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FORM CE-1
(8-31-72)

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



CONSUMER EXPENDITURE SURVEY 1973

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

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

11. RECORD OF CALLS				13. FINAL INTERVIEW STATUS Enter appropriate code (1-17) and the month and day		14. INTERVIEWER'S NAME	Code	NOTES
Date	Time	Date	Time	1 - Interview	21-22	Q1		
	a.m. p.m.		a.m. p.m.	Noninterview	Q1	Code		
	a.m. p.m.		a.m. p.m.	TYPE A		Mo./Day		
	a.m. p.m.		a.m. p.m.	2 - No one home (unable to contact)	23-24			
	a.m. p.m.		a.m. p.m.	3 - Temporarily absent (during entire panel)		Code		
	a.m. p.m.		a.m. p.m.	4 - Refused	Q2	Mo./Day		
	a.m. p.m.		a.m. p.m.	5 - Other - Specify in Notes				
	a.m. p.m.		a.m. p.m.	TYPE B	25-26			
	a.m. p.m.		a.m. p.m.	6 - Vacant		Code		
	a.m. p.m.		a.m. p.m.	7 - Occupied by persons with URE	Q3	Mo./Day		
	a.m. p.m.		a.m. p.m.	8 - Under construction, not ready				
	a.m. p.m.		a.m. p.m.	9 - Other - Specify in Notes	27-28			
	a.m. p.m.		a.m. p.m.	TYPE C		Code		
	a.m. p.m.		a.m. p.m.	10 - Demolished	Q4	Mo./Day		
	a.m. p.m.		a.m. p.m.	11 - House or trailer moved				
	a.m. p.m.		a.m. p.m.	12 - Converted to permanent nonresidence	29-30			
	a.m. p.m.		a.m. p.m.	13 - Merged		Code		
	a.m. p.m.		a.m. p.m.	14 - Condemned	Q5	Mo./Day		
	a.m. p.m.		a.m. p.m.	15 - Located on military base (post)				
	a.m. p.m.		a.m. p.m.	16 - CU no longer at sample address	31-32			
	a.m. p.m.		a.m. p.m.	17 - Other - Specify in Notes				
12. SUPERVISOR'S USE						15. AREA OFFICE NAME		
a. Recheck		Initials	Date					
b. Observation								

1972-73 Consumer Expenditure Survey

Write-ins on 1973 Interview Survey Form CE-1

Page No.	Sec.	Part	Item No.	Items
38	7	A	141	Combined clothing expense
39	7	A	156	Fur coat storage
54	9	(G)	119	Minor sport equipment under \$10, if reported.
55	9	(H)	122	Pets and pet supplies, other than food
55	9	(H)	125	Toys
55	9	(H)	126	Miscellaneous nonpowered hand tools
77	15	B	2b	Lubrications, filter and oil changes and antifreeze
103	20	A	7	Combined books and tuition
103	20	A	8	Other combined educational expenses
107	22		16	Office equipment for home use
107	22		17	Flower arrangements, potted plants, live Christmas trees
114	25	B	6d	Net loss from own business or professional practice, (K63), code 1
114	25	B	6e	Net loss from own farm, (K64), code 1
117	26	A	8n	Net loss from own farm, (L28), code 1
117	26	A	8o	Net loss from own business or professional practice, (L29), code 1

R'S USE	
Number Items Credit	Remarks

TJL 2/23/78

EACH QUARTER

Section 1 - HOUSEHOLD RECORD AND CONSUMER UNIT DETERMINATION

INTERVIEWER - Complete at Q1 and update each quarter thereafter.

Part A

ASK OF ALL UNITS

ASK IF MARKED

LIVING QUARTERS - ASK IF NOT APPARENT BY OBSERVATION

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

- 2a. Does this place have 10 acres or more? (A82) 1 Yes - Ask 26(1) 2 No - Ask 26(2) b. During the past 12 months, did sales of crops, livestock, and other farm products from this place amount to - (A83) (1) \$50 or more? ... 1 Y 2 N (2) \$250 or more? ... 3 Y 4 N

- a. Do you have complete kitchen facilities? If NO, mark "None." If YES - Are they for this household's exclusive use? (A84) 1 Exclusive use 2 Shared 3 None b. Do you have direct access from the outside or through a common hall? (A85) 1 Yes, direct access 2 No, through another unit

- c. Housing unit (A86) 1 House, apt., flat 2 HU in Special Place 3 Trailer not in Special Place 4 HU not specified above - Describe d. Other unit 5 Quarters not HU in rooming or boarding house 6 Tent or trailer site 7 Other, not HU - Describe

20. What is your telephone number? Area code | Number | No telephone checkbox 21. What is the best time of day to call or visit? a.m. p.m.

Table with columns: PROCESSING USE ONLY, CONSUMER UNIT NO., PERSON LINE NO., NAME, RELATIONSHIP, HOUSEHOLD MEMBER, BIRTH DATE, AGE, MARITAL STATUS, SEX, RACE, A.F. MEMBER, LINE NUMBER, ADDITIONS, DELETIONS, INTERVIEWER CHECK ITEM, NOTES.

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

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

16a. INTERVIEWER CHECK ITEM FOR ASSIGNING CU NO. Include anyone who was a HH member since Jan. 1 Enter "1" in item 4 on the lines for head of household, wife, never married children and any other person listed who is considered part of that family. For all other individuals or closely related groups ask items 16b-d, as applicable. Fill a separate line for each. For separate CU's assign numbers in sequence, e.g., "2" for the second CU in the HH. NOTE: If two CU's, prepare a separate questionnaire for CU No. 2. Enter in item 6 of the additional questionnaire the names of all persons in the CU, then fill items 17 and 19. If more than two CU's, STOP the interview. List the CU numbers on an Inter-Comm.

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

EACH QUARTER

Section 1 - HOUSEHOLD RECORD AND CONSUMER UNIT DETERMINATION - Continued

INTERVIEWER - Complete at Q1 and update each quarter thereafter.

Part A

Extra page

HOUSEHOLD RECORD - Continued										CONSUMER UNIT RECORD FOR CU NO. →						NOTES							
PROCESSING USE ONLY	CONSUMER UNIT NO.	PERSON LINE NO. <i>y</i> Circle line No. of resp. and enter quarter No.	6. NAME <i>Lost name first</i> What is the name of the head of this household? What are the names of all other persons living or staying here? List all persons who usually live here and all persons who are temporarily absent. Be sure to include infants under 1 year of age. Draw a heavy line under name of last person listed at each interview.	7. RELATIONSHIP What is ... 's relationship to the head of the household? Example: Head, wife, son, daughter-in-law, uncle, lodger, lodger's wife, maid Code	8. HOUSEHOLD MEMBER Is this ... 's usual place of residence? Mark YES if no usual residence		9. BIRTH DATE What was the month and year of ... 's birth? Example: 01-40, 12-05 MO. | YR.	10. AGE Enter age at time of first interview	11. MARITAL STATUS Is ... now - 1-Married? 2-Widowed? 3-Divorced? 4-Separated? 5-Never Married? Enter code	12. SEX 1-Male 2-Female Enter code	13. RACE 1-White 2-Black or Negro 3-Other- Specify in Notes Enter code	14. A.F. MEMBER Ask if 16-65 years - Is ... now in the Armed Forces? YES | NO	PROCESSING USE ONLY	17. LINE NUMBER Transcribe line numbers of all persons in this CU from item 5.	18. FOR ALL ADDITIONS AND DELETIONS TO THIS CU. In the appropriate column enter the date the change occurred for each person added or deleted in item 17.			19. INTERVIEWER CHECK ITEM Place an "X" on the line for each person living in this CU at anytime during this quarter.					
					Q2-Q5										Q1-Q5								
			Additions			Deletions			Q1	Q2	Q3	Q4	Q5										
			MO.	DAY	YR.	MO.	DAY	YR.															
(B11)		11			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>										
(B12)		12			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>										
(B13)		13			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>										
(B14)		14			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>										
(B15)		15			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>										
(B16)		16			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>										
(B17)		17			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>										
(B18)		18			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>										
(B19)		19			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>										
(B20)		20			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>										

NOTES

16a. INTERVIEWER CHECK ITEM FOR ASSIGNING CU NO. Include anyone who was a HH member since Jan. 1

- Enter "1" in item 4 on the lines for head of household, wife, never married children, and any other person listed who is considered part of that family.
- For all other individuals or closely related groups ask items 16b-d, as applicable. Fill a separate line for each. For separate CU's assign numbers in sequence, e.g., "2" for the second CU in the HH.
- NOTE: If two CU's, prepare a separate questionnaire for CU No. 2. Enter in item 5 of the additional questionnaire the names of all persons in the CU, then fill items 17 and 19. If more than two CU's, STOP the interview. List the CU numbers on an Inter-Comm.

ASK FOR EACH INDIVIDUAL OR GROUP OF RELATED PERSONS NOT IDENTIFIED AS PART OF CU NO. "1"

LINE NO.	16b. Is ... financially independent that is, does ... pay for food, shelter, and clothing with his own money?	16c. What items does he pay for himself? If two or more listed items marked, assign separate CU No. Otherwise ask item 16d.	16d. Who pays for the remainder?
	<input type="checkbox"/> Yes - Assign separate CU No. in item 4. <input type="checkbox"/> No - Ask item 16c.	<input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Shelter <input type="checkbox"/> None	<input type="checkbox"/> Other CU in HH - Enter same CU No. in item 4. <input type="checkbox"/> Person not in HH - Specify in Notes and assign separate CU No. in item 4.
	<input type="checkbox"/> Yes - Assign separate CU No. in item 4. <input type="checkbox"/> No - Ask item 16c.	<input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Shelter <input type="checkbox"/> None	<input type="checkbox"/> Other CU in HH - Enter same CU No. in item 4. <input type="checkbox"/> Person not in HH - Specify in Notes and assign separate CU No. in item 4.
	<input type="checkbox"/> Yes - Assign separate CU No. in item 4. <input type="checkbox"/> No - Ask item 16c.	<input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Shelter <input type="checkbox"/> None	<input type="checkbox"/> Other CU in HH - Enter same CU No. in item 4. <input type="checkbox"/> Person not in HH - Specify in Notes and assign separate CU No. in item 4.
	<input type="checkbox"/> Yes - Assign separate CU No. in item 4. <input type="checkbox"/> No - Ask item 16c.	<input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Shelter <input type="checkbox"/> None	<input type="checkbox"/> Other CU in HH - Enter same CU No. in item 4. <input type="checkbox"/> Person not in HH - Specify in Notes and assign separate CU No. in item 4.

After assigning CU Nos. in item 4 for all listed persons, go to item 17.

QUARTER Q1 Section 1 - HOUSEHOLD RECORD AND CONSUMER UNIT DETERMINATION - Continued

Part B

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

1a. What is the present market value of your home, that is, how much do you think it would sell for today? (B81) \$ _____ .00

b. If you were to rent your home today, how much do you think it would rent for MONTHLY, unfurnished and without utilities? (B82) \$ _____ .00

2a. When did you move to this address?
If 1973, enter month.

(B83) 0 Before 1973 { For RENTERS, skip to Section 2.
For OWNERS, skip to Section 3.

Month _____ Year 1973

b. If 1973 - What was the distance moved? In miles (B84) 1 Less than 25 miles
2 25 to 49 miles
3 50 miles or more

3a. Did you own or rent the home you occupied on Jan. 1, 1973? (B85) 1 Own Skip to item 4a
2 Rent

b. Were any rent payments on that place due in 1973?
 Yes
 No - Skip to item 4a

c. If YES - What was the total amount of rent due in 1973? (B86) \$ _____ .00

4a. Did you rent any (other) homes in 1973? Exclude vacation homes
 Yes
 No

b. If YES - What was the total amount of rent due in 1973 for this (these) place(s)? (B87) \$ _____ .00

NOTES

Horizontal lines for notes.

NOTES

Vertical lines for notes.

02 01 2 7

QUARTER	Date of interview	Q 1
Q1, Q5		

Section 2 - RENTED LIVING QUARTERS

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

Part A - Rental Payments, Facilities, and Services

	Q1	Q5	NOTES
1. TRANSCRIPTION ITEM Date moved to present address (From item 2a, Part B, Section 1)	<input type="checkbox"/> Before 1973 Month _____ Year _____		
2. What was the amount of your last rent for this unit? Dollars and cents	(C01) \$ _____	(C13) \$ _____	
3. How long a period did this cover?	(C02) 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Other - Specify _____	(C14) 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Other - Specify _____	
<ul style="list-style-type: none"> Ask items 4 and 5 at Q1; merely confirm at Q5. 4. Does the rent payment include - <ul style="list-style-type: none"> a. Electricity? b. Gas? c. Water? d. Heating? e. Air conditioning? f. Laundry equipment? Exclude coin operated equipment g. Cooking stove? h. Refrigerator? i. Dishwasher? j. Central switchboard? k. Swimming pool? l. Garage or parking facilities? 	* (C03) YES NO 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/> 7 <input type="checkbox"/> <input type="checkbox"/> 8 <input type="checkbox"/> <input type="checkbox"/> * 9 <input type="checkbox"/> <input type="checkbox"/> 0 <input type="checkbox"/> (C04) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> * 9 <input type="checkbox"/> 0 <input type="checkbox"/> (C05) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	* (C15) YES NO 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/> 7 <input type="checkbox"/> <input type="checkbox"/> 8 <input type="checkbox"/> <input type="checkbox"/> * 9 <input type="checkbox"/> <input type="checkbox"/> 0 <input type="checkbox"/> (C16) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> * 9 <input type="checkbox"/> 0 <input type="checkbox"/> (C17) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
<ul style="list-style-type: none"> If garage or parking facilities not included in rent 5a. Do you pay extra for garage or parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 6	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 6	
b. How much? Dollars and cents	\$ _____ per _____	\$ _____ per _____	
OFFICE USE ONLY - Extra parking costs for 1973		(C18) \$ _____	
6. Does the rent payment include complete or partial furnishings? Complete furnishings include furniture, linens, dishes, etc.	(C06) 1 <input type="checkbox"/> Yes, complete 2 <input type="checkbox"/> Yes, partial 3 <input type="checkbox"/> No	(C19) 1 <input type="checkbox"/> Yes, complete 2 <input type="checkbox"/> Yes, partial 3 <input type="checkbox"/> No	
7a. Is any portion of this unit used for own business or rented to others?	(C07) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, business only 3 <input type="checkbox"/> Yes, rented only 4 <input type="checkbox"/> Yes, both business and rented	(C20) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, business only 3 <input type="checkbox"/> Yes, rented only 4 <input type="checkbox"/> Yes, both business and rented	
<ul style="list-style-type: none"> If used for own business or rented to others b. What percent of the rent is counted as a business expense? Enter to the nearest whole percent.	(C08) _____ Percent	(C21) _____ Percent	
<ul style="list-style-type: none"> Ask only in apartment hotels and similar places 8. Does the rent include maid service?	(C09) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> NA	(C22) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> NA	
<ul style="list-style-type: none"> Ask only in rooming and boarding houses 9a. Does the rent include any board?	(C10) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to Section 3 3 <input type="checkbox"/> NA	(C23) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to Part B 3 <input type="checkbox"/> NA	
b. How many meals per week?	(C11) _____ Number of meals	(C24) _____ Number of meals	
c. How much of your \$... rent is for meals? Dollars and cents	(C12) \$ _____ ? <input type="checkbox"/> DK	(C25) \$ _____ ? <input type="checkbox"/> DK	

QUARTER

Q5

Section 2 - RENTED LIVING QUARTERS - Continued

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

Part B - Other Rental Payments

Ask at Q5 only

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

1a. Have there been any changes in your rent for this unit during 1973?

Yes No - Skip to item 2a

b. Please tell me the different amounts of rent you were charged in 1973, how long a period each rental payment covered, and how many payments you made at each amount.

1	(C31) \$ _____ per ↗
	(C32) 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Other - Specify _____
	(C33) _____ Number of payments
2	(C34) \$ _____ per ↗
	(C35) 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Other - Specify _____
	(C36) _____ Number of payments

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

OFFICE USE ONLY - Total rent in 1973.

(C43) \$ _____

2a. Were any rental payments for this unit due in 1973 which you have not yet paid?

Yes No - Skip to item 3a

b. How much do you owe?

(C44) \$ _____

3a. Have you had any expenses in 1973 for redecorating, repairing, or maintaining this unit or the grounds? Exclude amounts reimbursed by landlord or deducted from the rent.

Yes No - Skip to item 4a

b. What were your total expenses for these things in 1973?

(C45) \$ _____

4a. Did you pay any refundable deposits for this unit in 1973?

Yes No - Skip to item 5a

b. How much did you pay?

(C46) \$ _____

5a. Were any deposits for this or any other unit returned to you in 1973?

Yes No - Skip to item 6a

b. How much was returned?

(C47) \$ _____

6a. Did you receive any rent for this or any other unit as a form of pay in 1973?

Yes No - Skip to item 7a

b. How much was this worth?

(C48) \$ _____

7a. During 1973 have you paid any extra rent or special charges for this unit which have not already been reported?

Yes No - Skip to item 8a

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

c. How much were they?

1	(C49) \$ _____
	(C50) \$ _____
2	(C50) \$ _____

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

8a. During 1973, have you received any money from renting or subleasing any portion of this unit?

Yes No - Skip to next section

b. How much?

(C51) \$ _____

NOTES

Section 3 - OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE

INTERVIEWER Q1-Q5 - This section is to be asked for all Q1's. Q1 - Ask item 1, Part A, and complete a separate col. in Part B for each property reported. Q5 - If column(s) filled at Q1, ask items 2 and 3, Part A. If no columns filled at Q1, ask only item 3, Part A.

Part A - Screening Questions Ask at Q1
1a. Do you own any property or other real estate that is used by your family such as -
PROPERTY CODE
1 - Your own home?
2 - A home occupied earlier in 1973, but not at present?
3 - Vacation home or recreational property?
4 - Unimproved land?
5 - Other - Specify

Part A - Screening Questions Ask at Q5
2a. Do you still have ...?
b. Which properties do you no longer have?
3a. During 1973, did you purchase or otherwise acquire any property or other real estate, such as a house, a vacation home, other recreational property, a farm, land, or other property?

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

Part B - Detailed Questions
1a. Is this property used partly for business or rented to others?
b. What percent of the expenses are counted as business deductions?
2a. Is this property a -
b. Is the building completed or still under construction?
3. In what month and year did you acquire this property?
4. How did you acquire this property?
5a. What was the total price (including land and construction costs) of the property?
b. What was the amount of the cash downpayment?
c. What was the value of the trade-in?
6. Was the property previously occupied by someone else?
7a. What was the total amount of closing charges?
b. Were any of the following included in the closing costs?
(1) Property survey charges
(2) Title search and guarantee
(3) Recording fees
(4) Federal, State, and local taxes, excluding property taxes
(5) Escrow payment
(6) Points paid by buyer
(7) Deed preparation
(8) Other - Specify in Notes
8a. Were any shares in common areas or recreational facilities included in the purchase price?
b. If YES - What was included? - Describe
c. How much of the purchase price was for these shares?

Part C - Ask for each property disposed of since Jan. 1, 1973.
1. How did you dispose of the property?
2. In what month and year did you dispose of the property?
3. What was the selling price (trade-in value) of the property?
4. How much did you pay for each of the following:
a. Commission to a realtor or agent for the sale?
b. Closing costs, not counting points?
c. Points to arrange financing for the buyer?
d. Penalty to pay off an existing mortgage?
5a. Did you finance the sale by taking a mortgage from the new owner?
b. Was this a first or second trust mortgage?
c. What was the balance on the principal as of Dec. 31, 1973?
6. Did you have to pay any other charges in connection with the sale? - Specify in Notes

QUARTER
Q1, Q5

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

INTER-
VIEWER

This section is to be asked for all CU's.
Q1 - Ask item 1, Part A, and complete a separate col. in Part B for each property reported.
Q5 - If column(s) filled at Q1, ask items 2 and 3, Part A.
If no columns filled at Q1, ask only item 3, Part A.

Additional entries

Part B - Detailed Questions - Continued

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

PROCESSING USE ONLY	PROPERTY NUMBER	DESCRIPTION	PROPERTY CODE (From item 1, Part A)
~ 1 03 03 6 ↓	3		D01
~ 1 03 04 4 ↓	4		D01

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

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

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

3. In what month and year did you acquire this property?
If 1973, enter month and year, otherwise enter year only. If before 1969, skip to next property.

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

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

b. What was the amount of the cash downpayment?

c. What was the value of the trade-in? If purchased before 1973, complete item 5c, then skip to next property.

6. Was the property previously occupied by someone else?

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

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

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

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

b. If YES - What was included? - Describe

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

Part C - Ask for each property disposed of since Jan. 1, 1973.

1. How did you dispose of the property? 1 - Sold it 2 - Traded it 3 - Other - Specify in Notes	D22	Code	D22	Code
2. In what month and year did you dispose of the property?	D23	Month Year	D23	Month Year
3. What was the selling price (trade-in value) of the property?	D24	\$ _____ .00	D24	\$ _____ .00
4. How much did you pay for each of the following: a. Commission to a realtor or agent for the sale?	D25	\$ _____ .00	D25	\$ _____ .00
b. Closing costs, not counting points?	D26	\$ _____ .00	D26	\$ _____ .00
c. Points to arrange financing for the buyer?	D27	\$ _____ .00	D27	\$ _____ .00
d. Penalty to pay off an existing mortgage?	D28	\$ _____ .00	D28	\$ _____ .00
5a. Did you finance the sale by taking a mortgage from the new owner?	D29	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 6	D29	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 6
b. Was this a first or second trust mortgage?	D30	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Second	D30	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Second
c. What was the balance on the principal as of Dec. 31, 1973?	D31	\$ _____ .00	D31	\$ _____ .00
6. Did you have to pay any other charges in connection with the sale? - Specify in Notes If YES - How much did you pay?	D32	\$ _____ .00	D32	\$ _____ .00

QUARTER Q1, Q5

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

INTERVIEWER { Q1 - Ask item 1, Part A, and complete a separate col. in Part B for each property reported. Q5 - If column(s) filled at Q1, ask items 2 and 3, Part A. If no columns filled at Q1, ask only item 3, Part A.

Additional entries

Part B - Detailed Questions - Continued

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

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

~ 1 03 05 1 ↓ 5

~ 1 03 06 9 ↓ 6

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

D02 Code D03 Percent

D02 Code D03 Percent

2a. Is this property a - 1 - Condominium? 2 - Cooperative? b. Is the building completed or still under construction? 3 - Mobile home or trailer home? 4 - None of these?

D04 Code D05 1 Completed 2 Under construction

D04 Code D05 1 Completed 2 Under construction

3. In what month and year did you acquire this property? If 1973, enter month and year, otherwise enter year only. If before 1969, skip to next property.

D06 Month Year

D06 Month Year

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

D07 Code

D07 Code

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

D08 \$.00

D08 \$.00

b. What was the amount of the cash downpayment? 6. Was the property previously occupied by someone else? Do not ask for unimproved land

D09 \$.00 None D10 \$.00 None D11 1 Yes 2 No

D09 \$.00 None D10 \$.00 None D11 1 Yes 2 No

7a. What was the total amount of closing charges? b. Were any of the following included in the closing costs? If YES - What was the amount?

D12 \$.00 YES NO DK D13 \$.00 YES NO DK

D12 \$.00 YES NO DK D13 \$.00 YES NO DK

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

D14 \$.00 D15 \$.00 D16 \$.00 D17 \$.00 D18 \$.00 D19 \$.00 D20 \$.00

D14 \$.00 D15 \$.00 D16 \$.00 D17 \$.00 D18 \$.00 D19 \$.00 D20 \$.00

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

D21 \$.00 DK

D21 \$.00 DK

Part C - Ask for each property disposed of since Jan. 1, 1973.

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

D22 Code D23 Month Year

D22 Code D23 Month Year

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

D24 \$.00

D24 \$.00

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

D25 \$.00 None DK

D25 \$.00 None DK

4. How much did you pay for each of the following: a. Commission to a realtor or agent for the sale? b. Closing costs, not counting points? c. Points to arrange financing for the buyer? d. Penalty to pay off an existing mortgage?

D26 \$.00 D27 \$.00 D28 \$.00

D26 \$.00 D27 \$.00 D28 \$.00

5a. Did you finance the sale by taking a mortgage from the new owner? b. Was this a first or second trust mortgage? c. What was the balance on the principal as of Dec. 31, 1973? d. Did you have to pay any other charges in connection with the sale? - Specify in Notes If YES - How much did you pay?

D29 1 Yes 2 No - Skip to item 6 D30 1 First 2 Second

D29 1 Yes 2 No - Skip to item 6 D30 1 First 2 Second

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

D31 \$.00 D32 \$.00

D31 \$.00 D32 \$.00

Part A - Mortgage Payments

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

1. INTERVIEWER ITEM (Enter the following information from Section 3.)	PROCESSING USE ONLY		PROPERTY NUMBER	
			1	2
2. Description (Part B).....			1 04 01 8 ↓	1 04 02 6 ↓
b. Property code (Part B)	Code	Year	Month | Year	Month | Year
c. Date acquired (item 3, Part B)	Month	Year	Month | Year	Month | Year
d. If disposed of in 1973, month disposed of (item 2, Part C) ..	Month	Year	Month | Year	Month | Year
2a. During 1973, did you have a mortgage on this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next property		<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next property	
b. How many mortgages did you have on this property in 1973?	Mortgage No. 1 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Second 3 <input type="checkbox"/> Three or more		Mortgage No. 2 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Second 3 <input type="checkbox"/> Three or more	
3a. Was this a first or second trust mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Was the mortgage obtained at the time of purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. If NO - In what year was it obtained?	Year	Year	Year	Year
4. What was the amount of the mortgage when you obtained it?	E04 \$ _____ .00	E05 \$ _____ .00	E04 \$ _____ .00	E05 \$ _____ .00
5. For how many years from the time of purchase are payments to be made on the mortgage?	E06 \$ _____ .00 E08 _____ Years	E07 \$ _____ .00 E09 _____ Years	E06 \$ _____ .00 E08 _____ Years	E07 \$ _____ .00 E09 _____ Years
6a. What type of mortgage was it? 1 - Conventional 2 - VA 3 - FHA 4 - Other - Specify in Notes	E10 _____ Code	E11 _____ Code	E10 _____ Code	E11 _____ Code
b. Is this a -- 1 - Fully amortized mortgage? 2 - Interest only? 3 - Other type? - Specify in Notes	E12 _____ Code	E13 _____ Code	E12 _____ Code	E13 _____ Code
7a. What was the rate of interest when the mortgage was obtained? Enter in two decimal places, such as 6.50% for 6 1/2%. b. If FHA - Does the interest include FHA guarantee insurance?	E14 _____ % E16 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	E15 _____ % E17 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	E14 _____ % E16 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	E15 _____ % E17 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8a. Was the mortgage - 1 - A new mortgage? 2 - Assumed from previous owner? 3 - Refinanced during 1973? 4 - Other? - Specify in Notes	E18 _____ Code <input type="checkbox"/> Yes <input type="checkbox"/> No	E19 _____ Code <input type="checkbox"/> Yes <input type="checkbox"/> No	E18 _____ Code <input type="checkbox"/> Yes <input type="checkbox"/> No	E19 _____ Code <input type="checkbox"/> Yes <input type="checkbox"/> No
b. If code 3 - Were there any refinancing charges?	E20 \$ _____ .00	E21 \$ _____ .00	E20 \$ _____ .00	E21 \$ _____ .00
c. If YES - What was the total amount of the charges?	E22 _____ Code	E23 _____ Code	E22 _____ Code	E23 _____ Code
9. How often are (were) mortgage payments due? 1 - Monthly 2 - Quarterly 3 - Other - Specify in Notes	E24 \$ _____ .00 E26 _____ Number	E25 \$ _____ .00 E27 _____ Number	E24 \$ _____ .00 E26 _____ Number	E25 \$ _____ .00 E27 _____ Number
10a. What is (was) the amount of the regular payment?	E28 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	E29 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	E28 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	E29 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. How many regular payments did you make in 1973?	E30 \$ _____ .00	E31 \$ _____ .00	E30 \$ _____ .00	E31 \$ _____ .00
c. Were the payments all the same amount?	* 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No 5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No 7 <input type="checkbox"/> Yes 8 <input type="checkbox"/> No		* 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No 5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No 7 <input type="checkbox"/> Yes 8 <input type="checkbox"/> No	
OFFICE USE ONLY - Total mortgage payments made in 1973	E32 \$ _____ .00	E33 \$ _____ .00	E32 \$ _____ .00	E33 \$ _____ .00
11. Does the mortgage payment include -	* 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No 5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No 7 <input type="checkbox"/> Yes 8 <input type="checkbox"/> No		* 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No 5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No 7 <input type="checkbox"/> Yes 8 <input type="checkbox"/> No	
12a. Were any lump sum or special payments made in 1973? If YES, explain in Notes what the payments were for.	E34 \$ _____ .00	E35 \$ _____ .00	E34 \$ _____ .00	E35 \$ _____ .00
b. If YES - What was the total amount of such payments?	E36 \$ _____ .00	E37 \$ _____ .00	E36 \$ _____ .00	E37 \$ _____ .00
13a. What was the outstanding principal on the mortgage at the end of 1973?	E38 \$ _____ .00	E39 \$ _____ .00	E38 \$ _____ .00	E39 \$ _____ .00
b. How much interest was paid on the mortgage in 1973?	E40 \$ _____ .00	E41 \$ _____ .00	E40 \$ _____ .00	E41 \$ _____ .00
c. How much principal was paid in 1973?	E42 \$ _____ .00	E43 \$ _____ .00	E42 \$ _____ .00	E43 \$ _____ .00
14a. Were there any penalty charges for prepayment made in 1973, not including those for refinancing?	E44 \$ _____ .00	E45 \$ _____ .00	E44 \$ _____ .00	E45 \$ _____ .00
b. If YES - How much?	E46 \$ _____ .00	E47 \$ _____ .00	E46 \$ _____ .00	E47 \$ _____ .00
15a. Was any interest due in 1973 but not paid in 1973?	E48 \$ _____ .00	E49 \$ _____ .00	E48 \$ _____ .00	E49 \$ _____ .00
b. If YES - How much?	E50 \$ _____ .00	E51 \$ _____ .00	E50 \$ _____ .00	E51 \$ _____ .00
16a. Was any interest due before 1973, but paid in 1973?	E52 \$ _____ .00	E53 \$ _____ .00	E52 \$ _____ .00	E53 \$ _____ .00
b. If YES - How much?	E54 \$ _____ .00	E55 \$ _____ .00	E54 \$ _____ .00	E55 \$ _____ .00

QUARTER
Q5

Section 4 - MORTGAGE PAYMENTS AND OWNERSHIP COSTS

Part A - Mortgage Payments

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

1. INTERVIEWER ITEM (Enter the following information from Section 3.)	PROCESSING USE ONLY	PROPERTY NUMBER	INTERVIEWER		INTERVIEWER	
			1 04 03 4 ↓	3	1 04 04 2 ↓	4
2a. Description (Part B)			Code	Year	Code	Year
b. Property code (Part B)			Month	Year	Month	Year
c. Date acquired (Item 3, Part B)			Month	Year	Month	Year
d. If disposed of in 1973, month disposed of (Item 2, Part C)			<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next property Not disposed of in 1973		<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next property Not disposed of in 1973	
2a. During 1973, did you have a mortgage on this property?			<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next property 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three or more		<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next property 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three or more	
b. How many mortgages did you have on this property in 1973?			Mortgage No. 1 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Second 3 <input type="checkbox"/> Three or more		Mortgage No. 2 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Second 3 <input type="checkbox"/> Three or more	
3a. Was this a first or second trust mortgage?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Was the mortgage obtained at the time of purchase?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. If NO - In what year was it obtained?			Year	Year	Year	Year
4. What was the amount of the mortgage when you obtained it?			\$.00	\$.00	\$.00	\$.00
5. For how many years from the time of purchase are payments to be made on the mortgage?			Years	Years	Years	Years
6a. What type of mortgage was it? 1 - Conventional 2 - VA 3 - FHA 4 - Other - Specify in Notes			Code	Code	Code	Code
b. Is this a 1 - Fully amortized mortgage? 2 - Interest only? 3 - Other type? - Specify in Notes			Code	Code	Code	Code
7a. What was the rate of interest when the mortgage was obtained? Enter in two decimal places, such as 6.50% for 6½%. b. If FHA - Does the interest include FHA guarantee insurance?			%	%	%	%
8a. Was the mortgage - 1 - A new mortgage? 2 - Assumed from previous owner? 3 - Refinanced during 1973? 4 - Other? - Specify in Notes			Code	Code	Code	Code
b. If code 3 - Were there any refinancing charges?			Code	Code	Code	Code
c. If YES - What was the total amount of the charges?			\$.00	\$.00	\$.00	\$.00
9. How often are (were) mortgage payments due? 1 - Monthly 2 - Quarterly 3 - Other - Specify in Notes			Code	Code	Code	Code
10a. What is (was) the amount of the regular payment?			\$.00	\$.00	\$.00	\$.00
b. How many regular payments did you make in 1973?			Number	Number	Number	Number
c. Were the payments all the same amount? If NO, specify in Notes each amount and number of payments made at that amount.			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
OFFICE USE ONLY - Total mortgage payments made in 1973			\$.00	\$.00	\$.00	\$.00
11. Does the mortgage payment include - 1 - Property taxes? 2 - Property insurance? 3 - Life insurance? 4 - Other? - Specify in Notes			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Were any lump sum or special payments made in 1973? If YES, explain in Notes what the payments were for.			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If YES - What was the total amount of such payments?			\$.00	\$.00	\$.00	\$.00
13a. What was the outstanding principal on the mortgage at the end of 1973?			\$.00	\$.00	\$.00	\$.00
b. How much interest was paid on the mortgage in 1973?			\$.00	\$.00	\$.00	\$.00
c. How much principal was paid in 1973?			\$.00	\$.00	\$.00	\$.00
14a. Were there any penalty charges for prepayment made in 1973, not including those for refinancing?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If YES - How much?			\$.00	\$.00	\$.00	\$.00
15a. Was any interest due in 1973 but not paid in 1973?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If YES - How much?			\$.00	\$.00	\$.00	\$.00
16a. Was any interest due before 1973, but paid in 1973?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If YES - How much?			\$.00	\$.00	\$.00	\$.00

