she)] currently have a valid driver's license?

1 Yes

2 No

(Note: Spouse not bedbound)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1161 Q319 Sp health limits paid work

F319

LOCATION: 1570 LENGTH: 1

[Do you/Does (he/she)] now have any physical, mental, or other

health condition or handicap that limits the kind or amount of work

(you/he/she) can do for pay?

1 Yes

2 No

(Note: Spouse not bedbound)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1162 Q320 Sp health prevents work

F320

LOCATION: 1571 LENGTH: 1

Does this health condition keep (you/him/her) from working

altogether?

1 Yes

2 No

(Note: Spouse not bedbound; health limits paid work)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1163 Q321 Sp able to do same work as before F321

limitation

LOCATION: 1572 LENGTH: 1

[Are you/Is (he/she)] now able to do the same amount or kind of work

(you/he/she) did before this work limitation began?

1 Yes

2 No

3 Other

4 Never worked or did not work before limitation began

(Note: Spouse not bedbound; health limits paid work but can work)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1164 Q322 Sp can only work part time

F322

LOCATION: 1573 LENGTH: 1

Can (you/he/she) only work part time?

1 Yes

2 No

(Note: Spouse not bedbound; health limits paid work but can work)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1165 Q323 Sp can work regularly

F323

LOCATION: 1574 LENGTH: 1

[Are you/Is (he/she)] now able to work regularly or can (you/he/she)

only work occasionally or irregularly?

1 Regularly

2 Occasionally or irregularly

(Note: Spouse not bedbound; health limits paid work but can work)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1166 Q324‑mo Sp month work limit began

F324M

LOCATION: 1575-1576 LENGTH: 2

What month did this work limitation begin?

MONTH

(Note: Spouse not bedbound; health limits paid work)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1167 Q324‑yr Sp year work limit began

F324Y

LOCATION: 1577-1578 LENGTH: 2

What year did this work limitation begin?

YEAR

(Note: Spouse not bedbound; health limits paid work)

------------------------------------------------------------------

VAR #: 1168 Q325a Sp able to get in and out of bed/chairs

F325A

LOCATION: 1579 LENGTH: 1

The next questions are about how well (you are/he is/she is) able to

do certain activities without someone helping.

[Are you/Is (he/she)] able to:

a. get in or out of bed or chairs:

1 with no difficulty

2 with some difficulty

3 with much difficulty

4 unable to do at all

----------------------------------------------------------------------

VAR #: 1169-1173 Other activities spouse is able/unable to do

VARIABLES NAMES, STARTING LOCATIONS

F325B-F325F

b. Walk 1580

c. Feed self 1581

d. Dress 1582

e. Bathe or shower 1583

f. Use toilet 1584

See variable 1168 for codes

---------------------------------------------------------------------------

VAR #: 1174 Q326 Sp needs special aids

F326

LOCATION: 1585 LENGTH: 1

[Do you/Does (he/she)] use special equipment, devices, or mechanical

aids in performing any of these activities?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1175 Q327 Sp needs help from others

F327

LOCATION: 1586 LENGTH: 1

You said [you have/(he/she) has] difficulty performing (ACTIVITIES

MARKED). [Do you/Does (he/she)] need help from other people?

1 Yes

2 No

(Note: Spouse has some difficulty with activities of daily living)

---------------------------------------------------------------------

VAR #: 1176 Q328 Sp gets help

F328

LOCATION: 1587 LENGTH: 1

(Do you/Does he/Does she) generally receive the help that (you need/

he needs/she needs)?

1 Yes

2 No

3 Sometimes

(Note: Spouse needs help from others in activities of daily living)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1177 Q329‑a Sp - no one helps

F329A

LOCATION: 1588 LENGTH: 1

Who helps with these activities?

No one

1 Yes

2 No

(Note: Spouse needs help from others in activities of daily living)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1178 Q329‑b Sp gets help from visiting aide/nurse F329B

LOCATION: 1589 LENGTH: 1

Visiting health aide or nurse

1 Yes

2 No

(Note: Spouse needs and gets help from others in activities of daily living)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1179-1183 Others who help spouse

VARIABLES NAMES, STARTING LOCATIONS

F329C-F329G

c. Staff of facility 1590

d. Relative in hh 1591

e. Relative not in hh 1592

f. Nonrelative in hh 1593

g. Nonrelative not in hh 1594

See variable 1178 for codes

----------------------------------------------------------------------

VAR #: 1184 Q330a Sp - who helps most

F330A

LOCATION: 1595 LENGTH: 1

Who helps the MOST with these activities?

1 Visiting health aide or nurse

2 Staff member/Operator of facility

3 Relative, Household member

4 Relative, NOT a household member

5 Nonrelative, Household member

6 Nonrelative, NOT a household member

(Note: Spouse needs and gets help from others in activities of daily living)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1185 Q330b‑a Sp gets help from sample person

F330BA

LOCATION: 1596 LENGTH: 1

Which relatives help (you/him/her)?

Spouse

1 Yes

2 No

(Note: Spouse needs and gets help from relative in activities of daily living)

----------------------------------------------------------------------VAR #: 1186-1194 Other relatives who help spouse

VARIABLES NAMES, STARTING LOCATIONS

F33OBB-F330BJ

b. Daughter 1597

c. Son 1598

d. Son-in-law 1599

e. Daughter-in-law 1600

f. Sister 1601

g. Brother 1602

h. Grandchild 1603

i. Parent 1604

j. Other relatives 1605

See variable 1185 for codes

---------------------------------------------------------------------

VAR #: 1195 Q331a Sp able to manage money

F331A

LOCATION: 1606 LENGTH: 1

[Are you/Is (he/she)] able to do each of the following activities

with NO DIFFICULTY, SOME DIFFICULTY, MUCH DIFFICULTY, or [are you/

is (he/she)] UNABLE to do them at all?

manage money, such as keeping track of bills and handling

cash?

1 with no difficulty

2 with some difficulty

3 with much difficulty

4 unable to do at all

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1196 Q331b Sp able to use phone

F331B

LOCATION: 1607 LENGTH: 1

use the telephone?

1 with no difficulty

2 with some difficulty

3 with much difficulty

4 unable to do at all

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1197 Q331c Sp able to take medicine

F331C

LOCATION: 1608 LENGTH: 1

take medicines?

1 with no difficulty

2 with some difficulty

3 with much difficulty

4 unable to do at all

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1198 Q332a Sp needs help from others

F332A

LOCATION: 1609 LENGTH: 1

(You/He/She) said (you/he/she) (have/has) difficulty performing

(ACTIVITIES MARKED IN Q.331).

[Do you/Does (he/she)] need help from other people?

1 Yes

2 No

(Note: Spouse needs help from others in instrumental activities of daily living)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1199 Q332b Spouse gets help

F332B

LOCATION: 1610 LENGTH: 1

[Do you/Does (he/she)] generally receive the help that (you/he/she)

(need/needs)?

1 Yes

2 No

(Note: Spouse needs help from others in instrumental activities of daily living)

----------------------------------------------------------------------

VAR #: 1200 Q332c‑a Spouse - no one helps

F332CA

LOCATION: 1611 LENGTH: 1

Who helps with these activities?

No one

1 Yes

2 No

(Note: Spouse needs help from others in instrumental activities of daily living)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1201 Q332c‑b Spouse gets help from visiting aide/nurse F332CB

LOCATION: 1612 LENGTH: 1

Visiting health aide or nurse

1 Yes

2 No

(Note: Spouse needs and gets help from others in instrumental activities of daily living)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1202-1206 Others who help spouse

VARIABLE NAMES, STARTING LOCATIONS

F332CC-F332CG

c. Staff of facility 1613

d. Relative in hh 1614

e. Relative not in hh 1615

f. Nonrelative in hh 1616

g. Nonrelative not in hh 1617

See variable 1201 for codes

---------------------------------------------------------------------------

VAR # 1207 Q332d Spouse - who helps most

F332D

LOCATION: 1618 LENGTH: 1

Who helps the MOST with these activities?

1 Visiting health aid or nurse

2 Staff member/Operator of facility

3 Relative, Household member

4 Relative, NOT a household member

5 Nonrelative, Household member

6 Nonrelative, NOT a household member

(Note: Spouse needs and gets help from more than one other in instrumental activities of daily living)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1208 Q332e‑a Spouse gets help from sample person

F332EA

LOCATION: 1619 LENGTH: 1

Which relatives help (you/him/her)?

Spouse

1 Yes

2 No

(Note: Spouse needs and gets help from relative in instrumental activities of daily living)

------------------------------------------------------------------

VAR #: 1209-1217 Other relatives who help spouse

VARIABLE NAMES, STARTING LOCATIONS

F332EB-F332EJ

b. Daughter 1620

c. Son 1621

d. Son-in-law 1622

e. Daughter-in-law 1623

f. Sister 1624

g. Brother 1625

h. Grandchild 1626

i. Parent 1627

j. Other relatives 1628

See variable 1208 for codes

----------------------------------------------------------------------

VAR #: 1218 Q333a Spouse can shop for personal/medicine

F333A

LOCATION: 1629 LENGTH: 1

[Are you/Is (he/she)] able to:

shop for personal items or medicines:

1 with no difficulty

2 with some difficulty

3 with much difficulty

4 unable to do at all

(Note: Spouse not bedbound)

----------------------------------------------------------------------

VAR #: 1219-1222 Other activities spouse is able/unable to do

VARIABLE NAMES, STARTING LOCATIONS

F333B-F333E

b. Shop for groceries 1630

c. Prepare meals 1631

d. Do housework 1632

e. Do laundry 1633

See variable 1218 for codes

--------------------------------------------------------------------

VAR #: 1223 Q334 Spouse needs help from others

F334

LOCATION: 1634 LENGTH: 1

(You/He/She) said (you/he/she) (have/has) difficulty performing

(ACITIVITIES MARKED IN Q.333)

.

[Do you/Does (he/she)] need help from other people?

1 Yes

2 No

(Note: Spouse has some difficulty with instrumental activities of daily living)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1224 Q335 Spouse gets help

F335

LOCATION: 1635 LENGTH: 1

[Do you/Does (he/she)] generally receive the help that (you/he/she)

(need/needs)?

1 Yes

2 No

(Note: Spouse needs help from others in instrumental activities of daily living)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1225 Q336‑a Spouse - no one helps

F336A

LOCATION: 1636 LENGTH: 1

Who helps with these activities?

No one

1 Yes

2 No

(Note: Spouse needs and gets help from others in instrumental activities of daily living)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1226 Q336‑b Spouse gets help from visiting aide/nurse

F336B

LOCATION: 1637 LENGTH: 1

Visiting health aide or nurse

1 Yes

2 No

(Note: Spouse needs and gets help from others in instrumental activities of daily living)

-‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1227-1231 Others who help spouse

VARIABLE NAMES, STARTING LOCATIONS

F336C-F336G

c. Staff of facility 1638

d. Relative in hh 1639

e. Relative not in hh 1640

f. Nonrelative in hh 1641

g. Nonrelative not in hh 1642

See variable 1226 for codes

--------------------------------------------------------------------

VAR #: 1232 Q337 Spouse - who helps most

F337

LOCATION: 1643 LENGTH: 1

Who helps the MOST with these activities?

1 Visiting health aide or nurse

2 Staff member/Operator of facility

3 Relative, Household member

4 Relative, NOT a household member

5 Nonrelative, Household member

6 Nonrelative, NOT a household member

(Note: Spouse needs and gets help from more than one other in instrumental activities of daily living)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1233 Q338‑a Spouse gets help from sample person

F338A

LOCATION: 1644 LENGTH: 1

Which relatives help you?

Spouse

1 Yes

2 No

(Note: Spouse needs and gets help from relative in instrumental

activities of daily living)

--------------------------------------------------------------------‑‑

VAR #: 1234-1242 Other relatives who help spouse

VARIABLE NAMES, STARTING LOCATIONS

F338B-F338J

b. Daughter 1645

c. Son 1646

d. Son-in-law 1647

e. Daughter-in-law 1648

f. Sister 1649

g. Brother 1650

h. Grandchild 1651

i. Parent 1652

j. Other relatives 1653

See variable 1233 for codes

----------------------------------------------------------------------

VAR #: 1243 Q339a Imp receipt Soc Sec

IF339A

LOCATION: 1654 LENGTH: 1

INCOME NOT CURRENTLY MARRIED

Soc. Sec. is concerned about the economic well‑being of benefici‑

aries and their survivors. Now we need to ask some questions about

current income that you/your family may receive.

In any of the last three months, did you receive any

income from:

Social Security?

1 Yes

2 No

(Note: Not currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1244 Q340a Imp amt last mo Soc Sec - R

IF340A

LOCATION: 1655-1659 LENGTH: 5

How much did you receive last month from (Social Security)?

(Note: Not currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1245 Q341a Imp amt 2 mos ago SS - R

IF341A

LOCATION: 1660-1664 LENGTH: 5

How much did you receive the month before that, that is, two

months ago from (Social Security)?

(Note: Not currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1246 Q342a Imp amt 3 mos ago SS - R

IF342A

LOCATION: 1665-1669 LENGTH: 5

How much did you receive the month before that, that is, three

months ago, from (Social Security)?

(Note: Not currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1247 Q343a Soc Sec own or survivor

F343A

LOCATION: 1670 LENGTH: 1

(IF WIDOWED, ASK): Is this payment based on your own work or is

it a survivor benefit from your late spouse?

1 Own work

2 Survivor benefit

3 Both own work and survivor benefit

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1248 Q344a Soc Sec retir or disab

F344A

LOCATION: 1671 LENGTH: 1

(IF SURVIVOR BENEFIT IN Q.343, DO NOT ASK)

Is this a retirement or a disability benefit?

1 Retirement

2 Disability

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1249-1274 Other income sources of nonmarried (I)-- receipt, amount, and type of benefits

VARIABLE NAMES, STARTING LOCATIONS

IF339B- IF340B- IF341B- IF342B- F343C- F344B-

IF339F IF340F IF341F IF342F F343E F344E

b. SSI 1672 1673 1678 1683 NA 1688

c. RR Ret 1689 1690\* 1695 1700 1705 1706

d. Bl.lung 1707 1708\* 1713 1718 1723 NA

e. Vet pen 1724 1725 1730 1735 1740 1741

f. St/lcl wel 1742 1743 1748 1753 NA NA

\*In a small number of cases the amounts of Railroad Retirement or Black Lung benefits are included with Social Security (See Variable IF340A)

See variables 1243-1248 for codes

------------------------------------------------------------------------

VAR #: 1275 Q345a Imp receipt earnings - R

IF345A

LOCATION: 1758 LENGTH: 1

In any of the last three months, did you receive any income from:

earnings from a job or your own business or farm, including tips,

commissions, overtime, bonuses?

1 Yes

2 No

3 Loss

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1276 Q346a Imp amt last mo earnings - R

IF346A

LOCATION: 1759-1763 LENGTH: 5

Before taxes and deductions, how much did you receive last month

from (earnings from a job or your own business or farm, including

tips, commissions, overtime, bonuses)?

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1277 Q346a‑L Earnings loss last mo - R

F346AL

LOCATION: 1764 LENGTH: 1

LOSS

1 Checked

2 Not Checked

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1278 Q347a Imp amt 2 mos ago earnings - R

IF347A

LOCATION: 1765-1769 LENGTH: 5

How much did you receive the month before that, that is, two

months ago, from (earnings from a job or your own business or

farm including tips, commissions, overtime, bonuses)?

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1279 Q347a‑L Earnings loss 2 mos ago - R

F347AL

LOCATION: 1770 LENGTH: 1

LOSS

1 Checked

2 Not Checked

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1280 Q348a Imp amt 3 mos ago earnings - R

IF348A

LOCATION: 1771-1775 LENGTH: 5

How much did you receive the month before that, that is three

months ago, from (earnings from a job or your own business or

farm including tips, commissions, overtime, bonuses)?

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1281 Q348a‑L Earnings loss 3 mos ago - R

F348AL

LOCATION: 1776 LENGTH: 1

LOSS

1 Checked

2 Not Checked

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1282 Q345b Imp receipt st/local govt pen - R

IF345B

LOCATION: 1777 LENGTH: 1

In any of the last three months, did you receive any income from

(state or local government employee pension)?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1283 Q346b Imp amt last mo st/local pen - R

IF346B

LOCATION: 1778-1782 LENGTH: 5

Before taxes and deductions, how much did you receive last month

from (state or local government employee pension)?

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1284 Q347b Imp amt 2 mos ago st/local - R

IF347B

LOCATION: 1783-1787 LENGTH: 5

How much did you receive the month before that, that is, two

months ago, from (state or local government employee pension)?

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1285 Q348b Imp amt 3 mos ago st/local - R

IF348B

LOCATION: 1788-1792 LENGTH: 5

How much did you receive the month before that, that is, three

months ago, from (state or local government employee pension)?

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1286-1333 Other income sources of nonmarried (II)-- receipt and amounts

VARIABLE NAMES, STARTING LOCATIONS

IF345C- IF346C- IF347C- IF348C-

IF345N IF346N IF347N IF348N

c. Mil pen 1793 1794 1799 1804

d. Fed pen 1809 1810 1815 1820

e. Priv/union pen 1825 1826 1831 1836

f. Other pen 1841 1842 1847 1852

g. Annuity/insur 1857 1858 1863 1868

h. Worker Comp 1873 1874 1879 1884

i. Unemp Comp 1889 1890 1895 1900

j. Alim/child supp\* 1905 1906 1911 1916

k. Estate/trust 1921 1922 1927 1932

l. HH mbrs 1937 1938 1943 1948

m. Non hh mbrs 1953 1954 1959 1964

n. Food stamps 1969 1970 1975 1980

\*Alimony and child support not shown separately; included in item m.

See variables 1282-1285 for codes

----------------------------------------------------------------------

VAR #: 1334 Q349a Imp receipt Soc Sec R/SP

IF349A

LOCATION: 1985 LENGTH: 1

(IF R IS NOT CURRENTLY MARRIED, SKIP TO CHECKPOINT R)

INCOME ‑‑ CURRENTLY MARRIED

Soc. Sec. is concerned about the economic well‑being of

beneficiaries and their survivors. Now we need to ask some

questions about current income that you or your family may

receive.

In any of the last three months, did you or your spouse

receive any income from: Social Security?

1 Yes

2 No

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1335 Q350a Imp who got Soc Sec

IF350A

LOCATION: 1986 LENGTH: 1

Was it you, your spouse, or both of you who received income from

(Social Security)?

1 R

2 Spouse

3 Both

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1336 Q351a Soc Sec one check

IF351A

LOCATION: 1987 LENGTH: 1

(IF BOTH, ASK): Did both of you receive income from (Social

Security) in a combined check so that the two of you received

only one check?

1 Yes

2 No

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1337 Q352aR Imp amt last mo Soc Sec - R

IF352AR

LOCATION: 1988-1992 LENGTH: 5

How much did you (R) receive from (Social Security) last month?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1338 Q353aR Imp amt 2 mos ago Soc Sec - R

IF353AR

LOCATION: 1993-1997 LENGTH: 5

How much did you (R) receive from (Social Security) the month before

that, that is two months ago?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1339 Q354aR Imp amt 3 mos ago Soc Sec - R

IF354AR

LOCATION: 1998-2002 LENGTH: 5

How much did you (R) receive from (Social Security) the month

before that, that is three months ago?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1340 Q355aR Soc Sec receipt on whose emply record - R

F355AR

LOCATION: 2003 LENGTH: 1

Is your (R's) payment from (Social Security) based on your own

employment record or on the employment record of your spouse?

1 R

2 Spouse

3 Both

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1341 Q356aR Soc Sec retir or disab - R

F356AR

LOCATION: 2004 LENGTH: 1

Is your (R's) payment from (Social Security) a retirement or a

disability benefit?

1 Retirement

2 Disability

3 Both retirement and disability

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1342 Q352aS Imp amt last mo Soc Sec - spouse

IF352AS

LOCATION: 2005-2009 LENGTH: 5

How much did (your spouse) receive from (Social Security) last

month?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1343 Q353aS Imp amt 2 mos ago Soc Sec - spouse

IF353AS

LOCATION: 2010-2014 LENGTH: 5

How much did (your spouse) receive from (Social Security) the month

before that, that is two months ago?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1344 Q354aS Imp amt 3 mos ago Soc Sec - spouse

IF354AS

LOCATION: 2015-2019 LENGTH: 5

How much did (your spouse) receive from (Social Security) the month

before that, that is three months ago?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1345 Q355aS SS receipt on whose emply record-spouse

F355AS

LOCATION: 2020 LENGTH: 1

Is (your spouse's) payment from (Social Security) based on your

employment record or on the employment record of your spouse?

1 R

2 Spouse

3 Both

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1346 Q356aS Soc Sec retir or disab - spouse

F356AS

LOCATION: 2021 LENGTH: 1

Is (your spouse's) payment from (Social Security) a retirement or a

disability benefit?

1 Retirement

2 Disability

3 Both retirement and disability

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1347 Q352aC Imp amt last mo Soc Sec - combined

IF352AC

LOCATION: 2022-2026 LENGTH: 5

How much did (both of you) receive from (Social Security) last

month?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1348 Q353aC Imp amt 2 mos ago Soc Sec - combined

IF353AC

LOCATION: 2027-2031 LENGTH: 5

How much did (both of you) receive from (Social Security) the month

before that, that is two months ago?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1349 Q354aC Imp amt 3 mos ago Soc Sec - combined

IF354AC

LOCATION: 2032-2036 LENGTH: 5

How much did (both of you) receive from (Social Security) the month

before that, that is three months ago?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1350 Q355aC SS receipt on whose emply record-combined

F355AC

LOCATION: 2037 LENGTH: 1

Is your (combined) payment from (Social Security) based on your own

employment?

1 R

2 Spouse

3 Both

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1351 Q356aC SS retir or disab - combined

F356AC

LOCATION: 2038 LENGTH: 1

Is your (combined) payment from (Social Security) a retirement or a

disability benefit?

1 Retirement

2 Disability

3 Both retirement and disability

(Note: Currently married)

----------------------------------------------------------------------VAR #: 1352-1430 Other income sources of married persons (respondent, spouse, or both)--receipt, amounts, type of benefits

VARIABLE NAMES, STARTING LOCATIONS

IF349B- F350B- F351B- IF352BR- IF352BS-

IF349F F350F F351F IF352FR IF352FS

b. SSI 2039 2040 2041 2042 2058

c. RR Ret 2090 2091 2092 2093 2110

d. Black lung 2144 2145 2146 2147 2164

e. Vet pen 2196 2197\* 2198\* 2199 2216

f. St/Loc wel 2250 2251 2252 2253 2268

(continued)

IF352BC- IF353BR- IF353BS- IF353BC- IF354BR- IF354BS-

IF352FC IF353FR IF353FS IF353FC IF354FR IF354FS

2074 2047 2063 2079 2052 2068

2127 2098 2115 2132 2103 2120

2180 2152 2169 2185 2157 2174

2233 2204 2221 2238 2209 2226

2283 2258 2273 2288 2263 2278

(continued)

IF354BC- F355BR- F355BS- F355BC- F356BR- F356BS-

IF354FC F355FR F355FS F355FC F356FR F356FS

2084 NA NA NA 2057 2073

2137 2108 2125 2142 2109 2126

2190 2162 2179 2195 2163 NA

2243 2214 2231 2248 2215 2232

2293 NA NA NA NA NA

(continued)

F356BC-

F356FC

2089

2143

NA

2249

NA

\* Imputed

See variables 1334-1351 for codes

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1431 Q357a Imp receipt earnings R/SP

IF357A

LOCATION: 2298 LENGTH: 1

In any of the last three months, did you or your spouse receive

any income from (earnings from a job or your own business or

farm, including tips, commissions, overtime, bonuses)?

1 Yes

2 No

3 Loss

(Note: Currently married)

----------------------------------------------------------------------

VAR #: 1432 Q358a Imp who got earnings

IF358A

LOCATION: 2299 LENGTH: 1

Was it you, your spouse, or both of you who received income from

(earnings from a job or your own business or farm, including

tips, commissions, overtime, bonuses)?

1 R

2 Spouse

3 Both

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1433 Q359aR Imp amt last mo earnings - R

IF359AR

LOCATION: 2300-2304 LENGTH: 5

Before taxes and deductions, how much did you (R) receive

last month from (earnings from a job or your own business or farm,

including tips, commissions, overtime, bonuses)?

(Note: Currently married)

---------------------------------------------------------------------

VAR #: 1434 Q359aRL Earnings loss last mo - R

F359ARL

LOCATION: 2305 LENGTH: 1

LOSS

1 Checked

2 Not Checked

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1435 Q360aR Imp amt 2 mos ago earnings - R

IF360AR

LOCATION: 2306-2310 LENGTH: 5

How much did you (R) receive the month before that, that is, two

months ago, from (earnings from a job or your own business or farm,

including tips, commissions, overtime, bonuses)?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1436 Q360aRL Earnings loss 2 mos ago - R

F360ARL

LOCATION: 2311 LENGTH: 1

LOSS

1 Checked

2 Not Checked

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1437 Q361aR Imp amt 3 mos ago earnings - R

IF361AR

LOCATION: 2312-2316 LENGTH: 5

How much did you (R) receive the month before that, that is, three

months ago, from (earnings from a job or your own business or farm,

including tips, commissions, overtime, bonuses)?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1438 Q361aRL Earnings loss 3 mos ago - R

F361ARL

LOCATION: 2317 LENGTH: 1

LOSS

1 Checked

2 Not Checked

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1439 Q359aS Imp amt last mo earnings - spouse

IF359AS

LOCATION: 2318-2322 LENGTH: 5

Before taxes and deductions, how much did your spouse receive last

month from (earnings from a job or own business or farm, including

tips, commissions, overtime, bonuses)?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1440 Q359aSL Earnings loss last mo - spouse

F359ASL

LOCATION: 2323 LENGTH: 1

LOSS

1 Checked

2 Not checked

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1441 Q360aS Imp amt 2 mos ago earnings - spouse IF360AS

LOCATION: 2324-2328 LENGTH: 5

How much did (your spouse) receive the month before that, that is,

two months ago from (earnings from a job or your own business or

farm, including tips, commissions, overtime, bonuses)?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1442 Q360aSL Earnings loss 2 mos ago - spouse

F360ASL

LOCATION: 2329 LENGTH: 1

LOSS

1 Checked

2 Not checked

(Note: Currently married)

----------------------------------------------------------------------

VAR #: 1443 Q361aS Imp amt 3 mos ago earnings - spouse IF361AS

LOCATION: 2330-2334 LENGTH: 5

How much did (your spouse) receive from the month before that, that

is, three months ago from (earnings from a job or your own business

or farm, including tips commissions, overtime, bonuses)?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1444 Q361aSL Earnings loss 3 mos ago - spouse

F361ASL

LOCATION: 2335 LENGTH: 1

LOSS

1 Checked

2 Not checked

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1445 Q359aC Imp amt last mo earnings - combined IF359AC

LOCATION: 2336-2340 LENGTH: 5

Before taxes and deductions how much did (both of you) receive last

month from (earnings from a job or your own business or farm,

including tips, commissions, overtime, bonuses)?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1446 Q359aCL Earnings loss last mo - combined

F359ACL

LOCATION: 2341 LENGTH: 1

LOSS

1 Checked

2 Not checked

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1447 Q360aC Imp amt 2 mos ago earnings - combined IF360AC

LOCATION: 2342-2346 LENGTH: 5

How much did (both of you) receive the month before that, that is,

two months ago from (earnings from a job or your own business or

farm, including tips, commissions, overtime, bonuses)?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1448 Q360aCL Earnings loss 2 mos ago - combined

F360ACL

LOCATION: 2347 LENGTH: 1

LOSS

1 Checked

2 Not checked

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1449 Q361aC Imp amt 3 mos ago earnings - combined IF361AC

LOCATION: 2348-2352 LENGTH: 5

How much did (both of you) receive the month before that, that is,

three months ago from (earnings from a job or own business or farm,

including tips, commissions, overtime, bonuses)?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1450 Q361aCL Earnings loss 3 mos ago - combined F361ACL

LOCATION: 2353 LENGTH: 1

LOSS

1 Checked

2 Not checked

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1451 Q357b Imp receipt st/local govt pen - R/SP

IF357B

LOCATION: 2354 LENGTH: 1

In any of the last three months, did you or your spouse receive

any income from (state or local government employee pension)?

1 Yes

2 No

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1452 Q358b Imp who got st/local govt pen

IF358B

LOCATION: 2355 LENGTH: 1

Was it you, your spouse or both of you who received income from

(state or local government employee pensions?)

1 R

2 Spouse

3 Both

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1453 Q359bR Imp amt last mo st/local pen - R

IF359BR

LOCATION: 2356-2360 LENGTH: 5

Before taxes and deductions, how much did you (R) receive last month

from (state or local government employee pension)?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1454 Q360bR Imp amt 2 mos ago st/local pen - R

IF360BR

LOCATION: 2361-2365 LENGTH: 5

How much did you (R) receive the month before that, that is, two

months ago, from (state or local government employee pension)?

(Note: Currently married)

---------------------------------------------------------------------

VAR #: 1455 Q361bR Imp amt 3 mos ago st/local pen - R IF361BR

LOCATION: 2366-2370 LENGTH: 5

How much did you (R) receive the month before that, that is, three

months ago, from (state or local government employee pension)?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1456 Q359bS Imp amt last mo st/local pen - spouse IF359BS

LOCATION: 2371-2375 LENGTH: 5

Before taxes and deductions how much did your spouse receive last

month from (state or local government employee pension)? (Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1457 Q360bS Imp amt 2 mos ago st/local pen - spouse IF360BS

LOCATION: 2376-2380 LENGTH: 5

How much did (your spouse) receive the month before that, that is,

two months ago from (state or local government employee pension)?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1458 Q361bS Imp amt 3 mos ago st/local pen - spouse IF361BS

LOCATION: 2381-2385 LENGTH: 5

How much did (your spouse) receive the month before that, that is,

three months ago from (state or local government employee pension)?

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1459 Q359bC Imp amt last mo st/local pen - combined

IF359BC

LOCATION: 2386-2390 LENGTH: 5

Before taxes and deductions, how much did (both of you) receive last month from (state or local government employee pension)?

(Note: Currently married)

----------------------------------------------------------------------

VAR #: 1460 Q360bC Imp amt 2 mos ago st/local pen - combined

IF360BC

LOCATION: 2391-2395 LENGTH: 5

How much did (both of you) receive the month before that, that is, two months ago from (state or local government employee pension)?

(Note: Currently married)

----------------------------------------------------------------------

VAR #: 1461 Q361bC Imp amt 2 most ago st/local pen - combined

IF361BC

LOCATION: 2396-2400 LENGTH: 5

How much did (both of you) receive the month before that, that is, three months ago from (state or local government employee pension)?

(Note: Currently married)

----------------------------------------------------------------------

VAR #: 1462-1593 Other income sources of married persons (respondent, spouse, or both)--receipt and amounts

VARIABLE NAMES, STARTING LOCATIONS

IF357C- IF358C- IF359CR- IF359CS- IF359CC-

IF357N IF358N IF359NR IF359NS IF359NC

c. Mil pen 2401 2402\*\* 2403 2418 2433

d. Fed pen 2448 2449\*\* 2450 2465 2480

e. Priv/union pen 2495 2496 2497 2512 2527

f. Other pen 2542 2543\*\* 2544 2559 2574

g. Ann/insur 2589 2590 2591 2606 2621

h. Workers Comp 2636 2637 2638 2653 2668

i. Unemp Comp 2683 2684\*\* 2685 2700 2715

j. Alim/chld supp\* 2730 2731 2732 2747 2762

k. Estate/trust 2777 2778 2779 2794 2809

l. HH mbrs 2824 2825 2826 2841 2856

m. Non hh mbrs 2871 2872 2873 2888 2903

n. Food stamps 2918 2919 2920 2935 2950

(continued)

IF360CR- IF360CS- IF360CC IF361CR- IF361CS- IF361CC-

IF360NR IF360NS IF360NC IF361NR IF361NS IF361NC

2408 2423 2438 2413 2428 2443

2455 2470 2485 2460 2475 2490

2502 2517 2532 2507 2522 2537

2549 2564 2579 2554 2569 2584

2596 2611 2626 2601 2616 2631

2643 2658 2673 2648 2663 2678

2690 2705 2720 2695 2710 2725

2737 2752 2767 2742 2757 2772

2784 2799 2814 2789 2804 2819

2831 2846 2861 2836 2851 2866

2878 2893 2908 2883 2898 2913

2925 2940 2955 2930 2945 2960

\*Amount of alimony & child support not shown separately;included in

item m.

\*\*Not imputed.

See variables 1451-1461 for codes

---------------------------------------------------------------------

VAR #: 1594 CHKPTR Children under age 18 in household CHKPTR

LOCATION 2965 LENGTH: 1

Are there any children in household under age 18?

1 Yes

2 No

(Note: Currently married)

----------------------------------------------------------------------

VAR #: 1595 Q362 Financially responsible for kids

F362

LOCATION: 2966 LENGTH: 1

I would like to ask you about the income of any children under the

age of 18, who are living in your household.

Are you financially responsible for any of these children?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1596 Q363a Imp receipt Soc Sec - kid

IF363A

LOCATION: 2967 LENGTH: 1

Do any of these children who are under the age of 18 and for whom

you are financially responsible, receive any income from:

Social Security‑‑that generally comes on the

third of the month

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1597 Q364a Kid Soc Sec in R's check

F364A

LOCATION: 2968 LENGTH: 1

Are these children's payments from (Social Security) included in

your check or do they receive separate checks?

1 Included

2 Separate

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1598 Q365a Imp amt last mo Soc Sec - Kid

IF365A

LOCATION: 2969-2973 LENGTH: 5

(IF SEPARATE CHECKS, ASK): How much did these children receive

last month from (Social Security)?

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1599 Q366a Imp amt 2 mos ago Soc Sec - kid

IF366A

LOCATION: 2974-2978 LENGTH: 5

How much did these children receive the month before that, that

is, two months ago, from (Social Security)?

---------------------------------------------------------------------

VAR #: 1600 Q367a Imp amt 3 mos ago Soc Sec - kid

IF367A

LOCATION: 2979-2983 LENGTH: 5

How much did these children receive the month before that, that

is, three months ago, from (Social Security)?

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1601-1624 Other income sources and amounts for children in household

VARIABLE NAMES, STARTING LOCATIONS

IF363B- F364B- IF365B- IF366B- IF367B-

IF363F F364F IF365F IF366F IF367F

b. RR Ret 2984 2985 2986 2991 2996

c. Bl lung 3001 3002 3003 3008 3013

d. Vet pen 3018 3019 3020 3025 3030

e. Earnings 3035 NA 3036 3041 3046

f. Anything else 3051 3052 3053 3058 3063

See variables 1596-1600 for codes

--------------------------------------------------------------------

VAR #: 1625 Q368 Other regular pension - R/SP

F368

LOCATION: 3068 LENGTH: 1

Now I would like to ask a few more questions about pensions. Aside

from any pension income in the last three months, do you (or your

spouse) receive any other regular pension benefits ‑ for example,

just one pension payment a year or one payment

every 6 months?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1626 Q369 Other pension source

F369

LOCATION: 3069 LENGTH: 1

Is this pension from a:

1 Private employer/union

2 Government pension

(Note: R/SP received other regular pension)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1627 Q370 Type of gov't pen

F370

LOCATION: 3070 LENGTH: 1

Is it a:

1 State or local

2 Military or reserve

3 Federal employee

4 Some other government pension

(Note: R/SP received gov't pen)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1628 Q371‑mo Month other pen began

F371MO

LOCATION: 3071-3072 LENGTH: 2

In what month did you first begin to receive this pension?

MONTH

(Note: R/SP received other pension)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1629 Q371‑yr Yr other pen began

F371YR

LOCATION: 3073-3074 LENGTH: 2

In what year did you first begin to receive this pension?

YEAR

(Note: R/SP received other pension)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1630 Q372 Frequency of pay

F372

LOCATION: 3075 LENGTH: 1

How often do you receive a payment from this pension?

1 Once a year

2 Every six months

3 Other

(Note: R/SP received other pension)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1631 Q373‑mo Month most recent pay

F373MO

LOCATION: 3076-3077 LENGTH: 2

When did you receive your most recent payment?

MONTH

(Note: R/SP received other pension)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1632 Q373‑yr Yr most recent pay

F373YR

LOCATION: 3078-3079 LENGTH: 2

When did you receive your most recent payment?

YEAR

(Note: R/SP received other pension)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1633 Q374 Most recent amt

F374

LOCATION: 3080-3085 LENGTH: 6

How much did you receive in your most recent payment from this

pension?

(Note: R/SP received other pension)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1634 CHKPTSB St/local pen - R

CHKPTSB

LOCATION: 3086 LENGTH: 1

STATE OR LOCAL GOVERNMENT PENSIONS

1 Checked

2 Not Checked

(Note: Not currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1635-1638 Other sources of pension income of nonmarried

VARIABLE NAMES, STARTING LOCATIONS

CHKPTSC-CHKPTSF

c. Military pension 3087

d. Federal pension 3088

e. Private pension 3089

f. Other pens 3090

See variables 1634 for codes

----------------------------------------------------------------------

VAR #: 1639 CHKPTS R had pension income

CHKPTS

LOCATION: 3091 LENGTH: 1

DID THE RESPONDENT REPORT INCOME FROM ANY OF THESE FIVE SOURCES?

1 Yes

2 No

(Note: Not currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1640 CHKPTTB St/local pen - R

CHKPTTB

LOCATION: 3092 LENGTH: 1

CURRENTLY MARRIED

STATE OR LOCAL GOVERNMENT EMPLOYEE PENSIONS ‑ RESPONDENT

1 Checked

2 Not Checked

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1641 CHKPTTb St/local pen - spouse

CHKPTT\_B

LOCATION: 3093 LENGTH: 1

STATE OR LOCAL GOVERNMENT EMPLOYEE PENSIONS ‑ SPOUSE

1 Checked

2 Not Checked

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1642-1649 Other sources of pension income of married persons

(respondent, spouse)

VARIABLE NAMES, STARTING LOCATIONS

CHKPTTC- CHKPTT\_C-

CHKPTTF CHKPTT\_F

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

c. Military pension 3094 3095

d. Federal pension 3096 3097

e. Private pension 3098 3099

f. Other pension 3100 3101

See variables 1640-1641 for codes

-----------------------------------------------------------------

VAR #: 1650 CHKPTT R/SP had pension income

CHKPTT

LOCATION: 3102 LENGTH: 1

DID RESPONDENT OR SPOUSE REPORT INCOME FROM ANY OF THESE FIVE

SOURCES?

1 Yes

2 No

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1651 Q375b Num st/local pens - R

F375B

LOCATION: 3103 LENGTH: 1

NOT CURRENTLY MARRIED

Earlier, you said that you had received some income from (SOURCE).

Was that income from just one pension, or was it a combined amount

from two or more different (SOURCE)?

Number of state or local government employee pensions.

(Note: Not currently married; had pension income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1652-1655 Other pensions being received by nonmarried--number of each type

VARIABLE NAMES, STARTING LOCATIONS

F375C-F375F

c. Military pensions 3104

d. Federal employee pensions 3105

e. Private pensions 3106

f. Other pensions 3107

See variables 1651 for codes

----------------------------------------------------------------------

VAR #: 1656 CHKPTU Tot num pensions - R

CHKPTU

LOCATION: 3108-3109 LENGTH: 2

HOW MANY SEPARATE PENSIONS WERE IDENTIFIED ABOVE?

(Note: Not currently married; had pension income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1657 Q376bR Num st/local pens - R

F376BR

LOCATION: 3110 LENGTH: 1

CURRENTLY MARRIED

Earlier, you said that (you/your spouse) had received some income

from (SOURCE). Was that income from just one pension or was it a combined amount from two or more different (SOURCES)?

Number of state or local government employee pensions ‑

Respondent

(Note: Currently married; had pension income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1658 Q376bS Num st/local pens - spouse

F376BS

LOCATION: 3111 LENGTH: 1

Number of state or local government employee pensions ‑ Spouse

(Note: Currently married; had pension income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1659-1666 Other pensions being received by married persons

(respondent, spouse)--number of each type

VARIABLE NAMES, STARTING LOCATIONS

F376CR- F376CS-

F376FR F376FS

c. Military pensions 3112 3113

d. Federal employee pensions 3114 3115

e. Private pensions 3116 3117

f. Other pensions 3118 3119

See variables 1657-1658 for codes

----------------------------------------------------------------------

VAR #: 1667 CHKPTV Tot num pensions - R/SP

CHKPTV

LOCATION: 3120-3121 LENGTH: 2

HOW MANY SEPARATE PENSIONS WERE IDENTIFIED ABOVE?

(Note: Currently married; had pension income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1668 I377a‑1 Pension type - pen 1

FI377A1

LOCATION: 3122 LENGTH: 1

CIRCLE CODE FOR SOURCE OF EACH PENSION IDENTIFIED IN Q.375 OR

Q.376. IF MORE THAN SIX PENSIONS, PROBE FOR SIX LARGEST AND

CIRCLE CODES FOR THESE SIX PENSIONS ‑ PENSION 1 SOURCE

1 State/Local government employee

2 Military career or reserve

3 Federal employee

4 Private employer or union

5 Any other pension

(Note: Had pension income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1669 I377b‑1 Who got pension - pen 1

FI377B1

LOCATION: 3123 LENGTH: 1

IF R IS CURRENTLY MARRIED, IDENTIFY RECIPIENT OF PENSION.

1 Respondent

2 Spouse

(Note: Currently married; had pension income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1670 Q377‑1 Kind of benefit - pen 1

F377\_1

LOCATION: 3124 LENGTH: 1

Regarding this (FIRST SOURCE) pension, what kind of benefits (are

you/is your spouse) receiving‑‑retirement benefits, disability

benefits, or survivor benefits?

1 Retirement

2 Disability

3 Survivor

(Note: Had pension income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1671 Q378‑1 Pen has survivor option - pen 1

F378\_1

LOCATION: 3125 LENGTH: 1

If (you/your spouse) should die tomorrow, would (your spouse/you)

be able to receive payments from this plan, either then or in the

future?

1 Yes

2 No

(Note: Currently married; had pension income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑--‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1672 Q379‑1 Reduced benefits to get surviv option - pen 1 F379\_1

LOCATION: 3126 LENGTH: 1

Did (you/your spouse) take reduced benefits in order to elect a

survivor option?

1 Yes

2 No

(Note: Currently married; had pension income with survivor option)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1673 Q380‑1mo Month pay began - pen 1

F3801MO

LOCATION: 3127-3128 LENGTH: 2

In what month did (you/your spouse) first begin to receive this

pension?

MONTH

(Note: Had pension income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1674 Q380‑1yr Yr pay began - pen 1

F3801YR

LOCATION: 3129-3130 LENGTH: 2

In what year did (you/your spouse) first begin to receive this

pension?

YEAR

(Note: Had pension income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1675 Q381‑1 Pen has increased - pen 1

F381\_1

LOCATION: 3131 LENGTH: 1

Thinking about the amount of the pension payment itself‑‑before any

taxes or deductions are taken out‑‑has the amount of this pension

payment ever been increased since (you/your spouse) first began

receiving it?

1 Yes

2 No

(Note: Had pension income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1676 Q382‑1 Num of increases - pen 1

F382\_1

LOCATION: 3132-3133 LENGTH: 2

About how many times has this pension payment been increased?

(Note: Pension amt has increased)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1677 Q383‑1 How often increased - 1

F383\_1

LOCATION: 3134 LENGTH: 1

Have these benefit increases happened about once a year, on some

other regular schedule, or just every now and then?

1 About once a year

2 Other regular schedule

3 Every now and then

4 Other

(Note: Pension amt has increased more than once)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1678 Q384‑1a Increase due to sp death - pen 1

F3841A

LOCATION: 3135 LENGTH: 1

What have been the reasons for the increases in these pension

benefits?

Adjustment because of spouse's death

1 Circled

2 Not Circled

(Note: Pension amt has increased)

-----------------------------------------------------------------------

VAR #: 1679 Q384‑1b Cost of liv increase - pen 1

F3841B

LOCATION: 3136 LENGTH: 1

Cost of living adjustments

1 Circled

2 Not Circled

(Note: Pension amt has increased)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1680 Q384‑1c Value of account increased - pen 1

F3841C

LOCATION: 3137 LENGTH: 1

Increased value of pension account

1 Circled

2 Not Circled

(Note: Pension amt has increased)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1681 Q384‑1d Automatic plan increases - pen 1

F3841D

LOCATION: 3138 LENGTH: 1

Pension plan provides automatic increases

1 Circled

2 Not Circled

(Note: Pension amt has increased)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1682 Q384‑1e Change in benefit formula - pen 1

F3841E

LOCATION: 3139 LENGTH: 1

Changes in benefit formula

1 Circled

2 Not Circled

(Note: Pension amt has increased)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1683 Q384‑1f Other reason for increase - pen 1

F3841F

LOCATION: 3140 LENGTH: 1

Other

1 Circled

2 Not Circled

(Note: Pension amt has increased)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1684 Q385‑1 Pen has decreased - pen 1

F385\_1

LOCATION: 3141 LENGTH: 1

Has the amount of this pension payment ever been decreased since

(you/your spouse) first began receiving it?

1 Yes

2 No

(Note: Had pension income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1685 Q386‑1 Num of decreases - pen 1

F386\_1

LOCATION: 3142-3143 LENGTH: 2

About how many times has this pension payment been decreased?

(Note: Pension amt has decreased)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1686 Q387‑1 How often decreased - pen 1

F387\_1

LOCATION: 3144 LENGTH: 1

Have the decreases in these benefits happened about once a year, on

some other regular schedule, or just every now and then?

1 About once a year

2 Other regular schedule

3 Every now and then

4 Other

(Note: Pension amt decreased more than once)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1687 Q388‑1a Decrease due to sp death - pen 1

F3881A

LOCATION: 3145 LENGTH: 1

What have been the reasons for the decreases in these pension

benefits?