QUARTER
Q5

Section 4 - MORTGAGE PAYMENTS AND OWNERSHIP COSTS

Part A - Mortgage Payments

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

PROCESSING USE ONLY		~ 1 04 05 9 ↓	~ 1 04 06 7 ↓
PROPERTY NUMBER		5	6
1. INTERVIEWER ITEM (Enter the following information from Section 3.)			
a. Description (Part B)			
b. Property code (Part B)		Code _____	Code _____
c. Date acquired (Item 3, Part B)		Month _____ Year _____	Month _____ Year _____
d. If disposed of in 1973, month disposed of (Item 2, Part C) ..		Month _____ Year _____ <input type="checkbox"/> Not disposed of in 1973	Month _____ Year _____ <input type="checkbox"/> Not disposed of in 1973
2a. During 1973, did you have a mortgage on this property?			
<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next property			
b. How many mortgages did you have on this property in 1973?		Mortgage No. 1 Mortgage No. 2 Mortgage No. 1 Mortgage No. 2	
		1 <input type="checkbox"/> First 1 <input type="checkbox"/> First 1 <input type="checkbox"/> First 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Second 2 <input type="checkbox"/> Second 2 <input type="checkbox"/> Second 2 <input type="checkbox"/> Second 3 <input type="checkbox"/> Three or more 3 <input type="checkbox"/> Three or more	
3a. Was this a first or second trust mortgage?		Mortgage No. 1 Mortgage No. 2	
		1 <input type="checkbox"/> First 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Second 2 <input type="checkbox"/> Second	
b. Was the mortgage obtained at the time of purchase?		Month _____ Year _____ Month _____ Year _____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. If NO - In what year was it obtained?		Year _____ Year _____	
4. What was the amount of the mortgage when you obtained it?		Mortgage No. 1 Mortgage No. 2	
		E06 \$ _____ .00 E07 \$ _____ .00 E06 \$ _____ .00 E07 \$ _____ .00	
5. For how many years from the time of purchase are payments to be made on the mortgage?		Mortgage No. 1 Mortgage No. 2	
		E08 _____ Years E09 _____ Years E08 _____ Years E09 _____ Years	
6a. What type of mortgage was it?		Mortgage No. 1 Mortgage No. 2	
1 - Conventional 3 - FHA 2 - VA 4 - Other - Specify in Notes		E10 _____ Code E11 _____ Code E10 _____ Code E11 _____ Code	
b. Is this a -		Mortgage No. 1 Mortgage No. 2	
1 - Fully amortized mortgage? 2 - Interest only? 3 - Other type? - Specify in Notes		E12 _____ Code E13 _____ Code E12 _____ Code E13 _____ Code	
7a. What was the rate of interest when the mortgage was obtained? <i>Enter in two decimal places, such as 6.50% for 6½%.</i>		Mortgage No. 1 Mortgage No. 2	
		E14 _____ % E15 _____ % E14 _____ % E15 _____ %	
b. If FHA - Does the interest include FHA guarantee insurance?		Mortgage No. 1 Mortgage No. 2	
		E16 1 <input type="checkbox"/> Yes E17 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 2 <input type="checkbox"/> No	
8a. Was the mortgage -		Mortgage No. 1 Mortgage No. 2	
1 - A new mortgage? 2 - Assumed from previous owner? 3 - Refinanced during 1973? 4 - Other? - Specify in Notes		E18 _____ Code E19 _____ Code E18 _____ Code E19 _____ Code	
b. If code 3 - Were there any refinancing charges?		Mortgage No. 1 Mortgage No. 2	
		E20 \$ _____ .00 E21 \$ _____ .00 E20 \$ _____ .00 E21 \$ _____ .00	
c. If YES - What was the total amount of the charges?		Mortgage No. 1 Mortgage No. 2	
		E22 _____ Code E23 _____ Code E22 _____ Code E23 _____ Code	
9. How often are (were) mortgage payments due?		Mortgage No. 1 Mortgage No. 2	
1 - Monthly 2 - Quarterly 3 - Other - Specify in Notes		E24 \$ _____ .00 E25 \$ _____ .00 E24 \$ _____ .00 E25 \$ _____ .00	
10a. What is (was) the amount of the regular payment?		Mortgage No. 1 Mortgage No. 2	
		E26 _____ Number E27 _____ Number E26 _____ Number E27 _____ Number	
b. How many regular payments did you make in 1973?		Mortgage No. 1 Mortgage No. 2	
		E28 1 <input type="checkbox"/> Yes E29 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 2 <input type="checkbox"/> No	
c. Were the payments all the same amount? <i>If NO, specify in Notes each amount and number of payments made at that amount.</i>		Mortgage No. 1 Mortgage No. 2	
		E30 \$ _____ .00 E31 \$ _____ .00 E30 \$ _____ .00 E31 \$ _____ .00	
OFFICE USE ONLY - Total mortgage payments made in 1973			
11. Does the mortgage payment include -		* *	
1 - Property taxes?		E32 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No E33 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
2 - Property insurance?		3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No	
3 - Life insurance?		5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No 5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No	
4 - Other? - Specify in Notes.		7 <input type="checkbox"/> Yes 8 <input type="checkbox"/> No 7 <input type="checkbox"/> Yes 8 <input type="checkbox"/> No	
12a. Were any lump sum or special payments made in 1973? <i>If YES, explain in Notes when the payments were for.</i>		E34 \$ _____ .00 E35 \$ _____ .00 E34 \$ _____ .00 E35 \$ _____ .00	
b. If YES - What was the total amount of such payments?		E36 \$ _____ .00 E37 \$ _____ .00 E36 \$ _____ .00 E37 \$ _____ .00	
13a. What was the outstanding principal on the mortgage at the end of 1973?		E38 \$ _____ .00 E39 \$ _____ .00 E38 \$ _____ .00 E39 \$ _____ .00	
b. How much interest was paid on the mortgage in 1973?		E40 \$ _____ .00 E41 \$ _____ .00 E40 \$ _____ .00 E41 \$ _____ .00	
c. How much principal was paid in 1973?		E42 \$ _____ .00 E43 \$ _____ .00 E42 \$ _____ .00 E43 \$ _____ .00	
14a. Were there any penalty charges for prepayment made in 1973, not including those for refinancing?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
b. If YES - How much?			
E44 \$ _____ .00 E45 \$ _____ .00 E44 \$ _____ .00 E45 \$ _____ .00			
15a. Was any interest due in 1973 but not paid in 1973?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
b. If YES - How much?			
E46 \$ _____ .00 E47 \$ _____ .00 E46 \$ _____ .00 E47 \$ _____ .00			
16a. Was any interest due before 1973, but paid in 1973?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
b. If YES - How much?			
E48 \$ _____ .00 E49 \$ _____ .00 E48 \$ _____ .00 E49 \$ _____ .00			

QUARTER
Q5

Section 4 - MORTGAGE PAYMENTS AND OWNERSHIP COSTS - Continued

Part B - Ownership Costs

INTERVIEWER - Ask for ALL owned property reported in Section 3.

1. INTERVIEWER ITEM (Enter the following information from Section 3.)	PROCESSING USE ONLY		PROPERTY NUMBER
			~ 104 513 ↓	1
			2
a. Description (Part B)	Code	Month	Year
b. Property code (Part B)	Code	Month	Year
c. Date acquired (Item 3, Part B)		Month	Year
d. If disposed of in 1973, month disposed of (Item 2, Part C)		<input type="checkbox"/> Not disposed of in 1973	
2. ESCROW ACCOUNT			
a. Does your mortgage payment include any amount to an escrow account for payment of property taxes or insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 3a		
b. What was the total amount paid in 1973 to escrow accounts?	(E51) \$	_____	.00
c. If two mortgages held - To which mortgage did this amount apply?	(E52)	1 <input type="checkbox"/> Number 1 2 <input type="checkbox"/> Number 2 3 <input type="checkbox"/> Both	
3. PROPERTY TAXES			
a. How much did you pay in property taxes in 1973? <i>Count property taxes included in mortgage payments.</i>	(E53) \$	_____	.00
b. Did this include any taxes due for years other than 1973?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. If YES - How much was - (1) Due before 1973?	(E54) \$	_____	.00
(2) Due in 1974?	(E55) \$	_____	.00
d. Do you owe any taxes which were due in 1973?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
e. If YES - How much?	(E56) \$	_____	.00
4. PROPERTY ASSESSMENTS			
a. In 1973 did you pay any special assessments for roads, streets, or similar purposes, not included in property tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 5		
b. What was the total amount paid in 1973?	(E57) \$	_____	.00
5. MAINTENANCE CHARGES			
a. Did your mortgage payments in 1973 include any charges for property maintenance or recreational facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 6		
b. What was the total amount paid in 1973?	(E58) \$	_____	.00
6. GROUND RENT			
a. Did you pay any ground rent in 1973?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 6d		
b. If YES - How much did you pay in 1973?	(E59) \$	_____	.00
c. Was this included in your mortgage payments?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
d. If mobile home (Code 3 in item 2a, Part B, Section 3) Did you pay any land rent in 1973?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 7		
e. How much did you pay in 1973?	(E61) \$	_____	.00
7. PERIODIC CHARGES RELATED TO OWNED PROPERTY			
a. In 1973, did you make any periodic payments for management, maintenance, or other service for this property? (Do not include any expenses covered in your mortgage payments or Section 10.)	<input type="checkbox"/> Yes - Enter only one service charge per block. If the CU reports more than two separate service charges, use Notes to record additional ones. <input type="checkbox"/> No - Go to next property		
b. If YES - What was the amount of the charge?	(E62) \$	_____	.00
c.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Was the charge the same amount throughout 1973? If NO, specify in Notes each amount and the number of times the amount was paid. Compute the total amount paid in 1973 and enter it in item 7b. Mark box "4" and enter "1" in item 7c.	(E63)	1 <input type="checkbox"/> One month 2 <input type="checkbox"/> Three months 3 <input type="checkbox"/> Six months 4 <input type="checkbox"/> Other - Specify _____	
e. Ask d and e if YES in c	(E64)	Number of payments made in 1973 _____	
f.	OFFICE USE ONLY		
d. What period of time was covered by the charge?	(E65)	OFFICE USE ONLY	
e. How many payments did you make in 1973?	(E66) \$	_____	.00
f.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
1. What services were covered by the charge? (For example: management, repairs, maintenance, improvements, utilities, parking facilities, etc.)	(E67)	1 <input type="checkbox"/> One month 2 <input type="checkbox"/> Three months 3 <input type="checkbox"/> Six months 4 <input type="checkbox"/> Other - Specify _____	
2	(E68)	Number of payments made in 1973 _____	
f.	(E69)	OFFICE USE ONLY	

Part B - Ownership Costs - Continued

INTERVIEWER - Ask for ALL owned property reported in Section 3.

PROCESSING USE ONLY	PROPERTY NUMBER	INTERVIEWER
~ 1 04 53 9 ↓	3	~ 1 04 54 7 ↓
<p>1. INTERVIEWER ITEM (Enter the following information from Section 3.)</p> <p>a. Description (Part B)</p> <p>b. Property code (Part B)</p> <p>c. Date acquired (Item 3, Part B)</p> <p>d. If disposed of in 1973, month disposed of (Item 2, Part C)</p>		
<p>2. ESCROW ACCOUNT</p> <p>a. Does your mortgage payment include any amount to an escrow account for payment of property taxes or insurance?</p> <p>b. What was the total amount paid in 1973 to escrow accounts?</p> <p>c. If two mortgages held - To which mortgage did this amount apply?</p>		
<p>3. PROPERTY TAXES</p> <p>a. How much did you pay in property taxes in 1973? Court property taxes included in mortgage payments.</p> <p>b. Did this include any taxes due for years other than 1973?</p> <p>c. If YES - How much was - (1) Due before 1973?</p> <p>(2) Due in 1974?</p> <p>d. Do you owe any taxes which were due in 1973?</p> <p>e. If YES - How much?</p>		
<p>4. PROPERTY ASSESSMENTS</p> <p>a. In 1973 did you pay any special assessments for roads, streets, or similar purposes, not included in property tax payments?</p> <p>b. What was the total amount paid in 1973?</p>		
<p>5. MAINTENANCE CHARGES</p> <p>a. Did your mortgage payments in 1973 include any charges for property maintenance or recreational facilities?</p> <p>b. What was the total amount paid in 1973?</p> <p>c. Did you pay any ground rent in 1973?</p> <p>d. If YES - How much did you pay in 1973?</p> <p>e. Was this included in your mortgage payments?</p> <p>f. If mobile home (Code 3 in item 2a, Part B, Section 3) Did you pay any land rent in 1973?</p> <p>g. How much did you pay in 1973?</p>		
<p>7. PERIODIC CHARGES RELATED TO OWNED PROPERTY</p> <p>a. In 1973, did you make any periodic payments for management, maintenance, or other service for this property? (Do not include any expenses covered in your mortgage payments or Section 10.)</p> <p>b. If YES - What was the amount of the charge?</p> <p>c. Was the charge the same amount throughout 1973? If NO, specify in Notes each amount and the number of times the amount was paid. Compute the total amount paid in 1973 and enter it in item 7b. Mark box "4" and enter "1" in item 7e.</p> <p>d. Ask d and e if YES in c</p> <p>d. What period of time was covered by the charge?</p> <p>e. How many payments did you make in 1973?</p> <p>f. What services were covered by the charge? (For example: management, repairs, maintenance, improvements, utilities, parking facilities, etc.)</p>		
1	1	1
2	2	2
<p>a. <input type="checkbox"/> Yes - Enter only one service charge per block. If the CU reports more than two separate service charges, use Notes to record additional ones. <input type="checkbox"/> No - Go to next property</p> <p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. <input type="checkbox"/> One month <input type="checkbox"/> Three months <input type="checkbox"/> Six months 4 <input type="checkbox"/> Other - Specify</p> <p>e. <input type="checkbox"/> One month <input type="checkbox"/> Three months <input type="checkbox"/> Six months 4 <input type="checkbox"/> Other - Specify</p> <p>f. Number of payments made in 1973</p>		
<p>OFFICE USE ONLY</p>		

QUARTER
Q 5

Section 4 - MORTGAGE PAYMENTS AND OWNERSHIP COSTS - Continued

Part B - Ownership Costs - Continued

INTERVIEWER - Ask for ALL owned property reported in Section 3.

INTERVIEWER ITEM (Enter the following information from Section 3.)	PROCESSING USE ONLY	PROPERTY NUMBER	Code	Code
	PROPERTY NUMBER		Month | Year	Month | Year
1. INTERVIEWER ITEM (Enter the following information from Section 3.)	~ 1 04 55 4 ↓	5		
2. ESCROW ACCOUNT				
a. Does your mortgage payment include any amount to an escrow account for payment of property taxes or insurance? ..	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 3a		<input type="checkbox"/> Not disposed of in 1973	
b. What was the total amount paid in 1973 to escrow accounts? ..	E51 \$ _____ .00		E51 \$ _____ .00	
c. If two mortgages held - To which mortgage did this amount apply? ..	E52 1 <input type="checkbox"/> Number 1 2 <input type="checkbox"/> Number 2 3 <input type="checkbox"/> Both		E52 1 <input type="checkbox"/> Number 1 2 <input type="checkbox"/> Number 2 3 <input type="checkbox"/> Both	
3. PROPERTY TAXES				
a. How much did you pay in property taxes in 1973? Count property taxes included in mortgage payments.	E53 \$ _____ .00		E53 \$ _____ .00	
b. Did this include any taxes due for years other than 1973? ..	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. If YES - How much was - { (1) Due before 1973? (2) Due in 1974?	E54 \$ _____ .00 E55 \$ _____ .00		E54 \$ _____ .00 E55 \$ _____ .00	
d. Do you owe any taxes which were due in 1973?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. If YES - How much?	E56 \$ _____ .00		E56 \$ _____ .00	
4. PROPERTY ASSESSMENTS				
a. In 1973 did you pay any special assessments for roads, streets, or similar purposes, not included in property tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 5		<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 5	
b. What was the total amount paid in 1973?	E57 \$ _____ .00		E57 \$ _____ .00	
5. MAINTENANCE CHARGES				
a. Did your mortgage payments in 1973 include any charges for property maintenance or recreational facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 6		<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 6	
b. What was the total amount paid in 1973?	E58 \$ _____ .00		E58 \$ _____ .00	
6. GROUND RENT				
a. Did you pay any ground rent in 1973?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 6d		<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 6d	
b. If YES - How much did you pay in 1973?	E59 \$ _____ .00		E59 \$ _____ .00	
c. Was this included in your mortgage payments?	E60 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		E60 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
d. If mobile home (Code 3 in item 2a, Part B, Section 3) Did you pay any land rent in 1973?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 7		<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 7	
e. How much did you pay in 1973?	E61 \$ _____ .00		E61 \$ _____ .00	
7. PERIODIC CHARGES RELATED TO OWNED PROPERTY				
a. In 1973, did you make any periodic payments for management, maintenance, or other service for this property? (Do not include any expenses covered in your mortgage payments or Section 10.)	<input type="checkbox"/> Yes - Enter only one service charge per block. If the CU reports more than two separate service charges, use Notes to record additional ones. <input type="checkbox"/> No - Go to next property		<input type="checkbox"/> Yes - Enter only one service charge per block. If the CU reports more than two separate service charges, use Notes to record additional ones. <input type="checkbox"/> No - Go to next property	
b. If YES - What was the amount of the charge?	b. E62 \$ _____ .		b. E62 \$ _____ .	
c. Was the charge the same amount throughout 1973? If NO, specify in Notes each amount and the number of times the amount was paid. Compute the total amount paid in 1973 and enter it in item 7b. Work box "4" and enter "7" in item 7e.	d. E63 1 <input type="checkbox"/> One month 4 <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Three months 3 <input type="checkbox"/> Six months		d. E63 1 <input type="checkbox"/> One month 4 <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Three months 3 <input type="checkbox"/> Six months	
e. Ask d and e if YES in c	e. E64 _____ Number of payments made in 1973		e. E64 _____ Number of payments made in 1973	
d. What period of time was covered by the charge?	f. _____		f. _____	
e. How many payments did you make in 1973?	g. E65 _____ OFFICE USE ONLY		g. E65 _____ OFFICE USE ONLY	
1. What services were covered by the charge? (For example: management, repairs, maintenance, improvements, utilities, parking facilities, etc.)	h. E66 \$ _____		h. E66 \$ _____	
	c. <input type="checkbox"/> Yes <input type="checkbox"/> No		c. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	d. E67 1 <input type="checkbox"/> One month 4 <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Three months 3 <input type="checkbox"/> Six months		d. E67 1 <input type="checkbox"/> One month 4 <input type="checkbox"/> Other - Specify 2 <input type="checkbox"/> Three months 3 <input type="checkbox"/> Six months	
	e. E68 _____ Number of payments made in 1973		e. E68 _____ Number of payments made in 1973	
	i. _____		i. _____	
	j. E69 _____ OFFICE USE ONLY		j. E69 _____ OFFICE USE ONLY	
	2		2	

EACH QUARTER	Date of interview			
	Q1	Q2	Q3	Q4

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

INTERVIEWER

Q1 – Ask items 2-4, Part A for CU's owning property (Section 3) and complete one column in Part B for each job reported.
 Q2-Q4 – For CU's who have previously reported owned property, check item 1, Part B, for jobs marked "not completed" or "not started" and determine whether any work has been done since the last interview. Then ask items 2-4, Part A for any new jobs. For CU's who have not previously reported owned property, ask item 1 and, if appropriate, items 2-4.
 Q5 – For CU's who have previously reported owned property, follow instructions for Q2-Q4 above. For CU's who do not own property, skip to Section 6.

Part A – List of Jobs

	Q1		Q2		Q3		Q4		Q5																																																																																																													
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO																																																																																																												
<p>● Ask at Q2-Q4 for CU's who have not reported owned property previously.</p> <p>1. Since (date of last interview), have you acquired any property or other real estate? <i>If YES, ask items 2-4. If NO, skip to Section 6.</i></p>																																																																																																																						
<p>2. Since (Q1 – January 1, 1973, Q2-Q5 – date of last interview), have you had any of the following work done to your home or other property you own?</p>																																																																																																																						
<table border="1"> <thead> <tr> <th>JOB CODE</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> <th>Q5</th> </tr> </thead> <tbody> <tr> <td>1 – Built an addition to the house such as a porch, garage, or new wing</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>2 – Remodeled one or more rooms in the house</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>3 – Landscaped the grounds or planted new shrubs, flowers, or trees</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>4 – Built or repaired outdoor patios, walks, fences, driveways, or permanent swimming pools</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>5 – Inside painting or papering</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>6 – Outside painting</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>7 – Plastering or paneling</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>8 – Plumbing or water heating installations and repairs</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>9 – Electrical work</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>10 – Heating or air-conditioning jobs</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>11 – Roofing, gutters, or downspouts</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>12 – Siding</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>13 – Flooring repair or replacement, including inlaid linoleum or vinyl tile</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>14 – Installation, repair, or replacement of window panes, screens, storm doors, awnings, and the like</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>15 – Termite or other pest control besides that covered by service or maintenance contracts. . .</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>16 – Other improvements or repairs – Specify <i>in Part B</i></td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>17 – Materials</td> <td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											JOB CODE	Q1	Q2	Q3	Q4	Q5	1 – Built an addition to the house such as a porch, garage, or new wing						2 – Remodeled one or more rooms in the house						3 – Landscaped the grounds or planted new shrubs, flowers, or trees						4 – Built or repaired outdoor patios, walks, fences, driveways, or permanent swimming pools						5 – Inside painting or papering						6 – Outside painting						7 – Plastering or paneling						8 – Plumbing or water heating installations and repairs						9 – Electrical work						10 – Heating or air-conditioning jobs						11 – Roofing, gutters, or downspouts						12 – Siding						13 – Flooring repair or replacement, including inlaid linoleum or vinyl tile						14 – Installation, repair, or replacement of window panes, screens, storm doors, awnings, and the like						15 – Termite or other pest control besides that covered by service or maintenance contracts. . .						16 – Other improvements or repairs – Specify <i>in Part B</i>						17 – Materials					
JOB CODE	Q1	Q2	Q3	Q4	Q5																																																																																																																	
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<p>3. (Aside from the jobs already reported) Has any of the following work been done?</p>																																																																																																																						
<p>4. Since (Q1 – January 1, 1973, Q2-Q5 – date of last interview), have you (CU) bought any materials for jobs not yet started or just to have on hand?</p>																																																																																																																						

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

NOTES

EACH QUARTER

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

Q1 - Ask items 2-4, Part A for CU's owning property (Section 3) and complete one column in Part B for each job reported.
 Q2-Q4 - For CU's who have previously reported owned property, check item 1, Part B, for jobs marked "not completed" or "not started" and determine whether any work has been done since the last interview. Then ask items 2-4, Part A for any new jobs. For CU's who have not previously reported owned property, ask item 1 and, if appropriate, items 2-4.
 Q5 - For CU's who have previously reported owned property, follow instructions for Q2-Q4 above. For CU's who do not own property, skip to Section 6.

Part B - Job Description

1. INTERVIEWER ITEM	PROCESSING USE ONLY	~1 05 01 5 ↓		~1 05 02 3 ↓	
	JOB NUMBER	1	2		
a. Complete after asking item 3 below	<input type="checkbox"/> Job not completed <input type="checkbox"/> Job not started	<input type="checkbox"/> Job not completed <input type="checkbox"/> Job not started			
b. JOB CODE (From Part A)	(F01)	(F01)			
c. Description of property on which the job was done (From Section 3)	(F02)	(F02)			
d. PROPERTY NUMBER (From Section 3)					
2a. What work was done? - Description should be in enough detail to classify as "alteration," "repair," etc., and to identify in later interviews.	(F03) 1 <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair	(F03) 1 <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair			
b. JOB CLASSIFICATION - Mark one	(F04)	(F04)			
OFFICE USE ONLY - Detail job codes	(F04)	(F04)			
3. In what month (and year) was the job completed?	(F05) 1 <input type="checkbox"/> Not completed 2 <input type="checkbox"/> Not started - Skip to item 8a 3 <input type="checkbox"/> Completed - Enter mo./yr.	(F05) 1 <input type="checkbox"/> Not completed 2 <input type="checkbox"/> Not started - Skip to item 8a 3 <input type="checkbox"/> Completed - Enter mo./yr.			
4. Did you do all the work yourself or did you pay someone to do all or part of the work?	(F06) Month Year (F07) 1 <input type="checkbox"/> Self only - Skip to item 8a 2 <input type="checkbox"/> Paid someone else for all or part	(F06) Month Year (F07) 1 <input type="checkbox"/> Self only - Skip to item 8a 2 <input type="checkbox"/> Paid someone else for all or part			
5. What was the charge for labor, including any materials THEY PROVIDED? - Enter the total of all charges for services provided. Dollars only.	(F08) \$ _____ .00	(F08) \$ _____ .00			
6. Did the charge include the cost of any kitchen, laundering, or cooling equipment such as cooking stove, refrigerator, garbage disposal, dishwasher, clothes washer, dryer, window air conditioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8a	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8a			
7. Which of these items did it include and what was the cost of each?	1 (F09) OFFICE USE Description (F10) \$ _____ .00	1 (F09) OFFICE USE Description (F10) \$ _____ .00			
The space to the right provides for recording four items. If there were more than four, use the Notes to record the additional items.	2 (F11) OFFICE USE Description (F12) \$ _____ .00	2 (F11) OFFICE USE Description (F12) \$ _____ .00			
	3 (F13) OFFICE USE Description (F14) \$ _____ .00	3 (F13) OFFICE USE Description (F14) \$ _____ .00			
8a. What materials, supplies, tools, or equipment did YOU -	4 (F15) OFFICE USE Description (F16) \$ _____ .00	4 (F15) OFFICE USE Description (F16) \$ _____ .00			
	1 (F25) \$ _____ .00 (F26) Month Year 1 <input type="checkbox"/> Bought 2 <input type="checkbox"/> Rented	1 (F25) \$ _____ .00 (F26) Month Year 1 <input type="checkbox"/> Bought 2 <input type="checkbox"/> Rented			
b. What did they cost? Dollars only	2 (F27) \$ _____ .00 (F28) Month Year 3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented	2 (F27) \$ _____ .00 (F28) Month Year 3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented			
c. In what month and year did you get them?	(F28) Month Year	(F28) Month Year			
9a. If property used partly for business or rented to others (code 2, 3, or 4 in item 1a, Part B, Section 3) - Were (will) any of these expenses (be) deducted as a business expense? ...	(F37) \$ _____ .00 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next job	(F37) \$ _____ .00 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next job			
	b. How much was (will be) deducted? Dollars only	(F38) \$ _____ (F39)	(F38) \$ _____ (F39)		

EACH
QUARTER

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

INTERVIEWER

Q1 - Ask items 2-4, Part A for CU's owning property (Section 3) and complete one column in Part B for each job reported.
Q2-Q4 - For CU's who have previously reported owned property, check item 1, Part B, for jobs marked "not completed" or "not started" and determine whether any work has been done since the last interview. Then ask items 2-4, Part A for any new jobs. For CU's who have not previously reported owned property, ask item 1 and, if appropriate, items 2-4.
Q5 - For CU's who have previously reported owned property, follow instructions for Q2-Q4 above. For CU's who do not own property, skip to Section 6.

Part B - Job Description - Continued

INTERVIEWER	PROCESSING USE ONLY		JOB NUMBER			
	~1 05 03 1 ↓	3				
1. INTERVIEWER ITEM	<input type="checkbox"/> Job not completed <input type="checkbox"/> Job not started		4			
2a. Complete after asking item 3 below	<input type="checkbox"/> Job not completed <input type="checkbox"/> Job not started		4			
b. JOB CODE (From Part A)						
c. Description of property on which the job was done (From Section 3)						
d. PROPERTY NUMBER (From Section 3)						
2a. What work was done? - Description should be in enough detail to classify as "alteration," "repair," etc., and to identify in later interviews.	<input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement <input type="checkbox"/> Maintenance and repair					
b. JOB CLASSIFICATION - Mark one	<input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement <input type="checkbox"/> Maintenance and repair					
OFFICE USE ONLY - Detail job codes						
3. In what month (and year) was the job completed?	<input type="checkbox"/> Not completed <input type="checkbox"/> Not started - Skip to item 8a <input type="checkbox"/> Completed - Enter mo./yr.					
4. Did you do all the work yourself or did you pay someone to do all or part of the work?	<input type="checkbox"/> Self only - Skip to item 8a <input type="checkbox"/> Paid someone else for all or part					
5. What was the charge for labor, including any materials THEY PROVIDED? - Enter the total of all charges for services provided. Dollars only.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8a					
6. Did the charge include the cost of any kitchen, laundering, or cooling equipment such as cooking stove, refrigerator, garbage disposal, dishwasher, clothes washer, dryer, window air conditioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8a					
7. Which of these items did it include and what was the cost of each?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8a					
The space to the right provides for recording four items. If there were more than four, use the Notes to record the additional items.	1	OFFICE USE	Description	1	OFFICE USE	Description
	2	OFFICE USE	Description	2	OFFICE USE	Description
	3	OFFICE USE	Description	3	OFFICE USE	Description
	4	OFFICE USE	Description	4	OFFICE USE	Description
8a. What materials, supplies, tools, or equipment did YOU - - BUY for doing this job? - RENT for doing this job?	1	Description		1	Description	
		1 <input type="checkbox"/> Bought 2 <input type="checkbox"/> Rented			1 <input type="checkbox"/> Bought 2 <input type="checkbox"/> Rented	
		Description			Description	
		3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented			3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented	
b. What did they cost? Dollars only	1	Description		1	Description	
		1 <input type="checkbox"/> Bought 2 <input type="checkbox"/> Rented			1 <input type="checkbox"/> Bought 2 <input type="checkbox"/> Rented	
		Description			Description	
		3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented			3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented	
c. In what month and year did you get them?	1	Description		1	Description	
		1 <input type="checkbox"/> Bought 2 <input type="checkbox"/> Rented			1 <input type="checkbox"/> Bought 2 <input type="checkbox"/> Rented	
		Description			Description	
		3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented			3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented	
Combine all items purchased or all items rented during the same month and enter the total cost. If more than two entry spaces needed, use Notes.	2	Description		2	Description	
		1 <input type="checkbox"/> Bought 2 <input type="checkbox"/> Rented			1 <input type="checkbox"/> Bought 2 <input type="checkbox"/> Rented	
		Description			Description	
		3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented			3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented	
9a. If property used partly for business or rented to others (code 2, 3, or 4 in item 1a, Part B, Section 3) - Write (will) any of these expenses (be) deducted as a business expense? ...	2	Description		2	Description	
		1 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next job			1 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next job	
		Description			Description	
		3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented			3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented	
b. How much was (will be) deducted? Dollars only	2	Description		2	Description	
		1 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next job			1 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next job	
		Description			Description	
		3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented			3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented	
OFFICE USE ONLY				OFFICE USE ONLY		

EACH
QUARTER

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

Q1 - Ask items 2-4, Part A for CU's owning property. (Section 3) and complete one column in Part B for each job reported.
Q2-Q4 - For CU's who have previously reported owned property, check item 1, Part B, for jobs marked "not completed" or "not started" and determine whether any work has been done since the last interview. Then ask items 2-4, Part A for any new jobs. For CU's who have not previously reported owned property, ask item 1 and, if appropriate, items 2-4.
Q5 - For CU's who have previously reported owned property, follow instructions for Q2-Q4 above. For CU's who do not own property, skip to Section 6.

Part B - Job Description - Continued

PROCESSING USE ONLY
JOB NUMBER

~ 1 05 05 6 ↓

5

Job not completed
 Job not started

~ 1 05 06 4 ↓

6

Job not completed
 Job not started

1. INTERVIEWER ITEM

a. Complete after asking item 3 below

b. JOB CODE (From Part A)

c. Description of property on which the job was done (From Section 3)

d. PROPERTY NUMBER (From Section 3)

(F02)

2a. What work was done? - Description should be in enough detail to classify as "alteration," "repair," etc., and to identify in later interviews.

b. JOB CLASSIFICATION - Mark one

(F03) Addition
2 Alteration
3 Replacement
4 Maintenance and repair

(F03) Addition
2 Alteration
3 Replacement
4 Maintenance and repair

OFFICE USE ONLY - Detail job codes

(F04)

3. In what month (and year) was the job completed?

(F05) Not completed
2 Not started - Skip to item 8a
3 Completed - Enter mo./yr.

(F05) Not completed
2 Not started - Skip to item 8a
3 Completed - Enter mo./yr.

4. Did you do all the work yourself or did you pay someone to do all or part of the work?

(F07) Self only - Skip to item 8a
2 Paid someone else for all or part

(F07) Self only - Skip to item 8a
2 Paid someone else for all or part

5. What was the charge for labor, including any materials THEY PROVIDED? - Enter the total of all charges for services provided. Dollars only.