Adjustment because of spouse's death

1 Circled

2 Not Circled

(Note: Pension amt has decreased)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1688 Q388‑1b Decrease due to ss receipt - pen 1

F3881B

LOCATION: 3146 LENGTH: 1

Began to receive Social Security

1 Circled

2 Not Circled

(Note: Pension amt has decreased)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1689 Q388‑1c Value of account decreased - pen 1

F3881C

LOCATION: 3147 LENGTH: 1

Decreased value of pension account

1 Circled

2 Not Circled

(Note: Pension amt has decreased)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1690 Q388‑1d Plan went bankrupt - pen 1

F3881D

LOCATION: 3148 LENGTH: 1

Pension plan went bankrupt and was taken over by the

government

1 Circled

2 Not Circled

(Note: Pension amt has decreased)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1691 Q388‑1e Change in benefit formula - pen 1

F3881E

LOCATION: 3149 LENGTH: 1

Change in benefit formula

1 Circled

2 Not Circled

(Note: Pension amt has decreased)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1692 Q388‑1f Other reason for decrease - pen 1

F3881F

LOCATION: 3150 LENGTH: 1

Other

1 Circled

2 Not Circled

(Note: Pension amt has decreased)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1693 Q389‑1 Current amt vs beginning amt - pen 1

F389\_1

LOCATION: 3151 LENGTH: 1

Overall, is the current amount of this pension higher, lower, or

about the same as the amount when (you/your spouse) began receiving

it?

1 Higher

2 Lower

3 Same

(Note: Had pension income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1694 Q390‑1d Dollar change per mo - pen 1

F3901D

LOCATION: 3152-3156 LENGTH: 5

Since (you/your spouse) first began receiving this pension, about

how much has the monthly benefit amount (increased/decreased)?

CHANGE PER MONTH

99996 Percent coded

(Note: Pension amt has changed)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1695

F3901C

LOCATION: 3157-3158 LENGTH: 2

Blank cells ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1696 Q390‑1% % change per mo - pen 1

F3901P

LOCATION: 3159-3161 LENGTH: 3

PERCENT CHANGE

(Note: Pension amt has changed)

--------------‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1697 Q391‑1 Pen will stop/continue - pen 1

F391\_1

LOCATION: 3162 LENGTH: 1

Is this the kind of pension that will be stopped after a certain

number of years, or will it continue for the rest of (your/your

spouse's) life?

1 Will be stopped

2 Expect to continue

(Note: Had pension income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1698 Q391-1 Who answered

FI391\_1

LOCATION: 3163 LENGTH: 1

WHO ANSWERED MOST OF THE QUESTIONS ABOUT THIS PENSION?

1 Pension recipient

2 Proxy

(Note: Had pension income)

-----------------------------------------------------------------------

VAR #: 1699-1703, 1730-1734, 1761-1765, 1792-1796, 1823-1827

Source, recipient, type, survivors provision, and reduction for surv. provision--Pension #'s 2-6

VARIABLE NAMES, STARTING LOCATIONS

FI377A2- FI377B2- F377\_2- F378\_2- F379\_2-

FI377A6 FI377B6 F377\_6 F378\_6 F379\_6

(Pen.) (Var #) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

2nd 1699-1703 3164 3165 3166 3167 3168

3rd 1730-1734 3206 3207 3208 3209 3210

4th 1761-1765 3248 3249 3250 3251 3252

5th 1792-1796 3290 3291 3292 3293 3294

6th 1823-1827 3332 3333 3334 3335 3336

See variables 1668-1672 for codes

------------------------------------------------------------------------

VAR #: 1704-1708, 1735-1739, 1766-1770, 1797-1801, 1828-1832

Month and year pension began, whether increased, number and schedule of increases--Pension #'s 2-6

VARIABLE NAME, STARTING LOCATIONS

F3802M0- F3802YR- F381\_2- F382\_2- F383\_2-

F3806MO F3806YR F381\_6 F382\_6 F383\_6

(Pen.) (Var #) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

2nd 1704-1708 3169 3171 3173 3174 3176

3rd 1735-1739 3211 3213 3215 3216 3218

4th 1766-1770 3253 3255 3257 3258 3260

5th 1797-1801 3295 3297 3299 3300 3302

6th 1828-1832 3337 3339 3341 3342 3344

See variables 1673-1677 for codes

------------------------------------------------------------------------VAR #: 1709-1714, 1740-1745, 1771-1776, 1802-1807, 1834-1838

Reasons for increased benefits, Pension #'s 2-6

VARIABLE NAMES, STARTING LOCATIONS

F3842A- F3843A- F3844A- F3845A- F3846A-

F3842F F3843F F3844F F3845F F3846F

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

(2nd) (3rd) (4th) (5th) (6th)

a. Spouse's death 3177 3219 3261 3303 3345

b. COLA 3178 3220 3262 3304 3346

c. Value of acct. 3179 3221 3263 3305 3347

d. Char. of plan 3180 3222 3264 3306 3348

e. Mod. in formula 3181 3223 3265 3307 3349

f. Other 3182 3224 3266 3308 3350

(Next variable is F385\_2-F385\_6)

See variables 1678-1683 for codes

------------------------------------------------------------------------

VAR #: 1715-1717, 1746-1748, 1777-1779, 1808-1810, 1839-1841

Whether decreased, number and schedule of decreases--Pension #'s 2-6

VARIABLE NAMES, STARTING LOCATIONS

F385\_2- F386\_2- F387\_2-

(Pen.) (Var #) F385\_6- F386\_6 F387\_6

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

2nd 1715-1717 3183 3184 3186

3rd 1746-1748 3225 3226 3228

4th 1777-1779 3267 3268 3270

5th 1808-1810 3309 3310 3312

6th 1839-1841 3351 3352 3354

See variables 1684-1686 for codes

----------------------------------------------------------------------

VAR #: 1718-1723, 1749-1754, 1780-1785, 1811-1816, 1842-1847

Reasons for decreased benefits, Pension #'s 2-6

VARIABLE NAMES, STARTING LOCATIONS

F3882A- F3883A- F3884A- F3885A- F3886A-

F3882F F3883F F3884F F3885F F3886F

\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

(2nd) (3rd) (4th) (5th) (6th)

a. Spouse's death 3187 3229 3271 3313 3355

b. Rec'd Soc. Sec. 3188 3230 3272 3314 3356

c. Value of acct. 3189 3231 3273 3315 3357

d. Plan bankrupt 3190 3232 3274 3316 3358

e. Mod. in formula 3191 3233 3275 3317 3359

f. Other 3192 3234 3276 3318 3360

(Next variable is F389\_2-F389\_6)

See variables 1687-1692 for codes

----------------------------------------------------------------------

VAR #: 1724-1729, 1755-1760, 1786-1791, 1817-1822, 1848-1853

Whether net change in benefit and amount of change (in $ or %); whether pension for life; who answered pension questions--Pension #'s 2-6

VARIABLE NAMES, STARTING LOCATIONS

(Pen.) F389\_2- F3902D- F3902C- F3902P- F391\_2- FI391\_2-

F389\_6 F3906D F3906C F3906P F391\_6 F1391\_6

2nd 3193 3194 3199 3201 3204 3205

3rd 3235 3236 3241 3243 3246 3247

4th 3277 3278 3283 3285 3288 3289

5th 3319 3320 3325 3327 3330 3331

6th 3361 3362 3367 3369 3372 3373

See variables 1693-1698 for codes

----------------------------------------------------------------------

VAR #: 1854 Q392 Any terminated pension since 12/82 - R/SP

F392

LOCATION: 3374 LENGTH: 1

At any time since December 1982, have you (or your spouse) ever received any regular pension income that you no longer receive?

Do not include Social Security.

1 Yes

2 No

------------------------------------------------------------------------VAR #: 1855 Q393 Num terminated pensions - R

F393

LOCATION: 3375 LENGTH: 1

How many of these pensions did you receive and are no longer

receiving?

(Note: Had terminated pension since 12/82)

------------------------------------------------------------------------VAR #: 1856 Q394 Num terminated pens - spouse

F394

LOCATION: 3376 LENGTH: 1

(IF R IS NOT CURRENTLY MARRIED, SKIP TO INSTRUCTION ABOVE Q.305)

How many of these pensions did your spouse receive and is no longer

receiving?

(Note: Currently married and had terminated pen)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1857 I395‑1 Who got terminated pen - TPen 1

FI3951

LOCATION: 3377 LENGTH: 1

IDENTIFY RECIPIENT OF EACH TERMINATED PENSION FROM QQ.393 AND

394. IF MORE THAN TWO PENSIONS, PROBE FOR THE TWO LARGEST AND

CIRCLE CODES FOR EACH.

1 Respondent

2 Spouse

(Note: Had terminated pension)

------------------------------------------------------------------------VAR #: 1858 Q395‑1 Source of termin pen - TPen 1

F395\_1

LOCATION: 3378 LENGTH: 1

Was this first terminated pension from a private employer or union,

or was it a government pension?

1 Private employer or union

2 Government

(Note: Had terminated pension)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1859 Q396‑1 Type of gov't pen - TPen 1

F396\_1

LOCATION: 3379 LENGTH: 1

Was it a \_\_\_\_ or some other kind of government pension?

1 State or local government

2 Military career or reserve pensions

3 Federal employee

4 Other

(Note: Gov't pen was terminated)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1860 Q397‑1 Type of benefit - TPen 1

F397\_1

LOCATION: 3380 LENGTH: 1

Was this a retirement, disability, or survivor benefit?

1 Retirement

2 Disability

3 Survivor

(Note: Had terminated pension)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1861 Q398‑1be Yr pension began - TPen 1

F3981BE

LOCATION: 3381-3382 LENGTH: 2

In what year did this pension begin?

YEAR

(Note: Had terminated pension)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1862 Q398‑1st Yr pension stopped - TPen 1

F3981ST

LOCATION: 3383-3384 LENGTH: 2

In what year did this pension stop?

YEAR

(Note: Had terminated pension)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1863 Q399‑1 Why pension stopped - TPen 1

F399\_1

LOCATION: 3385 LENGTH: 1

Why was this pension payment stopped?

1 Went back to work for some employer

2 Remarried

3 Recovered from disability

4 The plan went bankrupt

5 Type of pension‑‑it was for a fixed amt/# of years only

6 Spouse died; no survivor benefits

7 Some other reason

(Note: Had terminated pension)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1864 Q400‑1 Amt when stopped - TPen 1

F4001IN

LOCATION: 3386-3391 LENGTH: 6

About how much income (were you/was your spouse) receiving from this

pension at the time it was stopped?

(Note: Had terminated pension)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1865 Q400‑1u Time period of amt - TPen 1

F4001U

LOCATION: 3392 LENGTH: 1

TIME PERIOD

1 Week

2 Month

3 Year

4 Other

(Note: Had terminated pension)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1866 I400‑1 Who answered - TPen 1

FI400\_1

LOCATION: 3393 LENGTH: 1

WHO ANSWERED MOST OF THE QUESTIONS ABOUT THIS TERMINATED

PENSION?

1 Pension recipient

2 Proxy

(Note: Had terminated pension)

----------------------------------------------------------------------

VAR #: 1867-1876 Characteristics of second terminated pension

VARIABLE NAME STARTING LOCATION

Recipient FI395\_2 3394

Source F395\_2 3395

Type of gov't. pen. F396\_2 3396

Type of benefit F397\_2 3397

Year began F3982BE 3398

Year stopped F3982ST 3400

Reason stopped F399\_2 3402

Amt. when stopped F4002IN 3403

Time period of amt. F4002U 3409

Who answered Q's FI400\_2 3410

See variables 1857-1866 for codes

----------------------------------------------------------------------

VAR #: 1877 Q401 Any lump sum pen since 12/82

F401

LOCATION: 3411 LENGTH: 1

Finally, since December 1982, have you (or your spouse) ever

received a lump sum benefit or one‑time cash payment from a

pension or retirement plan? Do not include Social Security.

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1878 Q402 Num lump sum payments - R

F402

LOCATION: 3412-3413 LENGTH: 2

How many lump sum payments did you receive since December 1982?

(Note: Had lump sum pay since 12/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1879 Q403 Num lump sum payments - spouse

F403

LOCATION: 3414-3415 LENGTH: 2

(IF R IS NOT CURRENTLY MARRIED, SKIP TO INTERVIEWER

INSTRUCTION ABOVE Q.404)

How many lump sum payments did your spouse receive

since December 1982?

(Note: Currently married or surviving spouse; R/SP had lump sum pay

since 12/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1880 I404‑1 Who got lump sum - LS1

FI404\_1

LOCATION: 3416 LENGTH: 1

IF MORE THAN THREE LUMP SUM PAYMENTS IDENTIFIED IN QQ.402

AND 403, PROBE FOR THREE LARGEST. IF R IS CURRENTLY MARRIED,

IDENTIFY RECIPIENT OF FIRST LUMP SUM PAYMENT.

1 Respondent

2 Spouse

(Note: Currently married; R/SP had lump sum pay)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1881 Q404‑1 Yr got lump sum - LS1

F404\_1

LOCATION: 3417-3418 LENGTH: 2

Let us take (the/the largest/next largest) lump sum payment you just

told me about.

In what year did (you/your spouse) receive this lump sum payment?

(Note: Had lump sum pay)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1882 Q404‑1a Type of benefit - LS1

F4041A

LOCATION: 3419 LENGTH: 1

Was this a retirement, disability, or survivor benefit?

1 Retirement

2 Disability

3 Survivor

(Note: Had lump sum pay)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1883 Q404‑1b Could have had reg pen - LS1

F4041B

LOCATION: 3420 LENGTH: 1

Could (you/your spouse) have chosen to receive a regular

pension payment--starting then or later--instead of taking

this lump sum?

1 Yes

2 No

(Note: Had lump sum pay)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1884 Q405‑1 Tot amt lump sum - LS1

F405\_1

LOCATION: 3421-3426 LENGTH: 6

Approximately, what was the total amount of the lump sum payment?

(Note: Had lump sum pay)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1885 Q406‑1 Put in retirement plan - LS1

F406\_1

LOCATION: 3427 LENGTH: 1

At the time this payment was received, were the funds rolled over

into an IRA or put into some other kind of pension or retirement

plan?

1 Yes

2 No

9 Refused

(Note: Had lump sum pay)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1886 Q407‑1a Put in savings - LS1

F4071A

LOCATION: 3428 LENGTH: 1

How was the money used? Was it:

put into a savings or money market account?

1 Yes

2 No

(Note: Lump sum not put in ret plan)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1887 Q407‑1b Start business - LS1

F4071B

LOCATION: 3429 LENGTH: 1

used to start a business?

1 Yes

2 No

(Note: Lump sum not put in ret plan)

---------------------------------------------------------------------

VAR #: 1888 Q407‑1c Other investments - LS1

F4071C

LOCATION: 3430 LENGTH: 1

put into other investments?

1 Yes

2 No

(Note: Lump sum not put in ret plan)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1889 Q407‑1d Purchase/fix home - LS1

F4071D

LOCATION: 3431 LENGTH: 1

used to purchase or repair a home?

1 Yes

2 No

(Note: Lump sum not put in ret plan)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1890 Q407‑1e Pay debt - LS1

F4071E

LOCATION: 3432 LENGTH: 1

used to pay off a mortgage or other debts?

1 Yes

2 No

(Note: Lump sum not put in ret plan)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1891 Q407‑1f Buy items - LS1

F4071F

LOCATION: 3433 LENGTH: 1

used to buy a car or other consumer items?

1 Yes

2 No

(Note: Lump sum not put in ret plan)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1892 Q407‑1g Medical expense - LS1

F4071G

LOCATION: 3434 LENGTH: 1

used for medical or dental expenses?

1 Yes

2 No

(Note: Lump sum not put in ret plan)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1893 Q407‑1h General expenses - LS1

F4071H

LOCATION: 3435 LENGTH: 1

used for general, current expenses?

1 Yes

2 No

(Note: Lump sum not put in ret plan)

----------------------------------------------------------------------

VAR #: 1894 Q407‑1i Other purpose - LS1

F4071I

LOCATION: 3436 LENGTH: 1

used for some other purpose?

1 Yes

2 No

(Note: Lump sum not put in ret plan)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1895 1407-1 Who answered - LS1

FI407\_1

LOCATION: 3437 LENGTH: 1

WHO ANSWERED MOST OF THE QUESTIONS ABOUT THIS LUMP SUM PAYMENT?

1 Lump sum recipient

2 Proxy

----------------------------------------------------------------------

VAR #: 1896-1900, 1912-1916

Lump sum #'s 2 & 3: Recipient, yr. rec'd., ben. type, annuity option, and amount.

VARIABLE NAMES, STARTING LOCATIONS

(LSD) (VAR#) FI404\_2- F404\_2- F4042A- F4042B- F405\_2-

FI404\_3 F404\_3 F4043A F4043B F405\_3

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

2nd 1896-1900 3438 3439 3441 3442 3443

3rd 1912-1916 3460 3461 3463 3464 3465

See variables 1880-1884 for codes

(Next variable is F406\_2 or F406\_3)

----------------------------------------------------------------------

VAR #: 1901-1911, 1917-1927 Lump sum #'s 2&3: Uses, who answered Q's

VARIABLE NAMES, STARTING LOCATIONS

F406\_2 F406\_3

F4072A-F4072I F4073A-F4073I

FI407\_2 FI407\_3

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

(2nd) (3rd)

IRA, Other plan 3449 3471

Savings 3450 3472

Business 3451 3473

Other investments 3452 3474

Home 3453 3475

Debts 3454 3476

Consumer item 3455 3477

Medical expenses 3456 3478

General expenses 3457 3479

Other 3458 3480

Who answered Q's 3459 3481

(Next variable is FI404\_3)

See variables 1885-1895 for codes

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1928 Q408 Imp held Kgh/IRA - R

IF408

LOCATION: 3482 LENGTH: 1

The next questions are about savings or other assets you might

have which can provide some income (in retirement/while you are

disabled).

As of the end of last month, did you yourself hold an

individual Keogh account or an Individual Retirement Account

called an IRA?

1 Yes

2 No

--------------------------------------------------------------------

VAR #: 1929 Q409 Imp value Kgh/IRA - R

IF409

LOCATION: 3483-3488 LENGTH: 6

What do you estimate is the total value of all your accounts at the

end of last month?

999995 Reported amount exceeds field length limit

(Note: R had Kgh/IRA)

‑---‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1930 Q410 Imp payment last qtr K/IRA - R

IF410

LOCATION: 3489-3494 LENGTH: 6

How much have you received in payments or withdrawn from these

accounts during the last three months, that is, from (MONTH) through

(REFERENCE MONTH)?

(Note: R had Kgh/IRA)

----------------------------------------------------------------------

VAR #: 1931 Q411 Imp held Kgh/IRA - spouse

IF411

LOCATION: 3495 LENGTH: 1

As of the end of last month, did your spouse hold an individual

Keogh account or an Individual Retirement Account called an IRA?

1 Yes

2 No

(Note: R currently married; had Kgh/IRA)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1932 Q412 Imp value Kgh/IRA - spouse

IF412

LOCATION: 3496-3501 LENGTH: 6

What do you estimate is the total value of all your spouse's

accounts at the end of the last month?

(Note: Spouse had keogh/IRA)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1933 Q413 Imp payment last qtr K/IRA - spouse

IF413

LOCATION: 3502-3507 LENGTH: 6

How much has your spouse received in payments or withdrawn from

these accounts during the last three months, that is, from (MONTH)

through (REFERENCE MONTH)?

(Note: Spouse had kgh/IRA)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1934 Q414a Imp money in interest-bearing ck

IF414A acct - R/SP

LOCATION: 3508 LENGTH: 1

Not including any accounts you have already told me about, as

of the end of last month, did you (or your spouse) have any

money in:

checking accounts that earn interest?

1 Yes

2 No

-‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1935 Q415a Imp amt in ck acct - R/SP

IF415A

LOCATION: 3509-3514 LENGTH: 6

What is your best estimate of the total amount of money in

(NAME OF ACCOUNT) at the end of last month?

checking accounts that earn interest?

999995 Reported amount exceeds field length limit

(Note: R/sp had interest-bearing ck acct)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1936 Q416a Imp interest from ck acct - R/SP

IF416AIN

LOCATION: 3515-3520 LENGTH: 6

What is the dollar amount of the interest earned from this account

last month?

checking accounts that earn interest?

(Note: R/sp had interest-bearing ck acct)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1937 Q416a‑u Time period for ck acct interest

F416AU

LOCATION: 3521 LENGTH: 1

TIME PERIOD FOR INTEREST EARNED

1 Month

2 Year

3 Half year

4 Quarter year

5 Other

8 Don't Know

(Note: R/sp had interest-bearing ck acct)

------------------------------------------------------------------------

VAR #: 1938-1951 Other assets

VARIABLE NAMES, STARTING LOCATIONS

IF414B- IF415B- IF416CIN- F416CU-

IF414E IF415E IF416EIN F416EU

b. Checking accts.,

no interest 3522 3523-3528 NA NA

c. Money market accts. 3529 3530-3535 3536-3541 3542

d. Other savings accts. 3543 3544-3549 3550-3555 3556

e. CD's 3557 3558-3563 3564-3569 3570

See variables 1934-1937 for codes

-----------------------------------------------------------------

VAR #: 1952 Q417 Imp had mutual funds - R/SP

IF417

LOCATION: 3571 LENGTH: 1

Other than money market accounts, IRA's or Keogh's, 401K accounts

and pensions, do you (or your spouse) have any mutual fund holdings

in stock funds, bonds funds, or combination funds?

1 Yes

2 No

----------------------------------------------------------------------

VAR #: 1953 Q418 Imp value mutual funds - R/SP

IF418

LOCATION: 3572-3578 LENGTH: 7

What is your best estimate of the total market value of these funds?

9999998 Don't know

(Note: R/sp had mutual fund)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1954 Q419 Imp amt int/div from funds - R/SP

IF419

LOCATION: 3579-3584 LENGTH: 6

What is your best estimate of the total amount of interest or

dividends earned on these funds during the last year, half year,

or quarter year? Please choose the time period most convenient

to you.

000000 None

999998 Don't Know

(Note: R/sp had mutual fund)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1955 Q419‑u Time period for mutual fund income

F419U - R/sp

LOCATION: 3585 LENGTH: 1

TIME PERIOD FOR INTEREST EARNED

1 Year

2 Half year

3 Quarter year

4 Month

5 Other

(Note: R/sp had mutual fund)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1956 Q420 Imp had US savings bonds - R/Sp

IF420

LOCATION: 3586 LENGTH: 1

Do you (or your spouse) have any U.S. government savings bond?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1957 Q421 Imp face value US savings bonds -R/Sp

IF421

LOCATION: 3587-3593 LENGTH: 7

What is your best estimate of the total face value of these bonds?

9999998 Don't Know

(Note: R/Sp had US savings bonds)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1958 Q422 Imp had other bonds - R/Sp

IF422

LOCATION: 3594 LENGTH: 1

Do you (or your spouse) have any other types of bonds or bills, not

including IRA's or Keogh's, 401K accounts, or pension funds? For

example, federal government bonds or bills, state, county, or

municipal, corporate or foreign bonds?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1959 Q423 Imp face value other bonds - R/Sp

IF423

LOCATION: 3595-3601 LENGTH: 7

What is your best estimate of the total face value of all these

bonds or bills?

9999998 Don't Know

Note: R/Sp had other bonds)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1960 Q424 Imp interest from other bonds - R/Sp

IF424

LOCATION: 3602-3607 LENGTH: 6

How much have you (or your spouse) received in interest from these

bonds in the last year, half year, or quarter year? Please choose

the time period most convenient to you.

000000 None

999998 Don't Know

Note: R/Sp had other bonds)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1961 Q424‑u Time period for bond interest - R/Sp

F424U

LOCATION: 3608 LENGTH: 1

TIME PERIOD FOR INTEREST EARNED

1 Year

2 Half year

3 Quarter year

4 Month

5 Other

Note: R/Sp had other bonds)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1962 Q425 Imp had stocks - R/Sp

IF425

LOCATION: 3609 LENGTH: 1

Do you (or your spouse) own any stock, not including mutual funds,

IRA's or Keogh's, 401K accounts, or pension funds?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1963 Q426 Imp market value stocks - R/Sp

IF426

LOCATION: 3610-3616 LENGTH: 7

What is the total market value of all of these stocks?

9999995 Reported amount exceeds field length limit

9999998 Don't Know

(Note: R/Sp had stock)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1964 Q427 Imp dividends from stocks - R/Sp

IF427

LOCATION: 3617-3622 LENGTH: 6

How much have you (or your spouse) received in dividend checks from

these stocks in the last year, half year, or quarter year? Please

choose the time period most convenient to you.

000000 None

999998 Don't Know

(Note: R/Sp had stock)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1965 Q427‑u Time period for stock dividends - R/Sp

F427U

LOCATION: 3623 LENGTH: 1

TIME PERIOD

1 Year

2 Half year

3 Quarter year

4 Month

5 Other

(Note: R/Sp had stock)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1966 Q428 Imp amt auto reinvest divid - R/Sp

IF428

LOCATION: 3624-3629 LENGTH: 6

How much have you (or your spouse) received in dividends that were

automatically reinvested in additional shares of stock in the last

year, half year, or quarter year? Please choose the time period

most convenient for you?

(Note: R/Sp had stock)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1967 Q428‑u Time period for reinvest div - R/Sp

F428U

LOCATION: 3630 LENGTH: 1

TIME PERIOD

1 Year

2 Half year

3 Quarter year

4 Month

5 Other

(Note: R/Sp had stock)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1968 Q429 Imp own or buy home - R/Sp

IF429

LOCATION: 3631 LENGTH: 1

Do you (or your spouse) own, or are you buying the residence in

which you are currently living?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1969 Q430 Imp mortg/debt on home

IF430

LOCATION: 3632-3640 LENGTH: 9

What is your best estimate of the total amount that you still owe on

all mortgages, home equity loans, or other debts for this residence?

000000000 No Debts

(Note: R/Sp own home)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1970 Q431 Imp market value home

IF431

LOCATION: 3641-3649 LENGTH: 9

What is your best estimate of the market selling price of this

residence including its land?

(Note: R/Sp own home)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1971 Q432 Imp had inc from roomr/bdr last qtr

IF432

LOCATION: 3650 LENGTH: 1

In the last three months, that is, from (MONTH) through (REFERENCE

MONTH), have you received any income from roomers or boarders in

your home? Do not include any payments you have already told me you

received from relatives in your household.

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1972 Q433 Imp amt last mo rmr/bd

IF433

LOCATION: 3651-3654 LENGTH: 4

How much did you receive last month from roomers or boarders?

(Note: Had income from roomr/bdr)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1973 Q434 Imp amt 2 mos ago rmr/bdr

IF434

LOCATION: 3655-3658 LENGTH: 4

How much did you receive the month before that, that is, two months

ago?

(Note: Had income from roomr/bdr)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1974 Q435 Imp amt 3 mos ago rmr/bdr

IF435

LOCATION: 3659-3662 LENGTH: 4

How much did you receive the month before that, that is, three

months ago?

(Note: Had income from roomr/bdr)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1975 Q436‑a Imp own/buy rental housing

IF436A

LOCATION: 3663 LENGTH: 1

As of the end of last month, did you (or your spouse) own, or were

you buying any other type of property, such as: rental housing,

including houses, apartments, or condominiums, not including your

own home?

1 Yes

2 No

------------------------------------------------------------------------

VAR #: 1976-1978 Other real property owned or buying

VARIABLE NAMES, STARTING LOCATIONS

IF436B-IF436D

b. Vacation home 3664

c. Commercial property 3665

d. Nonfarm land 3666

See variable 1975 for codes

----------------------------------------------------------------------

VAR #: 1979 Q437 Imp market value of property

IF437

LOCATION: 3667-3673 LENGTH: 7

What is your best estimate of the gross value of (this property/

these properties) as of end of last month? By gross value we mean

the amount for which the property could be sold.

In a few cases Q437 is included in Q431

(Note: R/Sp had property o/t home)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1980 Q438 Imp had debt on property

IF438

LOCATION: 3674 LENGTH: 1

Are there mortgages, deeds of trust, or other debts on these

properties?

1 Yes

2 No

(Note: R/Sp had property o/t home)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1981 Q439 Imp amt debt on property

IF439

LOCATION: 3675-3681 LENGTH: 7

As of the end of last month, what is your best estimate of the total

amount you (or your spouse) still owe on all these properties?

(Note: R/Sp had debt on property o/t home)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1982 Q440 Imp had rental inc last yr from prop

IF440

LOCATION: 3682 LENGTH: 1

Did you (or your spouse) receive any rental income from any of these

properties during the past 12 months?

1 Yes

2 No

3 Loss

(Note: R/sp had property o/t home)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1983 Q441 Imp gross inc from rental prop

IF441

LOCATION: 3683-3688 LENGTH: 6

What is your best estimate of the total income you (or your spouse)

received from these rental properties during the past 12 months?

Please tell me how much you received before you deducted any

expenses for the mortgage, maintenance, or taxes

for properties.

(Note: R/sp had rental inc from prop o/t home)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1984 Q442 Imp net inc from rental prop

IF442

LOCATION: 3689-3694 LENGTH: 6

What is your best estimate of the net income,that is,the difference

between gross receipts and expenses you (or your spouse) received

from these rental properties during the past 12 months?

(Note: R/sp had rental inc from prop o/t home)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1985 Q442‑L Loss from rental prop

IF442L

LOCATION: 3695 LENGTH: 1

LOSS

1 Checked

2 Not checked

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1986 Q443a Imp interest in business

IF443A

LOCATION: 3696 LENGTH: 1

As of the end of last month, did you (or your spouse) own or have

part interest in:

any business?

1 Yes

2 No

----------------------------------------------------------------------

VAR #: 1987 Q444a Imp market value business

IF444A

LOCATION: 3697-3703 LENGTH: 7

What is your best estimate of the gross value in (TYPE) as of the

end of last month? By gross value we mean the amount for which

these businesses, professional practices, or farms could be sold.

9999995 Reported amount exceeds field length limit

(Note: R/sp had business)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1988 Q443b Imp interest in profess. practice

IF443B

LOCATION: 3704 LENGTH: 1

professional practices?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1989 Q444b Imp market value of pro practice

IF444B

LOCATION: 3705-3711 LENGTH: 7

What is your best estimate of the gross value in (TYPE) as of the

end of last month?

(Note: R/sp had professional practice)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1990 Q443c Imp interest in farm

IF443C

LOCATION: 3712 LENGTH: 1

farms, including land rented out for farming or ranching?

1 Yes

2 No

----------------------------------------------------------------------

VAR #: 1991 Q444c Imp market value in farm

IF444C

LOCATION: 3713-3719 LENGTH: 7

What is your best estimate of the gross value in (TYPE) as of the

end of last month?

In one case Q444c is included in Q431

(Note: R/sp had farm)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1992 Q445 Imp had debt on businesses

IF445

LOCATION: 3720 LENGTH: 1

Are there any mortgages, deeds of trust, or other debts on these

businesses, professional practices, and farms?

1 Yes

2 No

(Note: R/sp had business/pro practice/farm)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1993 Q446 Imp amt debt on businesses

IF446

LOCATION: 3721-3727 LENGTH: 7

As of the end of last month, what is your best estimate of the total

amount you (or your spouse) still owe on these business?

(Note: R/sp had business/pro practice farm)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1994 Q447 Imp owed for personal/mortg lans

IF447

LOCATION: 3728 LENGTH: 1

Is any money owed to you (or your spouse) for personal loans or

mortgages held?

1 Yes

2 No

------------------------------------------------------------------------VAR #: 1995 Q448 Imp amt owed to R/sp for loans

IF448

LOCATION: 3729-3734 LENGTH: 6

As of the end of last month, what is your best estimate of the total

amount still owed to you (or your spouse) on these loans?

999995 Reported amount exceeds field length limit

(Note: R/sp are owed for loans to others)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1996 Q449 Imp rcvd repay pers loan

IF449

LOCATION: 3735 LENGTH: 1

In the last 12 months, have you (or your spouse) received any money

as a repayment of personal loans made to others? Include any money

received from mortgage notes or deeds of trust.

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1997 Q450 Imp amt pers loan repay last yr

IF450

LOCATION: 3736-3741 LENGTH: 6

What is the total dollar size of all such payments received in the

last 12 months?

(Note: R/Sp received repay from pers loan)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1998 Q451 Imp had other inc last qtr

IF451

LOCATION: 3742 LENGTH: 1

In addition to all the different kinds of income that we have

already talked about, did you (or your sponse) receive any income

from any other sources in the last three months, that is, from

(MONTH) through (REFERENCE MONTH)?

1 Yes

2 No

See F452F and F452S in columns 4040-4041 and 4042-4043 for types of income

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 1999 Q453 Imp amt last mo other inc

IF453

LOCATION: 3743-3747 LENGTH: 5

How much did you receive last month from (this source/these

sources)?

(See F453S, F454S, F455S, F453T, F454T and F455T in columns 4044-4045, 4049-4053, 4054-4058, 4061-4065, 4066-4070, and 4071-4075 for additional income)

(Note: R/sp had other income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2000 Q454 Imp amt 2 mos ago other inc

IF454

LOCATION: 3748-3752 LENGTH: 5

How much did you receive the month before that, that is, two months

ago?

(Note: R/sp had other income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2001 Q455 Imp amt 3 mos ago other inc

IF455

LOCATION: 3753-3757 LENGTH: 5

How much did you receive the month before that, that is, three

ago?

(Note: R/sp had other income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2002 Q456 Imp code for tot inc last mo

F456

LOCATION: 3758-3759 LENGTH: 2

Considering all the sources of income we have mentioned... which

letter represents the total amount of money you (and your spouse)

received before taxes and deductions last month?

SEE APPENDIX "K" FOR CODES

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2003 Q456 annu Tot inc last yr

F456ANNU

LOCATION: 3760-3764 LENGTH: 5

AMOUNT LAST FULL CALENDAR YEAR

99995 Reported amount exceeds field length limit

(Note: Used if inc last mo unknown)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2004 Q457 Imp had irreg/infreq income

IF457

LOCATION: 3765 LENGTH: 1

Is there any other income that we have not already talked about that

you (or your spouse) received irregularly or only at longer inter‑

vals than the last three months?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2005 Q459 Imp amt irreg/infreq inc last yr

IF459

LOCATION: 3766-3771 LENGTH: 6

About how much of this income did you (or your spouse) receive in

the last 12 months?

(Note: R/sp had irreg/infreg income)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2006 Q460 R ever apply for SSI

F460

LOCATION: 3772 LENGTH: 1

Have you ever applied for SSI or Supplemental Security Income for

yourself?

1 Yes

2 No

8 Uncertain

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2007 Q461‑1 Why not applied for SSI

F461\_1

LOCATION: 3773-3774 LENGTH: 2

Could you please tell me the reason why you have not applied for

Supplemental Security Income?

First reason given

SEE APPENDIX "L" FOR CODES

(Note: R never applied for SSI.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2008 Q461‑2 Why not applied for SSI-2?

F461\_2

LOCATION: 3775-3776 LENGTH: 2

Second reason given

SEE APPENDIX "L" FOR CODES

(Note: R never applied for SSI.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2009 Q461‑3 Why not applied for SSI-3?

F461\_3

LOCATION: 3777-3778 LENGTH: 2

Third reason given

SEE APPENDIX "L" FOR CODES

(Note: R never applied for SSI.)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2010 CHKPTW Tot related person in hh, incl R

CHKPTW

LOCATION: 3779-3780 LENGTH: 2

Including the respondent, how many related persons live in this

household?

9 Nine or more

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2011 Q462 Family income in relation to poverty

F462

LOCATION: 3781 LENGTH: 1

Considering all the income you (and all of your relatives living

here, or temporarily away) received before taxes and deductions last

month, would you say that it was above or below --------?

1 Above

2 Same

3 Below

See Questionnaire, Page 142, Checkpoint W, for related Household Income Levels.

-‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2012 Q463 Imp has life ins-R

IF463

LOCATION: 3782 LENGTH: 1

Do you yourself have any life insurance policies? Please include

any whole life, group insurance, straight term, decreasing term,

universal life, mortgage and loan cancellation policies.

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2013 Q464 Imp current face value all life ins-R

IF464

LOCATION: 3783-3789 LENGTH: 7

What is the current face value of all of your life insurance

policies?

(Note: R has life ins)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2014 Q465 Type of life ins-R

F465

LOCATION: 3790 LENGTH: 1

Are these policies term insurance, or are they the type which builds

up a cash value and you can borrow on them?

1 Term

2 Cash value

3 Both

(Note: R has life ins)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2015 Q466 R has prepaid funeral plan

F466

LOCATION: 3791 LENGTH: 1

Do you have a prepaid plan to cover your funeral expenses?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2016 Q467 Spouse has prepaid funeral plan

F467

LOCATION: 3792 LENGTH: 1

Does your spouse have a prepaid plan to cover (his/her) funeral

expenses?

1 Yes

2 No

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2017 Q468 Imp has life ins-Spouse

IF468

LOCATION: 3793 LENGTH: 1

Does your spouse have any life insurance policies? Please include

any whole life, group insurance, straight term, decreasing term,

mortgage and loan cancellation policies?

1 Yes

2 No

8 Don't know

(Note: Currently married)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2018 Q469 Imp current face value all life ins-Spouse IF469

LOCATION: 3794-3800 LENGTH: 7

What is the current face value of all of your spouse's life

insurance policies?

(Note: Currently marrried and spouse has life ins)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2019 Q470 Type of life ins-Spouse

F470

LOCATION: 3801 LENGTH: 1

Are these policies term insurance or are they the type which build

up a cash value and you can borrow on them?

1 Term

2 Cash Value

3 Both

(Note: Currently married and spouse has life ins)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2020 Q471 Imp own licensed car/truck

IF471

LOCATION: 3802 LENGTH: 1

Do you (or your spouse) own any licensed cars, trucks, or vans?

Include vehicles which you own free and clear, as well as any for

which you are currently making payments. Do not count recreational

vehicles or motorcycles.

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2021 Q472 Num cars/trucks

F472

LOCATION: 3803-3804 LENGTH: 2

How many licensed cars, trucks, or vans do you own?

(Note: R/sp own car/truck)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2022 Q473 Imp own other vehicles

IF473

LOCATION: 3805 LENGTH: 1

Do you (or your spouse) own any other vehicles such as motorcycles,

boats, or recreational vehicles?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2023 Q474 Imp value all vehicles

IF474

LOCATION: 3806-3811 LENGTH: 6

How much are all of your vehicles worth today?

999995 Reported amount exceeds field length limit

(Note: R/sp own vehicle)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2024 Q475 Imp amt owed for vehicles

IF475

LOCATION: 3812-3817 LENGTH: 6

How much is currently owed for these vehicles?

(Note: R/sp own vehicle)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2025 Q476 Imp have other investments/fin assets

IF476

LOCATION: 3818 LENGTH: 1

Do you (or your spouse) have any other investments or financial

assets that we have not asked about?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2026 Q477‑1 Type of other assets

F477\_1

LOCATION: 3819-3820 LENGTH: 2

What types of assets are these?

First type of assets given

SEE APPENDIX "M" FOR CODES

(Note: R/sp have other assets)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2027 Q477‑2 Type of other assets-2

F477\_2

LOCATION: 3821-3822 LENGTH: 2

Second type of assets given

SEE APPENDIX "M" FOR CODES

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2028 Q477‑3 Type of other assets-3

F477\_3

LOCATION: 3823-3824 LENGTH: 2

Third type of assets given

SEE APPENDIX "M" FOR CODES

-‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2029 Q477‑4 Type of other assets-4

F477\_4

LOCATION: 3825-3826 LENGTH: 2

Fourth type of assets given

SEE APPENDIX "M" FOR CODES

----------------------------------------------------------------------

VAR #: 2030 Q478 Imp amt equity other assets

IF478

LOCATION: 3827-3832 LENGTH: 6

As of the end of last month, what is your best estimate of the

equity you (or your spouse) had in these investments or financial

assets?

999995 Reported amount exceeds field length limit

See F478S, F478T, F478L in columns 4076-4081, 4082-4087 and 4088-4093 for additional sources.

(Note: R/sp have other assets)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2031 Q479 Have credit cards-R/sp

IF479

LOCATION: 3833 LENGTH: 1

Do you (or your husband/wife) have any credit cards?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2032 Q480 Balance owed on all credit cards

IF480

LOCATION: 3834-3839 LENGTH: 6

After the last payments were made, what was the total balance still

owed on all your credit cards?

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2033 Q481a Owe for hh or recreation items

IF481A

LOCATION: 3840 LENGTH: 1

Excluding credit cards, home equity loans, and loans we already

talked about, Do you (or your husband/wife) owe any money for:

purchase of furniture, appliances, recreation, or hobby items?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2034 Q482a Amt owed for hh/recreation items

IF482A

LOCATION: 3841-3847 LENGTH: 7

How much is still owed for (SOURCE)?

-‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2035-2040 Other debts and amounts owed

VARIABLE NAMES, STARTING LOCATIONS

IF481B-IF481D IF482B-IF482D

b. Travel/medical/educ. 3848 3849

c. Loans against lines of credit 3856 3857

d. Other loans 3864 3865

See variables 2033-2034 for codes

------------------------------------------------------------------------VAR #: 2041 Q483 Montly expenses exceed inc

F483

LOCATION: 3872 LENGTH: 1

Are your monthly expenses usually greater than your monthly income?

1 Yes

2 No

----------------------------------------------------------------------

VAR #: 2042 Q484‑a Spend current inc to pay bills

F484A

LOCATION: 3873 LENGTH: 1

How do you manage to pay your bills? Do you:

spend current income?

1 Yes

2 No

(Note: Monthly expenses exceed inc)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2043-2049 Other means of paying bills

VARIABLE NAMES, STARTING LOCATIONS

F484B-F484H

b. Use assets 3874

c. Borrow 3875

d. Rely on welfare/government 3876

e. Rely on nongovernment sources 3877

f. Do not pay all bills 3878

g. Pay part or late 3879

h. Handle bills some other way 3880

See variables 2042 for codes

----------------------------------------------------------------------

VAR #: 2050 Q485 Change in savings

F485

LOCATION: 3881 LENGTH: 1

I would now like to ask you some questions about occurrences that

may have caused changes in the level of your assets since December

1982. Considering how all of (your/your family's) savings and reserve

funds have changed since Dec. 1982, did you:

1 put more money in

2 take more money out

3 no change in your savings

4 no savings

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2051 Q486 Change in assets

F486

LOCATION: 3882 LENGTH: 1

People's wealth can change because they put aside savings, spend

savings, or things they own, such as homes, businesses, or stocks,

change in value. Since December 1982, did your assets or wealth:

1 increase a lot

2 increase a little

3 stay about the same

4 decrease a little

5 decrease a lot

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2052 Q487 Given gift worth $1,000+

F487

LOCATION: 3883 LENGTH: 1

Since December 1982, have you (or your husband/wife) made any gifts

of money or property valued at $1,000 or more at one time to your

children, to charitable organizations, or to any other persons or

groups?

1 Yes

2 No

----------------------------------------------------------------------

VAR #: 2053 Q488‑a Gave to children

F488A

LOCATION: 3884 LENGTH: 1

To whom did you give this money or property:

your children?

1 Yes

2 No

(Note: Gave gift of $1,000+)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2054-2059 Others to whom gave money or property

VARIABLE NAMES, STARTING LOCATIONS

F488B-F488G

b. Other relatives 3885

c. Charity 3886

d. Religious organization 3887

e. Political person/group 3888

f. Other persons 3889

g. Other organizations 3890

See variable 2053 for codes

-----------------------------------------------------------------

VAR #: 2060 Q489 Paid $1,000+ for expenses

F489

LOCATION: 3891 LENGTH: 1

Since Dec. 1982, have you (or your husband/wife) had any expenses we

have not already talked about for yourself or anyone else of $1,000

or more at one time that you yourself paid, such as medical or

dental bills, etc.?

1 Yes

2 No

(Note: Had $1,000+ expense)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2061 Q490‑a Medical expense

F490A

LOCATION: 3892 LENGTH: 1

What were the expenses for?

Medical/dental bills

1 Yes

2 No

----------------------------------------------------------------------

VAR #: 2062-2077 Other expenses

VARIABLES NAMES, STARTING LOCATIONS

F490B-F490Q

b. Long-term care 3893

c. Funeral 3894

d. Home repair 3895

e. Buy own home 3896

f. Buy child a home 3897

g. Buy others a home 3898

h. Buy/fix vehicle 3899

i. Buy appliances 3900

j. Buy other items 3901

k. Pay own/child wedding 3902

l. Pay for lawsuit 3903

m. Pay for vacation 3904

n. Pay special tax 3905

o. Pay for schooling 3906

p. Repay pre-1983 debt 3907

q. Other expenses 3908

See variable 2061 for codes

----------------------------------------------------------------------

VAR #: 2078 Q491‑a Still owe money

F491A

LOCATION: 3909 LENGTH: 1

How did you get the money to pay these expenses?

Still owe the money

1 Yes

2 No

(Note: Had $1,000+ expense)

----------------------------------------------------------------------

VAR #: 2079-2093 Other sources used to pay expenses

VARIABLE NAMES, STARTING LOCATIONS

F491B-F491P

b. Paid by cash/ck 3910

c. Withdrew savings 3911

d. Charged 3912

e. Borrowed from inst. 3913

f. Borrowed from relative 3914

g. Borrowed from other 3915

h. Sold stocks 3916

i. Sold bonds 3917

j. Sold business 3918

k. Sold homes 3919

l. Sold other real estate 3920

m. Sold personal property 3921

n. Bartered 3922

o. Got gifts from others 3923

p. Pd expenses other way 3924

See variable 2078 for codes

-------------------------------------------------------------------

VAR #: 2094 Q492 Crime victim w/injury or $1,000+loss

F492

LOCATION: 3925 LENGTH: 1

Since Dec. 1982, have you (or your husband/wife) been the victim of

any crime in which you were injured or in which you lost money or

other possessions valued at $1,000 or more?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2095 Q493 Num times w/$1,000+ loss due to crime

F493

LOCATION: 3926-3927 LENGTH: 2

As a result of these crimes, how many times since December 1982 did

you lose money or other property valued at $1,000 or more that was

not covered by insurance?

(Note: Crime victim since 12/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2096 Q494 Num times injured due to crime

F494

LOCATION: 3928-3929 LENGTH: 2

How many times during this period were you injured as a result of

these crimes?

(Note: Crime victim since 12/82)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2097 Q495 Other uninsured loss of $1,000+

F495

LOCATION: 3930 LENGTH: 1

Since December 1982, have you (or your husband/wife) suffered any

other losses at one time for which at least $1,000 was not covered

by insurance?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2098 Q496‑a Loss in stock/bond market

F496A

LOCATION: 3931 LENGTH: 1

What kind of losses did you have:

losses in the stock or bond market?