(F08) \$ _____ .00

(F08) \$ _____ .00

6. Did the charge include the cost of any kitchen, laundering, or cooling equipment such as cooking stove, refrigerator, garbage disposal, dishwasher, clothes washer, dryer, window air conditioner?

Yes
 No - Skip to item 8a

Yes
 No - Skip to item 8a

7. Which of these items did it include and what was the cost of each?

The space to the right provides for recording four items. If there were more than four, use the Notes to record the additional items.

1	(F09) OFFICE USE	Description	(F09) OFFICE USE	Description
2	(F12) OFFICE USE	Description	(F12) OFFICE USE	Description
3	(F13) OFFICE USE	Description	(F13) OFFICE USE	Description
4	(F15) OFFICE USE	Description	(F15) OFFICE USE	Description

8a. What materials, supplies, tools, or equipment did YOU - - BUY for doing this job? - RENT for doing this job?	1	(F25) \$ _____ .00	1 <input type="checkbox"/> Bought	2 <input type="checkbox"/> Rented
	1	(F26) \$ _____ .00	Month _____	Year _____
	Description			
	3 <input type="checkbox"/> Bought	4 <input type="checkbox"/> Rented		
8a. What materials, supplies, tools, or equipment did YOU - - BUY for doing this job? - RENT for doing this job?	1	(F25) \$ _____ .00	1 <input type="checkbox"/> Bought	2 <input type="checkbox"/> Rented
	1	(F26) \$ _____ .00	Month _____	Year _____
	Description			
	3 <input type="checkbox"/> Bought	4 <input type="checkbox"/> Rented		
8a. What materials, supplies, tools, or equipment did YOU - - BUY for doing this job? - RENT for doing this job?	1	(F25) \$ _____ .00	1 <input type="checkbox"/> Bought	2 <input type="checkbox"/> Rented
	1	(F26) \$ _____ .00	Month _____	Year _____
	Description			
	3 <input type="checkbox"/> Bought	4 <input type="checkbox"/> Rented		

8a. What materials, supplies, tools, or equipment did YOU - - BUY for doing this job? - RENT for doing this job?	1	(F25) \$ _____ .00	1 <input type="checkbox"/> Bought	2 <input type="checkbox"/> Rented
	1	(F26) \$ _____ .00	Month _____	Year _____
	Description			
	3 <input type="checkbox"/> Bought	4 <input type="checkbox"/> Rented		
8a. What materials, supplies, tools, or equipment did YOU - - BUY for doing this job? - RENT for doing this job?	1	(F25) \$ _____ .00	1 <input type="checkbox"/> Bought	2 <input type="checkbox"/> Rented
	1	(F26) \$ _____ .00	Month _____	Year _____
	Description			
	3 <input type="checkbox"/> Bought	4 <input type="checkbox"/> Rented		

8a. What materials, supplies, tools, or equipment did YOU - - BUY for doing this job? - RENT for doing this job?	1	(F25) \$ _____ .00	1 <input type="checkbox"/> Bought	2 <input type="checkbox"/> Rented
	1	(F26) \$ _____ .00	Month _____	Year _____
	Description			
	3 <input type="checkbox"/> Bought	4 <input type="checkbox"/> Rented		
8a. What materials, supplies, tools, or equipment did YOU - - BUY for doing this job? - RENT for doing this job?	1	(F25) \$ _____ .00	1 <input type="checkbox"/> Bought	2 <input type="checkbox"/> Rented
	1	(F26) \$ _____ .00	Month _____	Year _____
	Description			
	3 <input type="checkbox"/> Bought	4 <input type="checkbox"/> Rented		

9a. If property used partly for business or rented to others (code 2, 3, or 4 in item 1a, Part B, Section 3) - Were (will) any of these expenses (be) deducted as a business expense? ...
 Yes
 No - Go to next job

b. How much was (will be) deducted? Dollars only
(F37) \$ _____ .00
(F38) _____ (F39) _____

EACH QUARTER

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

Q1 - Ask items 2-4, Part A for CU's owning property (Section 3) and complete one column in Part B for each job reported.
 Q2-Q4 - For CU's who have previously reported owned property, check item 1, Part B, for jobs marked "not completed" or "not started" and determine whether any work has been done since the last interview. Then ask items 2-4, Part A for any new jobs. For CU's who have not previously reported owned property, ask item 1 and, if appropriate, items 2-4.
 Q5 - For CU's who have previously reported owned property, follow instructions for Q2-Q4 above. For CU's who do not own property, skip to Section 6.

Part B - Job Description - Continued

INTERVIEWER	PROCESSING USE ONLY	
	JOB NUMBER	
1. INTERVIEWER ITEM	7	8
2. Complete after asking item 3 below	<input type="checkbox"/> Job not completed <input type="checkbox"/> Job not started	<input type="checkbox"/> Job not completed <input type="checkbox"/> Job not started
b. JOB CODE (From Part A)	(F01)	(F01)
c. Description of property on which the job was done (From Section 3)	(F02)	(F02)
d. PROPERTY NUMBER (From Section 3)		
2a. What work was done? - Description should be in enough detail to classify as "alteration," "repair," etc., and to identify in later interviews.	(F03) 1 <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair	(F03) 1 <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair
b. JOB CLASSIFICATION - Mark one	(F04)	(F04)
3. In what month (and year) was the job completed?	(F05) 1 <input type="checkbox"/> Not completed 2 <input type="checkbox"/> Not started - Skip to item 8a 3 <input checked="" type="checkbox"/> Completed - Enter mo./yr. <u>7</u> Month _____ Year _____	(F05) 1 <input type="checkbox"/> Not completed 2 <input type="checkbox"/> Not started - Skip to item 8a 3 <input checked="" type="checkbox"/> Completed - Enter mo./yr. <u>7</u> Month _____ Year _____
4. Did you do all the work yourself or did you pay someone to do all or part of the work?	(F06) Month _____ Year _____	(F06) Month _____ Year _____
5. What was the charge for labor, including any materials THEY PROVIDED? - Enter the total of all charges for services provided. Dollars only.	(F07) 1 <input type="checkbox"/> Self only - Skip to item 8a 2 <input type="checkbox"/> Paid someone else for all or part (F08) \$ _____ .00	(F07) 1 <input type="checkbox"/> Self only - Skip to item 8a 2 <input type="checkbox"/> Paid someone else for all or part (F08) \$ _____ .00
6. Did the charge include the cost of any kitchen, laundering, or cooling equipment such as cooking stove, refrigerator, galbage disposal, dishwasher, clothes washer, dryer, window air conditioner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Skip to item 8a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Skip to item 8a
7. Which of these items did it include and what was the cost of each?	1 (F09) OFFICE USE Description (F10) \$ _____ .00	1 (F09) OFFICE USE Description (F10) \$ _____ .00
The space to the right provides for recording four items. If there were more than four, use the Notes to record the additional items.	2 (F11) OFFICE USE Description (F12) \$ _____ .00	2 (F11) OFFICE USE Description (F12) \$ _____ .00
	3 (F13) OFFICE USE Description (F14) \$ _____ .00	3 (F13) OFFICE USE Description (F14) \$ _____ .00
	4 (F15) OFFICE USE Description (F16) \$ _____ .00	4 (F15) OFFICE USE Description (F16) \$ _____ .00
	Description	Description
8a. What materials, supplies, tools, or equipment did YOU -	1 (F25) \$ _____ .00 2 (F26) Month _____ Year _____	1 (F25) \$ _____ .00 2 (F26) Month _____ Year _____
- BUY for doing this job?	1 <input type="checkbox"/> Bought 2 <input type="checkbox"/> Rented	1 <input type="checkbox"/> Bought 2 <input type="checkbox"/> Rented
- RENT for doing this job?	(F26) Month _____ Year _____	(F26) Month _____ Year _____
c. In what month and year did you get them?	Description	Description
Combine all items purchased or all items rented during the same month and enter the total cost. If more than two entry spaces needed, use Notes.	2 (F27) \$ _____ .00 3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented (F28) Month _____ Year _____	2 (F27) \$ _____ .00 3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented (F28) Month _____ Year _____
	3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented	3 <input type="checkbox"/> Bought 4 <input type="checkbox"/> Rented
	(F27) \$ _____ .00 Month _____ Year _____	(F27) \$ _____ .00 Month _____ Year _____
	(F28) Month _____ Year _____	(F28) Month _____ Year _____
9a. If property used partly for business or rented to others (code 2, 3, or 4 in item 1a, Part B, Section 3) - Were (will) any of these expenses (be) deducted as a business expense? ...	(F37) \$ _____ .00 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next job (F38) _____ (F39) _____	(F37) \$ _____ .00 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next job (F38) _____ (F39) _____
b. How much was (will be) deducted? Dollars only	(F37) \$ _____ .00 (F38) _____ (F39) _____	(F37) \$ _____ .00 (F38) _____ (F39) _____
OFFICE USE ONLY	(F38) _____ (F39) _____	(F38) _____ (F39) _____

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QE-1 1973

EACH QUARTER	Date of interview			
	Q1	Q2	Q3	Q4

Section 6 - UTILITIES, FUELS, AND HOUSEHOLD HELP

INTERVIEWER ITEM - Q1 only
 Check the following items to determine if this unit is used for business or rented to others.

Used for business or rented to others
 Yes No
 For rented unit (Check item 7a, Part A, Section 2).
 Yes No

Part A - Utilities and Public Services

EACH QUARTER	Date of interview				INTERVIEWER ITEM - Q1 only Check the following items to determine if this unit is used for business or rented to others.	INTERVIEWER ITEM - Q1 only Check the following items to determine if this unit is used for business or rented to others.	INTERVIEWER ITEM - Q1 only Check the following items to determine if this unit is used for business or rented to others.	INTERVIEWER ITEM - Q1 only Check the following items to determine if this unit is used for business or rented to others.	INTERVIEWER ITEM - Q1 only Check the following items to determine if this unit is used for business or rented to others.	INTERVIEWER ITEM - Q1 only Check the following items to determine if this unit is used for business or rented to others.																																		
	Q1	Q2	Q3	Q4																																								
Since (Q1 - the 1st of month, 3 months earlier, Q2-Q5 - date of last interview), have you had any of the following expenses for this place? If YES, complete cols. b-e. If NO, go to next item.					For owned unit (Check item 1a, Part B, Section 3). For rented unit (Check item 7a, Part A, Section 2).		Used for business or rented to others <input type="checkbox"/> Yes <input type="checkbox"/> No For rented unit (Check item 7a, Part A, Section 2). <input type="checkbox"/> Yes <input type="checkbox"/> No																																					
					PROCESSING USE ONLY		b		c		d		e																															
					Dollars		Cents		Number of		MO.		YR.		YES		NO																											
1. Utility or natural gas					G01		G02		G03		G04		G05		G06		G07		G08		G09		G10		G11		G12		G13		G14		G15		G16		G17		G18		G19		G20	
2. Electricity					Q1		Q2		Q3		Q4		Q5		Q1		Q2		Q3		Q4		Q5		Q1		Q2		Q3		Q4		Q5		Q1		Q2		Q3		Q4		Q5	
3. Combined gas and electricity					Q1		Q2		Q3		Q4		Q5		Q1		Q2		Q3		Q4		Q5		Q1		Q2		Q3		Q4		Q5		Q1		Q2		Q3		Q4		Q5	
4. Garbage/trash collection					Q1		Q2		Q3		Q4		Q5		Q1		Q2		Q3		Q4		Q5		Q1		Q2		Q3		Q4		Q5		Q1		Q2		Q3		Q4		Q5	

NOTES

Notes section with multiple horizontal lines for recording information.

EACH QUARTER

Date of interview	Q1	Q2	Q3	Q4

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

Part A - Utilities and Public Services - Continued

Since (Q1 - the 1st of month, 3 months earlier, Q2-Q5 - date of last interview), have you had any of the following expenses for this place?

If YES, complete cols. b-e.
If NO, go to next item.

a

5. Piped-in water

If combined with other expenses, enter amount in Item 8 and mark boxes to indicate the services included.

6. Sewerage maintenance

7. Septic tank cleaning

8. Combined expenses for items 4-6

If expenses for any of the following items are combined and separate amounts are not available, mark the services included and enter the total amount of the bill.

- 1 Garbage/trash
- 2 Water
- 3 Sewerage

9. Community antenna or cable TV

	YES NO		PROCESSING USE ONLY			b	c	d	e		
			Dollars	Cents	Number of				Months	Weeks	MO.	YR.	YES	NO
5. Piped-in water	Q1		(G21)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q2		(G22)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q3		(G23)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q4		(G24)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q5		(G25)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q1		(G27)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q2		(G28)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q3		(G29)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q4		(G30)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q5		(G31)	\$						<input type="checkbox"/>	<input type="checkbox"/>
6. Sewerage maintenance	Q1		(G32)	\$		XX	XX			<input type="checkbox"/>	<input type="checkbox"/>
	Q2		(G33)	\$		XX	XX			<input type="checkbox"/>	<input type="checkbox"/>
	Q3		(G34)	\$		XX	XX			<input type="checkbox"/>	<input type="checkbox"/>
	Q4		(G35)	\$		XX	XX			<input type="checkbox"/>	<input type="checkbox"/>
	Q5		(G36)	\$		XX	XX			<input type="checkbox"/>	<input type="checkbox"/>
7. Septic tank cleaning	Q1		(G37)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q2		(G38)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q3		(G39)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q4		(G40)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q5		(G41)	\$						<input type="checkbox"/>	<input type="checkbox"/>
8. Combined expenses for items 4-6	Q1		(G42)	\$	XX	XX	XX			* <input type="checkbox"/>	<input type="checkbox"/>
	Q2		(G43)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q3		(G44)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q4		(G45)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q5		(G46)	\$						<input type="checkbox"/>	<input type="checkbox"/>
	Q6		(G47)	\$						<input type="checkbox"/>	<input type="checkbox"/>

NOTES

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

Part A - Utilities and Public Services - Continued

EACH QUARTER	Date of interview				Since (Q1 - the 1st of month, 3 months earlier, Q2-Q5 - date of last interview), have you had any expenses for...?	PROCESSING USE ONLY		b For item 10 - What was the basic monthly charge? For items 11-15 - What was your total expense during this period?	c How much was the local sales tax?	d Was any of this charge counted as a business expense or paid by others? <small>If NO, go to next item in col. c.</small>	PROCESSING USE ONLY		e During this period, how much was counted as a business expense or paid by others?
	Q1	Q2	Q3	Q4		YES	NO				Dollars	Cents	
10. Telephone service If NO, skip to item 15.	Q1									<input type="checkbox"/>	<input type="checkbox"/>	(H02)	\$
	Q2									<input type="checkbox"/>	<input type="checkbox"/>	(H03)	\$
	Q3									<input type="checkbox"/>	<input type="checkbox"/>	(H05)	\$
	Q4									<input type="checkbox"/>	<input type="checkbox"/>	(H07)	\$
	Q5									<input type="checkbox"/>	<input type="checkbox"/>	(H09)	\$
11. Telephone installation and removal charges	Q1									<input type="checkbox"/>	<input type="checkbox"/>	(H11)	\$
	Q2									<input type="checkbox"/>	<input type="checkbox"/>	(H13)	\$
	Q3									<input type="checkbox"/>	<input type="checkbox"/>	(H15)	\$
	Q4									<input type="checkbox"/>	<input type="checkbox"/>	(H17)	\$
	Q5									<input type="checkbox"/>	<input type="checkbox"/>	(H19)	\$
12. Extra local telephone messages	Q1									<input type="checkbox"/>	<input type="checkbox"/>	(H21)	\$
	Q2									<input type="checkbox"/>	<input type="checkbox"/>	(H23)	\$
	Q3									<input type="checkbox"/>	<input type="checkbox"/>	(H25)	\$
	Q4									<input type="checkbox"/>	<input type="checkbox"/>	(H27)	\$
	Q5									<input type="checkbox"/>	<input type="checkbox"/>	(H29)	\$
13. Long distance telephone calls	Q1									<input type="checkbox"/>	<input type="checkbox"/>	(H31)	\$
	Q2									<input type="checkbox"/>	<input type="checkbox"/>	(H33)	\$
	Q3									<input type="checkbox"/>	<input type="checkbox"/>	(H35)	\$
	Q4									<input type="checkbox"/>	<input type="checkbox"/>	(H37)	\$
	Q5									<input type="checkbox"/>	<input type="checkbox"/>	(H39)	\$
14. Telegraph or cable charges	Q1									<input type="checkbox"/>	<input type="checkbox"/>	(H41)	\$
	Q2									<input type="checkbox"/>	<input type="checkbox"/>	(H43)	\$
	Q3									<input type="checkbox"/>	<input type="checkbox"/>	(H45)	\$
	Q4									<input type="checkbox"/>	<input type="checkbox"/>	(H47)	\$
	Q5									<input type="checkbox"/>	<input type="checkbox"/>	(H49)	\$
15. Since (Q1 - the 1st of month, 3 months earlier, Q2-Q5 - date of last interview), have you had any utility expenses for other owned or rented residences, such as a vacation home?	Q1									<input type="checkbox"/>	<input type="checkbox"/>	(H51)	\$
	Q2									<input type="checkbox"/>	<input type="checkbox"/>	(H53)	\$
	Q3									<input type="checkbox"/>	<input type="checkbox"/>	(H55)	\$
	Q4									<input type="checkbox"/>	<input type="checkbox"/>	(H57)	\$
	Q5									<input type="checkbox"/>	<input type="checkbox"/>	(H59)	\$

UTILITY EXPENSES FOR OTHER RESIDENCES

NOTES

PROCESSING USE ONLY

Transcribe from col. c, item 10

Dollars Cents

(H61)	\$
(H62)	\$
(H63)	\$
(H64)	\$
(H65)	\$

~ 4 06 05 8 ~

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EACH QUARTER	Date of interview			
	Q1	Q2	Q3	Q4

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

Part C - Household Help

1. Cleaning, laundering, cooking, or other domestic duties? <i>Include combination of domestic and other duties.</i>	a				PROCESSING USE ONLY	b				c										
	Q1	Q2	Q3	Q4		Dollars only	Dollars only	Meals? (1)		Uniforms? (2)		Other? Specify in Notes (3)								
								None	Dollars only	None	Dollars only	None	Dollars only							
Since (Q1 - the 1st of Jan. 1973, Q2-Q5 - date of last interview), have you had any expenses for the following kinds of household help? If YES, complete cols. b and c. If NO, go to the next item.																				
YES					(J51)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
NO					(J52)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J53)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J54)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J55)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J56)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J57)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J58)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J59)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J60)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J61)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J62)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J63)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J64)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J65)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J66)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J67)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J68)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J69)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J70)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J71)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J72)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J73)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J74)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
					(J75)	\$.00	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	\$.00	<input type="checkbox"/>

NOTES

5. Other small repair jobs around the house, not already reported?

Do not include any expenses reported in Sections 5 and 10.

4. Gardening or lawn care services (not combined with domestic services)?
Do not include services covered by contract; report these expenses in Section 10.

3. Care for invalids or elderly persons living in CU?
Do not include care by registered or practical nurses.

2. Babysitting or other home care for children?
Do not include nursery school care.

1. Cleaning, laundering, cooking, or other domestic duties?
Include combination of domestic and other duties.

EACH QUARTER	Date of interview	Q 1	Q 2	Q 3	Q 4

**Section 7 - CLOTHING AND
HOUSEHOLD TEXTILES**

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

Part A - Clothing

a		b	c	d	e		f	g		h		i		j		NOTES														
CLOTHING ITEM	ITEM CODE	QUARTER NUMBER	What kind of ... did you buy? <i>Describe briefly the item purchased</i>		PROCESSING USE ONLY	Name	Line No. or code	How many did you purchase? <i>Enter number of identical items purchased.</i>	MO.	YR.	Dollars	Cents	YES	NO	No. of items		Cost													
Since (Q 1 - January 1, 1973, Q 2-Q 5 - date of last interview), have you or any member of your CU purchased for yourself or as a gift to someone else, any ...?																														
<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>Q 1</td> <td> </td> </tr> <tr> <td>Q 2</td> <td> </td> </tr> <tr> <td>Q 3</td> <td> </td> </tr> <tr> <td>Q 4</td> <td> </td> </tr> <tr> <td>Q 5</td> <td> </td> </tr> </table>																	YES	NO	Q 1		Q 2		Q 3		Q 4		Q 5			
YES	NO																													
Q 1																														
Q 2																														
Q 3																														
Q 4																														
Q 5																														
COATS such as heavy weight coats, snowsuits, and plastic raincoats																	1 - Heavy weight coats	(K01)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
																	2 - Light weight coats	(K02)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
																	3 - Snow-ski suits	(K03)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
																	4 - All-weather coats	(K04)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
																	5 - Plastic raincoats	(K05)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
																	6 - Other coats	(K06)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
																		(K07)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
																		(K08)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
																		(K09)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
																		(K10)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
																		(K11)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
																	10 - Heavy jackets	(K12)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
		11 - Light jackets	(K13)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
		12 - Sweaters and sweater sets	(K14)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
		13 - Fur jackets and stoles	(K15)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
		14 - Other jackets	(K16)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
			(K17)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
			(K18)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
			(K19)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
			(K20)							\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															

6 07 02 8

EACH QUARTER	Date of interview	Q1	Q2	Q3	Q4

Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued

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

Part A - Clothing - Continued

a		b	c	d	e		f	g		h		i		j		NOTES														
Since (Q1 - January 1, 1973, Q2-Q5 - date of last interview), have you or any member of your CU purchased for yourself or as a gift to someone else, any ... ?		QUARTER NUMBER	What kind of ... did you buy? Describe briefly the item purchased		ITEM CODE from col. a	Name	Line No. or code	How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it? MO. YR.	How much did it cost?		Did this include sales tax?		Ask at Q2-Q5 Ask for each class of items for which purchases were reported at the previous interview. Have you returned for credit or refund any ... which you reported last time? If YES, enter the number and the total cost of returned item(s) on the line for the item(s).																
CLOTHING ITEM	ITEM CODE			PROCESSING USE ONLY						Dollars	Cents	YES	NO	No. of items	Cost															
2 AND 3 PIECE SUITS for men, boys, women and girls, including pantsuits, sports coats, and vests <table border="1"> <tr><td>Q1</td><td>YES</td><td>NO</td></tr> <tr><td>Q2</td><td></td><td></td></tr> <tr><td>Q3</td><td></td><td></td></tr> <tr><td>Q4</td><td></td><td></td></tr> <tr><td>Q5</td><td></td><td></td></tr> </table>	Q1	YES	NO	Q2			Q3			Q4			Q5						(K21)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
	Q1	YES	NO																											
	Q2																													
	Q3																													
	Q4																													
	Q5																													
					(K22)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
					(K23)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
					(K24)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
					(K25)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
					(K26)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
					(K27)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
					(K28)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
					(K29)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
					(K30)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
				(K31)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																
				(K32)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																
				(K33)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																
				(K34)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																
				(K35)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																
				(K36)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																
				(K37)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																
				(K38)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																
				(K39)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																
				(K40)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																

Continued on extra page

EACH QUARTER Date of interview: Q1 Q2 Q3 Q4
Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued
 INTERVIEWER: Ask col. a and complete cols. b-i for each item or set of identical items purchased. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PERSON.
 Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.

Part A - Clothing - Continued

a		b	c	d	e	f	g		h		i		j		NOTES															
CLOTHING ITEM	ITEM CODE	QUARTER NUMBER	What kind of ... did you buy? <i>Describe briefly the item purchased</i>				ITEM CODE from col. a	For whom was it purchased? <i>If CU member, enter name and line number from Section 1. If someone outside CU, enter appropriate code as follows.</i> 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 93 - Female 2-15 94 - Under 2 years	How many did you purchase? <i>Enter number of identical items purchased.</i>	MO.	YR.	Dollars	Cents	YES		NO	No. of items	Cost												
TROUSERS AND SLACKS for men and women, such as dress pants, slacks, shorts, jeans, and work pants <table border="1" style="display: inline-table; margin-top: 10px;"> <tr><td>Q1</td><td>YES</td><td>NO</td></tr> <tr><td>Q2</td><td></td><td></td></tr> <tr><td>Q3</td><td></td><td></td></tr> <tr><td>Q4</td><td></td><td></td></tr> <tr><td>Q5</td><td></td><td></td></tr> </table>	Q1	YES	NO	Q2			Q3			Q4			Q5						(K41)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
	Q1	YES	NO																											
	Q2																													
	Q3																													
	Q4																													
	Q5																													
					(K42)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
					(K43)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
				30 - Men's and boys' dress trousers or slacks	(K44)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
				31 - Men's and boys' casual slacks and dress jeans	(K46)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
				32 - Men's and boys' dungarees, jeans, and work pants	(K47)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
				33 - Men's and boys' short pants	(K49)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
				34 - Women's and girls' slacks	(K51)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
				35 - Women's and girls' dungarees or jeans	(K53)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
			36 - Women's and girls' shorts and short sets	(K55)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																
			37 - Other trousers and slacks for men and boys or women and girls	(K56)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																
				(K57)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																
				(K58)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																
				(K59)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																
				(K60)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																

Continued on extra page

EACH QUARTER	Date of interview	Q1	Q2	Q3	Q4

Section 7 - CLOTHING AND HOUSEHOLD
TEXTILES - Continued

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

Part A - Clothing - Continued

a		b	c	d	e		f	g		h		i		j		NOTES	
CLOTHING ITEM	ITEM CODE	QUARTER NUMBER	What kind of ... did you buy? Describe briefly the item purchased		ITEM CODE from col. a	Name	Line No. or code	How many did you purchase? Enter number of identical items purchased.	MO.	YR.	Dollars	Cents	YES	NO	No. of items		Cost
DRESSES, SKIRTS, CULOTTES, including pant-dresses and jumpers <input type="checkbox"/> Continued on extra page				(K61)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
				(K62)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
					(K63)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
					(K64)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
				40 - Street dresses, including two-piece pant-dresses	(K65)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
					(K66)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
				41 - Formal or semi-formal dresses	(K67)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
					(K68)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
				42 - Skirts or culottes	(K69)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
					(K70)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
				43 - Jumpers	(K71)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
					(K72)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
				44 - One-piece pant-dresses	(K73)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
					(K74)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
					(K75)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
				(K76)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
				(K77)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
				(K78)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
				(K79)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
				(K80)						\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		

	YES	NO
Q1		
Q2		
Q3		
Q4		
Q5		

EACH QUARTER	Date of interview	Q1	Q2	Q3	Q4	Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued	INTERVIEWER	Ask col. a and complete cols. b-i for each item or set of identical items purchased. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PERSON. Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.
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Part A - Clothing - Continued

a		b	c	PROCESSING USE ONLY	d	e		f	g		h		i		j		NOTES																	
CLOTHING ITEM	ITEM CODE	QUARTER NUMBER	What kind of ... did you buy? <i>Describe briefly the item purchased</i>		ITEM CODE from col. a	For whom was it purchased? <i>If CU member, enter name and line number from Section 1. If someone outside CU, enter appropriate code as follows.</i>	How many did you purchase? <i>Enter number of identical items purchased.</i>	In what month (and year) did you purchase it?	How much did it cost?		Did this include sales tax?		Ask at Q2-Q5 <i>Ask for each class of items for which purchases were reported at the previous interview. Have you returned for credit or refund any ... which you reported last time? If YES, enter the number and the total cost of returned item(s) on the line for the item(s).</i>																					
					Name	Line No. or code	MO.	YR.	Dollars	Cents	YES	NO	No. of items	Cost																				
SHIRTS OR BLOUSES of any type <table style="font-size: x-small; border-collapse: collapse;"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Q1</td> <td></td> <td></td> </tr> <tr> <td>Q2</td> <td></td> <td></td> </tr> <tr> <td>Q3</td> <td></td> <td></td> </tr> <tr> <td>Q4</td> <td></td> <td></td> </tr> <tr> <td>Q5</td> <td></td> <td></td> </tr> </table>		YES	NO	Q1			Q2			Q3			Q4			Q5						(L01)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$		
		YES	NO																															
	Q1																																	
	Q2																																	
	Q3																																	
	Q4																																	
	Q5																																	
					(L02)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																			
					(L03)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																			
					(L04)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																			
				50 - Dress shirts	(L05)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																			
				51 - Sport shirts	(L06)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																			
				52 - Work shirts	(L07)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																			
				53 - Blouses or tops	(L08)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																			
				54 - Other shirts	(L09)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																			
					(L10)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																			
					(L11)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																			
					(L12)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																			
					(L13)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																			
					(L14)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																			
				(L15)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																				
				(L16)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																				
				(L17)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																				
				(L18)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																				
				(L19)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																				
				(L20)					\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																				

Continued on extra page

EACH QUARTER	Date of interview	Q1	Q2	Q3	Q4	Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued	INTERVIEWER {	Ask col. a and complete cols. b-i for each item or set of identical items purchased. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PERSON. Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.
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Part A - Clothing - Continued

a		b	c	PROCESSING USE ONLY	d	e		f	g		h		i		j		NOTES																			
CLOTHING ITEM	ITEM CODE	QUARTER NUMBER	What kind of ... did you buy? <i>Describe briefly the item purchased</i>		ITEM CODE from col. a	Name	Line No. or code	How many did you purchase? <i>Enter number of identical items purchased.</i>	MO.	YR.	Dollars	Cents	Did this include sales tax?	YES	NO	No. of items		Cost																		
Since (Q1 - January 1, 1973, Q2-Q5 - date of last interview), have you or any member of your CU purchased for yourself or as a gift to someone else, any ... ?							For whom was it purchased? <i>If CU member, enter name and line number from Section 1. If someone outside CU, enter appropriate code as follows:</i> 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 93 - Female 2-15 94 - Under 2 years																													
UNDERGARMENTS such as undershorts, bras, and body stockings <table border="1" style="width:100%; margin-top: 10px; font-size: x-small;"> <tr> <td style="width:50%;"></td> <td style="width:5%;">YES</td> <td style="width:5%;">NO</td> </tr> <tr> <td>Q1</td> <td></td> <td></td> </tr> <tr> <td>Q2</td> <td></td> <td></td> </tr> <tr> <td>Q3</td> <td></td> <td></td> </tr> <tr> <td>Q4</td> <td></td> <td></td> </tr> <tr> <td>Q5</td> <td></td> <td></td> </tr> </table>		YES	NO	Q1			Q2			Q3			Q4			Q5			60 - Undershorts		(L21)							\$		1	2				\$	
		YES	NO																																	
	Q1																																			
	Q2																																			
	Q3																																			
	Q4																																			
	Q5																																			
	61 - Undershirts or T-shirts		(L22)								\$		1	2				\$																		
	62 - Slips		(L23)								\$		1	2				\$																		
	63 - Girdles or foundations		(L24)								\$		1	2				\$																		
	64 - Body stockings		(L25)								\$		1	2				\$																		
	65 - Bras		(L26)								\$		1	2				\$																		
	66 - Panties		(L27)								\$		1	2				\$																		
	67 - Thermal underwear		(L28)								\$		1	2				\$																		
	68 - Other undergarments		(L29)								\$		1	2				\$																		
		(L30)								\$		1	2				\$																			
		(L31)								\$		1	2				\$																			
		(L32)								\$		1	2				\$																			
		(L33)								\$		1	2				\$																			
		(L34)								\$		1	2				\$																			
		(L35)								\$		1	2				\$																			
		(L36)								\$		1	2				\$																			
		(L37)								\$		1	2				\$																			
		(L38)								\$		1	2				\$																			
		(L39)								\$		1	2				\$																			
		(L40)								\$		1	2				\$																			

Continued on next page

EACH QUARTER	Date of interview	Q1	Q2	Q3	Q4	Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued	INTERVIEWER	Ask col. a and complete cols. b-i for each item or set of identical items purchased. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PERSON. Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.
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Part A - Clothing - Continued

a	b	c	d	e		f	g		h		i		j		NOTES	
Since (Q1 - January 1, 1973, Q2-Q5 - date of last interview), have you or any member of your CU purchased for yourself or as a gift to someone else, any ... ?	QUARTER NUMBER	What kind of ... did you buy?	PROCESSING USE ONLY	ITEM CODE from col. a	For whom was it purchased? If CU member, enter name and line number from Section 1. If someone outside CU, enter appropriate code as follows: 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 93 - Female 2-15 94 - Under 2 years		How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it?		How much did it cost?		Did this include sales tax?		Ask at Q2-Q5 Ask for each class of items for which purchases were reported at the previous interview. Have you returned for credit or refund any ... which you reported last time? If YES, enter the number and the total cost of returned item(s) on the line for the item(s).		
CLOTHING ITEM		ITEM CODE		Describe briefly the item purchased	Name	Line No. or code		MO.	YR.	Dollars	Cents	YES	NO	No. of items	Cost	
UNDERGARMENTS such as undershorts, bras, and body stockings		60 - Undershorts	(L41)						\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(L42)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(L43)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
			61 - Undershirts or T-shirts	(L44)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(L45)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
			62 - Slips	(L46)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(L47)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
			63 - Girdles or foundations	(L48)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(L49)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
			64 - Body stockings	(L50)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(L51)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
			65 - Bras	(L52)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(L53)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
			66 - Panties	(L54)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(L55)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
		67 - Thermal underwear	(L56)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
			(L57)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
		68 - Other undergarments	(L58)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
			(L59)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
			(L60)					\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			

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EACH QUARTER	Date of interview	Q1	Q2	Q3	Q4

Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued

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

Part A - Clothing - Continued

a		b	c	d	e		f	g		h		i		j		NOTES												
Since (Q1 - January 1, 1973, Q2-Q5 - date of last interview), have you or any member of your CU purchased for yourself or as a gift to someone else, any ... ?		QUARTER NUMBER	What kind of ... did you buy? Describe briefly the item purchased		ITEM CODE from col. a	For whom was it purchased? If CU member, enter name and line number from Section 1. If someone outside CU, enter appropriate code as follows. 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 93 - Female 2-15 94 - Under 2 years	How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it?	How much did it cost?		Did this include sales tax?		Ask at Q2-Q5 Ask for each class of items for which purchases were reported at the previous interview. Have you returned for credit or refund any ... which you reported last time? If YES, enter the number and the total cost of returned item(s) on the line for the item(s).															
CLOTHING ITEM	ITEM CODE			PROCESSING USE ONLY					Name	Line No. or code	MO.	YR.	Dollars	Cents	YES	NO	No. of items	Cost										
NIGHTWEAR OR LOUNGE WEAR <table border="1"> <tr><td>YES</td><td>NO</td></tr> <tr><td>Q1</td><td></td></tr> <tr><td>Q2</td><td></td></tr> <tr><td>Q3</td><td></td></tr> <tr><td>Q4</td><td></td></tr> <tr><td>Q5</td><td></td></tr> </table>	YES	NO	Q1		Q2		Q3		Q4		Q5					(M01)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$			
	YES	NO																										
	Q1																											
	Q2																											
	Q3																											
	Q4																											
	Q5																											
					(M02)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$														
					(M03)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$														
					(M04)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$														
					(M05)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$														
		70 - Pajamas			(M06)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$														
		71 - Robes			(M07)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$														
		72 - Nightgowns			(M08)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$														
					(M09)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$														
		73 - Housecoats, brunch coats			(M10)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$														
					(M11)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$														
		74 - Other nightwear or lounge wear, including sets			(M12)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$														
					(M13)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$														
					(M14)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$														
				(M15)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
				(M16)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
				(M17)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
				(M18)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
				(M19)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															
				(M20)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$															

Continued on extra page

EACH QUARTER	Date of interview	Q1	Q2	Q3	Q4	Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued	INTERVIEWER	Ask col. a and complete cols. b-i for each item or set of identical items purchased. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PERSON. Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.
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Part A - Clothing - Continued

a		b	c	d	e		f	g		h		i		j		NOTES															
Since (Q1 - January 1, 1973, Q2-Q5 - date of last interview), have you or any member of your CU purchased for yourself or as a gift to someone else, any ... ?		QUARTER NUMBER	What kind of ... did you buy?	PROCESSING USE ONLY	ITEM CODE from col. a	For whom was it purchased? If CU member, enter name and line number from Section 1. If someone outside CU, enter appropriate code as follows: 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 93 - Female 2-15 94 - Under 2 years		How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it?		How much did it cost?		Did this include sales tax?		Ask at Q2-Q5 j Ask for each class of items for which purchases were reported at the previous interview. Have you returned for credit or refund any ... which you reported last time? If YES, enter the number and the total cost of returned item(s) on the line for the item(s).																
CLOTHING ITEM	ITEM CODE					Describe briefly the item purchased	Name		Line No. or code	MO.	YR.	Dollars	Cents	YES	NO		No. of items	Cost													
HOSIERY, including pantyhose and tights <table border="1" style="font-size: x-small; border-collapse: collapse;"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Q1</td> <td></td> <td></td> </tr> <tr> <td>Q2</td> <td></td> <td></td> </tr> <tr> <td>Q3</td> <td></td> <td></td> </tr> <tr> <td>Q4</td> <td></td> <td></td> </tr> <tr> <td>Q5</td> <td></td> <td></td> </tr> </table>		YES	NO	Q1			Q2			Q3			Q4			Q5			80 - Socks	(M21)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
		YES	NO																												
	Q1																														
	Q2																														
	Q3																														
	Q4																														
	Q5																														
			(M22)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																		
			(M23)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																		
			(M24)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																		
			(M25)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																		
			(M26)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																		
			(M27)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																		
			(M28)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																		
			(M29)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																		
		(M30)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M31)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M32)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M33)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M34)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M35)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M36)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M37)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M38)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M39)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M40)					\$		<input type="checkbox"/>	<input type="checkbox"/>		\$																			

Continued on next page

EACH QUARTER	Date of interview	Q1	Q2	Q3	Q4

Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued

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

Part A - Clothing - Continued

a		b	c	d	e		f	g		h		i		j		NOTES																	
Since (Q1 - January 1, 1973, Q2-Q5 - date of last interview), have you or any member of your CU purchased for yourself or as a gift to someone else, any ... ?		QUARTER NUMBER	What kind of ... did you buy? Describe briefly the item purchased		ITEM CODE from col. a	Name	Line No. or code	How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it? MO. YR.	How much did it cost?		Did this include sales tax?		Ask at Q2-Q5 j Ask for each class of items for which purchases were reported at the previous interview. Have you returned for credit or refund any ... which you reported last time? If YES, enter the number and the total cost of returned item(s) on the line for the item(s).																			
CLOTHING ITEM	ITEM CODE			PROCESSING USE ONLY										Dollars	Cents	YES	NO	No. of items	Cost														
HOSIERY, including pantyhose and tights <table border="1"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Q1</td> <td></td> <td></td> </tr> <tr> <td>Q2</td> <td></td> <td></td> </tr> <tr> <td>Q3</td> <td></td> <td></td> </tr> <tr> <td>Q4</td> <td></td> <td></td> </tr> <tr> <td>Q5</td> <td></td> <td></td> </tr> </table>		YES	NO	Q1			Q2			Q3			Q4			Q5			80 - Socks	(M41)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$	
		YES	NO																														
	Q1																																
	Q2																																
	Q3																																
	Q4																																
	Q5																																
			(M42)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																		
			(M43)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																		
			(M44)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																		
			(M45)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																		
			(M46)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																		
			(M47)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																		
			(M48)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																		
			(M49)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																		
			(M50)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																		
		(M51)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M52)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M53)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M54)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M55)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M56)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M57)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M58)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M59)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																			
		(M60)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																			

Continued on extra page

EACH QUARTER	Date of interview	Q1	Q2	Q3	Q4

Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued

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

Part A - Clothing - Continued

a		b	c	PROCESSING USE ONLY	d	e		f	g		h		i		j		NOTES															
CLOTHING ITEM	ITEM CODE	QUARTER NUMBER	What kind of ... did you buy? Describe briefly the item purchased		ITEM CODE from col. a	For whom was it purchased? If CU member, enter name and line number from Section 1. If someone outside CU, enter appropriate code as follows: 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 93 - Female 2-15 94 - Under 2 years	Name	Line No. or code	How many did you purchase? Enter number of identical items purchased.	MO.	YR.	Dollars	Cents	YES	NO	No. of items		Cost														
FOOTWEAR such as shoes, sandals, boots, and slippers <table border="1"> <tr><td>Q1</td><td>YES</td><td>NO</td></tr> <tr><td>Q2</td><td></td><td></td></tr> <tr><td>Q3</td><td></td><td></td></tr> <tr><td>Q4</td><td></td><td></td></tr> <tr><td>Q5</td><td></td><td></td></tr> </table>	Q1	YES	NO	Q2			Q3			Q4			Q5			90 - Shoes, casual or dress			(M61)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$	
	Q1	YES	NO																													
	Q2																															
	Q3																															
	Q4																															
	Q5																															
					(M62)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$															
					(M63)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$															
					(M64)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$															
					(M65)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$															
					(M66)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$															
					(M67)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$															
					(M68)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$															
					(M69)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$															
					(M70)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$															
				(M71)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																
				(M72)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																
				(M73)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																
				(M74)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																
				(M75)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																
				(M76)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																
				(M77)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																
				(M78)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																
				(M79)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																
				(M80)							\$		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$																

Continued on extra page

EACH QUARTER	Date of interview	Q 1	Q 2	Q 3	Q 4

Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued

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

Part A - Clothing - Continued

a		b	c	PROCESSING USE ONLY	d	e		f	g		h		i		j		NOTES	
CLOTHING ITEM	ITEM CODE					What kind of ... did you buy?	ITEM CODE from col. a		For whom was it purchased? If CU member, enter name and line number from Section 1. If someone outside CU, enter appropriate code as follows: 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 93 - Female 2-15 94 - Under 2 years	Name	Line No. or code	How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it?	How much did it cost?	Did this include sales tax?	Ask at Q2-Q5		No. of items	Cost
Since (Q1 - January 1, 1973, Q2-Q5 - date of last interview), have you or any member of your CU purchased for yourself or as a gift to someone else, any ... ?		HATS, TIES, GLOVES, OR OTHER ACCESSORIES, including work gloves, mittens, handbags, and wallets 100 - Hats, caps, helmets 101 - Dress gloves 102 - Work gloves 103 - Mittens 104 - Handbags or purses 105 - Wallets 106 - Other accessories (exclude jewelry and ties) 107 - Ties	Describe briefly the item purchased	(N01)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$				
				(N02)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N03)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N04)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N05)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N06)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N07)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N08)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N09)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N10)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N11)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N12)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N13)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N14)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N15)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N16)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N17)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N18)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N19)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
				(N20)							\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			

	YES	NO
Q1		
Q2		
Q3		
Q4		
Q5		

Continued on extra page

EACH QUARTER Date of interview: Q1 Q2 Q3 Q4
Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued
 INTERVIEWER: Ask col. a and complete cols. b-i for each item or set of identical items purchased. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PERSON.
 Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.

Part A - Clothing - Continued

a		b	c	d	e	f	g		h		i		j		NOTES
CLOTHING ITEM		QUARTER NUMBER	What kind of ... did you buy? Describe briefly the item purchased	ITEM CODE from col. a	For whom was it purchased? If CU member, enter name and line number from Section 1. If someone outside CU, enter appropriate code as follows: 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 93 - Female 2-15 94 - Under 2 years	How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it?		How much did it cost?		Did this include sales tax?		Ask at Q2-Q5 Have you returned for credit or refund any ... which you reported last time? If YES, enter the number and the total cost of returned item(s) on the line for the item(s).		
YES	NO						Name	Line No. or code	MO.	YR.	Dollars	Cents	YES	NO	No. of items	Cost
JEWELRY				(N21)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
				(N22)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
			110 - Watches	(N23)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
			111 - Costume jewelry	(N24)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
			112 - Jewelry other than costume	(N25)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
				(N26)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
				(N27)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
				(N28)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
				(N29)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
				(N30)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
				(N31)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
			120 - Swim suits	(N32)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
			121 - Beach robes and other swim wear	(N33)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
				(N34)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
			122 - Uniforms, not reimbursed	(N35)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
			123 - Special sport clothing	(N36)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
			124 - Other special clothing	(N37)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
				(N38)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
				(N39)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	
				(N40)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$	

EACH QUARTER Date of interview Q1 Q2 Q3 Q4 **Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued** INTERVIEWER { Ask col. a and complete cols. b-i for each item or set of identical items purchased. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PERSON. Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.

Part A - Clothing - Continued

a		b	c	d	e		f	g		h		i		j		NOTES														
Since (Q1 - January 1, 1973, Q2-Q5 - date of last interview), have you or any member of your CU purchased for yourself or as a gift to someone else, any ... ?		QUARTER NUMBER	What kind of ... did you buy? Describe briefly the item purchased		ITEM CODE from col. a	For whom was it purchased? If CU member, enter name and line number from Section 1. If someone outside CU, enter appropriate code as follows: 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 93 - Female 2-15 94 - Under 2 years	How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it? MO. YR.	How much did it cost?		Did this include sales tax?		Ask at Q2-Q5																	
CLOTHING ITEM	ITEM CODE			PROCESSING USE ONLY					Name	Line No. or code	Dollars	Cents	YES	NO	No. of items	Cost														
CLOTHING OR JEWELRY FOR INFANTS not already reported, such as snow suits, diapers, and booties <table border="1"> <tr><td>Q1</td><td>YES</td><td>NO</td></tr> <tr><td>Q2</td><td></td><td></td></tr> <tr><td>Q3</td><td></td><td></td></tr> <tr><td>Q4</td><td></td><td></td></tr> <tr><td>Q5</td><td></td><td></td></tr> </table>	Q1	YES	NO	Q2			Q3			Q4			Q5			130 - Coats, snow suits, 2 or 3 piece sets	(N41)						\$			<input type="checkbox"/>	<input type="checkbox"/>		\$	
	Q1	YES	NO																											
	Q2																													
	Q3																													
	Q4																													
	Q5																													
	131 - Caps, hoods	(N42)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$															
	132 - Other outerwear	(N43)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$															
	133 - Undershirts, slips	(N44)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$															
	134 - Washable diapers	(N45)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$															
	135 - Disposable diapers	(N46)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$															
	136 - Sleeping garments	(N47)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$															
	137 - Socks, booties	(N48)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$															
	138 - Layette	(N49)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$															
139 - Jewelry	(N50)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																
140 - Other similar items	(N51)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																
	(N52)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																
	(N53)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																
	(N54)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																
	(N55)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																
	(N56)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																
	(N57)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																
	(N58)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																
	(N59)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																
	(N60)							\$			<input type="checkbox"/>	<input type="checkbox"/>		\$																

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EACH QUARTER	Date of interview	Q1	Q2	Q3	Q4	Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued	INTERVIEWER <i>Ask col. a and complete cols. b-i for each item or set of identical items purchased. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PERSON.</i> Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.
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Part A - Clothing - Continued

a		b	c	d	e		f	g		h		i	NOTES																		
Since (Q1 - January 1, 1973, Q2-Q5 - date of last interview), have you or any member of your CU purchased for yourself or as a gift to someone else, any ... ?		QUARTER NUMBER	What did you have altered (repaired)?	PROCESSING USE ONLY	ITEM CODE from col. a	For whom was it done? <i>If CU member, enter name and line number from Section 1. If someone outside CU, enter appropriate code as follows.</i> 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 93 - Female 2-15 94 - Under 2 years		How many did you have altered (repaired)?	In what month (and year) was it altered (repaired)?		How much did it cost?			Did this include sales tax?																	
CLOTHING ITEM	ITEM CODE		Describe briefly the item purchased			Name	Line No. or code		MO.	YR.	Dollars	Cents		YES	NO																
ALTERATIONS OR REPAIRS to suits, dresses, shoes, jewelry, or other clothing items <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td></td> <td style="text-align:center;">YES</td> <td style="text-align:center;">NO</td> </tr> <tr> <td>Q1</td> <td></td> <td></td> </tr> <tr> <td>Q2</td> <td></td> <td></td> </tr> <tr> <td>Q3</td> <td></td> <td></td> </tr> <tr> <td>Q4</td> <td></td> <td></td> </tr> <tr> <td>Q5</td> <td></td> <td></td> </tr> </table>		YES	NO	Q1			Q2			Q3			Q4			Q5			150 - Women's and girls' suits, dresses, coats, or jackets 151 - Men's and boys' suits, trousers, coats, or jackets 152 - Women's and girls' shoes 153 - Men's and boys' shoes 154 - Other alterations or repairs including repairs to handbags, watches, and other jewelry		(N61)					\$		1	2		
		YES	NO																												
	Q1																														
	Q2																														
	Q3																														
	Q4																														
	Q5																														
				(N62)					\$		1	2																			
				(N63)					\$		1	2																			
				(N64)					\$		1	2																			
				(N65)					\$		1	2																			
				(N66)					\$		1	2																			
				(N67)					\$		1	2																			
				(N68)					\$		1	2																			
			(N69)					\$		1	2																				
			(N70)					\$		1	2																				
			(N71)					\$		1	2																				
			(N72)					\$		1	2																				
			(N73)					\$		1	2																				
			(N74)					\$		1	2																				
			(N75)					\$		1	2																				
Since (Q1 - January 1, 1973, Q2-Q5 - date of last interview), have you or any member of your CU rented any clothing? Mark the YES or NO box in col. c. If YES, enter the amount in col. h.		Q1	<input type="checkbox"/> Yes <input type="checkbox"/> No	(N76)	155		XX	XX	XX	\$		XX																			
		Q2	<input type="checkbox"/> Yes <input type="checkbox"/> No	(N77)	156		XX	XX	XX	\$		XX																			
		Q3	<input type="checkbox"/> Yes <input type="checkbox"/> No	(N78)	157		XX	XX	XX	\$		XX																			
		Q4	<input type="checkbox"/> Yes <input type="checkbox"/> No	(N79)	158		XX	XX	XX	\$		XX																			
		Q5	<input type="checkbox"/> Yes <input type="checkbox"/> No	(N80)	159		XX	XX	XX	\$		XX																			

EACH QUARTER	Date of interview	Q 1	Q 2	Q 3	Q 4

Section 7 - CLOTHING AND HOUSEHOLD
TEXTILES - Continued

INTERVIEWER { Ask col. a and complete cols. b-i for each item or set of identical items purchased. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, having the SAME CODE in column e.
Q 2-Q 5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.

Part B - Household Textiles

a		b	c	d	e	f	g		h		i		j		NOTES											
HOUSEHOLD ITEM	ITEM CODE	QUARTER NUMBER	What did you buy? Describe briefly the item purchased				PROCESSING USE ONLY	ITEM CODE from col. a	Was this purchased for your (CU) own use or as a gift? 1 - CU use 2 - Gift outside CU	How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it? MO. YR.	How much did it cost? Dollars Cents	Did this include sales tax?	YES NO		Ask at Q2-Q5 j	No. of items	Cost								
Since (Q 1 - January 1, 1973, Q 2-Q 5 - date of last interview) have you purchased for your household or as a gift to others, any ... ?																										
BEDROOM LINENS, such as bedspreads, blankets, pillows, and sheets <table border="1"> <tr><td>YES</td><td>NO</td></tr> <tr><td>Q 1</td><td></td></tr> <tr><td>Q 2</td><td></td></tr> <tr><td>Q 3</td><td></td></tr> <tr><td>Q 4</td><td></td></tr> <tr><td>Q 5</td><td></td></tr> </table>	YES	NO	Q 1		Q 2		Q 3		Q 4		Q 5		160 - Bedspreads			(P01)					\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$	
	YES	NO																								
	Q 1																									
	Q 2																									
	Q 3																									
	Q 4																									
	Q 5																									
		161 - Electric blankets				(P02)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$												
		162 - Other blankets or quilts				(P03)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$												
		163 - Pillows excluding decorative ones				(P04)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$												
		164 - Pillow cases				(P05)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$												
	165 - Sheets				(P06)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$													
	166 - Other bedroom linens				(P07)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$													
					(P08)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$													
					(P09)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$													
					(P10)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$													
					(P11)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$													
BATHROOM LINENS, such as towels, bathmats, and shower curtains <table border="1"> <tr><td>YES</td><td>NO</td></tr> <tr><td>Q 1</td><td></td></tr> <tr><td>Q 2</td><td></td></tr> <tr><td>Q 3</td><td></td></tr> <tr><td>Q 4</td><td></td></tr> <tr><td>Q 5</td><td></td></tr> </table>	YES	NO	Q 1		Q 2		Q 3		Q 4		Q 5		170 - Towels, wash cloths				(P12)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$	
	YES	NO																								
	Q 1																									
	Q 2																									
	Q 3																									
	Q 4																									
	Q 5																									
	171 - Bathmats, toilet seat covers				(P13)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$													
	172 - Shower curtains				(P14)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$													
	173 - Other bathroom linens				(P15)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$													
					(P16)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$													
					(P17)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$													
					(P18)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$													
					(P19)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$													
					(P20)				\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$													

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extra page

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extra page

EACH QUARTER	Date of interview	Q1	Q2	Q3	Q4	Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued	INTERVIEWER { Ask col. a and complete cols. b-i for each item or set of identical items purchased. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, having the SAME CODE in column e. Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.
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Part B - Household Textiles - Continued

a		b	c	d	e	f		g		h		i		j		NOTES																
Since (Q1 - January 1, 1973, Q2-Q5 - date of last interview) have you purchased for your household or as a gift to others, any ... ?		QUARTER NUMBER	What did you buy?	PROCESSING USE ONLY	ITEM CODE from col. a	Was this purchased for your (CU) own use or as a gift? 1 - CU use 2 - Gift outside CU		How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it?		How much did it cost?		Did this include sales tax?		Ask at Q2-Q5 Ask for each class of items for which purchases were reported at the previous interview. Have you returned for credit or refund any ... which you reported last time? If YES, enter the number and the total cost of returned item(s) on the line for the item.																	
HOUSEHOLD ITEM	ITEM CODE		Describe briefly the item purchased			Enter code	MO.		YR.	Dollars	Cents	YES	NO	No. of items	Cost																	
KITCHEN AND DINING ROOM LINENS, including tablecloths, place mats, and napkins <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:5%;"></td> <td style="width:5%;">YES</td> <td style="width:5%;">NO</td> </tr> <tr> <td>Q1</td> <td></td> <td></td> </tr> <tr> <td>Q2</td> <td></td> <td></td> </tr> <tr> <td>Q3</td> <td></td> <td></td> </tr> <tr> <td>Q4</td> <td></td> <td></td> </tr> <tr> <td>Q5</td> <td></td> <td></td> </tr> </table>		YES	NO	Q1			Q2			Q3			Q4			Q5			180 - Towels		(P21)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$
		YES	NO																													
	Q1																															
	Q2																															
	Q3																															
	Q4																															
	Q5																															
				(P22)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																	
				(P23)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																	
				(P24)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																	
				(P25)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																	
				(P26)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																	
				(P27)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																	
				(P28)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																	
				(P29)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																	
				(P30)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																	
				(P31)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																	
				(P32)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																	
				(P33)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																	
				(P34)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																	
			(P35)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																		
			(P36)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																		
			(P37)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																		
			(P38)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																		
			(P39)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																		
			(P40)								\$	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$																		

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~ 6 07 18 4 ~

EACH QUARTER	Date of interview	Q1	Q2	Q3	Q4

Section 7 - CLOTHING AND HOUSEHOLD
TEXTILES - Continued

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

Part B - Household Textiles - Continued

a		b	c	d	e	f	g		h		i		j		NOTES
Since (Q1 - January 1, 1973, Q2-Q5 - date of last interview) have you purchased for your household or as a gift to others, any ... ?		QUARTER NUMBER	What did you buy?	ITEM CODE from col. a	Was this purchased for your (CU) own use or as a gift?	How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it?	How much did it cost?		Did this include sales tax?	Ask at Q2-Q5 j		Ask for class of items for which purchases were reported at the previous interview. Have you returned for credit or refund any ... which you reported last time? If YES, enter the number and the total cost of re- turned item(s) on the line for the item.		
HOUSEHOLD ITEM	ITEM CODE		Describe briefly the item purchased		PROCESSING USE ONLY			Enter code	MO.		YR.	Dollars	Cents	YES		NO	No. of Items	Cost
SEWING MATERIALS such as for making clothes and for handwork in the home				(P41)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
				(P42)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
				(P43)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
				(P44)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
			190 - Making slipcovers, curtains, etc.	(P45)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
				(P46)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
			191 - Making clothes	(P47)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
			192 - Handwork in the home, including yarn	(P48)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
				(P49)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
			193 - Sewing notions	(P50)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
				(P51)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
				(P52)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
				(P53)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
				(P54)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
				(P55)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$		
			(P56)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$			
			(P57)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$			
			(P58)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$			
			(P59)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$			
			(P60)				\$		<input type="checkbox"/>	<input type="checkbox"/>		\$			

	YES	NO
Q1		
Q2		
Q3		
Q4		
Q5		

Continued on
extra page

EACH QUARTER	Date of interview	Q1	Q2	Q3	Q4	Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued	INTERVIEWER	Ask col. a and complete cols. b-i for each item or set of identical items purchased. Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.
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Part A and Part B

a	b	c	PROCESSING USE ONLY	d	e		f	g		h		i		j	NOTES	
					Part A For whom was it purchased? If CU member, enter name and line number from Section 1. If someone outside CU, enter appropriate code as follows: 90 - Male 16 and over 93 - Female 2-15 91 - Female 16 and over 94 - Under 2 years 92 - Male 2-15			How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it? MO. YR.	How much did it cost?		Did this include sales tax?				Ask at Q2-Q5 Ask for each class of items for which purchases were reported at the previous interview. Have you returned for credit or refund any ... which you reported last time? If YES, enter the number and the total cost of returned item(s) on the line for the item.
					Part B Was this purchased for your (CU) own use or as a gift? 1 - CU use 2 - Gift outside CU Enter code					Dollars	Cents	YES	NO				No. of items	Cost
Describe briefly the item purchased		Name	Line No. or code													
Extra page		Part A What kind of ... did you buy?								\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
		Part B What did you buy?								\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P61)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P62)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P63)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P64)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P65)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P66)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P67)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P68)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P69)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P70)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P71)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P72)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P73)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P74)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P75)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P76)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P77)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
				(P78)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$		
			(P79)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			
			(P80)						\$		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$			

EACH QUARTER	Date of interview	Q 1	Q 2	Q 3	Q 4	Section 7 - CLOTHING AND HOUSEHOLD TEXTILES - Continued	INTERVIEWER { Ask col. a and complete cols. b-i for each item or set of identical items purchased. Q2-Q5 - In addition to the above, complete col. j for each class of items for which purchases were reported at the previous interview.

Part A and Part B

a	b	c	PROCESSING USE ONLY	d	e	f	g	h		i		j		NOTES													
								Dollars	Cents	YES	NO	No. of items	Cost														
Extra page	QUARTER NUMBER	Part A What kind of ... did you buy?	(210) (211) (212) (213) (214) (215) (208) (201) (202) (203) (201)	(R21) (R22) (R23) (R24) (R25) (R26) (R27) (R28) (R29) (R30) (R31) (R32) (R33) (R34) (R35) (R36) (R37) (R38) (R39) (R40)	ITEM CODE from col. a	Part A For whom was it purchased? If CU member, enter name and line number from Section 1. If someone outside CU, enter appropriate code as follows: 90 - Male 16 and over 93 - Female 2-15 91 - Female 16 and over 94 - Under 2 years 92 - Male 2-15	How many did you purchase? Enter number of identical items purchased.	In what month (and year) did you purchase it?	How much did it cost?		Did this include sales tax?		Ask at Q2-Q5 j Ask for each class of items for which purchases were reported at the previous interview. Have you returned for credit or refund any ... which you reported last time? If YES, enter the number and the total cost of returned item(s) on the line for the item.														
		Part B Was this purchased for your (CU) own use or as a gift? 1 - CU use 2 - Gift outside CU Enter code				Name										Line No. or code	MO.	YR.	No. of items	Cost							
		Describe briefly the item purchased																									

QUARTER Q1, Q5 Date of Interview Q1

Section 8 - MAJOR EQUIPMENT ITEMS - INVENTORY AND PURCHASES

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

Table with columns a-o. a: Q1 - Do you have a...? Q5 - Ask for each item marked NO at Q1... b: What type do you have... c: ITEM CODE from col. a. d: Was this - 1 - Purchased for own use? 2 - Received as a gift? 3 - Included with own house? 4 - Included with rental unit? 5 - Rented separately? 6 - Purchased as gift to others? e: When did you get (purchase) it? f: When acquired was it new or used? g: What was the price before any trade-in allowance? h: Did this include sales tax? i: Did you receive a trade-in allowance? j: What was the value of the trade-in allowance? k: Were there any extra charges for installation? l: Did you buy it - 1 - For cash? 2 - On 30-day credit? 3 - On installment credit? 4 - Other credit? m: Do not ask for items with code 6 in col. d. n: Did you - 1 - Sell or trade it? 2 - Return it for credit, refund, or exchange? 3 - Other? o: Ask only once for each item. Since (date of last interview), have you purchased or received another...? If YES, complete cols. b-n.

Continued on extra page.

NOTES

Section 8 - MAJOR EQUIPMENT ITEMS - INVENTORY AND PURCHASES - Continued

QUARTER Q1, Q5 Date of interview Q1

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

a	b	c	d	e				f	g	Ask only if purchased (Code 1 or 6 in col. d)				Complete at Q5					
				When did you get (purchase) it?						When acquired was it new or used?	What was the price before any trade-in allowance?	Did this include sales tax?	Did you receive a trade-in allowance?	What was the value of the trade-in allowance?	Were there any extra charges for installation?	Did you buy it -	Do not ask for items with code 6 in col. d		Ask only once for each item.
				Before 1966	1966-1970	1971	1972-74										YES	NO	
EQUIPMENT ITEM	ITEM CODE	Brand name or brief description	ITEM CODE from col. a	Was this -	When did you get (purchase) it?	When acquired was it new or used?	What was the price before any trade-in allowance?	Did this include sales tax?	Did you receive a trade-in allowance?	What was the value of the trade-in allowance?	Were there any extra charges for installation?	Did you buy it -	Do you still have the ... ?	Did you -	Since (date of last interview), have you purchased or received another ... ?				
CLOTHES WASHER	11-Automatic		(S51)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Before 1966 <input type="checkbox"/> 1966-1970 <input type="checkbox"/> 1971 <input type="checkbox"/> 1972-74 MO. YR.	1 - New	\$.00	(S52)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	1 - For cash?	<input type="checkbox"/>	1 - Sell or trade it?	<input type="checkbox"/>				
	12-Semiautomatic		(S53)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	\$.00	(S54)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	2 - On 30-day credit?	<input type="checkbox"/>	2 - Return it for credit, refund, or exchange?	<input type="checkbox"/>						
	13-Combination washer-dryer		(S55)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	\$.00	(S56)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	3 - On installment credit?	<input type="checkbox"/>	3 - Other?	<input type="checkbox"/>						
CLOTHES DRYER	14-Other-Specify in col. b		(S57)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		2 - Used	\$.00	(S58)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	4 - Other credit? Specify in Notes	<input type="checkbox"/>						
	15-Electric		(S59)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	\$.00	(S60)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>										
	16-Gas		(S61)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	\$.00	(S62)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>										
ELECTRIC FLOOR CLEANING EQUIPMENT such as vacuum cleaners, electric brooms, and similar items	17-Vacuum cleaner, canister or upright		(S63)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$.00	(S64)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	XX	<input type="checkbox"/>						
	18-Electric broom		(S65)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	\$.00	(S66)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	XX	<input type="checkbox"/>								
	19-Rug shampooer-floor polisher		(S67)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	\$.00	(S68)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	XX	<input type="checkbox"/>								
	20-Other electric floor cleaning equipment - Specify in col. b		(S69)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	\$.00	(S70)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	XX	<input type="checkbox"/>								
SEWING MACHINE	21-With cabinet		(S71)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$.00	(S72)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	XX	<input type="checkbox"/>						
	22-Without cabinet		(S73)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	\$.00	(S74)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	XX	<input type="checkbox"/>								
			(S75)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	\$.00	(S76)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	XX	<input type="checkbox"/>								
TYPEWRITER	23-Manual		(S77)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$.00	(S78)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	XX	<input type="checkbox"/>						
	24-Electric		(S79)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	\$.00	(S80)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	XX	<input type="checkbox"/>								
			(S81)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	\$.00	(S82)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	XX	<input type="checkbox"/>								
			(S83)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$.00	(S84)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	XX	<input type="checkbox"/>						

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NOTES

QUARTER Q1, Q5 Date of interview Q1

Section 8 - MAJOR EQUIPMENT ITEMS - INVENTORY AND PURCHASES - Continued

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

Table with columns a through o. Rows include categories like WINDOW AIR CONDITIONERS, BLACK AND WHITE TELEVISIONS, COLOR TELEVISIONS, PIANO OR ORGAN, and LAWN MOWING EQUIPMENT AND OTHER YARD MACHINERY. Each row contains specific data points, codes, and checkboxes.

Continued on extra page.

NOTES

QUARTER
Q1, Q5

Date of interview

Q1

**Section 8 - MAJOR EQUIPMENT ITEMS -
INVENTORY AND PURCHASES - Continued**

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

a	b What type do you have (did you get)? <i>Determine which type the respondent has. Enter brand name if readily available or a brief description of the item.</i>	c ITEM CODE from col. a	d Was this - 1 - Purchased for own use? 2 - Received as a gift? 3 - Included with own house? 4 - Included with rental unit? - Go to next equip. item 5 - Rented separately? Go to col. g 6 - Purchased as gift to others? Enter code	e When did you get (purchase) it? <i>If 1972 or after, enter month and year. If before 1972, mark the appropriate box and go to next equip. item.</i>				f When acquired was it new or used? 1 - New 2 - Used Enter code	g What was the price before any trade-in allowance? <i>If gift received or included with own house - How much was it worth? If rented separately - What is the rental charge? Enter amount and period covered</i>		Ask only if purchased (Code 1 or 6 in col. d)						Complete at Q5						
				Before 1966	1966-1970	1971	1972-74 MO. YR.		YES	NO	YES	NO	What was the value of the trade-in allowance? <i>Dollars only</i>		Were there any extra charges for installation? <i>If YES - How much?</i>		Did you buy it - 1 - For cash? 2 - On 30-day credit? 3 - On installment credit? 4 - Other credit? Specify in Notes Enter code		Do not ask for items with code 6 in col. d Do you still have the ... ? <i>If YES, skip to col. o.</i>		Did you - 1 - Sell or trade it? 2 - Return it for credit, refund, or exchange? 3 - Other? Enter code		
				Brand name or brief description		PROCESSING USE ONLY	PROCESSING USE ONLY		PROCESSING USE ONLY	PROCESSING USE ONLY	YES	NO	YES	NO	Dollars only	Dollars only	NO	Dollars only	YES	NO	YES	NO	Enter code	Enter code
		(T51)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T52)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									
		(T53)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T54)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									
		(T55)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T56)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									
		(T57)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T58)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									
		(T59)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T60)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									
		(T61)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T62)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									
		(T63)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T64)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									
		(T65)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T66)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									
		(T67)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T68)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									
		(T69)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T70)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									
		(T71)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T72)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									
		(T73)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T74)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									
		(T75)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T76)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									
		(T77)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T78)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									
		(T79)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T80)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									
		(T81)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T82)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									
		(T83)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				\$.00	(T84)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00		\$.00									

NOTES

Section 9 - MINOR EQUIPMENT ITEMS - INVENTORY AND PURCHASES

INTERVIEWER Q1 - Ask col. a and mark the box if the CU has one or more of an item. For each item reported complete cols. b-j. Q3 and Q5 - Start with col. k for each item previously reported and proceed as indicated. Ask col. a for all items not previously marked and complete cols. b-l.