1 Yes

2 No

(Note: Had uninsured $1,000+ loss)

-----------------------------------------------------------------

VAR #: 2099-2102 Other losses since 1982

VARIABLE NAMES, STARTING LOCATIONS

F496B-F496E

b. Loss/damage to own home 3932

c. Loss/damage to business/farm 3933

d. Motor veh. accident 3934

e. Some other loss 3935

See variable 2098 for codes

---------------------------------------------------------------------

VAR #: 2103 Q497 Got $1,000+in money/prop

F497

LOCATION: 3936 LENGTH: 1

Since December 1982, did you (or your husband/wife) receive any

money or property worth $1,000 or more at any one time, such as an

inheritance, an insurance settlement, a legal award, or lottery

winnings?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2104 Q498‑a Got inheritance

F498A

LOCATION: 3937 LENGTH: 1

What was the source of this money or property:

an inheritance?

1 Yes

2 No

(Note: Got $1,000+ in money/prop)

----------------------------------------------------------------------

VAR #: 2105-2109 Other money or property received since 1982

VARIABLE NAMES, STARTING LOCATIONS

F498B-F498F

b. Insurance settlement 3938

c. Legal award 3939

d. Lottery or other wins 3940

e. Gifts 3941

f. Money/property from other source 3942

See variable 2104 for codes

----------------------------------------------------------------------

VAR #: 2110 CHKPTX Anyone 18+ living w/ R/sp

CHKPTX

LOCATION: 3943 LENGTH: 1

IS R LIVING WITH ANY PERSONS 18 YEARS OR OLDER, OTHER THAN HIS/HER

SPOUSE (Q.7)?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2111 Q499‑a Together for financial reasons

F499A

LOCATION: 3944 LENGTH: 1

Now we would like to ask some questions about your living

arrangements with the people who live here.

Are you and these persons currently living together for:

financial reasons?

1 Yes

2 No

(Note: Others 18+ live w/ R/sp)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2112-2114 Other reasons for sharing living quarters

VARIABLE NAMES, STARTING LOCATIONS

F499B-F499D

b. Social reasons 3945

c. Health reasons 3946

d. Other reasons 3947

See variable 2111 for codes

-----------------------------------------------------------------

VAR #: 2115 Q500 Amt R/sp pays-food/housing

F500

LOCATION: 3948 LENGTH: 1

About how much do you (and your spouse) contribute toward the food

and housing expenses:

1 All of them

2 Most of them

3 Some of them

4 Small part of them

5 None of them

(Note: Others 18+ live w/ R/sp)

----------------------------------------------------------------------

VAR #: 2116 Q501 Got $1,000 support from persons not in hh

F501

LOCATION: 3949 LENGTH: 1

Since December 1982, have you (or your husband/wife) received any

financial support worth $1,000 or more in total from friends or

other relatives who do not live with you?

1 Yes

2 No

----------------------------------------------------------------------

VAR #: 2117 Q502a From kids

F502A

LOCATION: 3950 LENGTH: 1

From whom was this received:

children?

1 Yes

2 No

(Note: Got $1,000+ support)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2118-2123 Others who have given financial support

VARIABLE NAMES, STARTING LOCATIONS

F502B-F502G

b. Parents 3951

c. Grandparents 3952

d. Grandchildren 3953

e. Siblings 3954

f. Friends 3955

g. Others 3956

See variable 2117 for codes

-----------------------------------------------------------------

VAR #: 2124 Q503 Can get $1,000+ from ones not in hh

F503

LOCATION: 3957 LENGTH: 1

In an emergency, could you (or your husband/wife) get at least

$1,000 from any friends or relatives who do not live with you?

1 Yes

2 Possibly

3 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2125 Q504 Feelings about life

F504

LOCATION: 3958 LENGTH: 1

We now have a few questions about how you feel about your financial

situation and how things seem to be going for you these days in

general. How would you say you feel about your life in general?

1 Delighted

2 Pleased

3 Mostly satisfied

4 Mixed, about equally satisfied and dissatisfied

5 Mostly dissatisfied

6 Unhappy

7 Terrible

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2126 Q505 Feelings about standard of liv

F505

LOCATION: 3959 LENGTH: 1

How do you feel about your (family's) standard of living‑‑the things

you have like housing, cars, furniture, recreation, and the like?

1 Delighted

2 Pleased

3 Mostly satisfied

4 Mixed, about equally satisfied and dissatisfied

5 Mostly dissatisfied

6 Unhappy

7 Terrible

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2127 Q506 Worry about money

F506

LOCATION: 3960 LENGTH: 1

How often do you find yourself worrying about your financial

situation? Do you worry about money:

1 frequently

2 once in a while

3 hardly ever

4 never

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2128 Q507d Smallest income needed

F507

LOCATION: 3961-3966 LENGTH: 6

Considering your (family's) present circumstances, what would be

absolutely the smallest income you (and the family) would need to be

able to make ends meet?

999995 Reported amount exceeds field length limit

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2129 Q507‑u Time period for needed income

F507U

LOCATION: 3967 LENGTH: 1

TIME PERIOD

1 Week

2 Every two weeks

3 Month

4 Year

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2130 Q508 Needed income is before or after taxes

F508

LOCATION: 3968 LENGTH: 1

When you gave me the income amount in the last question, were you

thinking of income that you would have to pay taxes on, or were you

thinking of after‑tax income, that is, income that you (and the

family) could use for spending and saving?

1 Income that person would have to pay taxes on

2 After‑tax income or income that person could use for

spending and saving

8 Don't know

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2131 Q509

F509

LOCATION: 3969-3978 LENGTH: 10

Blank Cells

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2132 Qob1 Code for R's liv quarters

FOB1

LOCATION: 3979-3980 LENGTH: 2

In what type of structure does R live?

SEE APPENDIX "O" FOR CODES

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2133 Qob2a R lives by vacant land

FOB2A

LOCATION: 3981 LENGTH: 1

Please look at three structures on either side of the dwelling unit

but not more than 100 yards or so in both directions and circle code

"1" for as many as apply below.

Vacant land only

1 Yes

2 No

---------------------------------------------------------------------

VAR #: 2134-2148 Other neighboring structures/land

VARIABLE NAMES, STARTING LOCATIONS

F0B2B-F0B2P

b. Trailer 3982

c. Detached single family home 3983

d. Semi-detached two-family home 3984

e. Two-family home 3985

f. Multi-person building 3986

g. Row house 3987

h. Garden apartments 3988

i. Apartment building 3989

j. Apartment in semi-commercial bldg 3990

k. Hospital/sanitarium 3991

l. Nursing home 3992

m. Commercial/indust building 3993

n. Park 3994

o. School/government building 3995

p. Other structure 3996

See variable 2133 for codes

----------------------------------------------------------------------

VAR #: 2149 Q0b3 R/Proxy interest in interview

FOB3

LOCATION: 3997 LENGTH: 1

Overall, how interested was the respondent or proxy in this

interview?

1 Very interested

2 Somewhat interested

3 Somewhat disinterested

4 Very disinterested

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2150 Qob4 R/Proxy worry answers affect benefit

FOB4

LOCATION: 3998 LENGTH: 1

Did the respondent or proxy ever express concern that her/his

answers might have an effect on the beneficiary's benefits?

1 Yes

2 No

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2151 Qob5a Respondent ability to understand q's

FOB5A

LOCATION: 3999 LENGTH: 1

Please use the word‑pair technique to rate the respondent or proxy

on the basis of your observation of her/him.

The respondent was:

1 Able to understand questions easily

.

.

7 Hardly able to understand

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2152 Qob5b Respondent cooperativeness

FOB5B

LOCATION: 4000 LENGTH: 1

The respondent was:

1 Cooperative

.

.

7 Uncooperative

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2153 Qob5c Respondent language ability

FOB5C

LOCATION: 4001 LENGTH: 1

The respondent was:

1 No language problem

.

.

7 Spoke English with great difficulty

----------------------------------------------------------------------

VAR #: 2154 Qob5d Interruptions of interview

FOB5D

LOCATION: 4002 LENGTH: 1

The respondent was:

1 Interviewed without interruption

.

.

7 Interrupted often

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2155 Qob6a Got info on R from R

FOB6A

LOCATION: 4003 LENGTH: 1

From whom did you obtain the information?

Information for R collected from R

1 Yes

2 No

-----------------------------------------------------------------

VAR #: 2156-2167 Others who answered the questionnaire

VARIABLE NAMES, STARTING LOCATIONS

F0B6B-FOB6M

b. Info on R from Spouse 4004

c. Info on R from other relative 4005

d. Info on R from other neighbor/friend 4006

e. Info on R from staff of inst. where R lives 4007

f. Info on R from service provider 4008

g. Info on Spouse from R 4009

h. Info on Spouse from Spouse 4010

i. Info on Spouse from relative o/t R 4011

j. Info on Spouse from neighbor/friend 4012

k. Info on Sp from staff of inst. where R lives 4013

l. Info on Sp from service provider 4014

m. No Sp info--R not married 4015

See variable 2155 for codes

---------------------------------------------------------------------

VAR #: 2168 Qob7a R physically/mentally unable to answer

FOB7A

LOCATION: 4016 LENGTH: 1

If you obtain information for the designated respondent from a

person other than R, circle codes which describe the reason(s).

R not physically/mentally capable of supplying information

1 Yes

2 No

-----------------------------------------------------------------

VAR #: 2169-2171 Other reasons why R didn't give info

VARIABLE NAMES, STARTING LOCATIONS

FOB7B-F0B7D

b. R doesn't speak English 4017

c. R unavailable 4018

d. Other reason R can't answer 4019

See variable 2168 for codes

----------------------------------------------------------------------

VAR #: 2172 Qob8

FOB8

LOCATION: 4020 LENGTH: 1

THUMBNAIL SKETCH: We are concerned about the overall interview

situation and the effects on the quality of the information

collected. Describe anything that happened or that you noticed

during the interview that you feel is important

for evaluating the data.

1 Information provided by interviewer

2 No information provided

---------------------------------------------------------------------

VAR #: 2173 Q5more Num in hh

F5MORE

LOCATION: 4021-4022 LENGTH: 2

How many more people are in the household?

0 None

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2174 JOB1 Employer named in Q97a

JOB1

LOCATION: 4023 LENGTH: 1

1. First employment after disability

(Note: Disability cases employed since benefits began)

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2175 JOB2

JOB2

LOCATION: 4024 LENGTH: 1

Employer named in Question 140a

1 Same as first employer after disability

2 Second employer after disability

------------------------------------------------------------------------VAR #: 2176 JOB3

JOB3

LOCATION: 4025 LENGTH: 1

Employer named in Question 140b

1 Same as first employer after disability

2 Same as second employer after disability

3 Third employer after disability

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

VAR #: 2177 JOB4

JOB4

LOCATION: 4026 LENGTH: 1

Employer named in Question 140c

1 Same as first employee after disability

2 Same as second employer after disability

3 Same as third employer after disability

4 Fourth employer after disability

----------------------------------------------------------------------

VAR #: 2178 JOB5

JOB5

LOCATION: 4027 LENGTH: 1

Employer named in Question 140d

1 Same as first employer after disability

2 Same as second employer after disability

3 Same as third employer after disability

4 Same as fourth employer after disability

5 Fifth employer after disability

-----------------------------------------------------------------------

VAR #: 2179 JOB6

JOB6

LOCATION: 4028 LENGTH: 1

Employer name in Question 28a

1 Same as first employer after disability

2 Same as second employer after disability

3 Same as third employer after disability

4 Same as fourth employer after disability

5 Same as fifth employer after disability

6 Sixth employer after disability

---------------------------------------------------------------------

VAR #: 2180 JOBN

JOBN

LOCATION: 4029 LENGTH: 1

Number of employers after disability

1 One

2 Two

3 Three

4 Four

5 Five

6 Six

---------------------------------------------------------------------

VAR #: 2181 Q452F

F452F

LOCATION: 4030-4031 LENGTH: 2

What types of income are these? (PROBE):

What other additional types of income did you receive?

First mentioned type of additional income.

See APPENDIX "P" For Codes

---------------------------------------------------------------------

VAR #: 2182 Q452S

F452S

LOCATION: 4032-4033 LENGTH: 2

Second mentioned type of additional income

See APPPENDIX "P" For CODES

---------------------------------------------------------------------

VAR #: 2183 Q453S

F453S

LOCATION: 4034-4038 LENGTH: 5

How much did you receive last month from (this source/these sources)?

Amount received last month from second type of additional income.

----------------------------------------------------------------------

VAR #: 2184 Q454S

F454S

LOCATION: 4039-4042 LENGTH 4

How much did you receive the month before that, that is, two months ago?

Amount recived two months ago from second type of additonal income.

----------------------------------------------------------------------

VAR #: 2185 Q455S

F455S

LOCATION: 4043-4046 LENGTH: 4

How much did you receive the month before that, that is, three months ago?

Amount received three months ago from second type of additional income.

----------------------------------------------------------------------

VAR #: 2186 Q452T

F452T

LOCATION: 4047-4048 LENGTH: 2

Third mentioned type of additional income

See APPENDIX "P" For Codes

----------------------------------------------------------------------

VAR #: 2187 Q453T

F453T

LOCATION: 4049 LENGTH 1

Amount received last month from third type of additional income.

---------------------------------------------------------------------

VAR #: 2188 Q454T

F454T

LOCATION: 4050-4052 LENGTH 3

Amount received two months ago from third type of additional income.

----------------------------------------------------------------------

VAR #: 2189 Q455T

F455T

LOCATION: 4053 LENGTH 1

Amount received three months ago from third type of additional income.

----------------------------------------------------------------------

VAR #: 2190 Q478S

F478S

LOCATION: 4054-4058 LENGTH 5

As of the end of last month what is your best estimate of the equity you (or your spouse) had in these investments or financial assets.

Equity in second mentioned type of asset

In one case two assets are reported in IF478.

---------------------------------------------------------------------

VAR #: 2191 Q478T

F478T

LOCATION: 4059 LENGTH: 1

Equity in third mentioned type of assest

----------------------------------------------------------------------

VAR #: 2192 Q478L

F478L

LOCATION: 4060 LENGTH: 1

Equity in last mentioned type of asset.

----------------------------------------------------------------------

VAR #: 2193 NEW SAMPLE TYPE

FSTYPE

LOCATION: 4061‑4062 LENGTH: 2

NEW SAMPLE TYPE AT FIRST BENEFIT PAYMENT

1 MALE RETIRED WORKERS: AGE 62

2 MALE RETIRED WORKERS: AGE 63‑64

3 MALE RETIRED WORKERS: AGE 65

4 MALE RETIRED WORKERS: AGE 66 AND OLDER

5 FEMALE RETIRED WORKERS: AGE 62

6 FEMALE RETIRED WORKERS: AGE 63‑64

7 FEMALE RETIRED WORKERS: AGE 65

8 FEMALE RETIRED WORKERS: AGE 66 AND OLDER

9 MALE DISABLED WORKERS

10 FEMALE DISABLED WORKERS

11 WIVES

12 WIDOWS

13 DIVORCED WIVES

14 SURVIVING DIVORCED WIVES

15 NONBENEFICIARIES (MEDICARE ONLY, AGE 65 AND OLDER)

---------------------------------------------------------------------

VAR #: 2194 FINAL WEIGHT

FINALWG3

LOCATION: 4063-4069 LENGTH: 7

FINAL WEIGHT ‑ INCLUDES NONRESPONSE ADJUSTMENT

(NOTE: CONTAINS 4 IMPLIED DECIMAL PLACES IN THE EBCDIC VERSION)

----------------------------------------------------------------------

VAR #: 2195 HOUSEHOLD COMPOSITION CD

FHCC

LOCATION: 4070-4071 LENGTH: 2

HOUSEHOLD COMPOSITION CODE

01 RESPONDENT ONLY

02 RESPONDENT AND NONRELATIVE

03 RESPONDENT AND OTHER RELATIVE

04 RESPONDENT, OTHER RELATIVE AND NONRELATIVE

05 RESPONDENT AND CHILD OF RESPONDENT 18 OR OLDER

06 RESPONDENT, CHILD OF RESPONDENT 18 OR OLDER, AND

NONRELATIVE

07 RESPONDENT, CHILD OF RESPONDENT 18 OR OLDER, AND

OTHER RELATIVE

08 RESPONDENT, CHILD OF RESPONDENT 18 OR OLDER, OTHER

RELATIVE, AND NONRELATIVE

09 RESPONDENT AND CHILD OF RESPONDENT UNDER 18

10 RESPONDENT, CHILD OF RESPONDENT UNDER 18, AND

NONRELATIVE

11 RESPONDENT, CHILD OF RESPONDENT UNDER 18, AND OTHER

RELATIVE

12 RESPONDENT, CHILD OF RESPONDENT UNDER 18, OTHER

RELATIVE, AND NONRELATIVE

13 RESPONDENT, CHILD OF RESPONDENT UNDER 18, AND CHILD

OF RESPONDENT 18 OR OLDER

14 RESPONDENT, CHILD OF RESPONDENT UNDER 18, CHILD OF

RESPONDENT 18 OR OLDER, NONRELATIVE

15 RESPONDENT, CHILD OF RESPONDENT UNDER 18, CHILD OF

RESPONDENT 18 OR OLDER, AND OTHER RELATIVE

16 RESPONDENT, CHILD OF RESPONDENT UNDER 18, CHILD OF

RESPONDENT 18 OR OLDER, OTHER RELATIVE, AND

NONRELATIVE

17 RESPONDENT AND SPOUSE

18 RESPONDENT, SPOUSE, AND NONRELATIVE

19 RESPONDENT, SPOUSE, AND OTHER RELATIVE

20 RESPONDENT, SPOUSE, OTHER RELATIVE, AND NONRELATIVE

21 RESPONDENT, SPOUSE, CHILD OF RESPONDENT 18 OR OLDER

22 RESPONDENT, SPOUSE, CHILD OF RESPONDENT 18 OR OLDER

AND NONRELATIVE

23 RESPONDENT, SPOUSE, CHILD OF RESPONDENT 18 OR

OLDER, AND OTHER RELATIVE

24 RESPONDENT, SPOUSE, CHILD OF RESPONDENT 18 OR

OLDER, OTHER RELATIVE AND NONRELATIVE

25 RESPONDENT, SPOUSE, AND CHILD OF RESPONDENT UNDER

18

26 RESPONDENT, SPOUSE, CHILD OF RESPONDENT UNDER 18,

AND NONRELATIVE

27 RESPONDENT, SPOUSE, CHILD OF RESPONDENT UNDER 18,

AND OTHER RELATIVE

28 RESPONDENT, SPOUSE, CHILD OF RESPONDENT UNDER 18,

OTHER RELATIVE AND NONRELATIVE

29 RESPONDENT, SPOUSE, CHILD OF RESPONDENT UNDER 18,

AND CHILD OF RESPONDENT 18 OR OLDER

30 RESPONDENT, SPOUSE, CHILD OF RESPONDENT UNDER 18,

CHILD OF RESPONDENT 18 OR OLDER, AND NONRELATIVE

31 RESPONDENT, SPOUSE, CHILD OF RESPONDENT UNDER 18,

CHILD OF RESPONDENT 18 OR OLDER, AND OTHER RELATIVE

32 RESPONDENT, SPOUSE, CHILD OF RESPONDENT UNDER 18,

CHILD OF RESPONDENT 18 OR OLDER, OTHER RELATIVE,

AND NONRELATIVE

NOTE: BASED ON CODES FROM APPENDIX A AS FOLLOWS:

1=RESPONDENT; 2‑3=SPOUSE; 4‑5=CHILD; 6‑25,32,33=

OTHER RELATIVE; 26‑31,34,35=NONRELATIVE

----------------------------------------------------------------

VAR #: 2196 Age in months

RAGEM

LOCATION: 4072‑4075 LENGTH: 4

Respondent age in months at interview.

---------------------------------------------------------------------

VAR #: 2197 MARITAL CHANGE

MARCHNGE

LOCATION: 4076 LENGTH: 1

MARITAL STATUS CHANGE BETWEEN 1982 NBS AND

1991 NBF.

NO CHANGE BETWEEN 1982 AND 1991

1 NEVER MARRIED

2 MARRIED

3 WIDOWED

4 DIVORCED

5 SEPARATED

ONE CHANGE BETWEEN 1982 AND 1991

6 MARRIED TO WIDOWED

7 MARRIED TO DIVORCED

8 NEVER MARRIED, DIVORCED OR WIDOWED TO MARRIED

------------------------------------------------------------------------VAR #: 2198 FINAL WEIGHT

CUPL91

LOCATION: 4077‑4083 LENGTH: 7

COUPLE WEIGHT ‑ INCLUDES NONRESPONSE ADJUSTMENT

(NOTE: CONTAINS 4 IMPLIED DECIMAL PLACES IN THE EBCDIC VERSION)

---------------------------------------------------------------------

VAR #: 2199 HAVE MON MKT FUNDS CDS SAVINGS

FMMCDHAV

LOCATION: 4084 LENGTH: 1

POSSESSION OF MONEY MARKET ACCOUNTS, MONEY MARKET MUTUAL FUNDS, CERTIFICATES OF DEPOSIT, OR OTHER SAVINGS CERTIFICATES

1 OWN ASSET OR AT LEAST ONE OF GROUP OF ASSETS; VALUE

KNOWN FOR ASSET OR FOR ALL ASSETS HELD IN THAT GROUP

3 DO NOT OWN ASSET OR ANY GROUP OF ASSETS (ALL IN

GROUP ARE 'NO')

----------------------------------------------------------------------

VAR #: 2200 VALU MON MKT ACCTS AND CDS

FMMCDVAL

LOCATION: 4085‑4091 LENGTH: 7

VALUE OF MONEY MARKET ACCOUNTS, MONEY MARKET MUTUAL FUNDS, CERTIFICATES OF DEPOSIT, AND OTHER SAVINGS CERTIFICATES

---------------------------------------------------------------------

VAR #: 2201 HAVE SVNGS CHKG OR OTHER ACT

FSAVEHAV

LOCATION: 4092 LENGTH: 1

POSSESSION OF SAVINGS, CHECKING, OR OTHER ACCOUNTS

AT BANKS OR SAVINGS AND LOAN INSTITUTIONS

SEE V2199 FOR CODES

---------------------------------------------------------------------

VAR #: 2202 VALU SVNGS CHKG OR OTHER ACT

FSAVEVAL

LOCATION: 4093‑4098 LENGTH: 6

VALUE OF SAVINGS, CHECKING OR OTHER ACCOUNTS

AT BANKS OR SAVINGS AND LOAN INSTITUTIONS

---------------------------------------------------------------------

VAR #: 2203 HAVE ANY STOCKS OR BONDS

FSTKBDHV

LOCATION: 4099 LENGTH: 1

POSSESSION OF STOCKS OR BONDS

SEE V2199 FOR CODES

------------------------------------------------------------------------ VAR #: 2204 VALUE OF STOCKS OR BONDS

FSTKBDVL

LOCATION: 4100‑4107 LENGTH: 8

VALUE OF STOCKS OR BONDS

---------------------------------------------------------------------

VAR #: 2205 HAVE ANY FINANCIAL ASSTS

FFINCHAV

LOCATION: 4108 LENGTH: 1

POSSESSION OF FINANCIAL ASSETS (STOCKS; BONDS; IRAs;

KEOGHS; MONEY MARKET ACCOUNTS AND FUNDS; SAVINGS

CERTIFICATES & CDs; SAVINGS, CHECKING OR OTHER ACCOUNTS AT BANKS OR OTHER SAVINGS INSTITUTIONS)

SEE V2199 FOR CODES

---------------------------------------------------------------------

VAR #: 2206 VALUE OF FINANCIAL ASSTS

FFINCVAL

LOCATION: 4109‑4116 LENGTH: 8

VALUE OF FINANCIAL ASSETS

---------------------------------------------------------------------

VAR #: 2207 VALUE OF HOME

FHOMEVAL

LOCATION: 4117‑4123 LENGTH: 7

EQUITY IN CURRENT RESIDENCE

---------------------------------------------------------------------

VAR #: 2208 HAVE RNTL PROP OTHR PROP

FHRO

LOCATION: 4124 LENGTH: 1

POSSESSION OF RENTAL HOUSING, VACATION HOME,

BUSINESS/INDUSTRIAL PROPERTY OR NONFARM LAND

SEE V2199 FOR CODES

----------------------------------------------------------------------

VAR #: 2209 VALU RNTL PROP OTHR PROP

FHRA

LOCATION: 4125‑4132 LENGTH: 8

EQUITY IN RENTAL HOUSING, VACATION HOME,

BUSINESS/INDUSTRIAL PROPERTY OR NONFARM LAND

---------------------------------------------------------------------

VAR #: 2210 HAVE BSNS,PROF PRAC,FARM

FBUSHAVE

LOCATION: 4133 LENGTH: 1

POSSESSION OF BUSINESS, PROFESSIONAL PRACTICE, OR

FARM

SEE V2199 FOR CODES

---------------------------------------------------------------------

VAR #: 2211 VALU BSNS,PROF PRAC,FARM

FBUSVAL

LOCATION: 4134‑4140 LENGTH: 7

EQUITY IN BUSINESS, PROFESSIONAL PRACTICE, OR FARM

---------------------------------------------------------------------

VAR #: 2212 HAVE REAL PROPRTY ASSETS

FPRPNHAV

LOCATION: 4141 LENGTH: 1

POSSESSION OF REAL PROPERTY ASSETS (IE BUSINESS

OR LAND) EXCLUDING OWN HOME

SEE V2199 FOR CODES

---------------------------------------------------------------------

VAR #: 2213 VALU REAL PROPRTY ASSETS

FPRPNVAL

LOCATION: 4142‑4148 LENGTH: 7

EQUITY IN REAL PROPERTY ASSETS (IE BUSINESS OR

LAND) EXCLUDING OWN HOME

---------------------------------------------------------------------

VAR #: 2214 HAVE RL PRP ASST INC HME

FPRPHHAV

LOCATION: 4149 LENGTH: 1

POSSESSION OF REAL PROPERTY ASSETS (IE BUSINESS

OR LAND) INCLUDING OWN HOME

SEE V2199 FOR CODES

----------------------------------------------------------------------

VAR #: 2215 VALU RL PRP ASST INC HME

FPRPHVAL

LOCATION: 4150‑4157 LENGTH: 8

EQUITY IN REAL PROPERTY ASSETS (IE BUSINESS OR

LAND) INCLUDING OWN HOME

----------------------------------------------------------------------

VAR #: 2216 OWN OR HAVE PART INTEREST IN FARM

FFARM

LOCATION: 4158 LENGTH: 1

POSSESSION OF FARM OR FARM LAND RENTED OUT FOR

FARMING OR RANCHING

SEE V2199 FOR CODES

---------------------------------------------------------------------

VAR #: 2217 PORT INDCTR EXCL HME

FPORTN

LOCATION: 4159 LENGTH: 1

INDICATOR FOR POSSESION OF PORTFOLIO EXCLUDING OWN HOME

SEE V2199 FOR CODES

---------------------------------------------------------------------

VAR #: 2218 PORTFOLIO VALUE EXCL HME

FPORTVLN

LOCATION: 4160‑4167 LENGTH: 8

PORTFOLIO VALUE EXCLUDING OWN HOME

---------------------------------------------------------------------

VAR #: 2219 PORT INDCTR INCL HME

FPORTH

LOCATION: 4168 LENGTH: 1

INDICATOR FOR POSSESSION OF PORTFOLIO INCLUDING OWN HOME

SEE V2199 FOR CODES

---------------------------------------------------------------------

VAR #: 2220 PORTFOLIO VALUE INCL HME

FPORTVLH

LOCATION: 4169‑4176 LENGTH: 8

PORTFOLIO VALUE INCLUDING OWN HOME

---------------------------------------------------------------------

VAR #: 2221 QUA INC R/S FROM ERNINGS

FQEARN

LOCATION: 4177‑4182 LENGTH: 6

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM EARNINGS

NOTE: MAY CONTAIN IMPUTED VALUES

-----------------------------------------------------------------------

VAR #: 2222 QUA INC R/S SOCIAL SECUR

FQSS

LOCATION: 4183‑4187 LENGTH: 5

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM SOCIAL SECURITY; INCLUDES MINOR CHILD INCOME IF RECEIVED IN JOINT CHECK

NOTE: MAY CONTAIN IMPUTED VALUES

----------------------------------------------------------------------

VAR #: 2223 QUA INC R/S RR RETIREMNT

FQRR

LOCATION: 4188‑4191 LENGTH: 4

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

RAILROAD RETIREMENT; INCLUDES MINOR CHILD INCOME

IF RECEIVED IN JOINT CHECK

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2224 QUA INC R/S ST/LOC PENSN

FQSLP

LOCATION: 4192‑4196 LENGTH: 5

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

STATE OR LOCAL PENSION

NOTE: MAY CONTAIN IMPUTED VALUES

--------------------------------------------------------------------

VAR #: 2225 QUA INC R/S MILTARY PENS

FQMP

LOCATION: 4197‑4201 LENGTH: 5

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

MILITARY PENSION

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2226 QUA INC R/S FEDERAL PENS

FQFP

LOCATION: 4202‑4206 LENGTH: 5

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

FEDERAL PENSION

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2227 QUA INC R/S PRIVATE PENS

FQPP

LOCATION: 4207‑4211 LENGTH: 5

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

PRIVATE PENSION

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2228 QUA INC R/S IRA OR KEOGH

FQIKC

LOCATION: 4212‑4217 LENGTH: 6

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM IRA

OR KEOGH ACCOUNTS

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2229 QUA INC R IRA OR KEOGH

RFQIKC

LOCATION: 4218‑4223 LENGTH: 6

QUARTERLY INCOME, RESPONDENT, FROM IRA

OR KEOGH ACCOUNTS

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2230 QUA INC S IRA OR KEOGH

SFQIKC

LOCATION: 4224‑4228 LENGTH: 5

QUARTERLY INCOME, SPOUSE, FROM IRA

OR KEOGH ACCOUNTS

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2231 QUA INC R/S ESTATE/TRUST

FQESTATE

LOCATION: 4229‑4233 LENGTH: 5

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

ESTATES OR TRUSTS

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2232 QUA INC R/S ROOMRS/BRDRS

FQROOMER

LOCATION: 4234‑4237 LENGTH: 4

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

ROOMERS OR BOARDERS

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2233 QUA INC R/S INSURANCE/AN

FQINSUR

LOCATION: 4238‑4243 LENGTH: 6

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

INSURANCE OR ANNUITIES

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2234 QUA INC R/S VETERANS PEN

FQVET

LOCATION: 4244‑4248 LENGTH: 5

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

VETERANS PENSION OR COMPENSATION; INCLUDES MINOR

CHILD INCOME IF RECEIVED IN JOINT CHECK

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2235 QUA INCOME R/S FR SSI

FQSSI

LOCATION: 4249-4252 LENGTH: 4

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM SSI

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2236 QUA INC R/S ST/LOC WLFAR

FQWELF

LOCATION: 4253‑4256 LENGTH: 4

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

STATE OR LOCAL WELFARE

NOTE: MAY CONTAIN IMPUTED VALUES

----------------------------------------------------------------------

VAR #: 2237 QUA INC R/S FR BLACK LNG

FQLUNG

LOCATION: 4257‑4260 LENGTH: 4

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

BLACK LUNG BENEFITS; INCLUDES MINOR CHILD

INCOME IF RECEIVED IN JOINT CHECK

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2238 QUA INC R/S UNEMPLOYMENT

FQUNEMP

LOCATION: 4261‑4264 LENGTH: 4

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

UNEMPLOYMENT INSURANCE

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2239 QUA INC R/S WORKERS COMP

FQCOMP

LOCATION: 4265‑4268 LENGTH: 4

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

WORKERS COMPENSATION

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2240 QUA INC R/S HOUSHLD CONT

FQHCON

LOCATION: 4269‑4272 LENGTH: 4

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

HOUSEHOLD CONTRIBUTIONS

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2241 QUA INC R/S NONHHLD CONT

FQOCON

LOCATION: 4273‑4277 LENGTH: 5

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

NONHOUSEHOLD CONTRIBUTIONS

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2242 QUA INC R/S FOOD STAMPS

FQFSTMP

LOCATION: 4278‑4281 LENGTH: 4

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

FOOD STAMPS

NOTE: MAY CONTAIN IMPUTED VALUES

----------------------------------------------------------------------

VAR #: 2243 QUA INC R/S OTHER INCOME

FQOTHER

LOCATION: 4282‑4286 LENGTH: 5

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM OTHER

INCOME

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2244 QUA INT R/S MONEY MARKET

FQMONMKT

LOCATION: 4287‑4291 LENGTH: 5

QUARTERLY INTEREST, RESPONDENT AND SPOUSE, FROM MONEY

MARKET ACCOUNTS NOT NECESSARILY REPORTED QUARTERLY

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2245 QUA INT R/S CERTS OF DPT

FQCD

LOCATION: 4292‑4297 LENGTH: 6

QUARTERLY INTEREST, RESPONDENT AND SPOUSE, FROM

CERTIFICATES OF DEPOSIT NOT NECESSARILY REPORTED

QUARTERLY

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2246 QUA INT R/S SAVINGS ACCT

FQSAVNGS

LOCATION: 4298‑4302 LENGTH: 5

QUARTERLY INTEREST, RESPONDENT AND SPOUSE, FROM

SAVINGS ACCOUNTS NOT NECESSARILY REPORTED QUARTERLY

NOTE: MAY CONTAIN IMPUTED VALUES

----------------------------------------------------------------------

VAR #: 2247 QUA INT R/S CHECKNG ACCT FQCHECKG

LOCATION: 4303‑4307 LENGTH: 5

QUARTERLY INTEREST, RESPONDENT AND SPOUSE, FROM

CHECKING ACCOUNTS NOT NECESSARILY REPORTED

QUARTERLY

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2248 QUA INT R/S BONDS

FQBONDS

LOCATION: 4308‑4313 LENGTH: 6

QUARTERLY INTEREST, RESPONDENT AND SPOUSE, FROM

BONDS NOT NECESSARILY REPORTED QUARTERLY

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2249 QUA INC R/S DIVIDENTS

FQDIVDND

LOCATION: 4314‑4319 LENGTH: 6

QUARTERLY DIVIDENDS, RESPONDENT AND SPOUSE, FROM

STOCKS OR MUTUAL FUNDS NOT NECESSARILY REPORTED

QUARTERLY

NOTE: MAY CONTAIN IMPUTED VALUES

----------------------------------------------------------------------

VAR #: 2250 QUA INC R/S LOAN REPAYMT

FQLOAN

LOCATION: 4320‑4324 LENGTH: 5

QUARTERLY INCOME, RESPONDENT AND SPOUSE, FROM

REPAYMENT OF A PERSONAL LOAN REPORTED AS ANNUAL

AMOUNT

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2251 QUARTERLY TOT ASSET INC

FQASSET

LOCATION: 4325‑4330 LENGTH: 6

QUARTERLY TOTAL ASSET INCOME, RESPONDENT AND SPOUSE

COMPRISED OF INCOME FROM RENT ON PROPERTIES AND

INTEREST FROM THE FOLLOWING SOURCES: MONEY MARKET

ACCOUNTS; CERTIFICATES OF DEPOSIT; SAVINGS ACCOUNTS; CHECKING ACCOUNTS; BONDS; MUTUAL FUNDS OR STOCKS; ROOMERS OR BOARDERS; ESTATES, TRUSTS, OR ROYALTIES;

INCOME FROM IRA OR KEOGH,INSURANCE OR ANNUITIES

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2252 QUARTERLY TOT PENSN INC

FQPENSN

LOCATION: 4331‑4335 LENGTH: 5

QUARTERLY TOTAL PENSION INCOME, RESPONDENT AND

SPOUSE COMPRISED OF INCOME FROM THE FOLLOWING

SOURCES: STATE OR LOCAL EMPLOYEE PENSION BENEFITS;

MILITARY PENSION BENEFITS; FEDERAL EMPLOYEE

PENSION BENEFITS; PRIVATE EMPLOYER OR UNION PENSION

BENEFITS; OTHER PENSIONS; RAILROAD RETIREMENT

BENEFITS; SOCIAL SECURITY BENEFITS INCLUDES MINOR CHILD INCOME IF RECEIVED IN JOINT CHECK

NOTE: MAY CONTAIN IMPUTED VALUES

----------------------------------------------------------------------

VAR #: 2253 QUARTERLY PENSN O/T SS

FQOPENSN

LOCATION: 4336‑4340 LENGTH: 5

QUARTERLY INCOME OTHER THAN SOCIAL SECURITY,

RESPONDENT AND SPOUSE COMPRISED OF INCOME FROM

THE FOLLOWING SOURCES: STATE OR LOCAL EMPLOYEE

PENSION BENEFITS; MILITARY PENSION BENEFITS;

FEDERAL EMPLOYEE PENSION BENEFITS; PRIVATE

EMPLOYER OR UNION PENSION BENEFITS; OTHER PENSIONS; RAILROAD RETIREMENT BENEFITS; INCLUDES MINOR CHILD

INCOME IF RECEIVED IN JOINT CHECK

NOTE: MAY CONTAIN IMPUTED VALUES

----------------------------------------------------------------------

VAR #: 2254 QUARTERLY TOT RETRM INC

FQRETMT

LOCATION: 4341‑4346 LENGTH: 6

QUARTERLY TOTAL RETIREMENT INCOME, RESPONDENT AND

SPOUSE. COMPRISED OF TOTAL ASSET INCOME (V2251

ABOVE); TOTAL PENSION INCOME (V2252 ABOVE); INCOME FROM VETERANS PENSIONS OR COMPENSATION; INCOME FROM BLACK

LUNG BENEFITS. INCLUDES MINOR CHILD INCOME IF

RECEIVED IN JOINT CHECK.

NOTE: MAY CONTAIN IMPUTED VALUES

----------------------------------------------------------------------

VAR #: 2255 QUARTERLY TOTAL INCOME

FQINCOM

LOCATION: 4347‑4352 LENGTH: 6

QUARTERLY TOTAL INCOME, RESPONDENT AND SPOUSE COMP‑ RISED OF: QUARTERLY TOTAL RETIREMENT INCOME (V2254 ABOVE); SSI BENEFITS; STATE OR LOCAL WELFARE BENEFITS; WORKERS COMPENSATION; UNEMPLOYMENT INSURANCE; EARNINGS; CONTRIBUTIONS FROM HOUSEHOLD MEMBERS; CONTRIBUTIONS FROM NONHOUSEHOLD MEMBERS; OTHER INCOME INCLUDES MINOR CHILD INCOME IF RECEIVED IN JOINT CHECK.

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2256 QUA INC R FROM EARNINGS

RFQEARN

LOCATION: 4353‑4358 LENGTH: 6

RESPONDENT INCOME LAST QUARTER FROM EARNINGS

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2257 QUA INC R RR RETIREMENT

RFQRR

LOCATION: 4359‑4362 LENGTH: 4

RESPONDENT INCOME LAST QUARTER FROM RAILROAD RETIREMENT

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2258 QUA INC R ST/LOC PENSION

RFQSLP

LOCATION: 4363‑4367 LENGTH: 5

RESPONDENT INCOME LAST QUARTER FROM STATE OR LOCAL PENSION

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2259 QUA INC R MILITARY PENS

RFQMP

LOCATION: 4368‑4372 LENGTH: 5

RESPONDENT INCOME LAST QUARTER FROM MILITARY PENSION

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2260 QUA INC R FEDERAL PENS

RFQFP

LOCATION: 4373‑4377 LENGTH: 5

RESPONDENT INCOME LAST QUARTER FROM FEDERAL PENSION

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2261 QUA INC R PRIVATE PENS

RFQPP

LOCATION: 4378‑4382 LENGTH: 5

RESPONDENT INCOME LAST QUARTER FROM PRIVATE PENSION

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2262 QUA INC R PEN O/T SS

RFQOPNSN

LOCATION: 4383‑4387 LENGTH: 5

RESPONDENT INCOME LAST QUARTER FROM PENSIONS

OTHER THAN SOCIAL SECURITY I E STATE OR LOCAL

EMPLOYEE PENSION BENEFITS; MILITARY PENSION

BENEFITS; FEDERAL EMPLOYEE PENSION BENEFITS;

PRIVATE EMPLOYER OR UNION PENSION BENEFITS;

OTHER PENSIONS; RAILROAD RETIREMENT BENEFITS

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2263 QUA INC S FROM EARNINGS

SFQEARN

LOCATION: 4388‑4393 LENGTH: 6

SPOUSE INCOME LAST QUARTER FROM EARNINGS

NOTE: MAY CONTAIN IMPUTED VALUES

----------------------------------------------------------------------

VAR #: 2264 QUA INC S RR RETIREMENT

SFQRR

LOCATION: 4394‑4397 LENGTH: 4

SPOUSE INCOME LAST QUARTER FROM RAILROAD RETIREMENT

NOTE: MAY CONTAIN IMPUTED VALUES

-----------------------------------------------------------------------

VAR #: 2265 QUA INC S ST/LOC PENSION

SFQSLP

LOCATION: 4398‑4402 LENGTH: 5

SPOUSE INCOME LAST QUARTER FROM STATE OR LOCAL PENSION

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2266 QUA INC S MILITARY PENS

SFQMP

LOCATION: 4403‑4407 LENGTH: 5

SPOUSE INCOME LAST QUARTER FROM MILITARY PENSION

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2267 QUA INC S FEDERAL PENS

SFQFP

LOCATION: 4408‑4412 LENGTH: 5

SPOUSE INCOME LAST QUARTER FROM FEDERAL PENSION

NOTE: MAY CONTAIN IMPUTED VALUES

------------------------------------------------------------------------

VAR #: 2268 QUA INC S PRIVATE PENS

SFQPP

LOCATION: 4413‑4417 LENGTH: 5

SPOUSE INCOME LAST QUARTER FROM PRIVATE PENSION

NOTE: MAY CONTAIN IMPUTED VALUES

------------------------------------------------------------------------

VAR #: 2269 QUA INC S PEN O/T SS

SFQOPNSN

LOCATION: 4418‑4422 LENGTH: 5

SPOUSE INCOME LAST QUARTER FROM PENSIONS

OTHER THAN SOCIAL SECURITY I E STATE OR

LOCAL EMPLOYEE PENSION BENEFITS; MILITARY

PENSION BENEFITS; FEDERAL EMPLOYEE PENSION

BENEFITS; PRIVATE EMPLOYER OR UNION PENSION

BENEFITS; OTHER PENSIONS RAILROAD RETIREMENT

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2270 QUA INC R/S OTHER PENS

FQOP

LOCATION: 4423‑4426 LENGTH: 4

RESPONDENT AND SPOUSE INCOME LAST QUARTER FROM

OTHER PENSION

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2271 QUA INC R OTHER PENS

RFQOP

LOCATION: 4427‑4430 LENGTH: 4

RESPONDENT INCOME LAST QUARTER FROM OTHER PENSION

NOTE: MAY CONTAIN IMPUTED VALUES

---------------------------------------------------------------------

VAR #: 2272 QUA INC S OTHER PENS

SFQOP

LOCATION: 4431‑4434 LENGTH: 4

SPOUSE INCOME LAST QUARTER FROM OTHER PENSION

NOTE: MAY CONTAIN IMPUTED VALUES

The following are imputation flag variables, that are related to income variables, and indicate whether the related income has been imputed. (For example: Income Variable IF41 shows a salary amount and the related flag variable FL41 indicates if the amount was imputed):