QUARTER Q1, Q3, Q5	Date of interview	Q1	Q3	b	c	d	e	f	g	h	Ask only if purchased (Code 1 or 4 in col. e)		Complete at Q3 and Q5										
											i	j	k				l	m					
													YES	NO	YES	NO		YES	NO	YES	NO		
				QUARTER NUMBER	IDENTIFY THE ITEM such as "blender" and enter the brand name ONLY if readily available.	ITEM CODE from col. a	Was this - 1 - Purchased for own use? 2 - Received as a gift? 3 - Rented separately? - Skip to col. h 4 - Purchased as a gift to others? 5 - Other means? - Specify in Notes Enter code	When did you get (purchase) it? If 1972 or after, enter the month and year. If before 1972, mark the appropriate box and go to the next equipment item. Before 1971 | 1971 | 1972-74 MO. | YR.	When acquired was it new or used? 1 - New 2 - Used Enter code	What was the price (rental cost)? If gift - How much was it worth? Dollars only	Did this include sales tax? YES | NO	Did you buy it - 1 - For cash? 2 - On 30-day credit? 3 - On installment credit? 4 - Other credit? Specify in Notes Enter code	Do not ask for items with code 4 in col. e Do you still have the ... ? If YES, skip to col. m	Did you - 1 - Sell it? 2 - Return it for credit, refund, or exchange? 3 - Other? Enter code	Ask only once per interview for each equipment item. Since (date of last interview), have you purchased another ... or received one as a gift? If YES, fill cols. b-l. If NO, go to the next equipment item.								
																Q3		Q5		Q3		Q5	
																YES	NO	YES	NO	YES	NO	YES	NO
						(A01)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A02)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
(A) SMALL ELECTRICAL KITCHEN APPLIANCES such as ... ?						(A03)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A04)	\$.70	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
		Q1	Q3	Q5		(A05)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A06)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(A07)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A08)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(A09)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A10)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(A11)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A12)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(A13)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A14)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(A15)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A16)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(A17)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A18)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(A19)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A20)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(A21)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A22)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(A23)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A24)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(A25)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A26)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(A27)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A28)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(A29)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A30)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(A31)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A32)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(A33)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(A34)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>											

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Section 9 - MINOR EQUIPMENT ITEMS - INVENTORY AND PURCHASES - Continued

INTERVIEWER Q1 - Ask col. a and mark the box if the CU has one or more of an item. For each item reported complete cols. b-j. Q3 and Q5 - Start with col. k for each item previously reported and proceed as indicated. Ask col. a for all items not previously marked and complete cols. b-l.

Table with columns: QUARTER (Q1, Q3, Q5), Date of interview, Q1, Q3, a (Description), b (Quarter Number), c (Item Description), d (Item Code), e (Acquisition Method), f (Date), g (New/Used), h (Price), i/j (Sales Tax/Credit), k/l/m (Ownership/Status), and Q3/Q5 (Repeat). Rows include categories like (B) PORTABLE COOLING OR HEATING EQUIPMENT and (C) ELECTRIC PERSONAL CARE EQUIPMENT.

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NOTES

QUARTER	Date of interview	Q1	Q3
Q1, Q3, Q5			

Section 9 - MINOR EQUIPMENT ITEMS -
INVENTORY AND PURCHASES - Continued

INTERVIEWER { Q1 - Ask col. a and mark the box if the CU has one or more of an item. For each item reported complete cols. b-j.
Q3 and Q5 - Start with col. k for each item previously reported and proceed as indicated. Ask col. a for all items not previously marked and complete cols. b-l.

a	b	c	d	e	f			g	h	i		j				k				l				m			
					When did you get (purchase) it?					When acquired was it new or used?	What was the price (rental cost)?	Did this include sales tax?	Did you buy it -	Do not ask for items with code 4 in col. e		Do you still have the ... ?		Did you -		Ask only once per interview for each equipment item.							
					Before 1971	1971	1972-74							YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
<p>Ask the questions as indicated. Hand the respondent the Flashcard Booklet and have her turn to each list as you proceed.</p> <p>Q1 - Do you have any ... ?</p> <p>If more than one, record only the most recent acquisition.</p> <p>Since Jan. 1, have you purchased any of these items as gifts to others?</p> <p>Q3 and Q5 - Ask for items not marked at previous interviews -</p> <p>Do you have any ... ?</p> <p>Since (date of last interview), have you purchased any of these items as gifts to others?</p>	QUARTER NUMBER	IDENTIFY THE ITEM such as "blender" and enter the brand name ONLY if readily available.	ITEM CODE from col. a	<p>1 - Purchased for own use?</p> <p>2 - Received as a gift?</p> <p>3 - Rented separately? - Skip to col. h</p> <p>4 - Purchased as a gift to others?</p> <p>5 - Other means? - Specify in Notes</p> <p>Enter code</p>	<p>If 1972 or after, enter the month and year.</p> <p>If before 1972, mark the appropriate box and go to the next equipment item.</p>	<p>1 - New</p> <p>2 - Used</p> <p>Enter code</p>	<p>1 - New</p> <p>2 - Used</p> <p>Enter code</p>	<p>1 - New</p> <p>2 - Used</p> <p>Enter code</p>	<p>1 - For cash?</p> <p>2 - On 30-day credit?</p> <p>3 - On installment credit?</p> <p>4 - Other credit? Specify in Notes</p> <p>Enter code</p>	<p>1 - Sell it?</p> <p>2 - Return it for credit, refund, or exchange?</p> <p>3 - Other?</p> <p>Enter code</p>	<p>Since (date of last interview), have you purchased another ... or received one as a gift?</p> <p>If YES, fill cols. b-l.</p> <p>If NO, go to the next equipment item.</p>																
<p>(D) POWER TOOLS such as ... ?</p> <p>Exclude occupational tools</p> <p>80 - Electric drill</p> <p>81 - Electric saw</p> <p>82 - Electric sander</p> <p>83 - Other power tools - Specify in col. c</p> <p>None of the above</p>	Q1 Q3 Q5		(B01) (B03) (B05) (B07) (B09) (B11)		<p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p>		(B02) (B04) (B06) (B08) (B10) (B12)	\$.00	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>								
<p>(E) PHOTOGRAPHIC EQUIPMENT such as ... ?</p> <p>90 - Still camera</p> <p>91 - Slide projector</p> <p>92 - Movie camera</p> <p>93 - Movie projector</p> <p>94 - Other photographic equipment - Specify in col. c</p> <p>None of the above</p>	Q1 Q3 Q5		(B13) (B15) (B17) (B19) (B21) (B23) (B25) (B27) (B29) (B31) (B33)		<p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p>		(B14) (B16) (B18) (B20) (B22) (B24) (B26) (B28) (B30) (B32) (B34)	\$.00	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>	<p>Q3 Q5</p> <p>YES NO YES NO</p>								

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Section 9 - MINOR EQUIPMENT ITEMS - INVENTORY AND PURCHASES - Continued

INTERVIEWER { Q1 - Ask col. a and mark the box if the CU has one or more of an item. For each item reported complete cols. b-j.
Q3 and Q5 - Start with col. k for each item previously reported and proceed as indicated. Ask col. a for all items not previously marked and complete cols. b-l.

a	b	c	d	e	f	g	h	Ask only if purchased (Code 1 or 4 in col. e)		Complete at Q3 and Q5						
								i	j	k		l	m			
										Q3	Q5		Q3	Q5		
Date of interview		Q1	Q3	ITEM CODE from col. a	Was this - 1 - Purchased for own use? 2 - Received as a gift? 3 - Rented separately? - Skip to col. h 4 - Purchased as a gift to others? 5 - Other means? - Specify in Notes	When did you get (purchase) it? <i>If 1972 or after, enter the month and year. If before 1972, mark the appropriate box and go to the next equipment item.</i>	When acquired was it new or used? 1 - New 2 - Used	What was the price (rental cost)? <i>If gift - How much was it worth?</i>	Did this include sales tax?	Did you buy it - 1 - For cash? 2 - On 30-day credit? 3 - On installment credit? 4 - Other credit? Specify in Notes	Do not ask for items with code 4 in col. e Do you still have the ... ? <i>If YES, skip to col. m</i>		Did you - 1 - Sell it? 2 - Return it for credit, refund, or exchange? 3 - Other?		Ask only once per interview for each equipment item. Since (date of last interview), have you purchased another ... or received one as a gift? <i>If YES, fill cols. b-l. If NO, go to the next equipment item.</i>	
Q1, Q3, Q5		Q1	Q3	PROCESSING USE ONLY	Enter code	Before 1971 | 1971 | 1972-74 MO. | YR.	Enter code	Dollars only	YES | NO	Enter code	YES | NO	YES | NO	YES | NO	YES | NO	YES | NO	
(F) SOUND EQUIPMENT such as ... ?		Q1	Q3	(B51)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B52) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							
100 - Radio All types but NOT combined with phonograph or TV.		<input type="checkbox"/>	<input type="checkbox"/>	(B53)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B54) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							
101 - Phonograph Include those combined with radio or tape recorder, but NOT with TV.		<input type="checkbox"/>	<input type="checkbox"/>	(B55)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B56) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							
102 - Tape recorder		<input type="checkbox"/>	<input type="checkbox"/>	(B57)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B58) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							
103 - Separate stereo components - tuner, receiver, etc.		<input type="checkbox"/>	<input type="checkbox"/>	(B59)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B60) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							
104 - Other sound equipment - Specify in col. c		<input type="checkbox"/>	<input type="checkbox"/>	(B61)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B62) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							
None of the above		<input type="checkbox"/>	<input type="checkbox"/>	(B63)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B64) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							
				(B65)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B66) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							
				(B67)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B68) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							
				(B69)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B70) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							
				(B71)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B72) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							
				(B73)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B74) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							
				(B75)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B76) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							
				(B77)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B78) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							
				(B79)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B80) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							
				(B81)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B82) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							
				(B83)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		(B84) \$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							

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NOTES

QUARTER	Date of interview	Q1	Q3
Q1, Q3, Q5			

Section 9 - MINOR EQUIPMENT ITEMS -
INVENTORY AND PURCHASES - Continued

INTERVIEWER - Ask col. a and mark the box if the CU has one or more of an item. For each item reported complete cols. b-j.

a	b	c	d	e	f			g	h	i		j	k	l	m			
					When did you get (purchase) it?					When acquired was it new or used?	What was the price (rental cost)?					Ask only if purchased (Code 1 or 4 in col. e)		Did you buy it -
					Before 1971	1971	1972-74 MO. YR.									Did this include sales tax?	YES		NO	1 - For cash?
<p>Ask the questions as indicated. Hand the respondent the Flashcard Booklet and have her turn to each list as you proceed.</p> <p>Since (Q1 - Jan. 1973, Q3, Q5 - date of last interview), have you purchased or received as a gift any . . . ?</p> <p>Mark the appropriate box for any items purchased. Complete cols. b-j for each item reported.</p>	QUARTER NUMBER	IDENTIFY THE ITEM such as "blender" and enter the brand name ONLY if readily available.	ITEM CODE from col. a	1 - Purchased for own use? 2 - Received as a gift? 3 - Rented separately? - Skip to col. h 4 - Purchased as a gift to others? 5 - Other means? - Specify in Notes Enter code	1 - New 2 - Used Enter code	1 - New 2 - Used Enter code	1 - New 2 - Used Enter code	1 - New 2 - Used Enter code	1 - New 2 - Used Enter code	1 - New 2 - Used Enter code	1 - New 2 - Used Enter code	1 - New 2 - Used Enter code	1 - New 2 - Used Enter code	1 - New 2 - Used Enter code	1 - New 2 - Used Enter code	1 - New 2 - Used Enter code		
(G) EXERCISE AND RECREATION EQUIPMENT such as . . . ?	Q1 Q3 Q5		(C01)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C02)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					
110 - Bicycle	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(C03)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C04)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					
111 - Tricycle and battery power carts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(C05)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C06)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					
112 - Playground equipment Swings, slides, basketball hoops, etc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(C07)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C08)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					
113 - Swimming pool Large portable, including related equipment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(C09)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C10)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					
114 - Unpowered sports vehicles Golf carts, sleds, toboggans, etc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(C11)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C12)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					
115 - Major sports equipment Golf clubs, skis, tennis rackets, guns, fishing poles, etc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(C13)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C14)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					
116 - Health and exercise equipment Weights, vibrators, exercycle, etc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(C15)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C16)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					
117 - Major camping equipment Tents, sleeping bags, etc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(C17)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C18)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					
118 - Other major sports and recreation equipment - Specify in col. c	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(C19)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C20)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					
None of the above	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(C21)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C22)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					
			(C23)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C24)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					
			(C25)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C26)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					
			(C27)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C28)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					
			(C29)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C30)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					
			(C31)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C32)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					
			(C33)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(C34)	\$.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		XX					

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NOTES

QUARTER Q1, Q3, Q5	Date of interview	Q1	Q3	Section 9 - MINOR EQUIPMENT ITEMS - INVENTORY AND PURCHASES - Continued	<i>INTERVIEWER - Ask col. a and mark the box if the CU has one or more of an item. For each item reported complete cols. b-j.</i>
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a	b	c	PROCESSING USE ONLY	d	e	f			g	PROCESSING USE ONLY	h	Ask only if purchased (Code 1 or 4 in col. e)					
						When did you get (purchase) it?		When acquired was it new or used?				Did this include sales tax?	Did you buy it -				
						Before 1971	1971										1972-74 MO. YR.	YES	NO	1 - For cash?	2 - On 30-day credit?	3 - On installment credit?	4 - Other credit? Specify in Notes
Ask the questions as indicated. Hand the respondent the Flashcard Booklet and have her turn to each list as you proceed. Since (Q1 - Jan. 1973, Q3, Q5 - date of last interview), have you purchased or received as a gift any . . . ? Mark the appropriate box for any items purchased. Complete cols. b-j for each item reported.	QUARTER NUMBER	IDENTIFY THE ITEM such as "blender" and enter the brand name ONLY if readily available.	PROCESSING USE ONLY	ITEM CODE from col. a	Was this - 1 - Purchased for own use? 2 - Received as a gift? 3 - Rented separately? - Skip to col. h 4 - Purchased as a gift to others? 5 - Other means? - Specify in Notes Enter code	If 1972 or after, enter the month and year. If before 1972, mark the appropriate box and go to the next equipment item.	Do not ask for "Pets," item code 122 When acquired was it new or used? 1 - New 2 - Used Enter code	PROCESSING USE ONLY	What was the price (rental cost)? If gift - How much was it worth? Dollars only	Did this include sales tax? YES NO	Did you buy it - 1 - For cash? 2 - On 30-day credit? 3 - On installment credit? 4 - Other credit? Specify in Notes Enter code						
(H) OTHER ITEMS such as . . . ?	Q1 Q3 Q5		(C51)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C52)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					
120 - Musical instruments, other than piano or organ. Guitar, violin, drum, etc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(C53)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C54)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					
121 - Musical accessories. Stands, instrument cases, etc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(C55)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C56)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					
122 - Pets	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(C57)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C58)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					
123 - Encyclopedia and other sets of books. Do not include subscriptions, technical books, and other books used in formal education.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(C59)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C60)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					
124 - Other items costing more than \$15. Do not include furniture or other home furnishings. - Specify in col. c	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(C61)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C62)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					
None of the above	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(C63)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C64)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					
			(C65)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C66)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					
			(C67)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C68)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					
			(C69)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C70)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					
			(C71)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C72)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					
			(C73)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C74)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					
			(C75)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C76)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					
			(C77)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C78)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					
			(C79)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C80)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					
			(C81)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C82)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					
			(C83)		1 <input type="checkbox"/> 2 <input type="checkbox"/>			(C84)	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		XX					

Continued on extra page

NOTES

QUARTER
Q1, Q3, Q5

Section 9 - MINOR EQUIPMENT ITEMS -
INVENTORY AND PURCHASES - Continued

INTERVIEWER { Q1 - Ask col. a and mark the box if the CU has one or more of an item. For each item reported complete cols. b-j.
Q3 and Q5 - Start with col. k for each item previously reported and proceed as indicated. Ask col. a for all items not previously marked and complete cols. b-1.

a	b	c	d	e	f		g	h	Ask only if purchased (Code 1 or 4 in col. e)		Complete at Q3 and Q5						
					When did you get (purchase) it?				i	j	k				l	m	
					Before 1971	1971					1972-74 MO. | YR.	Did this include sales tax?	Did you buy it -	Do you still have the ... ?				Did you -	Since (date of last interview), have you purchased another ... or received one as a gift?
ITEM CODE from col. a	Was this -	When acquired was it new or used?	What was the price (rental cost)?	YES	NO	1 - For cash?	2 - On 30-day credit?	3 - On installment credit?	4 - Other credit?	1 - Sell it?	2 - Return it for credit, refund, or exchange?	3 - Other?	Q3 YES	Q3 NO	Q5 YES	Q5 NO	
		IDENTIFY THE ITEM such as "blender" and enter the brand name ONLY if readily available.	PROCESSING USE ONLY	1 - Purchased for own use? 2 - Received as a gift? 3 - Rented separately? - Skip to col. h 4 - Purchased as a gift to others? 5 - Other means? - Specify in Notes	Enter code	Before 1971	1971	1972-74 MO. | YR.	Enter code	Dollars only	YES	NO	Enter code	Q3 YES	Q3 NO	Q5 YES	Q5 NO
			(D01)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D02)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(D03)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D04)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(D05)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D06)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(D07)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D08)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(D09)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D10)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(D11)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D12)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(D13)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D14)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(D15)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D16)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(D17)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D18)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(D19)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D20)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(D21)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D22)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(D23)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D24)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(D25)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D26)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(D27)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D28)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(D29)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D30)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(D31)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D32)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(D33)			1 <input type="checkbox"/>	2 <input type="checkbox"/>		(D34)	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

QUARTER
Q1, Q3, Q5

**Section 9 - MINOR EQUIPMENT ITEMS -
INVENTORY AND PURCHASES - Continued**

INTERVIEWER { Q1 - Ask col. a and mark the box if the CU has one or more of an item. For each item reported complete cols. b-j.
Q3 and Q5 - Start with col. k for each item previously reported and proceed as indicated. Ask col. a for all items not previously marked and complete cols. b-l.

Extra page

a	b	c IDENTIFY THE ITEM such as "blender" and enter the brand name ONLY if readily available.	PROCESSING USE ONLY	d ITEM CODE from col. a	e Was this - 1 - Purchased for own use? 2 - Received as a gift? 3 - Rented separately? - Skip to col. h 4 - Purchased as a gift to others? 5 - Other means? - Specify in Notes	f When did you get (purchase) it? <i>If 1972 or after, enter the month and year. If before 1972, mark the appropriate box and go to the next equipment item.</i>			g When acquired was it new or used? 1 - New 2 - Used	PROCESSING USE ONLY	h What was the price (rental cost)? <i>If gift - How much was it worth?</i> Dollars only	Ask only if purchased (Code 1 or 4 in col. e)		Complete at Q3 and Q5															
						i	j	k Do not ask for items with code 4 in col. e				l Did you -				m Ask only once per interview for each equipment item.													
							Before 1971	1971	1972-74 MO. YR.		Enter code	YES	NO	Do you still have the ... ? <i>If YES, skip to col. m</i>				Did you -				Since (date of last interview), have you purchased another ... or received one as a gift? <i>If YES, fill cols. b-l. If NO, go to the next equipment item.</i>							
				Enter code			1	2			Enter code			Q3				Q5				Enter code							
							YES	NO						YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
			(D35)				<input type="checkbox"/>	<input type="checkbox"/>			(D36)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(D37)				<input type="checkbox"/>	<input type="checkbox"/>			(D38)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(D39)				<input type="checkbox"/>	<input type="checkbox"/>			(D40)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(D41)				<input type="checkbox"/>	<input type="checkbox"/>			(D42)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(D43)				<input type="checkbox"/>	<input type="checkbox"/>			(D44)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(D45)				<input type="checkbox"/>	<input type="checkbox"/>			(D46)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(D47)				<input type="checkbox"/>	<input type="checkbox"/>			(D48)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(D49)				<input type="checkbox"/>	<input type="checkbox"/>			(D50)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(D51)				<input type="checkbox"/>	<input type="checkbox"/>			(D52)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(D53)				<input type="checkbox"/>	<input type="checkbox"/>			(D54)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(D55)				<input type="checkbox"/>	<input type="checkbox"/>			(D56)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(D57)				<input type="checkbox"/>	<input type="checkbox"/>			(D58)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(D59)				<input type="checkbox"/>	<input type="checkbox"/>			(D60)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(D61)				<input type="checkbox"/>	<input type="checkbox"/>			(D62)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(D63)				<input type="checkbox"/>	<input type="checkbox"/>			(D64)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(D65)				<input type="checkbox"/>	<input type="checkbox"/>			(D66)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(D67)				<input type="checkbox"/>	<input type="checkbox"/>			(D68)	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NOTES

QUARTER Q1, Q5 Date of interview Q1

Section 10 - SERVICE CONTRACTS

INTERVIEWER Q1 - Ask item 1 and complete cols. a-c for each contract. Q5 - Complete cols. d-h for each contract listed at Q1. Also, ask item 2 and complete cols. a-h for each additional contract.

Q1 - 1. Do you have any service contracts covering maintenance or repairs to your household equipment or appliances, or any contracts covering recurring services, such as pest control, water softening, lawn maintenance, or pool maintenance?
Q5 - 2. Since (date of last interview), have you obtained any (additional) service contracts covering maintenance or repairs to your household equipment or appliances, or any contracts covering recurring services, such as pest control, water softening, lawn maintenance, or pool maintenance?

Table with columns: a (What kind(s) of contract(s) do you have?), b (ITEM CODE), c (When did you get this contract?), d (Do you still have the contract?), e (In what month (and year) did you drop it?), f (Were there any charges for this contract in 1973?), g (What were the total charges in 1973?), h (Did these charges include service for more than one year?). Includes 'PROCESSING USE ONLY' column.

Table with columns: a (What kind(s) of contract(s) do you have?), b (ITEM CODE), c (When did you get this contract?), d (Do you still have the contract?), e (In what month (and year) did you drop it?), f (Were there any charges for this contract in 1973?), g (What were the total charges in 1973?), h (Did these charges include service for more than one year?). Includes 'LINE NUMBER' and 'PROCESSING USE ONLY' columns.

NOTES

For additional entries continue

EACH QUARTER	Date of interview	Q1	Q2	Q3	Q4

Section 11 - EQUIPMENT REPAIRS

INTERVIEWER { Q1 - Ask item 1 and complete cols. a-l for each repair.
 Q2-Q5 - First complete cols. e and f for each previously reported repair for which the "Bill not received" box in col. e was marked. Then ask item 1 and complete cols. a-l for each recent repair.

1. Since (Q1 - January 1, 1973, Q2-Q5 - date of last interview), have you had any repair expenses for -
 Do not include expenses recorded in Section 5, Alterations and Repairs.

(a) Kitchen equipment or appliances?

(b) Laundry or cleaning equipment?

(c) Radio, TV, or other sound equipment?

(d) Photographic equipment?

(e) Any other equipment or appliances?

Q1		Q2		Q3		Q4		Q5	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

LINE NUMBER	a What was repaired? Describe the item repaired	b QUARTER NUMBER	c ITEM CODE Enter the item code from Section 8 or 9. If more than one item is covered in charge, enter 999. If item is not listed in these sections, enter 000. Enter code after completing interview.	d In what month (and year) did you have it repaired?		e How much did the repairs cost including any parts needed?		f Did this include sales tax?	
				MO.	YR.	Dollars only	Bill not rec'd.	YES	NO
17			G17			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
18			G18			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
19			G19			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
20			G20			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
21			G21			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
22			G22			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
23			G23			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
24			G24			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	

LINE NUMBER	a	b	c ITEM CODE Enter the item code from Section 8 or 9. If more than one item is covered in charge, enter 999. If item is not listed in these sections, enter 000. Enter code after completing interview.	d In what month (and year) did you have it repaired?		e How much did the repairs cost including any parts needed?		f Did this include sales tax?	
	What was repaired? Describe the item repaired	QUARTER NUMBER		PROCESSING USE ONLY	MO.	YR.	Dollars only	Bill not rec'd.	YES	NO
1			G01			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
2			G02			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
3			G03			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
4			G04			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
5			G05			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
6			G06			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
7			G07			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
8			G08			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
9			G09			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
10			G10			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
11			G11			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
12			G12			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
13			G13			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
14			G14			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
15			G15			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
16			G16			\$.00	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	

NOTES

Notes section with multiple horizontal lines for text entry.

For additional entries continue →

QUARTER Q1, Q3, Q5 Date of interview Q1 Q3

Section 12 -- HOUSE FURNISHINGS AND RELATED HOUSEHOLD ITEMS

Part A - Purchases

INTERVIEWER

Q1 - Hand the respondent the Flashcard Booklet and have her turn to each item list as you proceed. Ask col. a and complete cols. b-k for each item reported. Enter each item or set of identical items on a separate line. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PRICE. Q3 and Q5 - Start with col. 1 for each item previously reported and proceed as indicated. Then ask col. a and complete b-k for each new item.

Table with columns a-l and rows for furniture categories (A) Living, Family, or Recreation Room Furniture; (B) Dining Room Furniture; (C) Kitchen Furniture. Includes item codes, descriptions, and purchase details.

NOTES section with horizontal lines for recording additional information.

QUARTER	Date of interview	Q1	Q3
Q1, Q3, Q5			

Section 12 - HOUSE FURNISHINGS AND RELATED HOUSEHOLD ITEMS - Continued

Part A - Purchases

INTERVIEWER

Q1 - Hand the respondent the Flashcard Booklet and have her turn to each item list as you proceed. Ask col. a and complete cols. b-k for each item reported. Enter each item or set of identical items on a separate line. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PRICE.
 Q3 and Q5 - Start with col. 1 for each item previously reported and proceed as indicated. Then ask col. a and complete b-k for each new item.

a		b	c	PROCESSING USE ONLY	d	e		f	g		h		i	j		k	l	NOTES	
ITEM	ITEM CODE	QUARTER NUMBER	Which of these did you purchase? Enter a brief description of the item, such as "recliner."		ITEM CODE from col. a	Own use	Gift	Number	MO.	YR.	New	Used	Dollars only	YES	NO	Did you buy it - 1 - For cash? 2 - On 30-day credit? 3 - On installment credit? 4 - Other credit? - Specify in Notes Enter code	Ask at Q3 and Q5 for items reported in previous interview. Last time you reported that you purchased ... Have you returned any of these items for credit or refund? If YES, enter number returned on the line with the item.		
(D) BEDROOM FURNITURE Q1 YES NO Q3 Q5	40 - Bedroom suite			(H20)	1 <input type="checkbox"/> 2 <input type="checkbox"/>					1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						
	41 - Headboard and/or frame			(H21)	1 <input type="checkbox"/> 2 <input type="checkbox"/>					1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						
	42 - Springs and mattress (including rollaways)			(H22)	1 <input type="checkbox"/> 2 <input type="checkbox"/>						1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>					
	43 - Chest-dresser and vanity (including mirrors)			(H23)	1 <input type="checkbox"/> 2 <input type="checkbox"/>						1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>					
	44 - Night table			(H24)	1 <input type="checkbox"/> 2 <input type="checkbox"/>						1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>					
	45 - Chair					1 <input type="checkbox"/> 2 <input type="checkbox"/>					1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>					
(E) INFANTS FURNITURE AND EQUIPMENT Q1 YES NO Q3 Q5	50 - Crib and/or mattress			(H25)	1 <input type="checkbox"/> 2 <input type="checkbox"/>					1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						
	51 - Carriage or stroller			(H26)	1 <input type="checkbox"/> 2 <input type="checkbox"/>					1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						
	52 - Playpen			(H27)	1 <input type="checkbox"/> 2 <input type="checkbox"/>					1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						
	53 - Chest or dresser			(H28)	1 <input type="checkbox"/> 2 <input type="checkbox"/>						1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>					
(F) PATIO, PORCH OR OTHER OUTDOOR FURNITURE Q1 YES NO Q3 Q5	60 - Outdoor furniture made basically of WOOD			(H29)	1 <input type="checkbox"/> 2 <input type="checkbox"/>					1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						
	61 - Outdoor furniture made basically of METAL (all kinds)			(H30)	1 <input type="checkbox"/> 2 <input type="checkbox"/>					1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						
	62 - Outdoor furniture made basically of PLASTIC or VINYL			(H31)	1 <input type="checkbox"/> 2 <input type="checkbox"/>					1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						
	63 - Barbecue grill (all types)			(H32)	1 <input type="checkbox"/> 2 <input type="checkbox"/>						1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>					
(G) FLOOR COVERINGS, such as wall-to-wall carpeting, room-size rugs, or other floor coverings for any room in the house? Q1 YES NO Q3 Q5	70 - Installed			(H34)	1 <input type="checkbox"/> 2 <input type="checkbox"/>					1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						
	71 - Not installed			(H35)	1 <input type="checkbox"/> 2 <input type="checkbox"/>					1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						
	72 - Installed			(H36)	1 <input type="checkbox"/> 2 <input type="checkbox"/>					1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						
	73 - Not installed			(H37)	1 <input type="checkbox"/> 2 <input type="checkbox"/>					1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						

QUARTER	Date of Interview	Q1	Q3
Q1, Q3, Q5			

Section 12 - HOUSE FURNISHINGS AND RELATED HOUSEHOLD ITEMS - Continued

Part A - Purchases - Continued

INTERVIEWER

Q1 - Hand the respondent the Flashcard Booklet and have her turn to each item list as you proceed. Ask col. a and complete cols. b-k for each item reported. Enter each item or set of identical items on a separate line. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PRICE.
 Q3 and Q5 - Start with col. 1 for each item previously reported and proceed as indicated. Then ask col. a and complete b-k for each new item.

a		b	c	PROCESSING USE ONLY	d	e		f	g		h		i	j		k	l	NOTES
ITEM	ITEM CODE	QUARTER NUMBER	Which of these did you purchase? Enter a brief description of the item, such as "recliner."		ITEM CODE from col. a	Was this purchased for your own use or as a gift to others?	Ask only if applicable How many did you purchase?	In what month (and year) did you purchase it?	When purchased, was it new or used?	What was the price?	Did this include sales tax?	Did you buy it -	Ask at Q3 and Q5 for items reported in previous interviews. Last time you reported that you purchased ... Have you returned any of these items for credit or refund? If YES, enter number returned on the line with the item.					
							Own use	Gift	Number	MO.	YR.	New	Used	Dollars only	YES	NO	Enter code	
Since (Q1 - the 1st of January 1973, Q3 and Q5 - date of last interview), have you purchased for your own use or as a gift to others any ... ?																		
(H) HOUSEHOLD ITEMS				(H39)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
	80 - Curtains, custom-made			(H40)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
	81 - Curtains, ready-made			(H41)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
	82 - Drapes, custom-made			(H42)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
	83 - Drapes, ready-made			(H43)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
	84 - Venetian blinds and window shades, custom-made			(H44)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
	85 - Venetian blinds and window shades, ready-made			(H45)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
	86 - Slipcovers, custom-made			(H47)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
	87 - Slipcovers, ready-made			(H48)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
	88 - Decorative pillows and cushions			(H49)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
	89 - Other household items			(H50)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
				(H51)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
				(H52)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
				(H53)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
				(H54)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
				(H55)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
				(H56)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
				(H57)	1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				

Continued on extra page.