0 = not imputed

1 = imputed

VARIABLE LOCATION VARIABLE LOCATION

FL41 4435 FL42 4436

FL46 4437 FL108D 4438

FL109D 4439 FL339A 4440

FL339B 4441 FL339C 4442

FL339D 4443 FL339E 4444

FL339F 4445 FL340A 4446

FL340B 4447 FL340C 4448

FL340D 4449 FL340E 4450

FL340F 4451 FL341A 4452

FL341B 4453 FL341C 4454

FL341D 4455 FL341E 4456

FL341F 4457 FL342A 4458

FL342B 4459 FL342C 4460

FL342D 4461 FL342E 4462

FL342F 4463 FL345A 4464

FL345B 4465 FL345C 4466

FL345D 4467 FL345E 4468

FL345F 4469 FL345G 4470

FL345H 4471 FL345I 4472

FL345K 4473 FL345L 4474

FL345M 4475 FL345N 4476

FL346A 4477 FL346B 4478

FL346C 4479 FL346D 4480

FL346E 4481 FL346F 4482

FL346G 4483 FL346H 4484

FL346I 4485 FL346K 4486

FL346L 4487 FL346M 4488

FL346N 4489 FL347A 4490

FL347B 4491 FL347C 4492

FL347D 4493 FL347E 4494

FL347F 4495 FL347G 4496

FL347H 4497 FL347I 4498

FL347K 4499 FL347L 4500

FL347M 4501 FL347N 4502

FL348A 4503 FL348B 4504

FL348C 4505 FL348D 4506

FL348E 4507 FL348F 4508

FL348G 4509 FL348H 4510

FL348I 4511 FL348K 4512

FL348L 4513 FL348M 4514

FL348N 4515 FL349A 4516

FL349B 4517 FL349C 4518

VARIABLE LOCATION VARIABLE LOCATION

FL349D 4519 FL349E 4520

FL349F 4521 FL350A 4522

FL350E 4523 FL351A 4524

FL351E 4525 FL352AC 4526

FL352AR 4527 FL352AS 4528

FL352BC 4529 FL352BR 4530

FL352BS 4531 FL352CC 4532

FL352CR 4533 FL352CS 4534

FL352DC 4535 FL352DR 4536

FL352DS 4537 FL352EC 4538

FL352ER 4539 FL352ES 4540

FL352FC 4541 FL352FR 4542

FL352FS 4543 FL353AC 4544

FL353AR 4545 FL353AS 4546

FL353BC 4547 FL353BR 4548

FL353BS 4549 FL353CC 4550

FL353CR 4551 FL353CS 4552

FL353DC 4553 FL353DR 4554

FL353DS 4555 FL353EC 4556

FL353ER 4557 FL353ES 4558

FL353FC 4559 FL353FR 4560

FL353FS 4561 FL354AC 4562

FL354AR 4563 FL354AS 4564

FL354BC 4565 FL354BR 4566

FL354BS 4567 FL354CC 4568

FL354CR 4569 FL354CS 4570

FL354DC 4571 FL354DR 4572

FL354DS 4573 FL354EC 4574

FL354ER 4575 FL354ES 4576

FL354FC 4577 FL354FR 4578

FL354FS 4579 FL357A 4580

FL357B 4581 FL357C 4582

FL357D 4583 FL357E 4584

FL357F 4585 FL357G 4586

FL357H 4587 FL357I 4588

FL357K 4589 FL357L 4590

FL357M 4591 FL357N 4592

FL358A 4593 FL358B 4594

FL358E 4595 FL358G 4596

FL358H 4597 FL358K 4598

FL358L 4599 FL358N 4600

FL359AC 4601 FL359AR 4602

FL359AS 4603 FL359BC 4604

FL359BR 4605 FL359BS 4606

FL359CC 4607 FL359CR 4608

FL359CS 4609 FL359DC 4610

FL359DR 4611 FL359DS 4612

FL359EC 4613 FL359ER 4614

FL359ES 4615 FL359FC 4616

FL359FR 4617 FL359FS 4618

FL359GC 4619 FL359GR 4620

VARIABLE LOCATION VARIABLE LOCATION

FL359GS 4621 FL359HC 4622

FL359HR 4623 FL359HS 4624

FL359IC 4625 FL359IR 4626

FL359IS 4627 FL359JC 4628

FL359JR 4629 FL359JS 4630

FL359KC 4631 FL359KR 4632

FL359KS 4633 FL359LC 4634

FL359LR 4635 FL359LS 4636

FL359MC 4637 FL359MR 4638

FL359MS 4639 FL359NC 4640

FL359NR 4641 FL359NS 4642

FL360AC 4643 FL360AR 4644

FL360AS 4645 FL360BC 4646

FL360BR 4647 FL360BS 4648

FL360CC 4649 FL360CR 4650

FL360CS 4651 FL360DC 4652

FL360DR 4653 FL360DS 4654

FL360EC 4655 FL360ER 4656

FL360ES 4657 FL360FC 4658

FL360FR 4659 FL360FS 4660

FL360GC 4661 FL360GR 4662

FL360GS 4663 FL360HC 4664

FL360HR 4665 FL360HS 4666

FL360IC 4667 FL360IR 4668

FL360IS 4669 FL360JC 4670

FL360JR 4671 FL360JS 4672

FL360KC 4673 FL360KR 4674

FL360KS 4675 FL360LC 4676

FL360LR 4677 FL360LS 4678

FL360MC 4679 FL360MR 4680

FL360MS 4681 FL360NC 4682

FL360NR 4683 FL360NS 4684

FL361AC 4685 FL361AR 4686

FL361AS 4687 FL361BC 4688

FL361BR 4689 FL361BS 4690

FL361CC 4691 FL361CR 4692

FL361CS 4693 FL361DC 4694

FL361DR 4695 FL361DS 4696

FL361EC 4697 FL361ER 4698

FL361ES 4699 FL361FC 4700

FL361FR 4701 FL361FS 4702

FL361GC 4703 FL361GR 4704

FL361GS 4705 FL361HC 4706

FL361HR 4707 FL361HS 4708

FL361IC 4709 FL361IR 4710

FL361IS 4711 FL361JC 4712

FL361JR 4713 FL361JS 4714

FL361KC 4715 FL361KR 4716

FL361KS 4717 FL361LC 4718

FL361LR 4719 FL361LS 4720

FL361MC 4721 FL361MR 4722

VARIABLE LOCATION VARIABLE LOCATION

FL361MS 4723 FL361NC 4724

FL361NR 4725 FL361NS 4726

FL363A 4727 FL363B 4728

FL363C 4729 FL363D 4730

FL363E 4731 FL363F 4732

FL365A 4733 FL365B 4734

FL365C 4735 FL365D 4736

FL365E 4737 FL365F 4738

FL366A 4739 FL366B 4740

FL366C 4741 FL366D 4742

FL366E 4743 FL366F 4744

FL367A 4745 FL367B 4746

FL367C 4747 FL367D 4748

FL367E 4749 FL367F 4750

FL408 4751 FL409 4752

FL410 4753 FL411 4754

FL412 4755 FL413 4756

FL414A 4757 FL414B 4758

FL414C 4759 FL414D 4760

FL414E 4761 FL415A 4762

FL415B 4763 FL415C 4764

FL415D 4765 FL415E 4766

FL416AIN 4767 FL416CIN 4768

FL416DIN 4769 FL416EIN 4770

FL417 4771 FL418 4772

FL419 4773 FL420 4774

FL421 4775 FL422 4776

FL423 4777 FL424 4778

FL425 4779 FL426 4780

FL427 4781 FL428 4782

FL429 4783 FL430 4784

FL431 4785 FL432 4786

FL433 4787 FL434 4788

FL435 4789 FL436A 4790

FL436B 4791 FL436C 4792

FL436D 4793 FL437 4794

FL438 4795 FL439 4796

FL440 4797 FL441 4798

FL442 4799 FL442L 4800

FL443A 4801 FL443B 4802

FL443C 4803 FL444A 4804

FL444B 4805 FL444C 4806

FL445 4807 FL446 4808

FL447 4809 FL448 4810

FL449 4811 FL450 4812

FL451 4813 FL453 4814

FL454 4815 FL455 4816

FL457 4817 FL459 4818

FL463 4819 FL464 4820

FL468 4821 FL469 4822

FL471 4823 FL473 4824

VARIABLE LOCATION VARIABLE LOCATION

FL474 4825 FL475 4826

FL476 4827 FL478 4828

FL479 4829 FL480 4830

FL481A 4831 FL481B 4832

FL481C 4833 FL481D 4834

FL482A 4835 FL482B 4836

FL482C 4837 FL482D 4838

**APPENDIX "A"**

**(Q.5)**

**RELATED CODE RELATIONSHIP**

Yes 01 Respondent

Yes 02 Respondent's wife, common‑law wife, female partner

Yes 03 Respondent's husband, common‑law husband, male partner

Yes 04 Daughter, adopted daughter, stepdaughter

Yes 05 Son, adopted son, stepson

Yes 06 Mother, stepmother

Yes 07 Mother‑in‑law

Yes 08 Father, stepfather

Yes 09 Father‑in‑law

Yes 10 Sister, stepsister

Yes 11 Sister‑in‑law

Yes 12 Brother, stepbrother

Yes 13 Brother‑in‑law

Yes 14 Grandmother

Yes 15 Grandmother‑in‑law

Yes 16 Grandfather

Yes 17 Grandfather‑in‑law

Yes 18 Grandchild, greatgrandchild, stepgrandchild,

grandchild-in-law

Yes 19 Aunt, stepaunt, great aunt

Yes 20 Uncle, stepuncle, great uncle

Yes 21 Cousin, stepcousin, cousin‑"X"‑removed

Yes 22 Niece, stepniece

Yes 23 Nephew, stepnephew

No 24 Godmother, goddaughter, etc.

No 25 Godfather, godson, etc.

No 26Other female unrelated (friend, roommate, relative of friend or roommate)

No 27Other male unrelated (friend, roommate, relative of friend or roommate)

No 28 Female boarder

No 29 Male boarder

No 30 Female employee

No 31 Male employee

Yes 32 Daughter‑in‑law

Yes 33 Son‑in‑law

No 34 Foster daughter, foster mother, etc.

No 35 Foster son, foster father, etc.

Yes 36 Relative, sex or relationship, not specified

No 37 Non‑relative, sex not specified

96 No further people in household

**APPENDIX "B"**

**(Q.24A & Q.27A)**

**CODE RESPONSE**

01 Financial need

02 To raise your level of living

03 To finance a specific purchase

04 Your personal preference, you wanted to work

05 You found a job after a period of unemployment

06 Your health improved so that you could work

07 Your spouse's health changed

08 Rehabilitation services made you able to work

09 To raise your level of Social Security benefits

10 To raise your pension benefits

11 Social Security benefits had stopped

12 Medicare benefits would not be affected by work

13 Some other reasons

**APPENDIX "C"**

**INDUSTRY CODES**

(QQ.28 & 97)

**CODE INDUSTRY**

============================================================

=AGRICULTURE, FORESTRY, AND FISHERIES

010 Agricultural production, crops

011 Agricultural production, livestock

020 Agricultural services, except horticultural

021 Horticultural services

030 Forestory

031 Fishing, hunting, and trapping

============================================================

‑MINING

040 Metal mining

041 Coal mining

042 Crude petroleum and natural gas extraction

050 Nonmetallic mining and quarrying, except fuel

============================================================

060 ‑CONSTRUCTION

============================================================

=MANUFACTURING ==== Nondurable Goods

Food and kindred products

100 Meat products

101 Dairy products

102 Canned and preserved fruits and vegetables

110 Grain mill products

111 Bakery products

112 Sugar and confectionery products

120 Beverage industries

121 Miscellaneous food preparations and kindred products

122 Not specified food industries

130 Tobacco manufactures

Textile mill products

132 Knitting mills

140 Dyeing and finishing textiles, except wool & knit goods 141 Floor coverings, except hard surface

142 Yarn, thread, and fabric mills

150 Miscellaneous textile mill products

**APPENDIX "C"**

(Continued)

Apparel and other finished textile products

151 Apparel and accessories, except knit

152 Miscellaneous fabricated textile products

Paper and allied products

160 Pulp, paper, and paperboard mills

161 Miscellaneous paper and pulp products

162 Paperboard containers and boxes

Printing, publishing, and allied industries

171 Newspaper publishing and printing

172 Printing, publishing, & allied industries, except newspapers

Chemicals and allied products

180 Plastics, synthetics, and resins

181 Drugs

182 Soaps and cosmetics

190 Paints, varnishes, and related products

191 Agricultural chemicals

192 Industrial and miscellaneous chemicals

Petroleum and coal products

200 Petroleum refining

201 Miscellaneous petroleum and coal products

Rubber and miscellaneous plastics products

210 Tires and inner tubes

211 Other rubber products, and plastics footwear and belting

212 Miscellaneous plastics products

Leather and leather products

220 Leather tanning and finishing

221 Footwear, except rubber and plastic

222 Leather products, except footwear

============================== Durable Goods ======================

Lumber and wood products, except furniture

230 Logging

231 Sawmills, planing mills, and millwork

232 Wood buildings and mobile homes

241 Miscellaneous wood products

242 Furniture and fixtures

**APPENDIX "C"**

(Continued)

Stone, clay, glass, and concrete products

250 Glass and glass products

251 Cement, concrete, gypsum, and plaster products

252 Structural clay products

261 Pottery and related products

262 Miscellaneous nonmetallic mineral and stone products

Metal industries

270 Blast furnaces, steelworks, rolling and finishing mills

271 Iron and steel foundries

272 Primary aluminum industries

280 Other primary metal industries

281 Cutlery, hand tools, and other hardware

282 Fabricated structural metal products

290 Screw machine products

291 Metal forgings and stampings

292 Ordnance

300 Miscellaneous fabricated metal products

301 Not specified metal industries

Machinery, except electrical

310 Engines and turbines

311 Farm machinery and equipment

312 Construction and material handling machines

320 Metalworking machinery

321 Office and accounting machines

322 Electronic computing equipment

331 Machinery, except electrical, n.e.c.

332 Not specified machinery

Electrical machinery, equipment, and supplies

340 Household appliances

341 Radio, TV, and communication equipment

342 Electrical machinery, equipment and supplies, n.e.c.

350 Not specified electrical machinery, equipment, and supplies

Transportation equipment

351 Motor vehicles and motor vehicle equipment

352 Aircraft and parts

360 Ship and boat building and repairing

361 Railroad locomotives and equipment

362 Guided missiles, space vehicles, and parts

370 Cycles and miscellaneous transportation equipment

**APPENDIX "C"**

(Continued)

Professional and photographic equipment, and watches

371 Scientific and controlling instruments

372 Optical and health services supplies

380 Photographic equipment and supplies

381 Watches, clocks, and clockwork operated devices

382 Not specified professional equipment

390 Toys, amusement, and sporting goods

391 Miscellaneous manufacturing industries

392 Not specified manufacturing industries

===================================================================

=TRANSPORTATION, COMMUNICATIONS, AND OTHER PUBLIC UTILITIES

Transportation

400 Railroads

401 Bus service and urban transit

402 Taxicab service

410 Trucking service

411 Warehousing and storage

412 U.S. Postal Service

420 Water transportation

421 Air transportation

422 Pipe lines, except natural gas

432 Services incidental to transportation

Communications

440 Radio and television broadcasting

441 Telephone (wire and radio)

442 Telegraph and miscellaneous communication services

Utilities and sanitary services

460 Electric light and power

461 Gas and steam supply systems

462 Electric and gas, and other combinations

470 Water supply and irrigation

471 Sanitary services

472 Non specified utilites

**APPENDIX "C"**

(Continued)

=WHOLESALE TRADE ======== Durable Goods

500 Motor vehicles and equipment

501 Furniture and home furnishings

502 Lumber and construction materials

510 Sporting goods, toys, and hobby goods

511 Metals and minerals, except petroleum

512 Electrical goods

521 Hardware, plumbing and heating supplies

522 Not specified electrical and hardware products

530 Machinery, equipment, and supplies

531 Scrap and waste materials

532 Miscellaneous wholesale, durable goods

================================Nondurable Goods======================

540 Paper and paper products

541 Drugs, chemicals and allied products

542 Apparel, fabrics, and notions

550 Groceries and related products

551 Farm products‑raw materials

552 Petroleum products

560 Alcoholic beverages

561 Farm supplies

562 Miscellaneous wholesale, nondurable goods

571 Not specified wholesale trade

======================================================================

‑RETAIL TRADE

580 Lumber and building material retailing

581 Hardware stores

582 Retail nurseries and garden stores

590 Mobile home dealers

591 Department stores

592 Variety stores

600 Miscellaneous general merchandise stores

601 Grocery stores

602 Dairy products stores

610 Retail bakeries

611 Food stores, n.e.c.

612 Motor vehicle dealers

620 Auto and home supply stores

621 Gasoline service stations

622 Miscellaneous vehicle dealers

630 Apparel and accessory stores, except shoe

**APPENDIX "C"**

(Continued)

631 Shoe stores

632 Furniture and home furnishings stores

640 Household appliances, TV, and radio stores

641 Eating and drinking places

642 Drug stores

650 Liquor stores

651 Sporting goods, bicycles, and hobby stores

652 Book and stationery stores

660 Jewelry stores

661 Sewing,needlework, and piece goods stores

662 Mail order houses

670 Vending machine operators

671 Direct selling establishments

672 Fuel and ice dealers

681 Retail florists

682 Miscellaneous retail stores

691 Not specified retail trade

‑FINANCE, INSURANCE, AND REAL ESTATE

700 Banking

701 Savings and loan associations

702 Credit agencies, n.e.c.

710 Security, commodity brokerage, and investment companies

711 Insurance

712 Real estate, including real estate‑insurance‑law offices

‑BUSINESS AND REPAIR SERVICES

721 Advertising

722 Services to dwellings and other buildings

730 Commercial research, development and testing labs

731 Personnel supply services

732 Business management and consulting services

740 Computer and data processing services

741 Detective and protective services

742 Business services, n.e.c

750 Automotive services, except repair

751 Automotive repair shops

752 Electrical repair shops

760 Miscellaneous repair services

**APPENDIX "C"**

(Continued)

‑PERSONAL SERVICES

761 Private households

762 Hotels and motels

770 Lodging places, except hotels and motels

771 Laundry, cleaning, and garment services

772 Beauty shops

780 Barber shops

781 Funeral service and crematories

782 Shoe repair shops

790 Dressmaking shops

791 Miscellaneous personal services

======================================================================

‑ENTERTAINMENT AND RECREATION SERVICES

800 Theaters and motion pictures

801 Bowling alleys, billiard and pool parlors

802 Miscellaneous entertainment and recreation services

‑PROFESSIONAL AND RELATED SERVICES

812 Offices of physicians

820 Offices of dentists

821 Offices of chiropractors

822 Offices of optometrists

830 Offices of health practitioners, n.e.c.

831 Hospitals

832 Nursing and personal care facilities

840 Health services, n.e.c.

841 Legal services

842 Elementary and secondary schools

850 Colleges and universities

851 Business, trade, and vocational schools

852 Libraries

860 Educational services, n.e.c.

861 Job training and vocational rehabilitation services

862 Child day care services

870 Residential care facilities, without nursing

871 Social services, n.e.c.

872 Museums, art galleries, and zoos

880 Religious organizations

881 Membership organizations

882 Engineering, architectural, and surveying services

890 Accounting, auditing, and bookkeeping services

891 Noncommercial educational and scientific research

892 Miscellaneous professional and related services

**APPENDIX "C"**

(Continued)

‑PUBLIC ADMINISTRATION

900 Executive and legislative offices

901 General government, n.e.c.

910 Justice, public order, and safety

921 Public finance, taxation, and monetary policy

922 Administration of human resources programs

930 Administration of environmental quality and housing programs

931 Administration of economic programs

932 National security and international affairs

940 Armed Forces

======================================================================

990 INDUSTRY NOT REPORTED

**APPENDIX "D"**

(QQ. 30 & 99)

**CODE**  **OCCUPATION**

====================================================================

=======MANAGERIAL AND PROFESSIONAL ==================================

Executive, Administrative, and Managerial Occupations

003 Legislators

004 Chief executives and general administrators, public administration

005 Administrators and officials, public administration

006 Administrators, protective services

007 Financial managers

008 Personnel and labor relations managers

009 Purchasing managers

013 Managers, marketing, advertising, and public relations

014 Administrators, education and related fields

015 Managers, medicine and health

016 Managers, properties and real estate

017 Postmasters and mail superintendents

018 Funeral directors

019 Managers and administrators, n.e.c.

Management related occupations

023 Accountants and auditors

024 Underwriters

025 Other financial officers

026 Management analysts

027 Personnel, training, and labor relations specialists

028 Purchasing agents and buyers, farm products

029 Buyers, wholesale and retail trade, except farm products

033 Purchasing agents and buyers, n.e.c.

034 Business and promotion agents

035 Construction inspectors

036 Inspectors and compliance officers, exc. construction

037 Management related occupations, n.e.c.

Professional Specialty Occupations

‑Engineers, architects, and surveyors

043 Architects

Engineers

044 Aerospace engineers

045 Metallurgical and materials engineers

046 Mining engineers

047 Petroleum engineers

048 Chemical engineers

049 Nuclear engineers

053 Civil engineers

054 Agricultural engineers

**APPENDIX "D"**

(Continued)

055 Electrical and electronic engineers

056 Industrial engineers

057 Mechanical engineers

058 Marine engineers and naval architects

059 Engineers, n.e.c.

063 Surveyors and mapping scientists

Mathematical and computer scientists

064 Computer systems analysts and scientists

065 Operations and systems researchers and analysts

066 Actuaries

067 Statisticians

068 Mathematical scientists, n.e.c.

Natural Scientists

069 Physicists and astronomers

073 Chemists, except biochemists

074 Atmospheric and space scientists

075 Geologists and geodesists

076 Physical scientists, n.e.c.

077 Agricultural and food scientists

078 Biological and life scientists

079 Forestry and conservation scientists

083 Medical scientists

Health diagnosing occupations

084 Physicians

085 Dentists

086 Veterinarians

087 Optometrists

088 Podiatrists

089 Health diagnosing practitioners, n.e.c.

Health assessment and treating occupations

095 Registered nurses

096 Pharmacists

097 Dietitians

**APPENDIX "D"**

(Continued)

Therapists

098 Inhalation therapists

099 Occupational therapists

103 Physical therapists

104 Speech therapists

105 Therapists, n.e.c.

106 Physicians' assistants

Teachers, postsecondary

113 Earth, environmental, and marine science teachers

114 Biological science teachers

115 Chemistry teachers

116 Physics teachers

117 Natural science teachers, n.e.c.

118 Psychology teachers

119 Economics teachers

123 History teachers

124 Political science teachers

125 Sociology teachers

126 Social science teachers, n.e.c.

127 Engineering teachers

128 Mathematical science teachers

129 Computer science teachers

133 Medical science teachers

134 Health specialties teachers

135 Business, commerce, and marketing teachers

136 Agriculture and forestry teachers

137 Art, drama, and music teachers

138 Physical education teachers

139 Education teachers

143 English teachers

144 Foreign language teachers

145 Law teachers

146 Social work teachers

147 Theology teachers

148 Trade and industrial teachers

149 Home economics teachers

153 Teachers, postsecondary, n.e.c.

154 Postsecondary teachers, subject not specified

Teachers, except postsecondary

155 Teachers, prekindergarten and kindergarten

156 Teachers, elementary school

157 Teachers, secondary school

158 Teachers, special education

159 Teachers, n.e.c.

**APPENDIX "D"**

(Continued)

163 Counselors, educational and vocational

Librarians, archivists, and curators

164 Librarians

165 Archivists and curators

Social scientists and urban planners

166 Economists

167 Psychologists

168 Sociologists

169 Social scientists, n.e.c.

173 Urban planners

Social, recreation, and religious workers

174 Social workers

175 Recreation workers

176 Clergy

177 Religious workers, n.e.c.

Lawyers and judges

178 Lawyers

179 Judges

Writers, artists, entertainers, and athletes

183 Authors

184 Technical writers

185 Designers

186 Musicians and composers

187 Actors and directors

188 Painters, sculptors, craft‑artists, and artist printmakers

189 Photographers

193 Dancers

194 Artists, performers, and related workers, n.e.c.

195 Editors and reporters

197 Public relations specialists

198 Announcers

199 Athletes

**APPENDIX "D"**

(Continued)

=TECHNICAL, SALES, AND ADMINISTRATIVE SUPPORT OCCUPATIONS

=Technicians and Related Support Occupations

Health technologists and technicians

203 Clinical laboratory technologists and technicians

204 Dental hygienists

205 Health record technologists and technicians

206 Radiologic technicians

207 Licensed practical nurses

208 Health technologists and technicians, n.e.c.

Technologists and technicians, except health

‑‑Engineering and related technologists and technicians

213 Electrical and electronic technicians

214 Industrial engineering technicians

215 Mechanical engineering technicians

216 Engineering technicians, n.e.c.

217 Drafting occupations

218 Surveying and mapping technicians

Science technicians

223 Biological technicians

224 Chemical technicians

225 Science technicians, n.e.c.

Technicians, except health, engineering and science

226 Airplane pilots and navigators

227 Air traffic controllers

228 Broadcast equipment operators

229 Computer programmers

233 Tool programmers, numerical control

234 Legal assistants

235 Technicians, n.e.c.

Sales Occupations

243 Supervisors and proprietors, sales occupations

Sales representatives, finance and business services

253 Insurance sales occupations

254 Real estate sales occupations

255 Securities and financial services sales occupations

256 Advertising and related sales occupations

257 Sales occupations, other business services

**APPENDIX "D"**

(Continued)

Sales representatives, commodities except retail

258 Sales engineers

259 Sales representatives, mining, manufacturing, and wholesale

Sales workers, retail and personal services

263 Sales workers, motor vehicles and boats

264 Sales workers, apparel

265 Sales workers, shoes

266 Sales workers, furniture and home furnishings

267 Sales workers, radio, television, hi‑fi, & appliances

268 Sales workers, hardware and building supplies

269 Sales workers, parts

274 Sales workers, other commodities

275 Sales counter clerks

276 Cashiers

277 Street and door‑to‑door sales workers

278 News vendors

Sales related occupations

283 Demonstrators, promoters and models, sales

284 Auctioneers

285 Sales support occupations, n.e.c.

Administrative Support Occupations, Including Clerical

Supervisors, administrative support occupations

303 Supervisors, general office

304 Supervisors, computer equipment operators

305 Supervisors, financial records processing

306 Chief communications operators

307 Supervisors, distribution, scheduling and adjusting clerks

Computer equipment operators

308 Computer operators

309 Peripheral equipment operators

Secretaries, stenographers, and typists

313 Secretaries

314 Stenographers

315 Typists

**APPENDIX "D"**

(Continued)