QUARTER Q1, Q3, Q5 Date of interview Q1 Q3 Section 12 - HOUSE FURNISHINGS AND RELATED HOUSEHOLD ITEMS - Continued

Part A - Purchases - Continued

INTERVIEWER: Q1 - Hand the respondent the Flashcard Booklet and have her turn to each item list as you proceed. Ask col. a and complete cols. b-k for each item reported. Enter each item or set of identical items on a separate line. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PRICE. Q3 and Q5 - Start with col. 1 for each item previously reported and proceed as indicated. Then ask col. a and complete b-k for each new item.

a		b	c	PROCESSING USE ONLY	d	e	f	g	h	i	j	k	l	NOTES
ITEM	ITEM CODE	QUARTER NUMBER	Which of these did you purchase? Enter a brief description of the item, such as "recliner."		ITEM CODE from col. a	Was this purchased for your own use or as a gift to others? Own use | Gift	Ask only if applicable How many did you purchase? Number	In what month (and year) did you purchase it? MO. | YR.	When purchased, was it new or used? New | Used	What was the price? Dollars only	Did this include sales tax? YES | NO	Did you buy it - 1 - For cash? 2 - On 30-day credit? 3 - On installment credit? 4 - Other credit? - Specify in Notes Enter code	Ask at Q3 and Q5 for items reported in previous interview. Last time you reported that you purchased ... Have you returned any of these items for credit or refund? If YES, enter number returned on the line with the item.	
Since (Q1 - the 1st of January 1973, Q3 and Q5 - date of last interview), have you purchased for your own use or as a gift to others any ...?														
(I) RECREATIONAL AND OTHER HOUSE FURNISHINGS	90 - Pingpong table			(H58)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	91 - Pool table			(H59)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	92 - Bar or porta-bar			(H60)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	93 - Bookcase, record cabinet			(H61)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	94 - Desk			(H62)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	95 - Other			(H63)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
(J) DISHES, DINNERWARE, FLATWARE, GLASSWARE OR COOKING WARE	100 - Dinnerware			(H64)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	101 - Silver flatware			(H65)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	102 - Stainless flatware			(H66)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	103 - Glassware			(H67)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	104 - Cooking ware (excluding electric)			(H68)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	105 - Other			(H69)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
(K) SUITCASES, LUGGAGE, TRUNKS, GARMENT BAGS, AND CLOSET STORAGE ITEMS	110 - Suitcase or luggage			(H70)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	111 - Trunk			(H71)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	112 - Garment bag and closet storage items			(H72)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	113 - Other			(H73)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
(L) DECORATIVE ITEMS	120 - Original paintings and other paintings or pictures costing more than \$10			(H74)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	121 - Clocks			(H75)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	122 - Lamps			(H76)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	123 - Mirrors			(H77)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	124 - Chandeliers and other lighting fixtures			(H78)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				
	125 - Other decorative items costing more than \$15			(H79)	1 <input type="checkbox"/> 2 <input type="checkbox"/>			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>				

QUARTER
Q1, Q3, Q5

Section 12 - HOUSE FURNISHINGS AND RELATED HOUSEHOLD ITEMS - Continued

Part A - Purchases - Continued

INTERVIEWER

Q1 - Hand the respondent the Flashcard Booklet and have her turn to each item list as you proceed. Ask col. a and complete cols. b-k for each item reported. Enter each item or set of identical items on a separate line. Identical items are those of the SAME TYPE, purchased in the SAME MONTH, for the SAME PRICE.
Q3 and Q5 - Start with col. 1 for each item previously reported and proceed as indicated. Then ask col. a and complete b-k for each new item.

a	b	c	PROCESSING USE ONLY	d	e		f	g		h	i	j		k	l	NOTES
					ITEM CODE from col. a	Was this purchased for your own use or as a gift to others?		Ask only if applicable How many did you purchase?	In what month (and year) did you purchase it?			When purchased, was it new or used?	What was the price?			
Extra page	QUARTER NUMBER	Enter a brief description of the item, such as "recliner."			Own use	Gift	Number	MO.	YR.	New	Used	Dollars only	YES	NO		
			(H77)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H78)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H79)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H80)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H81)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H82)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H83)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H84)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H85)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H86)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H87)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H88)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H89)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H90)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H91)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H92)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H93)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H94)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
			(H95)		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>		

Continued on extra page.

QUARTER	Date of interview	Q1	Q3
Q1, Q3, Q5			

Section 12 - HOUSE FURNISHINGS AND RELATED HOUSEHOLD ITEMS - Continued

Part B - Repairs, Rentals, and Gifts Received

1a. Since (Q1 - the 1st of Jan. 1973, Q3 and Q5 - date of last interview), have you had any expense for repair or upholstery to your furniture?		Q1	Q3	Q5	NOTES
		<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 2a	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 2a	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 2a	
b. What was repaired (upholstered)? - Describe briefly and enter the item code from col. a, Part A, or 000 if not listed. If more than one item repaired (upholstered), enter 999. c. How much did it cost? d. Did it include - Codes 1 - Service only? 2 - Fabrics only? 3 - Service and fabrics?	1	Description	Description	Description	
		(K01) _____ Code	(K32) _____ Code	(K63) _____ Code	
		(K02) \$ _____ .00	(K33) \$ _____ .00	(K64) \$ _____ .00	
	2	(K03) _____ Code	(K34) _____ Code	(K65) _____ Code	
		Description	Description	Description	
		(K04) _____ Code	(K35) _____ Code	(K66) _____ Code	
	3	(K05) \$ _____ .00	(K36) \$ _____ .00	(K67) \$ _____ .00	
		(K06) _____ Code	(K37) _____ Code	(K68) _____ Code	
		Description	Description	Description	
	4	(K07) _____ Code	(K38) _____ Code	(K69) _____ Code	
		(K08) \$ _____ .00	(K39) \$ _____ .00	(K70) \$ _____ .00	
		(K09) _____ Code	(K40) _____ Code	(K71) _____ Code	
	5	Description	Description	Description	
		(K10) _____ Code	(K41) _____ Code	(K72) _____ Code	
		(K11) \$ _____ .00	(K42) \$ _____ .00	(K73) \$ _____ .00	
5	(K12) _____ Code	(K43) _____ Code	(K74) _____ Code		
	Description	Description	Description		
	(K13) _____ Code	(K44) _____ Code	(K75) _____ Code		
5	(K14) \$ _____ .00	(K45) \$ _____ .00	(K76) \$ _____ .00		
	(K15) _____ Code	(K46) _____ Code	(K77) _____ Code		
	Description	Description	Description		
2a. Since (Q1 - the 1st of Jan. 1973, Q3 and Q5 - date of last interview), did you rent any furniture?		<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 3a	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 3a	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 3a	
b. What was the expense during this period for renting this furniture?		(K31) \$ _____ .00	(K62) \$ _____ .00	(K93) \$ _____ .00	

QUARTER	Date of interview	Q1	Q3
Q1, Q3, Q5			

Section 12 - HOUSE FURNISHINGS AND RELATED HOUSEHOLD ITEMS - Continued

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

3a. Since (Q1 - the 1st of Jan. 1973, Q3 and Q5 - date of last interview), have you received any furniture as a gift from someone outside the CU?

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

c. What is its estimated value?

	Q1	Q3	Q5	NOTES
	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to Part C	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to next section	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to next section	
	Description	Description	Description	
1	(L01) _____ Code	(L21) _____ Code	(L41) _____ Code	
	(L02) \$ _____ .00	(L22) \$ _____ .00	(L42) \$ _____ .00	
	Description	Description	Description	
2	(L03) _____ Code	(L23) _____ Code	(L43) _____ Code	
	(L04) \$ _____ .00	(L24) \$ _____ .00	(L44) \$ _____ .00	
	Description	Description	Description	
3	(L05) _____ Code	(L25) _____ Code	(L45) _____ Code	
	(L06) \$ _____ .00	(L26) \$ _____ .00	(L46) \$ _____ .00	
	Description	Description	Description	
4	(L07) _____ Code	(L27) _____ Code	(L47) _____ Code	
	(L08) \$ _____ .00	(L28) \$ _____ .00	(L48) \$ _____ .00	
	Description	Description	Description	
5	(L09) _____ Code	(L29) _____ Code	(L49) _____ Code	
	(L10) \$ _____ .00	(L30) \$ _____ .00	(L50) \$ _____ .00	

NOTES

QUARTER
Q1

Section 12 – HOUSE FURNISHINGS AND RELATED HOUSEHOLD ITEMS – Continued

INTERVIEWER – Ask each item in col. a and complete cols. b–e before asking about the next item.

Part C – Inventory of Selected House Furnishings													NOTES		
a		PROCESSING USE ONLY	b		c						d		e		
Ask only if not apparent, otherwise, start with col. b. Do you have a ... ? If more than one, record the newest. If NO, go to the next household item.			Do you own it or rent it? Mark the rent box if furniture is included in the rental of the unit or rented separately.		When did you get it?						When acquired was it new or used?		Was it – 1 – Purchased separately? 2 – Received as a gift or inheritance from someone outside CU? 3 – Included with purchase of house? Enter code		
YES	NO				Before 1966	1966–1970	1971	1972	1973	1974	New	Used			
		(L71)	1 <input type="checkbox"/> Own 2 <input type="checkbox"/> Rent – Skip to next household item		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		(L72)	1 <input type="checkbox"/> Own 2 <input type="checkbox"/> Rent – Skip to next household item		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		(L73)	1 <input type="checkbox"/> Own 2 <input type="checkbox"/> Rent – Skip to next household item		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		(L74)	1 <input type="checkbox"/> Own 2 <input type="checkbox"/> Rent – Skip to next household item		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		(L75)	1 <input type="checkbox"/> Own 2 <input type="checkbox"/> Rent – Skip to next household item		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		(L76)	1 <input type="checkbox"/> Own 2 <input type="checkbox"/> Rent } Go to Section 13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

QUARTER Q1, Q5	Date of interview Q1	Section 13 - AUTOMOBILES AND OTHER VEHICLES - INVENTORY AND PURCHASES	INTERVIEWER { Q1 - Ask item 1, Part A, and complete one column in Part B for each vehicle. Q5 - Complete Part C for each vehicle reported at Q1. Then ask item 2, Part A, and complete Parts B and C for each additional vehicle.
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Part A - Screening Questions

• Ask at Q1
 1a. Do you own an . . . ?
 If YES - How many?

VEHICLE CODE	YES	NO	Number	VEHICLE CODE	YES	NO	Number
1 - Automobile				6 - Motorcycle or motor scooter			
2 - Truck				7 - Boat			
CAMPER				8 - Trailer other than camper type, such as for a boat or cycle			
3 - Self-propelled				9 - Private plane			
4 - Trailer type				10 - Any other vehicle (snowmobile, dunebuggy, etc.)			

b. Have you disposed of any automobiles or other vehicles since January 1, 1973? Yes No

If YES - What kind of vehicle was it? Enter code from item 1a and complete Parts B and C for each vehicle disposed of in 1973

Code(s)				
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c. Since January 1, 1973, did you purchase as a gift to others, any automobiles or other vehicles? Yes No

If YES - What kind of vehicle was it? Enter code from item 1a and complete Part B for each vehicle.

Code(s)				
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• Ask at Q5
 2a. Since (date of last interview), did you purchase for your own use, as a gift to others, or receive as a gift, any automobiles or other vehicles? Yes No
 b. If YES - What did you buy (receive)? Enter code from item 1a and complete Parts B and C for each additional vehicle.

Code(s)				
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NOTES

QUARTER Q1, Q5

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

INTERVIEWER

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

Part B - Detailed Questions

		VEHICLE NUMBER						
		PROCESSING USE ONLY						
1. VEHICLE CODE (Transcribe from item 1a, Part A)	(M01) _____ Code	1	~ 13 01 9	↓	(M01) _____ Code	2	~ 13 02 7	↓
● Complete items 2, 3, and 4 for autos, trucks, and self-propelled campers.		Make	Model	Year	Make	Model	Year	
2. What is the make, model, and year? OFFICE USE ONLY - Auto code	(M02)				(M02)			
3. How many cylinders does it have?	(M03) _____ Number of cylinders				(M03) _____ Number of cylinders			
4. Does it have - a. Automatic transmission?	* YES NO (M04) 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> b. Power steering?				(M04) 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> c. Power brakes?			
d. Air conditioning?	* YES NO (M05) 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> e. Radio?				(M05) 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> f. Vinyl top?			
5a. Is it used entirely or partly for business?	(M06) 1 <input type="checkbox"/> Entirely business - Go to next vehicle 2 <input type="checkbox"/> Partly for business 3 <input type="checkbox"/> Personal use only				(M06) 1 <input type="checkbox"/> Entirely business - Go to next vehicle 2 <input type="checkbox"/> Partly for business 3 <input type="checkbox"/> Personal use only			
b. If partly for business - What percent of the mileage is counted as a business expense?	(M07) _____ Percent				(M07) _____ Percent			
6. Was it new or used when you acquired it?	(M08) 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used				(M08) 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used			
7. Was this vehicle ... ?	(M09) 1 <input type="checkbox"/> Purchased for own use 2 <input type="checkbox"/> Purchased as gift to others 3 <input type="checkbox"/> Received as gift				(M09) 1 <input type="checkbox"/> Purchased for own use 2 <input type="checkbox"/> Purchased as gift to others 3 <input type="checkbox"/> Received as gift			
8. In what month and year did you acquire it? If before 1970 or received as a gift, go to next vehicle. If 1970-72, skip to item 10a. If 1973-74, ask item 9.	(M10) _____ Month _____ Year				(M10) _____ Month _____ Year			
9a. Did you receive a trade-in allowance? If YES - How much?	(M11) \$ _____ .00 <input type="checkbox"/> No				(M11) \$ _____ .00 <input type="checkbox"/> No			
b. What was the amount you paid for it after trade-in allowance and discount?	(M12) \$ _____ .00				(M12) \$ _____ .00			
c. Did this price include sales tax?	(M13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				(M13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
d. Was any of this cost paid by an employer? If YES - How much?	(M14) \$ _____ .00 <input type="checkbox"/> No				(M14) \$ _____ .00 <input type="checkbox"/> No			
e. If a boat - Did the price include the cost of a motor?	(M15) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				(M15) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
10a. Did you buy it for cash or credit?	(M16) 1 <input type="checkbox"/> Cash { Q1 - Go to next vehicle Q5 - Go to item 2, Part C 2 <input type="checkbox"/> Credit { Q1 - Ask 10b Q5 - Ask item 11				(M16) 1 <input type="checkbox"/> Cash { Q1 - Go to next vehicle Q5 - Go to item 2, Part C 2 <input type="checkbox"/> Credit { Q1 - Ask 10b Q5 - Ask item 11			
b. Ask or O I only - Were (will) any payments (be) made in 1973?	(M17) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next vehicle				(M17) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next vehicle			
11. What was the amount of the cash downpayment?	(M18) \$ _____ .00				(M18) \$ _____ .00			
12a. What was the source of credit? 1 - Auto dealer 5 - Insurance company 2 - Finance company 6 - Individual 3 - Bank 7 - Other - Specify in Notes 4 - Credit Union	(M19) _____ Code				(M19) _____ Code			
b. How much was borrowed?	(M20) \$ _____ .00				(M20) \$ _____ .00			
c. What was the number of payments contracted for?	(M21) _____ Number of payments				(M21) _____ Number of payments			
d. In what month and year was the first payment made?	(M22) _____ Month _____ Year				(M22) _____ Month _____ Year			
e. What is the amount of each payment?	(M23) \$ _____ .00				(M23) \$ _____ .00			
f. What period is covered by each payment?	(M24) 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Other - Specify γ 2 <input type="checkbox"/> Week				(M24) 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Other - Specify γ 2 <input type="checkbox"/> Week			
g. Does the finance cost include auto insurance required by the creditor?	(M25) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				(M25) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
h. Does the finance cost include credit life insurance required by the creditor?	(M26) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				(M26) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			

Part C

INTERVIEWER

Q1 - Ask only for vehicles owned in 1973 but disposed of prior to Q1. Q5 - Ask for all vehicles reported. If purchased before 1970, start with item 2.

● If credit payments were made in 1973		(M27) _____ Number of payments	(M27) _____ Number of payments
1a. How many regular payments were made during 1973? Exclude cash downpayment.		(M28) \$ _____ .00 <input type="checkbox"/> No	(M28) \$ _____ .00 <input type="checkbox"/> No
2. Do you still have ... ?		(M29) 1 <input type="checkbox"/> Yes - Skip to item 5 2 <input type="checkbox"/> No	(M29) 1 <input type="checkbox"/> Yes - Skip to item 5 2 <input type="checkbox"/> No
3a. Was it ... ? 1 - Sold 2 - Traded in		(M30) _____ Code	(M30) _____ Code
3 - Taken with CU member who left 4 - Given away 5 - Other - Specify in Notes		Notes _____	Notes _____
b. In what month was it ... ?		(M31) _____ Month	(M31) _____ Month
● If sold (code 1 in item 3a) 4. How much did you sell it for?		(M32) \$ _____ .00	(M32) \$ _____ .00
● Ask for autos, trucks, and self-propelled campers		(M33) _____ Miles	(M33) _____ Miles
5. How many miles was the ... driven in 1973?		(M34) \$ _____ .00	(M34) \$ _____ .00
OFFICE USE ONLY - Total finance charges			

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

INTERVIEWER

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

Part B - Detailed Questions - Continued

Table with columns for Vehicle Number (3 and 4), Processing Use Only, and detailed questions (1-12) regarding vehicle acquisition, financing, and insurance. Includes checkboxes for Yes/No and numerical input fields.

Part C

INTERVIEWER

Q1 - Ask only for vehicles owned in 1973 but disposed of prior to Q1. Q5 - Ask for all vehicles reported. If purchased before 1970, start with item 2.

Table for Part C containing questions 1a and 2 regarding regular payments and other payments made in 1973, with checkboxes and numerical input fields.

QUARTER
Q1, Q5

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

INTERVIEWER

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

Part B - Detailed Questions - Continued

	VEHICLE NUMBER	PROCESSING USE ONLY			
			5	~ 1 13 05 0 ↓	6
1. VEHICLE CODE (Transcribe from item 1a, Part A)	(M01) _____ Code	Make	Model	Year	(M01) _____ Code
2. What is the make, model, and year? OFFICE USE ONLY - Auto code	(M02) _____	_____	_____	_____	(M02) _____
3. How many cylinders does it have?	(M03) _____	Number of cylinders			(M03) _____
4. Does it have -	(M04) * YES NO	Number of cylinders			(M04) * YES NO
a. Automatic transmission?	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO				(M04) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO
b. Power steering?	3 <input type="checkbox"/> 4 <input type="checkbox"/>				(M04) 3 <input type="checkbox"/> 4 <input type="checkbox"/>
c. Power brakes?	5 <input type="checkbox"/> 6 <input type="checkbox"/>				(M04) 5 <input type="checkbox"/> 6 <input type="checkbox"/>
d. Air conditioning?	1 <input type="checkbox"/> 2 <input type="checkbox"/>				(M04) 1 <input type="checkbox"/> 2 <input type="checkbox"/>
e. Radio?	3 <input type="checkbox"/> 4 <input type="checkbox"/>				(M04) 3 <input type="checkbox"/> 4 <input type="checkbox"/>
f. Vinyl top?	5 <input type="checkbox"/>				(M04) 5 <input type="checkbox"/>
5a. Is it used entirely or partly for business?	(M06) _____	Entirely for business - Go to next vehicle			(M06) _____
b. If partly for business - What percent of the mileage is counted as a business expense?	(M07) _____	Partly for business			(M07) _____
6. Was it new or used when you acquired it?	(M08) _____	Personal use only			(M08) _____
7. Was this vehicle . . . ?	(M09) _____	Percent			(M09) _____
8. In what month and year did you acquire it? If before 1970 or received as a gift, go to next vehicle. If 1970-72, skip to item 10a. If 1973-74, ask item 9.	(M10) _____	Purchased for own use			(M10) _____
9a. Did you receive a trade-in allowance? If YES - How much?	(M11) \$ _____	Purchased as gift to others			(M11) \$ _____
b. What was the amount you paid for it after trade-in allowance and discount?	(M12) \$ _____	Received as gift			(M12) \$ _____
c. Did this price include sales tax?	(M13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Go to next vehicle			(M13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Was any of this cost paid by an employer? If YES - How much?	(M14) \$ _____	Go to next vehicle			(M14) \$ _____
e. If a boat - Did the price include the cost of a motor?	(M15) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Go to next vehicle			(M15) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
10a. Did you buy it for cash or credit?	(M16) _____	Go to next vehicle			(M16) _____
b. Ask or Q1 only - Were (will) any payments (be) made in 1973?	(M17) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next vehicle	Go to next vehicle			(M17) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next vehicle
11. What was the amount of the cash downpayment?	(M18) \$ _____	Go to next vehicle			(M18) \$ _____
12a. What was the source of credit? 1 - Auto dealer 2 - Finance company 3 - Bank 4 - Credit Union 5 - Insurance company 6 - Individual 7 - Other - Specify in Notes	(M19) _____	Go to next vehicle			(M19) _____
b. How much was borrowed?	(M20) \$ _____	Go to next vehicle			(M20) \$ _____
c. What was the number of payments contracted for?	(M21) _____	Go to next vehicle			(M21) _____
d. In what month and year was the first payment made?	(M22) _____	Go to next vehicle			(M22) _____
e. What is the amount of each payment?	(M23) \$ _____	Go to next vehicle			(M23) \$ _____
f. What period is covered by each payment?	(M24) _____	Go to next vehicle			(M24) _____
g. Does the finance cost include auto insurance required by the creditor?	(M25) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Go to next vehicle			(M25) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
h. Does the finance cost include credit life insurance required by the creditor?	(M26) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Go to next vehicle			(M26) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<p>Port C INTERVIEWER { Q1 - Ask only for vehicles owned in 1973 but disposed of prior to Q1. Q5 - Ask for all vehicles reported. If purchased before 1970, start with item 2.</p>					
1a. How many regular payments were made during 1973? Exclude cash downpayment.	(M27) _____	Number of payments			(M27) _____
b. Were any other payments made in 1973? If YES - How much?	(M28) \$ _____	Number of payments			(M28) \$ _____
2. Do you still have . . . ?	(M29) 1 <input type="checkbox"/> Yes - Skip to item 5 2 <input type="checkbox"/> No	Number of payments			(M29) 1 <input type="checkbox"/> Yes - Skip to item 5 2 <input type="checkbox"/> No
3a. Was it . . . ?	(M30) _____	Code			(M30) _____
1 - Sold 2 - Traded in 3 - Taken with CU member who left 4 - Given away 5 - Other - Specify in Notes	(M31) _____	Code			(M31) _____
b. In what month was it . . . ?	(M32) _____	Code			(M32) _____
4. How much did you sell it for?	(M33) _____	Code			(M33) _____
5. How many miles was the . . . driven in 1973?	(M34) \$ _____	Miles			(M34) \$ _____
OFFICE USE ONLY - Total finance charges	(M34) \$ _____	Miles			(M34) \$ _____

QE-1-1973

QUARTER	Date of interview		Section 14 - RENTING AND LEASING OF VEHICLES			
	Q1	Q3	INTERVIEWER			
Q1, Q3, Q5			Q1 - Ask Part A and complete Part B for each vehicle reported. Q3 and Q5 - Check items 1a and 1b, Part B, for each vehicle previously reported; complete items 5-8 for each one marked "Still renting or leasing" and items 6-8 for each one marked "Don't know." Then ask Part A and complete Part B for each new vehicle.			

Part A - Screening Questions

1a. Since (Q1 - January 1, 1973, Q3 and Q5 - date of last interview), have you or any member of your CU rented or leased any of the following vehicles which were NOT used entirely for business? b. If YES - How many?	VEHICLE CODE 1 - Automobile 2 - Truck Camper 3 - Self-propelled 4 - Trailer type 5 - Other attachable type 6 - Motorcycle or motor scooter 7 - Boat 8 - Trailer other than camper, such as boat or cycle 9 - Private plane 10 - Other vehicle (snowmobile, dunebuggy, etc.)	Q1	Q3	Q5	
		YES	NO	Number	YES	NO	Number

Part B - Detailed Questions

INTERVIEWER { For like vehicles rented more than once during the reference period for the same purpose, combine entries into one column. Otherwise, complete a separate column for each vehicle rented or leased.

1. INTERVIEWER ITEM	PROCESSING USE ONLY	VEHICLE NUMBER	QUARTER NUMBER	Still renting or leasing			Description
				Q1	Q3	Q5	
2. Mark the "Still renting or leasing" box after asking item 5a	~ 114017 ↓	1		YES			<input type="checkbox"/> Don't know expense Description Code
2. Mark the "Still renting or leasing" box after asking item 5a	~ 114025 ↓	2		YES			<input type="checkbox"/> Don't know expense Description Code
2. Mark the "Still renting or leasing" box after asking item 5a	~ 114033 ↓	3		YES			<input type="checkbox"/> Don't know expense Description Code

2. Was this vehicle rented or leased? 3. Was it rented (leased) solely for use on a vacation or overnight trip? 4. In what month (and year) did you begin renting (leasing) this vehicle? 5a. Are you still renting (leasing) this vehicle? Also mark the appropriate box in Transcription Item 1a above. b. In what month (and year) did you stop renting (leasing) it?	Q1	Q3	Q5
	<input type="checkbox"/> Yes - Go to next vehicle <input type="checkbox"/> No	<input type="checkbox"/> Yes - Go to next vehicle <input type="checkbox"/> No	<input type="checkbox"/> Yes - Go to next vehicle <input type="checkbox"/> No
	<input type="checkbox"/> 1 Rented <input type="checkbox"/> 2 Leased	<input type="checkbox"/> 1 Rented <input type="checkbox"/> 2 Leased	<input type="checkbox"/> 1 Rented <input type="checkbox"/> 2 Leased
	<input type="checkbox"/> 1 Yes - Go to next vehicle <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes - Go to next vehicle <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes - Go to next vehicle <input type="checkbox"/> 2 No
	Month Year Month Year Month Year	Month Year Month Year Month Year	Month Year Month Year Month Year

6. Since January 1, 1973, what has been your expense for renting (leasing) this vehicle? Dollars only If periodic payments were made, enter the amount of the payment and the number of payments incurred during the reference period in Notes. Compute the total expense and enter the amount in this item. At Q5, if the vehicle is still being rented or leased, obtain an estimate of the expense for 1973. 7. Since January 1, 1973, have you paid any additional expenses to the rental (leasing) agency such as for extra insurance or mileage surcharges? Do not include gasoline and other operating expenses. If YES - How much were they? 8a. Were (will) any of these expenses (be) deducted as-business expenses, reimbursed, or paid by someone else? b. If YES - What percent of the total expense will this cover? Enter to nearest whole percent.	Q1	Q3	Q5
	\$ _____ .00	\$ _____ .00	\$ _____ .00
	<input type="checkbox"/> DK Q5 - Get estimate. Also fill items 7 and 8.	<input type="checkbox"/> DK Q5 - Get estimate. Also fill items 7 and 8.	<input type="checkbox"/> DK Q5 - Get estimate. Also fill items 7 and 8.
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	Percent Percent Percent	Percent Percent Percent	Percent Percent Percent

NOTES

QUARTER	Date of interview	
	Q1	Q3
Q1, Q3, Q5	Section 14 - RENTING AND LEASING OF VEHICLES - INTERVIEWER - Continued	
<p>Q1 - Ask Part A and complete Part B for each vehicle reported. Q3 and Q5 - Check items 1a and 1b, Part B, for each vehicle previously reported; complete items 5-8 for each one marked "Still renting or leasing" and items 6-8 for each one marked "Don't know." Then ask Part A and complete Part B for each new vehicle.</p>		

Additional entries

Part B - Detailed Questions INTERVIEWER

For like vehicles rented more than once during the reference period for the same purpose, combine entries into one column. Otherwise, complete a separate column for each vehicle rented or leased.

INTERVIEWER ITEM	PROCESSING USE ONLY			Still renting or leasing		
	VEHICLE NUMBER	QUARTER NUMBER		Q1	Q3	Q5
1. INTERVIEWER ITEM						
a. Mark the "Still renting or leasing" box after asking item 5a	4	5	6			
b. Mark the "Don't know" box if "Don't know" is marked in item 6						
c. Describe briefly the type of vehicle rented or leased, such as "auto," or "boat."						
d. Enter vehicle code from Part A						
2. Was this vehicle rented or leased?	~ 1 14 04 1 ↓	~ 1 14 05 8 ↓	~ 1 14 06 6 ↓			
3. Was it rented (leased) solely for use on a vacation or overnight trip?						
4. In what month (and year) did you begin renting (leasing) this vehicle?						
5a. Are you still renting (leasing) this vehicle?						
6. Since January 1, 1973, what has been your expense for renting (leasing) this vehicle? Dollars only						
7. Since January 1, 1973, have you paid any additional expenses to the rental (leasing) agency such as for extra insurance or mileage surcharges? Do not include gasoline and other operating expenses.						
8a. Were (will) any of these expenses (be) deducted as business expenses, reimbursed, or paid by someone else?						
b. If YES - What percent of the total expense will this cover? Enter to nearest whole percent.						

NOTES

Notes area for recording additional information related to the interview entries.

QUARTER	Date of interview	
	Q1	Q3
Q1, Q3, Q5		

Section 14 - RENTING AND LEASING OF VEHICLES - INTERVIEWER

Continued

Q1 - Ask Part A and complete Part B for each vehicle reported.
 Q3 and Q5 - Check items 1a and 1b, Part B, for each vehicle previously reported; complete items 5-8 for each one marked "Still renting or leasing?" and items 6-8 for each one marked "Don't know." Then ask Part A and complete Part B for each new vehicle.

Additional entries	

Part B - Detailed Questions

INTERVIEWER

For like vehicles rented more than once during the reference period for the same purpose, combine entries into one column. Otherwise, complete a separate column for each vehicle rented or leased.

PROCESSING USE ONLY	VEHICLE NUMBER	QUARTER NUMBER	Still renting or leasing					Description	Code
			Q1	Q3	Q5	YES	NO		
~ 1 14 07 4 ↓	7							(N01)	
~ 1 14 08 2 ↓	8							(N01)	
~ 1 14 09 0 ↓	9							(N01)	

Description	Code	
	1	2
1. INTERVIEWER ITEM	(N01)	(N01)
a. Mark the "Still renting or leasing" box after asking item 5a	(N02) 1 <input type="checkbox"/> Rented 2 <input type="checkbox"/> Leased	(N02) 1 <input type="checkbox"/> Rented 2 <input type="checkbox"/> Leased
b. Mark the "Don't know" box if "Don't know" is marked in item 6	(N03) 1 <input type="checkbox"/> Yes - Go to next vehicle 2 <input type="checkbox"/> No	(N03) 1 <input type="checkbox"/> Yes - Go to next vehicle 2 <input type="checkbox"/> No
c. Describe briefly the type of vehicle rented or leased, such as "auto," or "boat."	(N04) Month Year	(N04) Month Year
d. Enter vehicle code from Part A	(N05) Month Year	(N05) Month Year

Description	Code	
	1	2
2. Was this vehicle rented or leased?	(N02) 1 <input type="checkbox"/> Rented 2 <input type="checkbox"/> Leased	(N02) 1 <input type="checkbox"/> Rented 2 <input type="checkbox"/> Leased
3. Was it rented (leased) solely for use on a vacation or overnight trip?	(N03) 1 <input type="checkbox"/> Yes - Go to next vehicle 2 <input type="checkbox"/> No	(N03) 1 <input type="checkbox"/> Yes - Go to next vehicle 2 <input type="checkbox"/> No
4. In what month (and year) did you begin renting (leasing) this vehicle?	(N04) Month Year	(N04) Month Year
5a. Are you still renting (leasing) this vehicle? Also mark the appropriate box in Transcription item 1a above.	(N01) Q1 <input type="checkbox"/> Yes - Go to next vehicle Q3 <input type="checkbox"/> Yes - Go to next vehicle Q5 <input type="checkbox"/> Yes - Skip to item 6	(N01) Q1 <input type="checkbox"/> Yes - Go to next vehicle Q3 <input type="checkbox"/> Yes - Go to next vehicle Q5 <input type="checkbox"/> Yes - Skip to item 6
b. In what month (and year) did you stop renting (leasing) it?	(N05) Month Year	(N05) Month Year
6. Since January 1, 1973, what has been your expense for renting (leasing) this vehicle? Dollars only	(N06) \$ _____ .00	(N06) \$ _____ .00
7. Since January 1, 1973, have you paid any additional expenses to the rental (leasing) agency such as for extra insurance or mileage surcharges? Do not include gasoline and other operating expenses.	(N09) \$ _____ .00	(N09) \$ _____ .00
8a. Were (will) any of these expenses (be) deducted as business expenses, reimbursed, or paid by someone else?	(N12) _____ Percent	(N12) _____ Percent
8b. If YES - What percent of the total expense will this cover? Enter to nearest whole percent.	(N12) <input type="checkbox"/> No	(N12) <input type="checkbox"/> No

NOTES

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EACH QUARTER	Date of interview	Q1	Q2	Q3	Q4	Section 15 - VEHICLE OPERATING EXPENSES				
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Part A - Maintenance and Repair Expenses INTERVIEWER { Hand the respondent the Flashcard Booklet and have her look at the item list as you proceed. Ask col. a and complete cols. b-j for each maintenance and repair expense reported. }

a		b	c		d	e	f		g	h		i	j	NOTES					
Since (Q1 - Jan. 1, 1973, Q2-Q5 - date of last interview), have you had expenses for the following items or services for any of your vehicles? Do not include expenses for vehicles used entirely for business.		QUARTER NUMBER	Which vehicle was it for? Describe briefly and enter the vehicle code from Section 13.		DESCRIBE BRIEFLY the item purchased or the kind of work done	ITEM CODE from col. a	MO.	YR.	What was the total cost including parts and labor? (For tires - including Federal excise taxes)	Did this include sales tax?	Has (will) any of this expense be (be) reimbursed by - 1 - Insurance or warranty? 2 - Business? 3 - Other? - Specify in Notes 4 - Not reimbursed Enter code	If code 1, 2, or 3 in col. i How much was (will be) reimbursed?							
ITEM	ITEM CODE		Description	Code	Dollars only	YES	NO	Dollars only											
TIRES OR TUBES <table border="1" style="font-size: small;"> <tr><td>YES</td><td>NO</td></tr> <tr><td>Q1</td><td></td></tr> <tr><td>Q2</td><td></td></tr> <tr><td>Q3</td><td></td></tr> <tr><td>Q4</td><td></td></tr> <tr><td>Q5</td><td></td></tr> </table>	YES	NO	Q1		Q2		Q3		Q4		Q5		10 - New or used tires	(P01)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00
	YES	NO																	
	Q1																		
	Q2																		
	Q3																		
Q4																			
Q5																			
		(P02)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00												
	11 - Recapped tires	(P03)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00												
		(P04)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00												
	12 - Tubes	(P05)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00												
BATTERIES <table border="1" style="font-size: small;"> <tr><td>YES</td><td>NO</td></tr> <tr><td>Q1</td><td></td></tr> <tr><td>Q2</td><td></td></tr> <tr><td>Q3</td><td></td></tr> <tr><td>Q4</td><td></td></tr> <tr><td>Q5</td><td></td></tr> </table>	YES	NO	Q1		Q2		Q3		Q4		Q5		20 - Batteries	(P06)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00
	YES	NO																	
	Q1																		
	Q2																		
	Q3																		
Q4																			
Q5																			
(P07)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00														
(P08)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00														
(P09)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00														
(P10)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00														
AIR CONDITIONERS <table border="1" style="font-size: small;"> <tr><td>YES</td><td>NO</td></tr> <tr><td>Q1</td><td></td></tr> <tr><td>Q2</td><td></td></tr> <tr><td>Q3</td><td></td></tr> <tr><td>Q4</td><td></td></tr> <tr><td>Q5</td><td></td></tr> </table>	YES	NO	Q1		Q2		Q3		Q4		Q5		30 - Air conditioners	(P11)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00
	YES	NO																	
	Q1																		
	Q2																		
	Q3																		
Q4																			
Q5																			
(P12)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00														
(P13)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00														
(P14)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00														
(P15)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00														
OTHER VEHICLE EQUIPMENT AND ACCESSORIES <table border="1" style="font-size: small;"> <tr><td>YES</td><td>NO</td></tr> <tr><td>Q1</td><td></td></tr> <tr><td>Q2</td><td></td></tr> <tr><td>Q3</td><td></td></tr> <tr><td>Q4</td><td></td></tr> <tr><td>Q5</td><td></td></tr> </table>	YES	NO	Q1		Q2		Q3		Q4		Q5		40 - Other major vehicle equipment - Specify in col. d	(P16)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00
	YES	NO																	
	Q1																		
	Q2																		
	Q3																		
Q4																			
Q5																			
(P17)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00														
(P18)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00														
(P19)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00														
(P20)		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	\$.00														