Information clerks

316 Interviewers

317 Hotel clerks

318 Transportation ticket and reservation agents

319 Receptionists

323 Information clerks, n.e.c.

Records processing occupations, except financial

325 Classified‑ad clerks

326 Correspondence clerks

327 Order clerks

328 Personnel clerks, except payroll and timekeeping

329 Library clerks

335 File clerks

336 Records clerks

Financial records processing occupations

337 Bookkeepers, accounting and auditing clerks

338 Payroll and timekeeping clerks

339 Billing clerks

343 Cost and rate clerks

344 Billing, posting, and calculating machine operators

Duplicating, mail and other office machine operators

345 Duplicating machine operators

346 Mail preparing and paper handling machine operators

347 Office machine operators, n.e.c.

Communications equipment operators

348 Telephone operators

349 Telegraphers

353 Communications equipment operators, n.e.c.

Mail and message distributing occupations

354 Postal clerks, exc. mail carriers

355 Mail carriers, postal service

356 Mail clerks, exc. postal service

357 Messengers

**APPENDIX "D"**

(Continued)

Material recording, scheduling, and distributing clerks, n.e.c. 359 Dispatchers

363 Production coordinators

364 Traffic, shipping, and receiving clerks

365 Stock and inventory clerks

366 Meter readers

368 Weighers, measurers, and checkers

369 Samplers

373 Expediters

374 Material recording, scheduling, and distributing clerks, n.e.c.

Adjusters and investigators

375 Insurance adjusters, examiners, and investigators

376 Investigators and adjusters, except insurance

377 Eligibility clerks, social welfare

378 Bill and account collectors

Miscellaneous administrative support occupations

379 General office clerks

383 Bank tellers

384 Proofreaders

385 Data‑entry keyers

386 Statistical clerks

387 Teachers' aides

389 Administrative support occupations, n.e.c.

======SERVICE OCCUPATIONS=============================================

Private Household Occupations

403 Launderers and ironers

404 Cooks, private household

405 Housekeepers and butlers

406 Child care workers, privage household

407 Private household cleaners and servants

Protective Service Occupations

413 Supervisors, firefighting and fire prevention occupations

414 Supervisors, police and detectives

415 Supervisors, guards

Firefighting and fire prevention occupations

416 Fire inspection and fire prevention occupations

417 Firefighting occupations

**APPENDIX "D"**

(Continued)

Police and detectives

418 Police and detectives, public service

423 Sheriffs, bailiffs, and other law enforcement officers

424 Correctional institution officers

Guards

425 Crossing guards

426 Guards and police, exc. public service

427 Protective service occupations, n.e.c.

Service Occupations, Except Protective and Household

Food preparation and service occupations

433 Supervisors, food preparation and service occupations

434 Bartenders

435 Waiters and waitresses

436 Cooks, except short order

437 Short‑order cooks

438 Food counter, fountain and related occupations

439 Kitchen workers, food preparation

443 Waiters'/waitresses' assistants

444 Miscellaneous food preparation occupations

Health service occupations

445 Dental assistants

446 Health aides, except nursing

447 Nursing aides, orderlies, and attendants

Cleaning and building service occupations, except household

448 Supervisors, cleaning and building service workers

449 Maids and housemen

453 Janitors and cleaners

454 Elevator operators

455 Pest control occupations

Personal service occupations

456 Supervisors, personal service occupations

457 Barbers

458 Hairdressers and cosmetologists

459 Attendants, amusement and recreation facilities

463 Guides

464 Ushers

465 Public transportation attendants

466 Baggage porters and bellhops

**APPENDIX "D"**

(Continued)

467 Welfare service aides

468 Child care workers, except private household

469 Personal service occupations, n.e.c.

======================================================================

=FARMING, FORESTRY, AND FISHING OCCUPATIONS

Farm operators and managers

473 Farmers, except horticultural

474 Horticultural specialty farmers

475 Managers, farms, except horticultural

476 Managers, horticultural specialty farms

477 Supervisors, farm workers

479 Farm workers

483 Marine life cultivation workers

484 Nursery workers

Related agricultural occupations

485 Supervisors, related agricultural occupations

486 Groundskeepers and gardeners, except farm

487 Animal caretakers, except farm

488 Graders and sorters, agricultural products

489 Inspectors, agricultural products

Forestry and logging occupations

494 Supervisors, forestry and logging workers

495 Forestry workers, except logging

496 Timber cutting and logging occupations

Fishers, hunters, and trappers

497 Captains and other officers, fishing vessels

498 Fishers

499 Hunters and trappers

=PRECISION PRODUCTION, CRAFT, AND REPAIR OCCUPATIONS

Mechanics and repairers

503 Supervisors, mechanics and repairers

Mechanics & repairers, except supervisors

Vehicle and mobile equipment mechanics and repairers

505 Automobile mechanics

506 Automobile mechanic apprentices

**APPENDIX "D"**

(Continued)

507 Bus, truck, and stationary engine mechanics

508 Aircraft engine mechanics

509 Small engine repairers

514 Automobile body and related repairers

515 Aircraft mechanics, exc. engine

516 Heavy equipment mechanics

517 Farm equipment mechanics

518 Industrial machinery repairers

519 Machinery maintenance occupations

Electrical and electronic equipment repairers

523 Electronic repairers, communications and industrial equipment

525 Data processing equipment repairers

526 Household appliance and power tool repairers

527 Telephone line installers and repairers

529 Telephone installers and repairers

533 Micellaneous electrical and electronic equipment repairers

534 Heating, air conditioning, and refrigeration mechanics

Miscellaneous mechanics and repairers

535 Camera, watch, and musical instrument repairers

536 Locksmiths and safe repairers

538 Office machine repairers

539 Mechanical controls and valve repairers

543 Elevator installers and repairers

544 Millwrights

547 Specified mechanics and repairers, n.e.c.

549 Not specified mechanics and repairers

Construction trades

‑Supervisors, construction occupations

553 Supervisors, brickmasons, stonemasons, and tile setters

554 Supervisors, carpenters and related workers

555 Supervisors, electricians and power transmission installers

556 Supervisors, painters, paperhangers, and plasterers

557 Supervisors, plumbers, pipefitters, and steamfitters

558 Supervisors, n.e.c.

Construction trades, except supervisors

563 Brickmasons and stonemasons

564 Brickmason and stonemason apprentices

565 Tile setters, hard and soft

**APPENDIX "D"**

(Continued)

566 Carpet installers

567 Carpenters

569 Carpenter apprentices

573 Drywall installers

575 Electricians

576 Electrician apprentices

577 Electrical power installers and repairers

579 Painters, construction and maintenance

583 Paperhangers

584 Plasterers

585 Plumbers, pipefitters, and steamfitters

587 Plumber, pipefitter and steamfitter apprentices

588 Concrete and terrazzo finishers

589 Glaziers

593 Insulation workers

594 Paving, surfacing, and tamping equipment operators

595 Roofers

596 Sheetmetal duct installers

597 Structural metal workers

598 Drillers, earth

599 Construction trades, n.e.c.

Extractive occupations

613 Supervisors, extractive occupations

614 Drillers, oil well

615 Explosives workers

616 Mining machine operators

617 Mining occupations, n.e.c.

Precision production occupations

633 Supervisors, production occupations

Precision metal working occupations

634 Tool and die makers

635 Tool and die maker apprentices

636 Precision assemblers, metal

637 Machinists

639 Machinist apprentices

643 Boilersmakers

644 Precision grinders, fitters, and tool sharpeners

645 Patternmakers and model makers, metal

646 Lay‑out workers

647 Precious stones and metals workers (jewelers)

649 Engravers, metal

653 Sheet metal workers

654 Sheet metal workers apprentices

655 Miscellaneous precision metal workers

**APPENDIX "D"**

(Continued)

Precision woodworking occupations

656 Patternmakers and model makers, wood

657 Cabinet makers and bench carpenters

658 Furniture and wood finishers

659 Miscellaneous precision woodworkers

Precision textile, apparel, and furnishings machine workers

666 Dressmakers

667 Tailors

668 Upholsterers

669 Shoe repairers

673 Apparel and fabric patternmakers

674 Miscellaneous precision apparel and fabric workers

Precision workers, assorted materials

675 Hand molders and shapers, except jewelers

676 Patternmakers, lay‑out workers, and cutters

677 Optical goods workers

678 Dental laboratory and medical appliance technicians

679 Bookbinders

683 Electrical and electronic equipment assemblers

684 Miscellaneous precision workers, n.e.c.

Precision food production occupations

686 Butchers and meat cutters

687 Bakers

688 Food batchmakers

Precision inspectors, testers, and related workers

689 Inspectors, testers, and graders

693 Adjusters and calibrators

Plant and system operators

694 Water and sewage treatment plant operators

695 Power plant operators

696 Stationary engineers

699 Miscellaneous plant and system operators

==================================================================

=OPERATORS, FABRICATORS, AND LABORERS

Machine Operators, Assembler, and Inspectors

Machine operators and tenders, except precision

‑Metalworking and plastic working machine operators

703 Lathe and turning machine set‑up operators

704 Lathe and turning machine operators

705 Milling and planing machine operators

706 Punching and stamping press machine operators

**APPENDIX "D"**

(Continued)

707 Rolling machine operators

708 Drilling and boring machine operators

709 Grinding, abrading, buffing, and polishing machine operators

713 Forging machine operators

714 Numerical control machine operators

715 Miscellaneous metal,plastic,stone, & glass working machine

operators

717 Fabricating machine operators, n.e.c.

Metal and plastic processing machine operators

719 Molding and casting machine operators

723 Metal plating machine operators

724 Heat treating equipment operators

725 Miscellaneous metal and plastic processing machine operators

Woodworking machine operators

726 Wood lathe, routing, and planing machine operators

727 Sawing machine operators

728 Shaping and joining machine operators

729 Nailing and tacking machine operators

733 Miscellaneous woodworking machine operators

Printing machine operators

734 Printing machine operators

735 Photoengravers and lithographers

736 Typesetters and compositors

737 Miscellaneous printing machine operators

Textile, apparel, and furnishings machine operators

738 Winding and twisting machine operators

739 Knitting, looping, taping, and weaving machine operators

743 Textile cutting machine operators

744 Textile sewing machine operators

745 Shoe machine operators

747 Pressing machine operators

748 Laundering and dry cleaning machine operators

749 Miscellaneous textile machine operators

**APPENDIX "D"**

(Continued)

Machine operators, assorted materials

753 Cementing and gluing machine operators

754 Packaging and filling machine opeators

755 Extruding and forming machine operators

756 Mixing and blending machine operators

757 Separating, filtering, and clarifying machine operators

758 Compressing and compacting machine operators

759 Painting and paint spraying machine operators

763 Roasting and baking machine operators, food

764 Washing, cleaning, and pickling machine operators

765 Folding machine oerators

766 Furnace, kiln, and oven operators, exc. food

768 Crushing and grinding machine operators

769 Slicing and cutting machine operators

773 Motion picture projectionists

774 Photographic process machine operators

777 Miscellaneous machine operators, n.e.c.

779 Machine operators, not specified

Fabricators, assemblers, and hand working occupations

783 Welders and cutters

784 Solderers and brazers

785 Assemblers

786 Hand cutting and trimming occupations

787 Hand molding, casting, and forming occupations

789 Hand painting, coating, and decorating occupations

793 Hand engraving and printing occupations

794 Hand grinding and polishing occupations

795 Miscellaneous hand working occupations

Production inspectors, testers, samplers, and weighers

796 Production inspectors, checkers, and examiners

797 Production testers

798 Production samplers and weighers

799 Graders and sorters, except agricultural

Transportation and Material Moving Occupations

‑Motor vehicle operators

803 Supervisors, motor vehicle operators

804 Truck drivers, heavy

805 Truck drivers, light

806 Driver‑sales workers

808 Bus drivers

809 Taxicab drivers and chauffeurs

813 Parking lot attendants

814 Motor transportation occupations, n.e.c

**APPENDIX "D"**

(Continued)

Transportation occupations, except motor vehicles

‑Rail transportation occupations

823 Railroad conductors and yardmasters

824 Locomotive operating occupations

825 Railroad brake, signal, and switch operators

826 Rail vehicle operators, n.e.c.

Water transportation occupations

828 Ship captains and mates, except fishing boats

829 Sailors and deckhands

833 Marine engineers

834 Bridge, lock, and lighthouse tenders

Material moving equipment operators

843 Supervisors, material moving equipment operators

844 Operating engineers

845 Longshore equipment operators

848 Hoist and winch operators

849 Crane and tower operators

853 Excavating and loading machine operators

855 Grader, dozer, and scraper operators

856 Industrial truck and tractor equipment operators

859 Miscellaneous material moving equipment operators

Handlers, Equipment Cleaners, Helpers, and Laborers

863 Supervisors, handlers, equipment cleaners, & laborers, n.e.c.

864 Helpers, mechanics and repairers

Helpers, construction and extractive occupations

865 Helpers, construction trades

866 Helpers, surveyor

867 Helpers, extractive occupations

869 Construction laborers

873 Production helpers

Freight, stock, and material handlers

875 Garbage collectors

876 Stevedores

877 Stock handlers and baggers

878 Machine feeders and offbearers

883 Freight, stock, and material handlers, n.e.c.

885 Garage and service station related occupations

887 Vehicle washers and equipment cleaners

888 Hand packers and packagers

889 Laborers, except construction

**APPENDIX "D"**

(Continued)

==================================================================

=MILITARY

903 Enlisted person

904 Officer

905 Unspecified rank

===================================================================

999 ‑OCCUPATION NOT REPORTED

**APPENDIX "E"**

(QQ.34 & 124, Items f and g)

**Q. Why not? (elect to be covered by this health insurance)**

**CODE RESPONSE:**

01 R's policy's coverage better than that offered by employer.

78 Other Response

**APPENDIX "F"**

(QQ.56 S and T, 57, 126 S and T, & 127)

**Q. ... Please tell me which of these reasons were important you when you left (you last/this) job.**

**CODE RESPONSE:**

01 because you lost your job

02 because business was bad

03 because the job did not pay enough

04 because you didn't like your job

05 because of transportation problems

06 because you moved

07 to get Social Security

08 to apply for Social Security disability benefits

09 to avoid having disability benefits discontinued

10 to keep Medicare coverage

11 to get a pension

12 to care for others

13 to get a better job/because you got a better job

14 because your (husband/wife) retired

15 because your (husband/wife)'s health changed

16 because you wanted to retire or were tired of working

17because you reached the mandatory/compulsory retirement age at work place

18 because you had health problems

**APPENDIX "F"**

(Continued)

**Q. ... Please tell me which of these reasons were important you when you left (you last/this) job.**

**CODE RESPONSE:**

21 Left job to go (back) to school, to continue education.

22Left because of disagreemnts, conflicts or other problems with employer/supervisor, incl. personality conflicts; e.g., "Tired of abuse of owner","There was problem with politics","I was loyal to former managemnt","Employer refused to pay agency fee."

23Left because job was temporary, seasonal. (Include summer employment.)

24Left because R couldn't handle job. (If couldn't handle job because of a health problem, code in "r". If couldn't handle because of age or any other reason, use this code.)

25left because business closed, business was sold.

26Left because of poor working conditions. (Include too long hours, too much pressure as well as environmental conditions such as poor ventilation, bad location)

27Job ended. (If temporary or seasonal, code in 23)

28Left to get a permanent/ more secure job, to operate own business.

29Left because of an accident causing injury to R.

30Left busines of change in family or personel life ‑ pregnancy, marriage, death, divorce.

78 Other response

**APPENDIX** "**G**"

**(Q.90)**

**CODE RESPONSE:**

01 you did not want that kind of work

02 the pay was too low

03 the hours were not satisfactory

04 part‑time work was not offered

05 the job was only temporary

06 it was too difficult to get to work

07 you could not arrange childcare

08 the health benefits were inadequate

09 accepted another job offer

10 the job conditions were not satisfactory

11 health problems prevented you from getting to work

12 some other reason

**APPENDIX "H"**

**(Q.96)**

**CODE RESPONSE:**

01 Financial need

02 To raise your level of living

03 Social Security benefits had stopped

04 To finance a specific purchase

05 Your personal preference‑‑you wanted to work

06 You found a job after a period of unemployment

07 Your health improved so that you could work

08 Your Medicare benefits would not be affected by work

09 Your spouse's health changed

10 Rehabilitation services made you able to work

11 Some other reasons

**APPENDIX "J"**

**(Q.286- Other Specify)**

**Q. Why is (he/she) not available?**

**CODE RESPONSE:**

01Spouse don't want to be interviewed or R wanted to answer for spouse.

02Spouse was not available because interview was not conducted at R's home.

03 Spouse was sleeping, resting, not feeling well.

04 Spouse was working.

05Spouse couldn't communicate because of language barrier, include deafness.

06Spouse out of town visiting or for other reasons.

08At home but otherwise occupied ‑ on phone, talking to insurance agent, tending grandchildren.

78 Other response

**APPENDIX "K"**

**(Q.456)**

**CODE LETTER RESPONSE:**

01 A. $250 or less

02 B. $251 ‑ $500

03 C. $501 ‑ $750

04 D. $751 ‑ $1,000

05 E. $1,001 ‑ $1,250

06 F. $1,251 ‑ $1,500

07 G. $1,501 ‑ $2,000

08 H. $2,001 ‑ $2,500

09 I. $2,501 ‑ $3,000

10 J. $3,001 ‑ $3,500

11 K. $3,501 ‑ $4,000

12 L. $4,001 ‑ $4,500

13 M. $4,501 ‑ $5,000

14 N. $5,001 or more

96 R did not give a letter response but did give an amount for a full year

98 Don't know

99 No answer, refused

**APPENDIX "L"**

**(Q.461)**

**Q. Could you please tell me the reason you have not applied for Supplemental Security Income?**

**CODE RESPONSE:**

01Did not need it. (Use this code if R says "Didn't need it" and doesn't give any further explanation. This code can also be used in combination with other codes.)

02R has no knowledge of SSI; e.g., "Don't know what it is." "Don't think I'm eligible." "Don't think I'm entitled to it." "We couldn't get it."

03R believes he/she is not eligible (no reason specified); e.g., "Don't think I'm eligible." "Don't think I'm entitled to it." "We couldn't get it."

04R believes he/she is not eligible because income exceeds SSi limits; e.g., "Make too much money." "Believe I'm over income." "Income limit ‑ we're above it."

05Hasn't applied because R is receiving Social Security retirement or disability benefits and understands one cannot receive SSA and SSI both or SSA goes down if you get SSI.

06Hasn't applied because R is receiving Social Security retirement or disability benefits. (No mention of not being able to receive both SSA and SSI.)

07Hasn't applied because R or R's spouse is/was planning to go (back) to work or is/was working.

08R was told at Social Security office or by another agency that he/she was not entitled to SSI or was told to apply for SSA instead of SSI.

09Has always been independent or self supporting. (R states specifically or implies that receiving such financial help as SSI provides is against his/her principles). e.g., "I would never ask for help." "We work for what we get."

10Hasn't applied because others need it and R doesn't or others need the help more then R does.

11Hasn't applied because of the difficulties or trouble involved or because the small amount to be received would not be worth the effort; e.g., "Local office closed." "Wasn't worth the paper work." "Would only get $15 a month."

**APPENDIX "L"**

(Continued)

**Q. Could you please tell me the reason you have not applied for Supplemental Security Income?**

**CODE RESPONSE:**

12Hasn't applied because of age requirements; e.g., "Not old enough." "Thought you had to be 65."

13 R didn't know he/she could apply or whether he/she entitled.

15R never thought about applying: "don't know why, just never have"

16No reason for applying. (Include responses such as "No reason to" and "Why should I?")

17Didn't know how to apply/where to apply. (Include problems communicating in English)

18Has been too proud to apply; e.g., "I think we are too proud." "I suppose it's my pride."

19Have managed so far but uncertain about the future; e.g., "Didn't try as long as could manage on what I get ‑ now medicines cost $215 for one month."

20Hasn't applied because R or R's spouse is receiving other benefits. (Note that these benefits may include Social Security but if only Social Security is mentioned, code 06 is to be used) e.g., "I get Social Security and my husband's pensions."

" I didn't believe I was qualified for it because of my retirement from city of Dallas."

21R lives in a long term care facility or is receiving other long term care benefits from a non profit agency; e.g., "In nursing home." "We are taken care of by our congregation."

22Hasn't applied because R has been turned down by other agencies; e.g., "Couldn't get disability ‑ why apply for SSI?"

23Didn't want to/ wouldn't/ never bothered to apply; e.g., "Just never have." "I guess I didn't want to."

**APPENDIX "L"**

(Continued)

**Q. Could you please tell me the reason you have not applied for Supplemental Security Income?**

**CODE RESPONSE**

24Hasn't applied because R understands that one has to be handicapped, disabled or ill to receive SSI; e.g., "I thought that was something for people who are handicapped." "Too healthy."

25Hasn't applied because R understands that SSI is for people who never worked and thus don't qualify for SSA.

26Hasn't applied because R understands that one has to have children or be head of a household to qualify for SSI.27 Hasn't applied because R understands that one has to have

children or be head of a household to qualify for SSI.

28Hasn't applied because R understands that one has to be on welfare or be poor to qualify for SSI.

29R believes he/she isn't eligible for other reasons, such as one has to be on SSA., one has to have worked, one has to be single, or has to be black.

30R hasn't applied yet but intends to.

78 Other response

96 No further reasons.

99 No answer/refused.

**APPENDIX "M"**

**(Q.477)**

**Q. What types of assests are these?**

**CODE RESPONSE:**

01 House or other real estate R is not precently occupying.

02 Annuity, retirement plan not drawing on yet

04 Grave plots

06 Household goods ‑ furniture, appliances

07 Collectibles ‑ Coins, jewelry, gem stones

08 Limited / real estate partnership

10 Machinery, farm equipment, live stock

78 Other response

96 No further assets

99 No answer/refused

**APPENDIX "N"**

**(Q.498f)**

**Q. What was the source of this money or property?**

**CODE RESPONSE:**

1 Yes

2 No

3 Lump sum Social Security payment, disability or SSI

4 Cashed in insurance policies

5 Loan from relatives

6 Property sale

8 Don't know

9 No answer/refused

**APPENDIX "O"**

**(INTERVIEWER OBSERVATION Q.1)**

**CODE RESPONSE:**

01 Trailer

02 Detached single family house

03 Two‑family house, two units side by side (semi‑detached)

04 Two‑family house, two units one above the other

05Detached three‑four family house/apartment building/ condominium

06 Row house (three or more units in an attached row)

07Apartment house or condominium (five or more units, three stories or less

08Apartment house or condominium (five or more units, four stories or more)

09Apartment or condominium in a partly commercial structure

10 Hospital or sanitarium

11 Nursing or convalescent home

12 Other

95 Phone Interview

**APPENDIX "P"**

**(Q.452)**

**Q. What types of income are these?**

**CODE RESPONSE:**

01 Property sale ‑ (Include crops)

02 Rental income

03 Insurance

04 Leases ‑ Include oil leases and royalties

05 Partnership

06 Casual earnings

07 Interest from miscellaneous investments

78 Other response

96 No second (or third) type listed

98 Don't know

99 No answer/refused