EACH QUARTER	Date of interview	Q1	Q2	Q3	Q4	Section 15 - VEHICLE OPERATING EXPENSES - Continued
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Part A - Maintenance and Repair Expenses - Continued INTERVIEWER { Hand the respondent the Flashcard Booklet and have her look at the item list as you proceed. Ask col. a and complete cols. b-j for each maintenance and repair expense reported. }

a		b	c		d	e	f		g	h		i	j	NOTES																		
Since (Q1 - Jan. 1, 1973, Q2-Q5 - date of last interview), have you had expenses for the following items or services for any of your vehicles? Do not include expenses for vehicles used entirely for business.		QUARTER NUMBER	PROCESSING USE ONLY	Which vehicle was it for? <i>Describe briefly and enter the vehicle code from Section 13.</i>		DESCRIBE BRIEFLY the item purchased or the kind of work done	ITEM CODE from col. a	In what month (and year) was this purchased (the work done)?		What was the total cost including parts and labor? <i>(For tires - including Federal excise taxes)</i>	Did this include sales tax?		Has (will) any of this expense been (be) reimbursed by - 1 - Insurance or warranty? 2 - Business? 3 - Other? - <i>Specify in Notes</i> 4 - Not reimbursed <i>Enter code</i>	If code 1, 2, or 3 in col. i How much was (will be) reimbursed? <i>Dollars only</i>																		
ITEM	ITEM CODE			Description	Code			MO.	YR.		<i>Dollars only</i>					YES	NO	<i>Dollars only</i>														
SERVICE AND REPAIR WORK including parts and labor, such as <table border="1" style="font-size: x-small; margin-left: 20px;"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>Q1</td><td></td><td></td></tr> <tr><td>Q2</td><td></td><td></td></tr> <tr><td>Q3</td><td></td><td></td></tr> <tr><td>Q4</td><td></td><td></td></tr> <tr><td>Q5</td><td></td><td></td></tr> </table>		YES	NO	Q1			Q2			Q3			Q4			Q5			50 - Brake adjustments and repairs	(P21)					\$.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
		YES	NO																													
	Q1																															
	Q2																															
	Q3																															
	Q4																															
	Q5																															
	51 - Front end alignments, steering adjustments, and wheel balancings	(P22)						\$.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00																		
	52 - Exhaust system repairs	(P23)						\$.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00																		
	53 - Clutch and transmission repairs	(P24)						\$.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00																		
	54 - Electrical system repairs	(P25)						\$.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00																		
	55 - Body work, frame repairs, painting, and glass replacements	(P26)						\$.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00																		
	56 - Replacement of shock absorbers	(P27)						\$.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00																		
	57 - Replacement or repair of motor, carburetor, fuel pump, water pump	(P28)						\$.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00																		
58 - Other major repairs or parts - <i>Specify in col. d</i>	(P29)						\$.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00																			
COMBINED EXPENSES <i>Use only if unable to itemize in categories 10-58.</i> <table border="1" style="font-size: x-small; margin-left: 20px;"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>Q1</td><td></td><td></td></tr> <tr><td>Q2</td><td></td><td></td></tr> <tr><td>Q3</td><td></td><td></td></tr> <tr><td>Q4</td><td></td><td></td></tr> <tr><td>Q5</td><td></td><td></td></tr> </table>		YES	NO	Q1			Q2			Q3			Q4			Q5			60 - Combined expenses - <i>Specify items purchased or type of work done in col. d</i>	(P30)					\$.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
		YES	NO																													
	Q1																															
	Q2																															
	Q3																															
	Q4																															
Q5																																
(P31)							\$.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00																			
(P32)							\$.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00																			
(P33)							\$.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00																			
(P34)							\$.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00																			
(P35)							\$.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00																			

QUARTER Q2 - Q5	Date of Interview	Q2	Q3	Q4	Section 15 - VEHICLE OPERATING EXPENSES - Continued
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Part B - Other Vehicle Operating Expenses

	Q2	Q3	Q4	Q5	
1a. Since (Q2 - Jan. 1, 1973, Q3-Q5 - date of last interview), what has been your average MONTHLY expense for gasoline to operate your AUTOMOBILE(S)?	(R01) \$ _____ .00	(R22) \$ _____ .00	(R43) \$ _____ .00	(R64) \$ _____ .00	NOTES
b. Was any of this counted as a business expense?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 2	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 2	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 2	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 2	
c. How much was counted as a business expense?	(R02) \$ _____ .00	(R23) \$ _____ .00	(R44) \$ _____ .00	(R65) \$ _____ .00	
2. Since (Q2 - Jan. 1, 1973, Q3-Q5 - date of last interview), what has been your expense for (CU) vehicles (not used entirely for business) for -					
a. Tune-ups?	(R03) \$ <u>5.00</u> <input type="checkbox"/> None	(R24) \$ _____ .00 <input type="checkbox"/> None	(R45) \$ _____ .00 <input type="checkbox"/> None	(R66) \$ _____ .00 <input type="checkbox"/> None	
b. Lubrications, including filters and oil changes?	(R04) \$ _____ .00 <input type="checkbox"/> None	(R25) \$ _____ .00 <input type="checkbox"/> None	(R46) \$ _____ .00 <input type="checkbox"/> None	(R67) \$ _____ .00 <input type="checkbox"/> None	
3. Since (Q2 - Jan. 1, 1973, Q3-Q5 - date of last interview), what has been your average MONTHLY expense for gasoline and oil to operate OTHER vehicles?					
Enter the vehicle code from Section 13 and the average monthly expense for that vehicle. Combine expenses for vehicles of the same type.					
	(R05) Vehicle code (R06) \$ _____ .00	(R26) Vehicle code (R27) \$ _____ .00	(R47) Vehicle code (R48) \$ _____ .00	(R68) Vehicle code (R69) \$ _____ .00	
	(R07) (R08) \$ _____ .00	(R28) (R29) \$ _____ .00	(R49) (R50) \$ _____ .00	(R70) (R71) \$ _____ .00	
	(R09) (R10) \$ _____ .00	(R30) (R31) \$ _____ .00	(R51) (R52) \$ _____ .00	(R72) (R73) \$ _____ .00	
	(R11) (R12) \$ _____ .00	(R32) (R33) \$ _____ .00	(R53) (R54) \$ _____ .00	(R74) (R75) \$ _____ .00	
	(R13) (R14) \$ _____ .00	(R34) (R35) \$ _____ .00	(R55) (R56) \$ _____ .00	(R76) (R77) \$ _____ .00	
4. Since (Q2 - Jan. 1, 1973, Q3-Q5 - date of last interview), have you or any member of your CU had expenses for - Include expenses for all vehicles.					
a. Parking? At work, garage rental by homeowner, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES - How much?	(R15) \$ _____ .00	(R36) \$ _____ .00	(R57) \$ _____ .00	(R78) \$ _____ .00	
b. Towing charges not already reported?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES - How much?	(R16) \$ _____ .00	(R37) \$ _____ .00	(R58) \$ _____ .00	(R79) \$ _____ .00	
c. Vehicle registration? (Tags)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(1) How much were State fees?	(R17) \$ _____ .00	(R38) \$ _____ .00	(R59) \$ _____ .00	(R80) \$ _____ .00	
(2) Were there any other registration charges, e.g., county, city fees on registration? If YES - How much?	(R18) \$ _____ .00 <input type="checkbox"/> No	(R39) \$ _____ .00 <input type="checkbox"/> No	(R60) \$ _____ .00 <input type="checkbox"/> No	(R81) \$ _____ .00 <input type="checkbox"/> No	
d. Driver's licenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES - How much?	(R19) \$ _____ .00	(R40) \$ _____ .00	(R61) \$ _____ .00	(R82) \$ _____ .00	
e. Vehicle inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES - How much?	(R20) \$ _____ .00	(R41) \$ _____ .00	(R62) \$ _____ .00	(R83) \$ _____ .00	
f. Docking and landing? For boats and planes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES - How much?	(R21) \$ _____ .00	(R42) \$ _____ .00	(R63) \$ _____ .00	(R84) \$ _____ .00	

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EACH QUARTER	Date of interview				Section 16 - OUT OF TOWN TRIPS AND VACATIONS	INTERVIEWER	Q1 - Ask item 1, Part A, and complete Part B for any trips reported. Q2-Q5 - First check item 1, Part B, for any previously reported trips which had "not ended," and complete items 5-21, Part B, for such trips. Then, ask item 1, Part A. Q1, Q3, and Q5 - Ask item 2, Part A also.
	Q1	Q2	Q3	Q4			

Part A - Screening Questions

Each Quarter	1a. Since (Q1 - 1st of month, 3 months earlier; Q2-Q5 - 1st of last interview), have you or any members of your CU been away overnight or longer on a trip or vacation?					1b. If YES - How many trips were taken?					1c. What was your (CU) total expense?				
	Q1	Q2	Q3	Q4	Q5	Q1	Q2	Q3	Q4	Q5	Q1	Q2	Q3	Q4	Q5
Q1, Q3, and Q5	2a. Since the 1st of (month, 6 months earlier), have you (CU) had any expense for tips or vacations for anyone OUTSIDE your CU?					2b. If YES - How many trips did you have expenses for?					2c. What was your (CU) total expense?				
	Exclude trips in which outside persons went with CU members.														
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Number _____					Number _____					Number _____				
	(\$01) _____					(\$02) _____					(\$03) _____				
	Number _____					Number _____					Number _____				
	(\$02) _____					(\$04) _____					(\$06) _____				
	Number _____					Number _____					Number _____				
	\$ _____ .00					\$ _____ .00					\$ _____ .00				

NOTES

Handwritten notes and grid area for recording responses to screening questions.

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

INTERVIEWER

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

Part B - Detailed Questions

INTERVIEWER

Complete a separate page for each trip. Exception: For frequent trips to the same place for the same purpose during the reference period, combine information and record on one trip page. Also combine trips taken entirely for business. Describe in Notes any recording of combined trips.

TRIP NUMBER: 1

<p>1. INTERVIEWER ITEM (Complete after asking item 5 below)</p> <p>2a. Who in your CU went on the trip?</p> <p>b. Did any persons outside your CU go on the trip?</p> <p>3a. Was this trip -</p> <p>1 - For someone going to or from school? } Go to next trip 2 - Entirely for business reasons? } 3 - Partly for business and partly for personal reasons? 4 - For summer camp? 5 - For pleasure or vacation only? 6 - For other reasons - Specify in Notes</p> <p>b. If code 3 - What percent of the total expense was for business?</p> <p>4. Where did you (they) go? Mark the box and specify such as, Utah, Western Europe, etc.</p> <p>OFFICE USE ONLY - Foreign Travel</p> <p>5. In what month and year did this trip end? If "Not ended," also mark box in item 1.</p> <p>6. Was this trip paid - 1 - Entirely by CU? 2 - Partially by CU? 3 - Entirely by someone outside CU?</p> <p>7a. Was this a package deal or an all-expense trip? b. What was the cost for the trip or package deal? c. Did the price include - Food? Lodging? Transportation? Anything else? - Specify in Notes</p> <p>TRANSPORTATION (Items 8-11)</p> <p>8. What type of transportation was used to get to and from your DESTINATION? Include transportation between residence and airports, train stations, and bus depots, as well as the main transportation used to get to the destination.</p> <p>1 - Own car 2 - Other own transportation 3 - Car or other vehicle privately owned by persons OUTSIDE CU 4 - Commercial plane 5 - Train or bus 6 - Commercial ship 7 - Rented car, trailer, camper, etc. 8 - Limousine, taxi, other local transportation</p> <p>9a. What was your expense for gas and oil? b. What did you pay for tolls? c. How much were your other vehicle expenses?</p> <p>10. What was the cost of your transportation for travel to and from your destination, including tips, gas, tolls, etc.? Enter the cost of each type of transportation (codes 4-8) marked in item 8. Exception: Do not enter the cost of transportation included in a package deal or all-expense trip reported in item 7; mark the box. If unable to get costs separately, obtain an estimate of the total cost and enter it on the line for combined expenses.</p>	<p>11a. Was any OTHER transportation used during the trip? Code Yes <input type="checkbox"/> No <input type="checkbox"/> Go to 12 b. If YES - What type of transportation was used and what did it cost including tips, gas, tolls, etc.? Enter transportation code listed in item 8.</p> <p>12. LODGING (Items 12-13) How many nights were you gone? Code Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 14a b. What was your cost?</p> <p>FOOD AND BEVERAGES (14-15) 14a. Did you have any expense for meals, snacks, or drinks at restaurants, cafes, or other establishments? Do not include expenses covered in package deal or an all-expense trip. Code Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 15a b. What was your expense for food and beverages at such places including taxes and tips? c. Did this amount include the costs of any alcoholic beverages? d. About how much was for alcoholic beverages?</p> <p>OTHER EXPENSES (Items 16-19) 16a. Did you have any expenses for entertainment, admissions to sporting events, museums, tours, etc.? Do not include expenses covered in package deal or an all-expense trip. Code Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 17a b. What was your expense for such items including taxes and tips?</p> <p>17a. Did you have any expenses for sports fees, such as for bowling, golfing, boating, skiing, etc.? Code Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 18a b. What was your expense?</p> <p>18a. Did you have any expenses for renting sports equipment, such as golf clubs, skis, fishing equipment, etc.? Code Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 19a b. What was your expense for renting such equipment?</p> <p>19a. Did you have any other expenses such as for souvenirs, passports, booklets, summer camp spending money, etc.? Code Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 20a b. What was the total amount of these expenses?</p> <p>EXPENSES FOR OTHERS 20a. Were any of the trip expenses for persons not in your CU? Code Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 21a b. How much was paid by you for them? Code Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 21a</p> <p>REIMBURSED EXPENSES 21a. Have (will) any of the trip expenses been (be) reimbursed by others? Code Yes <input type="checkbox"/> No <input type="checkbox"/> Go to next trip b. How much was (will be) reimbursed? c. What items were (will be) reimbursed? 1 - Transportation 2 - Lodging 3 - Food 4 - Other * Mark as many as apply</p> <p>TOTAL TRIP EXPENSE 22. If the respondent is unable to break down trip expenses in items 8-19, enter the total trip expense here.</p>
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EACH QUARTER

Section 16 - OUT OF TOWN TRIPS AND VACATIONS - Continued

INTERVIEWER

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

Part B - Detailed Questions - Continued

INTERVIEWER

Complete a separate page for each trip. Exception: For frequent trips to the same place for the same purpose during the reference period, combine information and record on one trip page. Also combine trips taken entirely for business. Describe in Notes any recording of combined trips.

TRIP NUMBER 2

1. INTERVIEWER ITEM (Complete after asking item 5 below) Not ended

2a. Who in your CU went on the trip? ... Entire CU
 Part of the CU
 One member - Name _____

b. Did any persons outside your CU go on the trip? ... Yes No

3a. Was this trip -
 1 - For someone going to or from school: Go to next trip
 2 - Entirely for business reasons? Go to next trip
 3 - Partly for business and partly for personal reasons? Code _____
 4 - For summer camp?
 5 - For pleasure or vacation only?
 6 - For other reasons - Specify in Notes

b. If code 3 - What percent of the total expense was for business? ... Percent

4. Where did you (they) go? U.S. - within 500 miles
 U.S. - over 500 miles
 Foreign travel
 Specify _____

OFFICE USE ONLY - Foreign Travel

5. In what month and year did this trip end? Before 1973 Go to next trip
 If "Not ended," also mark box in item 1. Month _____ Year _____

6. Was this trip paid -
 1 - Entirely by CU? Code _____
 2 - Partially by CU?
 3 - Entirely by someone outside CU?

7a. Was this a package deal or an all-expense trip? Yes No - Skip to item 8
 b. What was the cost for the trip or package deal? ... \$ _____
 c. Did the price include -
 Food? YES NO
 Lodging? 1 2 3
 Transportation? 4 5 6
 Anything else? - Specify in Notes 7 8

TRANSPORTATION (Items 8-11)
 8. What type of transportation was used to get to and from your DESTINATION? Include transportation between residence and airports, train stations, and bus depots, as well as the main transportation used to get to the destination.
 * Mark each type used
 1 - Own car
 2 - Other own transportation
 3 - Car or other vehicle privately owned by persons OUTSIDE CU
 4 - Commercial plane
 5 - Train or bus
 6 - Commercial ship
 7 - Rented car, trailer, camper, etc.
 8 - Limousine, taxi, other local transportation

9a. What was your expense for gas and oil? ... None
 b. What did you pay for tolls? ... None
 c. How much were your other vehicle expenses? ... None

10. What was the cost of your transportation for travel to and from your destination, including tips, gas, tolls, etc? Code _____ Cost _____ Incl. in pkg.

* If codes 4-8 in item 8
 Enter the cost of each type of transportation (codes 4-8) marked in item 8. Exception: Do not enter the cost of transportation included in a package deal or all-expense trip reported in item 7; mark the box. If unable to get costs separately, obtain an estimate of the total cost and enter it on the line for combined expenses.

11a. Was any OTHER transportation used during the trip? Yes No - Go to 12
 Code _____ Cost _____ Incl. in pkg. _____

b. If YES - What type of transportation was used and what did it cost including tips, gas, tolls, etc? Enter transportation code listed in item 8.
 \$45 \$46 \$47 \$48 \$49 \$50 \$51 \$52 \$53

12. How many nights were you gone? _____ Nights

13a. Did you have any expenses for hotels, motels, cottages, trailer camps, or other lodging? Exclude costs of owned vacation homes. If NO and lodging was not included in package deal, explain lodging arrangements in Notes.
 Yes No Included In package
 Skip to item 14a

b. What was your cost? \$54

FOOD AND BEVERAGES (14-15)
 14a. Did you have any expense for meals, snacks, or drinks at restaurants, cafes, or other establishments? Do not include expenses covered in package deal or an all-expense trip.
 Yes No - Skip to item 15a

b. What was your expense for food and beverages at such places including taxes and tips? \$55
 Yes No - Skip to item 15a

c. Did this amount include the costs of any alcoholic beverages? \$56
 Yes No - Skip to item 15a

d. About how much was for alcoholic beverages? \$57
 Yes No - Skip to item 16a

15a. Did you have any expenses for food and beverages for meals which you or others prepared on the trip? \$58
 Yes No - Skip to item 16a

b. What was your expense for such food and beverages? \$59
 Yes No - Skip to item 17a

c. Did this amount include the costs of any alcoholic beverages? \$60
 Yes No - Skip to item 18a

d. About how much was for alcoholic beverages? \$61
 Yes No - Skip to item 19a

OTHER EXPENSES (Items 16-19)
 16a. Did you have any expenses for entertainment, admissions to sporting events, museums, tours, etc? Do not include expenses covered in package deal or an all-expense trip.
 Yes No - Skip to item 17a

b. What was your expense for such items including taxes and tips? \$62
 Yes No - Skip to item 18a

17a. Did you have any expenses for sports fees, such as for bowling, golfing, boating, skiing, etc? \$63
 Yes No - Skip to item 18a

b. What was your expense? \$64
 Yes No - Skip to item 19a

18a. Did you have any expenses for renting sports equipment, such as golf clubs, skis, fishing equipment, etc? \$65
 Yes No - Skip to item 19a

b. What was your expense for renting such equipment? \$66
 Yes No - Skip to item 20a

19a. Did you have any other expenses such as for souvenirs, passports, booklets, summer camp spending money, etc? \$67
 Yes No - Skip to item 20a

b. What was the total amount of these expenses? \$68
 Yes No - Skip to item 21a

EXPENSES FOR OTHERS
 20a. Were any of the trip expenses for persons not in your CU? \$69
 Yes No - Skip to item 21a

b. How much was paid by you for them? \$70
 Yes No - Go to next trip

REIMBURSED EXPENSES
 21a. Have (will) any of the trip expenses been (be) reimbursed by others? \$71
 Yes No - Go to next trip

b. How much was (will be) reimbursed? \$72
 Yes No - Go to next trip

c. What items were (will be) reimbursed?
 1 - Transportation
 2 - Lodging
 3 - Food
 4 - Other

TOTAL TRIP EXPENSE \$73

22. If the respondent is unable to break down trip expenses in items 8-19, enter the total trip expense here. \$74

NOTES

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

INTERVIEWER

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

Part B - Detailed Questions - Continued

INTERVIEWER Complete a separate page for each trip. Exception: For frequent trips to the same place for the same purpose during the reference period, combine information and record on one trip page. Also combine trips taken entirely for business. Describe in Notes any recording of combined trips.

TRIP NUMBER 3

<p>1. INTERVIEWER ITEM (Complete after asking item 5 below)</p> <p><input type="checkbox"/> Not ended</p>			
<p>2a. Who in your CU went on the trip?</p> <p><input type="checkbox"/> 1 Entire CU <input type="checkbox"/> 2 Part of the CU <input type="checkbox"/> 3 One member - Name _____</p>		<p><input type="checkbox"/> (S21) Code</p>	
<p>b. Did any persons outside your CU go on the trip?</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>		<p><input type="checkbox"/> (S22) Code</p>	
<p>3a. Was this trip -</p> <p>1 - For someone going to or from school? Go to next trip 2 - Entirely for business reasons? 3 - Partly for business and partly for personal reasons? 4 - For summer camp? 5 - For pleasure or vacation only? 6 - For other reasons - Specify in Notes</p>		<p><input type="checkbox"/> (S23) Code</p>	
<p>b. If code 3 - What percent of the total expense was for business?</p> <p><input type="checkbox"/> (S24) Percent</p>		<p><input type="checkbox"/> (S24) Percent</p>	
<p>4. Where did you (they) go?</p> <p>Mark the box and specify such as, Utah, Western Europe, etc.</p>		<p><input type="checkbox"/> (S25) U.S. - within 500 miles <input type="checkbox"/> 2 U.S. - over 500 miles <input type="checkbox"/> 3 Foreign travel</p> <p>Specify _____</p>	
<p>OFFICE USE ONLY - Foreign Travel</p> <p><input type="checkbox"/> (S26)</p>			
<p>5. In what month and year did this trip end?</p> <p>If "Not ended," also mark box in item 1.</p>		<p><input type="checkbox"/> (S27) Before 1973 Go to next trip <input type="checkbox"/> 2 Not ended Month _____ Year _____</p>	
<p>6. Was this trip paid -</p> <p>1 - Entirely by CU? 2 - Partially by CU? 3 - Entirely by someone outside CU?</p>		<p><input type="checkbox"/> (S28) Code</p> <p>If code 3, go to next trip</p>	
<p>7a. Was this a package deal or an all-expense trip?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p><input type="checkbox"/> (S29) \$ _____ 00</p>	
<p>b. What was the cost for the tip or package deal?</p> <p><input type="checkbox"/> (S30) \$ _____</p>		<p><input type="checkbox"/> (S30) YES <input type="checkbox"/> NO</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/></p>	
<p>c. Did the price include -</p> <p>Food? Lodging? Transportation? Anything else? - Specify in Notes</p>		<p><input type="checkbox"/> (S31) * Mark each type used</p>	
<p>TRANSPORTATION (Items 8-11)</p> <p>8. What type of transportation was used to get to and from your DESTINATION? Include transportation between residence and airports, train stations, and bus depots, as well as the main transportation used to get to the destination.</p>		<p><input type="checkbox"/> (S31) * Mark each type used</p>	
<p>1 - Own car 2 - Other own transportation 3 - Car or other vehicle privately owned by persons OUTSIDE CU 4 - Commercial plane 5 - Train or bus 6 - Commercial ship 7 - Rented car, trailer, camper, etc. 8 - Limousine, taxi, other local transportation</p>		<p><input type="checkbox"/> (S32) *</p>	
<p>9a. What was your expense for gas and oil?</p> <p><input type="checkbox"/> (S33) \$ _____</p>		<p><input type="checkbox"/> (S33) None</p>	
<p>b. What did you pay for tolls?</p> <p><input type="checkbox"/> (S34) \$ _____</p>		<p><input type="checkbox"/> (S34) None</p>	
<p>c. How much were your other vehicle expenses?</p> <p><input type="checkbox"/> (S35) \$ _____</p>		<p><input type="checkbox"/> (S35) None</p>	
<p>10. What was the cost of your transportation for travel to and from your destination, including tips, gas, tolls, etc.?</p> <p>Enter the cost of each type of transportation (codes 4-8) marked in item 8. Exception: Do not enter the cost of transportation included in a package deal or all-expense trip reported in item 7; mark the box. If unable to get costs separately, obtain an estimate of the total cost and enter it on the line for combined expenses.</p>		<p><input type="checkbox"/> (S36) Code <input type="checkbox"/> (S37) Cost <input type="checkbox"/> (S38) Incl. in pkg.</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/></p>	
<p>11a. Was any OTHER transportation used during the trip?</p> <p><input type="checkbox"/> (S45) Yes <input type="checkbox"/> (S46) No - Go to 12</p>		<p><input type="checkbox"/> (S45) Code <input type="checkbox"/> (S46) Cost <input type="checkbox"/> (S47) Incl. in pkg.</p>	
<p>b. If YES - What type of transportation was used and what did it cost including tips, gas, tolls, etc.?</p> <p>Enter transportation code listed in item 8.</p>		<p><input type="checkbox"/> (S47) \$ _____ <input type="checkbox"/> (S48) \$ _____ <input type="checkbox"/> (S49) \$ _____ <input type="checkbox"/> (S50) \$ _____ <input type="checkbox"/> (S51) \$ _____ <input type="checkbox"/> (S52) \$ _____</p>	
<p>12. How many nights were you gone?</p> <p>LODGING (Items 12-13)</p>		<p><input type="checkbox"/> (S53) _____ Nights</p>	
<p>13a. Did you have any expenses for hotels, motels, cottages, trailer camps, or other lodging? Exclude costs of owned vacation homes If NO and lodging was not included in package deal, explain lodging arrangements in Notes.</p>		<p><input type="checkbox"/> (S54) Yes <input type="checkbox"/> (S55) No <input type="checkbox"/> (S56) Included in package</p> <p><input type="checkbox"/> (S54) Yes <input type="checkbox"/> (S55) No - Skip to item 14a</p>	
<p>14a. Did you have any expense for meals, snacks, or drinks at restaurants, cafes, or other establishments? Do not include expenses covered in package deal or an all-expense trip.</p>		<p><input type="checkbox"/> (S54) Yes <input type="checkbox"/> (S55) No - Skip to item 15a</p>	
<p>b. What was your expense for food and beverages at such places including taxes and tips?</p> <p><input type="checkbox"/> (S55) \$ _____</p>		<p><input type="checkbox"/> (S55) Yes <input type="checkbox"/> (S56) No - Skip to item 15a</p>	
<p>c. Did this amount include the costs of any alcoholic beverages?</p>		<p><input type="checkbox"/> (S56) Yes <input type="checkbox"/> (S57) No - Skip to item 15a</p>	
<p>d. About how much was for alcoholic beverages?</p> <p><input type="checkbox"/> (S56) \$ _____</p>		<p><input type="checkbox"/> (S56) Yes <input type="checkbox"/> (S57) No - Skip to item 16a</p>	
<p>15a. Did you have any expenses for food and beverages for meals which you or others prepared on the trip?</p> <p><input type="checkbox"/> (S57) \$ _____</p>		<p><input type="checkbox"/> (S57) Yes <input type="checkbox"/> (S58) No - Skip to item 16a</p>	
<p>b. What was your expense for such food and beverages?</p> <p><input type="checkbox"/> (S57) \$ _____</p>		<p><input type="checkbox"/> (S57) Yes <input type="checkbox"/> (S58) No - Skip to item 16a</p>	
<p>c. Did this amount include the costs of any alcoholic beverages?</p>		<p><input type="checkbox"/> (S58) Yes <input type="checkbox"/> (S59) No - Skip to item 17a</p>	
<p>d. About how much was for alcoholic beverages?</p> <p><input type="checkbox"/> (S58) \$ _____</p>		<p><input type="checkbox"/> (S58) Yes <input type="checkbox"/> (S59) No - Skip to item 17a</p>	
<p>OTHER EXPENSES (Items 16-19)</p> <p>16a. Did you have any expenses for entertainment, admissions to sporting events, museums, tours, etc.? Do not include expenses covered in package deal or an all-expense trip.</p>		<p><input type="checkbox"/> (S59) Yes <input type="checkbox"/> (S60) No - Skip to item 17a</p>	
<p>b. What was your expense for such items including taxes and tips?</p> <p><input type="checkbox"/> (S59) \$ _____</p>		<p><input type="checkbox"/> (S59) Yes <input type="checkbox"/> (S60) No - Skip to item 17a</p>	
<p>17a. Did you have any expenses for sports fees, such as for bowling, golfing, boating, skiing, etc.?</p> <p><input type="checkbox"/> (S60) \$ _____</p>		<p><input type="checkbox"/> (S60) Yes <input type="checkbox"/> (S61) No - Skip to item 18a</p>	
<p>b. What was your expense?</p> <p><input type="checkbox"/> (S60) \$ _____</p>		<p><input type="checkbox"/> (S60) Yes <input type="checkbox"/> (S61) No - Skip to item 18a</p>	
<p>18a. Did you have any expenses for renting sports equipment, such as golf clubs, skis, fishing equipment, etc.?</p>		<p><input type="checkbox"/> (S61) Yes <input type="checkbox"/> (S62) No - Skip to item 19a</p>	
<p>b. What was your expense for renting such equipment?</p> <p><input type="checkbox"/> (S61) \$ _____</p>		<p><input type="checkbox"/> (S61) Yes <input type="checkbox"/> (S62) No - Skip to item 19a</p>	
<p>19a. Did you have any other expenses such as for souvenirs, passports, booklets, summer camp spending money, etc.?</p>		<p><input type="checkbox"/> (S62) Yes <input type="checkbox"/> (S63) No - Skip to item 20a</p>	
<p>b. What was the total amount of these expenses?</p> <p><input type="checkbox"/> (S62) \$ _____</p>		<p><input type="checkbox"/> (S62) Yes <input type="checkbox"/> (S63) No - Skip to item 20a</p>	
<p>EXPENSES FOR OTHERS</p> <p>20a. Were any of the trip expenses for persons not in your CU?</p>		<p><input type="checkbox"/> (S63) Yes <input type="checkbox"/> (S64) No - Skip to item 21a</p>	
<p>b. How much was paid by you for them?</p> <p><input type="checkbox"/> (S63) \$ _____</p>		<p><input type="checkbox"/> (S63) Yes <input type="checkbox"/> (S64) No - Skip to item 21a</p>	
<p>REIMBURSED EXPENSES</p> <p>21a. Have (will) any of the trip expenses been (be) reimbursed by others?</p>		<p><input type="checkbox"/> (S64) Yes <input type="checkbox"/> (S65) No - Go to next trip</p>	
<p>b. How much was (will be) reimbursed?</p> <p><input type="checkbox"/> (S64) \$ _____</p>		<p><input type="checkbox"/> (S64) Yes <input type="checkbox"/> (S65) No - Go to next trip</p>	
<p>c. What items were (will be) reimbursed?</p> <p>1 - Transportation 2 - Lodging 3 - Food 4 - Other</p>		<p><input type="checkbox"/> (S65) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>* Mark as many as apply</p>	
<p>TOTAL TRIP EXPENSE</p> <p>22. If the respondent is unable to break down trip expenses in items 8-19, enter the total trip expense here.</p>		<p><input type="checkbox"/> (S66) \$ _____</p>	

NOTES

EACH QUARTER

Section 16 - OUT OF TOWN TRIPS AND VACATIONS - Continued

INTERVIEWER

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

Part B - Detailed Questions - Continued

INTERVIEWER

Complete a separate page for each trip. Exception: For frequent trips to the same place for the same purpose during the reference period, combine information and record on one trip page. Also combine trips taken entirely for business. Describe in Notes any recording of combined trips.

TRIP NUMBER 4

1. INTERVIEWER ITEM (Complete after asking item 5 below)	<input type="checkbox"/> Not ended <input type="checkbox"/> Entire CU <input type="checkbox"/> Part of the CU <input type="checkbox"/> One member - Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	11a. Was any OTHER transportation used during the trip?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to 12 Code Cost Incl. In pkg.
2a. Who in your CU went on the trip? ...	<input type="checkbox"/> Not ended <input type="checkbox"/> Entire CU <input type="checkbox"/> Part of the CU <input type="checkbox"/> One member - Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	11a. Was any OTHER transportation used during the trip?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to 12 Code Cost Incl. In pkg.
b. Did any persons outside your CU go on the trip? ... 3a. Was this trip - 1 - For someone going to or from school? 2 - Entirely for business reasons? 3 - Partly for business and partly for personal reasons? 4 - For summer camp? 5 - For pleasure or vacation only? 6 - For other reasons - Specify in Notes	<input type="checkbox"/> Not ended <input type="checkbox"/> Entire CU <input type="checkbox"/> Part of the CU <input type="checkbox"/> One member - Name _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	b. If YES - What type of transportation was used and what did it cost including tips, gas, tolls, etc.? Enter transportation code listed in item 8.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to 12 <input type="checkbox"/> \$49 <input type="checkbox"/> \$50 <input type="checkbox"/> \$51 <input type="checkbox"/> \$52 Code Cost Incl. In pkg.
b. If code 3 - What percent of the total expense was for business? ... 4. Where did you (they) go? Mark the box and specify such as, Utah, Western Europe, etc.	<input type="checkbox"/> Not ended <input type="checkbox"/> U.S. - within 500 miles <input type="checkbox"/> U.S. - over 500 miles <input type="checkbox"/> Foreign travel Specify _____	12. LODGING (items 12-13) How many nights were you gone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> \$53 Code Nights
OFFICE USE ONLY - Foreign Travel 5. In what month and year did this trip end? If "Not ended," also mark box in item 1.	<input type="checkbox"/> Not ended <input type="checkbox"/> Before 1973 <input type="checkbox"/> Not ended <input type="checkbox"/> After 1973 Month Year	13a. Did you have any expenses for hotels, motels, cottages, trailer camps, or other lodging? Exclude costs of owned vacation homes ... If NO and lodging was not included in package deal, explain lodging arrangements in Notes.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> \$55 Code Cost Incl. In pkg.
6. Was this trip paid - 1 - Entirely by CU? 2 - Partially by CU? 3 - Entirely by someone outside CU?	<input type="checkbox"/> Not ended <input type="checkbox"/> Before 1973 <input type="checkbox"/> Not ended <input type="checkbox"/> After 1973 Month Year	b. What was your expense for food and beverages at such places including taxes and tips? ... c. Did this amount include the costs of any alcoholic beverages? d. About how much was for alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 15a <input type="checkbox"/> \$56 Code Cost Incl. In pkg.
7a. Was this a package deal or an all-expense trip? ... b. What was the cost for the trip or package deal? c. Did the price include - Food? Lodging? Transportation?	<input type="checkbox"/> Not ended <input type="checkbox"/> Before 1973 <input type="checkbox"/> Not ended <input type="checkbox"/> After 1973 Month Year	15a. Did you have any expenses for food and beverages for meals which you or others prepared on the trip? b. What was your expense for such food and beverages? c. Did this amount include the costs of any alcoholic beverages? d. About how much was for alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 16a <input type="checkbox"/> \$57 Code Cost Incl. In pkg.
8. What type of transportation was used to get to and from your DESTINATION? Include transportation between residence and airports, train stations, and bus depots, as well as the main transportation used to get to the destination.	<input type="checkbox"/> Not ended <input type="checkbox"/> Before 1973 <input type="checkbox"/> Not ended <input type="checkbox"/> After 1973 Month Year	OTHER EXPENSES (Items 16-19) 16a. Did you have any expenses for entertainment, admissions to sporting events, museums, tours, etc.? Do not include expenses covered in package deal or an all-expense trip.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 17a <input type="checkbox"/> \$58 Code Cost Incl. In pkg.
9a. What was your expense for gas and oil? b. What did you pay for tolls? c. How much were your other vehicle expenses?	<input type="checkbox"/> Not ended <input type="checkbox"/> Before 1973 <input type="checkbox"/> Not ended <input type="checkbox"/> After 1973 Month Year	17a. Did you have any expenses for sports fees, such as for bowling, golfing, boating, skiing, etc.? b. What was your expense?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 18a <input type="checkbox"/> \$59 Code Cost Incl. In pkg.
10. What was the cost of your transportation for travel to and from your destination, including tips, gas, tolls, etc.? Enter the cost of each type of transportation (codes 4-8) marked in item 8. Exception: Do not enter the cost of transportation included in a package deal or all-expense trip reported in item 7; mark the box. If unable to get costs separately, obtain an estimate of the total cost and enter it on the line for combined expenses.	<input type="checkbox"/> Not ended <input type="checkbox"/> Before 1973 <input type="checkbox"/> Not ended <input type="checkbox"/> After 1973 Month Year	18a. Did you have any expenses for renting sports equipment, such as golf clubs, skis, fishing equipment, etc.? b. What was your expense for renting such equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 19a <input type="checkbox"/> \$60 Code Cost Incl. In pkg.
11. Was any OTHER transportation used during the trip? b. If YES - What type of transportation was used and what did it cost including tips, gas, tolls, etc.? Enter transportation code listed in item 8.	<input type="checkbox"/> Not ended <input type="checkbox"/> Before 1973 <input type="checkbox"/> Not ended <input type="checkbox"/> After 1973 Month Year	19a. Did you have any other expenses such as for souvenirs, passports, booklets, summer camp spending money, etc.? b. What was the total amount of these expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 20a <input type="checkbox"/> \$61 Code Cost Incl. In pkg.
12. LODGING (items 12-13) How many nights were you gone?	<input type="checkbox"/> Not ended <input type="checkbox"/> Before 1973 <input type="checkbox"/> Not ended <input type="checkbox"/> After 1973 Month Year	EXPENSES FOR OTHERS 20a. Were any of the trip expenses for persons not in your CU? b. How much was paid by you for them?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 21a <input type="checkbox"/> \$62 Code Cost Incl. In pkg.
13a. Did you have any expenses for hotels, motels, cottages, trailer camps, or other lodging? Exclude costs of owned vacation homes ... If NO and lodging was not included in package deal, explain lodging arrangements in Notes.	<input type="checkbox"/> Not ended <input type="checkbox"/> Before 1973 <input type="checkbox"/> Not ended <input type="checkbox"/> After 1973 Month Year	REIMBURSED EXPENSES 21a. Have (will) any of the trip expenses been (be) reimbursed by others? b. How much was (will be) reimbursed? c. What items were (will be) reimbursed? 1 - Transportation 2 - Lodging 3 - Food 4 - Other	<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next trip <input type="checkbox"/> \$63 Code Cost Incl. In pkg.
14a. Did you have any expense for meals, snacks, or drinks at restaurants, cafes, or other establishments? Do not include expenses covered in package deal or an all-expense trip.	<input type="checkbox"/> Not ended <input type="checkbox"/> Before 1973 <input type="checkbox"/> Not ended <input type="checkbox"/> After 1973 Month Year	TOTAL TRIP EXPENSE 22. If the respondent is unable to break down trip expenses in items 8-19, enter the total trip expense here.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 15a <input type="checkbox"/> \$64 Code Cost Incl. In pkg.
15a. Did you have any expenses for food and beverages for meals which you or others prepared on the trip? b. What was your expense for such food and beverages? c. Did this amount include the costs of any alcoholic beverages? d. About how much was for alcoholic beverages?	<input type="checkbox"/> Not ended <input type="checkbox"/> Before 1973 <input type="checkbox"/> Not ended <input type="checkbox"/> After 1973 Month Year	TOTAL TRIP EXPENSE 22. If the respondent is unable to break down trip expenses in items 8-19, enter the total trip expense here.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 16a <input type="checkbox"/> \$65 Code Cost Incl. In pkg.
16a. Did you have any expenses for entertainment, admissions to sporting events, museums, tours, etc.? Do not include expenses covered in package deal or an all-expense trip.	<input type="checkbox"/> Not ended <input type="checkbox"/> Before 1973 <input type="checkbox"/> Not ended <input type="checkbox"/> After 1973 Month Year	TOTAL TRIP EXPENSE 22. If the respondent is unable to break down trip expenses in items 8-19, enter the total trip expense here.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 17a <input type="checkbox"/> \$66 Code Cost Incl. In pkg.

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

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

Part B - Detailed Questions - Continued INTERVIEWER { Complete a separate page for each trip. Exception: For frequent trips to the same place for the same purpose during the reference period, combine information and record on one trip page. Also combine trips taken entirely for business. Describe in Notes any recording of combined trips.

TRIP NUMBER 5

<p>1. INTERVIEWER ITEM (Complete after asking item 5 below)</p>	<p>11a. Was any OTHER transportation used during the trip? <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to 12</p>
<p>2a. Who in your CU went on the trip? <input type="checkbox"/> Not ended</p>	<p>b. If YES - What type of transportation was used and what did it cost including tips, gas, tolls, etc.? Enter transportation code listed in item 8.</p>
<p>b. Did any persons outside your CU go on the trip? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>12. LODGING (Items 12-13) How many nights were you gone? <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 14a</p>
<p>3a. Was this trip - 1 - For someone going to or from school? 2 - Entirely for business reasons? 3 - Partly for business and partly for personal reasons? 4 - For summer camp? 5 - For pleasure or vacation only? 6 - For other reasons - Specify in Notes</p>	<p>13a. Did you have any expenses for hotels, motels, cottages, trailer camps, or other lodging? Exclude costs of owned vacation homes. If NO and lodging was not included in package deal, explain lodging arrangements in Notes.</p>
<p>b. If code 3 - What percent of the total expense was for business? <input type="checkbox"/> U.S. - within 500 miles <input type="checkbox"/> U.S. - over 500 miles <input type="checkbox"/> Foreign travel</p>	<p>14a. Did you have any expense for meals, snacks, or drinks at restaurants, cafes, or other establishments? Do not include expenses covered in package deal or an all-expense trip.</p>
<p>4. Where did you (they) go? Mark the box and specify such as, Utah, Western Europe, etc.</p>	<p>b. What was your expense for food and beverages at such places including taxes and tips? <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 15a</p>
<p>OFFICE USE ONLY - Foreign Travel</p>	<p>c. Did this amount include the costs of any alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 15a</p>
<p>5. In what month and year did this trip end? If "Not ended," also mark box in item 1.</p>	<p>d. About how much was for alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 16a</p>
<p>6. Was this trip paid - 1 - Entirely by CU? 2 - Partially by CU? 3 - Entirely by someone outside CU?</p>	<p>15a. Did you have any expenses for food and beverages for meals which you or others prepared on the trip? <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 16a</p>
<p>7a. Was this a package deal or an all-expense trip? <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8</p>	<p>b. What was your expense for such food and beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 16a</p>
<p>b. What was the cost for the trip or package deal? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>c. Did this amount include the costs of any alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 16a</p>
<p>c. Did the price include - Food? Lodging? Transportation? Anything else? - Specify in Notes</p>	<p>d. About how much was for alcoholic beverages? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>TRANSPORTATION (Items 8-11) Include transportation between residence and airports, train stations, and bus depots, as well as the main transportation used to get to the destination.</p>	<p>OTHER EXPENSES (Items 16-19)</p>
<p>8. What type of transportation was used to get to and from your DESTINATION? 1 - Own car 2 - Other own transportation 3 - Car or other vehicle privately owned by persons OUTSIDE CU 4 - Commercial plane 5 - Train or bus 6 - Commercial ship 7 - Rented car, trailer, camper, etc. 8 - Limousine, taxi, other local transportation</p>	<p>16a. Did you have any expenses for entertainment, admissions to sporting events, museums, tours, etc.? Do not include expenses covered in package deal or an all-expense trip.</p>
<p>9a. What was your expense for gas and oil? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>b. What was your expense for such items including taxes and tips? <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 17a</p>
<p>b. What did you pay for tolls? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>17a. Did you have any expenses for sports fees, such as for bowling, golfing, boating, skiing, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO - Skip to item 18a</p>
<p>c. How much were your other vehicle expenses? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>b. What was your expense for renting sports equipment, such as golf clubs, skis, fishing equipment, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO - Skip to item 19a</p>
<p>10. What was the cost of your transportation for travel to and from your destination, including tips, gas, tolls, etc.?</p>	<p>19a. Did you have any other expenses such as for souvenirs, passports, booklets, summer camp spending money, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO - Skip to item 20a</p>
<p>Enter the cost of each type of transportation (codes 4-8) marked in item 8. Exception: Do not enter the cost of transportation included in a package deal or of all-expense trip reported in item 7; mark the box. If unable to get costs separately, obtain an estimate of the total cost and enter it on the line for combined expenses.</p>	<p>b. What was the total amount of these expenses? <input type="checkbox"/> YES <input type="checkbox"/> NO - Skip to item 21a</p>
<p>Code Cost Incl. in pkg.</p>	<p>EXPENSES FOR OTHERS</p>
<p>21a. Have (will) any of the trip expenses been (be) reimbursed by others? <input type="checkbox"/> YES <input type="checkbox"/> NO - Go to next trip</p>	<p>20a. Were any of the trip expenses for persons not in your CU? <input type="checkbox"/> YES <input type="checkbox"/> NO - Skip to item 21a</p>
<p>21b. How much was (will be) reimbursed? <input type="checkbox"/> YES <input type="checkbox"/> NO - Go to next trip</p>	<p>b. How much was paid by you for them? <input type="checkbox"/> YES <input type="checkbox"/> NO - Skip to item 21a</p>
<p>21c. What items were (will be) reimbursed? 1 - Transportation 2 - Lodging 3 - Food 4 - Other</p>	<p>REIMBURSED EXPENSES</p>
<p>Code Cost</p>	<p>22. TOTAL TRIP EXPENSE</p>
<p>Code Cost</p>	<p>If the respondent is unable to break down trip expenses in items 8-19, enter the total trip expense here.</p>

NOTES

~ 1 16 06 1 ↓

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

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

Part B - Detailed Questions - Continued

INTERVIEWER Complete a separate page for each trip. Exception: For frequent trips to the same place for the same purpose during the reference period, combine information and record on one trip page. Also combine trips taken entirely for business. Describe in Notes any recording of combined trips.

TRIP NUMBER 6

<p>1. INTERVIEWER ITEM (Complete after asking item 5 below)</p>	<p>11a. Was any OTHER transportation used during the trip?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Go to 12</p> <p>Code _____ Cost _____ Incl. in pkg. <input type="checkbox"/></p>
<p>2a. Who in your CU went on the trip? ...</p> <p><input type="checkbox"/> Not ended</p> <p><input type="checkbox"/> Entire CU</p> <p><input type="checkbox"/> Part of the CU</p> <p><input type="checkbox"/> One member - Name _____</p>	<p>b. If YES - What type of transportation was used and what did it cost including tips, gas, tolls, etc.?</p> <p>Enter transportation code listed in item 8.</p> <p><input type="checkbox"/> \$45 _____ <input type="checkbox"/> \$46 _____ <input type="checkbox"/> \$47 _____ <input type="checkbox"/> \$48 _____</p> <p><input type="checkbox"/> \$49 _____ <input type="checkbox"/> \$50 _____ <input type="checkbox"/> \$51 _____ <input type="checkbox"/> \$52 _____</p>
<p>b. Did any persons outside your CU go on the trip? ...</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>12. LODGING (Items 12-13)</p> <p>How many nights were you gone?</p> <p><input type="checkbox"/> \$53 _____ Nights</p>
<p>3a. Was this trip -</p> <p>1 - For someone going to or from school? } Go to next trip</p> <p>2 - Entirely for business reasons? } Code _____</p> <p>3 - Partly for business and partly for personal reasons? }</p> <p>4 - For summer camp?</p> <p>5 - For pleasure or vacation only?</p> <p>6 - For other reasons - Specify in Notes</p>	<p>13a. Did you have any expenses for hotels, motels, cottages, trailer camps, or other lodging? Exclude costs of owned vacation homes. If NO and lodging was not included in package deal, explain lodging arrangements in Notes.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Included in package } Skip to item 14a</p> <p><input type="checkbox"/> \$54 _____</p>
<p>b. If code 3 - What percent of the total expense was for business? ...</p> <p><input type="checkbox"/> Percent _____</p>	<p>14a. Did you have any expense for meals, snacks, or drinks at restaurants, cafes, or other establishments? Do not include expenses covered in package deal or an all-expense trip.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 15a</p> <p><input type="checkbox"/> \$55 _____</p>
<p>4. Where did you (they) go?</p> <p>Mark the box and specify such as Utah, Western Europe, etc.</p> <p><input type="checkbox"/> U.S. - within 500 miles</p> <p><input type="checkbox"/> U.S. - over 500 miles</p> <p><input type="checkbox"/> Foreign travel</p> <p>Specify: _____</p>	<p>b. What was your expense for food and beverages at such places including taxes and tips? ...</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 15a</p> <p><input type="checkbox"/> \$56 _____</p>
<p>OFFICE USE ONLY - Foreign Travel</p> <p><input type="checkbox"/> \$56 _____</p>	<p>14b. Did this amount include the costs of any alcoholic beverages? ...</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 16a</p> <p><input type="checkbox"/> \$57 _____</p>
<p>5. In what month and year did this trip end?</p> <p>If "Not ended," also mark box in item 1.</p> <p>Before 1973 } Go to next trip</p> <p>2 <input type="checkbox"/> Not ended } Month _____ Year _____</p>	<p>15a. Did you have any expenses for food and beverages for meals which you or others prepared on the trip? ...</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 16a</p> <p><input type="checkbox"/> \$58 _____</p>
<p>6. Was this trip paid -</p> <p>1 - Entirely by CU?</p> <p>2 - Partially by CU?</p> <p>3 - Entirely by someone outside CU?</p> <p><input type="checkbox"/> Code _____</p> <p>If code 3, go to next trip</p>	<p>15b. What was your expense for such food and beverages? ...</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 16a</p> <p><input type="checkbox"/> \$59 _____</p>
<p>7a. Was this a package deal or an all-expense trip? ...</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8</p>	<p>16a. Did you have any expenses for entertainment, admissions to sporting events, museums, tours, etc.?</p> <p>Do not include expenses covered in package deal or an all-expense trip.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 17a</p> <p><input type="checkbox"/> \$60 _____</p>
<p>b. What was the cost for the trip or package deal? ...</p> <p><input type="checkbox"/> \$29 _____</p>	<p>17a. Did you have any expenses for sports fees, such as for bowling, golfing, boating, skiing, etc.?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 18a</p> <p><input type="checkbox"/> \$61 _____</p>
<p>c. Did the price include -</p> <p>Food? ...</p> <p>Lodging? ...</p> <p>Transportation? ...</p> <p>Anything else? - Specify in Notes</p>	<p>18a. Did you have any expenses for renting sports equipment, such as golf clubs, skis, fishing equipment, etc.?</p> <p>b. What was your expense for renting such equipment? ...</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 19a</p> <p><input type="checkbox"/> \$62 _____</p>
<p>TRANSPORTATION (Items 8-11)</p> <p>8. What type of transportation was used to get to and from your DESTINATION? Include transportation between residence and airports, train stations, and bus depots, as well as the main transportation used to get to the destination.</p> <p><input type="checkbox"/> \$31 _____</p> <p>Mark each type used</p> <p>1 - Own car ... <input type="checkbox"/> 1</p> <p>2 - Other own transportation ... <input type="checkbox"/> 2</p> <p>3 - Car or other vehicle privately owned by persons OUTSIDE CU ... <input type="checkbox"/> 3</p> <p>4 - Commercial plane ... <input type="checkbox"/> 4</p> <p>5 - Train or bus ... <input type="checkbox"/> 5</p> <p>6 - Commercial ship ... <input type="checkbox"/> 6</p> <p>7 - Rented car, trailer, camper, etc. ... <input type="checkbox"/> 7</p> <p>8 - Limousine, taxi, other local transportation ... <input type="checkbox"/> 8</p>	<p>19a. Did you have any other expenses such as for souvenirs, passports, booklets, summer camp spending money, etc.?</p> <p>b. What was the total amount of these expenses? ...</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 20a</p> <p><input type="checkbox"/> \$63 _____</p>
<p>9a. What was your expense for gas and oil? ...</p> <p><input type="checkbox"/> \$33 _____</p> <p><input type="checkbox"/> None</p>	<p>20a. Were any of the trip expenses for persons not in your CU? ...</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 21a</p> <p><input type="checkbox"/> \$64 _____</p>
<p>b. What did you pay for tolls? ...</p> <p><input type="checkbox"/> \$34 _____</p> <p><input type="checkbox"/> None</p>	<p>REIMBURSED EXPENSES</p> <p>21a. Have (will) any of the trip expenses been (be) reimbursed by others? ...</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next trip</p> <p><input type="checkbox"/> \$65 _____</p>
<p>c. How much were your other vehicle expenses? ...</p> <p><input type="checkbox"/> \$35 _____</p> <p><input type="checkbox"/> None</p>	<p>b. How much was (will be) reimbursed?</p> <p>1 - Transportation ... <input type="checkbox"/> \$66 _____</p> <p>2 - Lodging ... <input type="checkbox"/></p> <p>3 - Food ... <input type="checkbox"/></p> <p>4 - Other ... <input type="checkbox"/></p> <p>TOTAL TRIP EXPENSE</p> <p><input type="checkbox"/> \$66 _____</p>
<p>10. What was the cost of your transportation for travel to and from your destination, including tips, gas, tolls, etc.?</p> <p>Enter the cost of each type of transportation (codes 4-8) marked in item 8. Exception: Do not enter the cost of transportation included in a package deal or all-expense trip reported in item 7; mark the box. If unable to get costs separately, obtain an estimate of the total cost and enter it on the line for combined expenses.</p> <p><input type="checkbox"/> \$44 _____</p> <p><input type="checkbox"/> \$45 _____</p> <p><input type="checkbox"/> \$46 _____</p> <p><input type="checkbox"/> \$47 _____</p> <p><input type="checkbox"/> \$48 _____</p> <p><input type="checkbox"/> \$49 _____</p> <p><input type="checkbox"/> \$50 _____</p> <p><input type="checkbox"/> \$51 _____</p> <p><input type="checkbox"/> \$52 _____</p> <p><input type="checkbox"/> \$53 _____</p> <p><input type="checkbox"/> \$54 _____</p> <p><input type="checkbox"/> \$55 _____</p> <p><input type="checkbox"/> \$56 _____</p>	<p>22. If the respondent is unable to break down trip expenses in items 8-19, enter the total trip expense here.</p> <p><input type="checkbox"/> \$66 _____</p>

NOTES

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

INTERVIEWER

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

Part B - Detailed Questions

INTERVIEWER - Complete a separate page for each trip. Exception: For frequent trips to the same place for the same purpose during the reference period, combine information and record on one trip page. Also combine trips taken entirely for business. Describe in Notes any recording of combined trips.

TRIP NUMBER 7

<p>1. INTERVIEWER ITEM (Complete after asking item 5 below)</p> <p><input type="checkbox"/> Not ended</p>		<p>11a. Was any OTHER transportation used during the trip?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Go to 12 Code Cost Incl. In pkg.</p>	
<p>2a. Who in your CU went on the trip?</p> <p><input type="checkbox"/> 1 Entire CU <input type="checkbox"/> 2 Part of the CU <input type="checkbox"/> 3 One member - Name _____</p>		<p>11b. If YES - What type of transportation was used and what did it cost including tips, gas, tolls, etc.? Enter transportation code listed in item 8.</p> <p>(S45) _____ (S46) \$ _____ (S47) _____ (S48) \$ _____ (S49) _____ (S50) \$ _____ (S51) _____ (S52) \$ _____</p>	
<p>b. Did any persons outside your CU go on the trip?</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>		<p>12. How many nights were you gone?</p> <p>(S53) _____ Nights</p>	
<p>3a. Was this trip -</p> <p>1 - For someone going to or from school? 2 - Entirely for business reasons? 3 - Partly for business and partly for personal reasons? 4 - For summer camp? 5 - For pleasure or vacation only? 6 - For other reasons - Specify in Notes</p> <p>Go to next trip next trip</p>		<p>13a. Did you have any expenses for hotels, motels, cottages, trailer camps, or other lodging? Exclude costs of owned vacation homes. If NO and lodging was not included in package deal, explain lodging arrangements in Notes.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Included in package } Skip to item 14a</p>	
<p>b. If code 3 - What percent of the total expense was for business?</p> <p>(S29) _____ Percent</p>		<p>14a. Did you have any expense for meals, snacks, or drinks at restaurants, cafes, or other establishments? Do not include expenses covered in package deal or an all-expense trip.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 15a</p>	
<p>4. Where did you (they) go?</p> <p>Mark the box and specify such as: Utah, Western Europe, etc.</p> <p><input type="checkbox"/> 1 U.S. - within 500 miles <input type="checkbox"/> 2 U.S. - over 500 miles <input type="checkbox"/> 3 Foreign travel</p> <p>Specify _____</p>		<p>b. What was your cost?</p> <p>(S54) \$ _____</p>	
<p>OFFICE USE ONLY - Foreign Travel</p> <p>(S26) _____</p>		<p>14b. Did you have any expense for food and beverages at such places including taxes and tips?</p> <p>(S55) \$ _____</p>	
<p>5. In what month and year did this trip end?</p> <p>If "Not ended," also mark box in item 1.</p> <p>1 Before 1973 2 Not ended Month Year</p>		<p>15a. Did you have any expenses for food and beverages for meals which you or others prepared on the trip?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 16a</p>	
<p>6. Was this trip paid -</p> <p>1 - Entirely by CU? 2 - Partially by CU? 3 - Entirely by someone outside CU?</p> <p>(S28) _____ Code If code 3, go to next trip</p>		<p>b. What was your expense for such food and beverages?</p> <p>(S57) \$ _____</p>	
<p>7a. Was this a package deal or an all-expense trip?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8</p>		<p>c. Did this amount include the costs of any alcoholic beverages?</p> <p>(S58) \$ _____</p>	
<p>b. What was the cost for the trip or package deal?</p> <p>(S29) \$ _____ .00</p>		<p>d. About how much was for alcoholic beverages?</p> <p>(S56) \$ _____</p>	
<p>c. Did the price include -</p> <p>Food? Lodging? Transportation? Anything else? - Specify in Notes</p> <p>(S30) * YES NO 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/> 7 <input type="checkbox"/> <input type="checkbox"/> 8 <input type="checkbox"/> <input type="checkbox"/></p>		<p>OTHER EXPENSES (Items 16-19)</p> <p>16a. Did you have any expenses for entertainment, admissions to sporting events, museums, tours, etc.? Do not include expenses covered in package deal or an all-expense trip.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 17a</p>	
<p>TRANSPORTATION (Items 8-11)</p> <p>8. What type of transportation was used to get to and from your DESTINATION? Include transportation between residence and airports, train stations, and bus depots, as well as the main transportation used to get to the destination.</p> <p>(S31) * Mark each type used</p> <p>1 - Own car 2 - Other own transportation 3 - Car or other vehicle privately owned by persons OUTSIDE CU 4 - Commercial plane 5 - Train or bus 6 - Commercial ship 7 - Rented car, trailer, camper, etc. 8 - Limousine, taxi, other local transportation</p>		<p>17a. Did you have any expenses for sports fees, such as for bowling, golfing, boating, skiing, etc.?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 18a</p>	
<p>9a. What was your expense for gas and oil?</p> <p>(S33) \$ _____ <input type="checkbox"/> None</p>		<p>18a. Did you have any expenses for renting sports equipment, such as golf clubs, skis, fishing equipment, etc.?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 19a</p>	
<p>b. What did you pay for tolls?</p> <p>(S34) \$ _____ <input type="checkbox"/> None</p>		<p>b. What was your expense for renting such equipment?</p> <p>(S61) \$ _____</p>	
<p>c. How much were your other vehicle expenses?</p> <p>(S35) \$ _____ <input type="checkbox"/> None</p>		<p>19a. Did you have any other expenses such as for souvenirs, passports, booklets, summer camp spending money, etc.?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 20a</p>	
<p>10. What was the cost of your transportation for travel to and from your destination, including tips, gas, tolls, etc.?</p> <p>Enter the cost of each type of transportation (codes 4-8) marked in item 8. Exception: Do not enter the cost of transportation included in a package deal or all-expense trip reported in item 7; mark the box. If unable to get costs separately, obtain an estimate of the total cost and enter it on the line for combined expenses.</p> <p>(S36) _____ (S37) \$ _____ <input type="checkbox"/> Incl. in pkg. (S38) _____ (S39) \$ _____ <input type="checkbox"/> (S40) _____ (S41) \$ _____ <input type="checkbox"/> (S42) _____ (S43) \$ _____ <input type="checkbox"/> (S44) \$ _____ .00 Combined expenses</p>		<p>20a. Were any of the trip expenses for persons not in your CU?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 21a</p>	
<p>11. What was the cost of your transportation for travel to and from your destination, including tips, gas, tolls, etc.?</p> <p>Enter the cost of each type of transportation (codes 4-8) marked in item 8. Exception: Do not enter the cost of transportation included in a package deal or all-expense trip reported in item 7; mark the box. If unable to get costs separately, obtain an estimate of the total cost and enter it on the line for combined expenses.</p> <p>(S44) \$ _____ .00 Combined expenses</p>		<p>b. How much was paid by you for them?</p> <p>REIMBURSED EXPENSES</p> <p>21a. Have (will) any of the trip expenses been (be) reimbursed by others?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next trip</p>	
<p>NOTES</p>		<p>22. If the respondent is unable to break down trip expenses in items 8-19, enter the total trip expense here.</p> <p>TOTAL TRIP EXPENSE (S66) \$ _____</p>	

QUARTER	Date of interview	Q 2
Q 2, Q 5		

Section 17 - INSURANCE OTHER THAN HEALTH

INTERVIEWER

Q 2 - Ask col. a and complete cols. b-h, for each policy reported.
 Q 5 - First complete cols. i-m for each policy reported at Q 2. Then ask col. a for each type of insurance for which a NO was reported at Q 2. Complete cols. b-l for each new policy.

a		b	c	d		e		f		g	h		Ask at Q5 only										
Do you or any member of your CU have any . . . ?		POLICY IDENTIFICATION		What type of coverage does it provide?	LIFE - Whom does the policy cover? Enter first names of family members or "family" if entire family covered. Enter line No. of the person covered. If more than one, enter 99. If Non-CU member, enter 95.		When did you take out this policy?		What is the face value of the policy and how many years of payments are to be made?		Are the premiums paid -	Are any of the premiums paid through payroll deductions?		Do you still have (expenses for) this policy?	In what month (and year) did you discontinue it?	In 1973, did you have any expense for this policy?	How much was the expense?	Ask only once for each type of insurance					
Have you had expenses for such policies for any one else since (Q 2 - January 1, 1973, Q 5 - date of last interview)?		Enter the insurance company's name or some other identification of the policy	Enter coverage code from col. a.	Name or description	Line No. or code	Before 1972	1972-74 MO. | YR.	Dollars only	Years	Enter code	YES	NO	YES	NO	MO.	YR.	YES	NO	Dollars only	YES	NO		
1. Life insurance or other policies which provide benefits in case of death, accident, or disability. Include accidents, endowments, annuities, straight life, mortgage life, term, Veteran - NSLI, USGLI, income insurance, etc. If YES - How many such policies do you have?	YES Number NO Q 2 Q 5		T01 T02 T03 T04 T05 T06 T07 T08 T09 T10 T11 T12	1 - Life, endowments, or combination with cash benefits		<input type="checkbox"/>		\$.00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>		
				2 - Term policy - no cash reserve include mortgage life.		<input type="checkbox"/>		\$.00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
				3 - Cash benefits from accidents only		<input type="checkbox"/>		\$.00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
				4 - Income insurance		<input type="checkbox"/>		\$.00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
				5 - Other life insurance		<input type="checkbox"/>		\$.00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
						<input type="checkbox"/>		\$.00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
						<input type="checkbox"/>		\$.00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
						<input type="checkbox"/>		\$.00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
						<input type="checkbox"/>		\$.00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
						<input type="checkbox"/>		\$.00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
						<input type="checkbox"/>		\$.00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
				2. Insurance covering your automobile(s) or other vehicles If YES - How many such policies do you have?	YES Number NO Q 2 Q 5		T13 T14 T15 T16 T17 T18	10 - Public liability, bodily injury, property damage. Include no fault insurance.		<input type="checkbox"/>		XX	XX	XX	XX	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	<input type="checkbox"/>
11 - Collision		<input type="checkbox"/>						XX	XX	XX	XX	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00					
12 - Comprehensive		<input type="checkbox"/>						XX	XX	XX	XX	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00					
13 - Any combination of codes 10, 11, 12		<input type="checkbox"/>						XX	XX	XX	XX	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00					
14 - Other vehicle insurance		<input type="checkbox"/>						XX	XX	XX	XX	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00					

QUARTER Q2, Q5 Date of interview Q2

Section 17 - INSURANCE OTHER THAN HEALTH - Continued

INTERVIEWER

Q2 - Ask col. a and complete cols. b-h, for each policy reported. Q5 - First complete cols. i-m for each policy reported at Q2. Then ask col. a for each type of insurance for which a NO was reported at Q2. Complete cols. b-l for each new policy.

Table with columns a through m. Column a: Do you or any member of your CU have any...? Have you had expenses for such policies...? Column b: POLICY IDENTIFICATION. Column c: What type of coverage does it provide? Column d: LIFE, AUTO, REAL PROPERTY. Column e: When did you take out this policy? Columns f-h: Shaded area. Column i: Do you still have (expenses for) this policy? Column j: In what month (and year) did you discontinue it? Column k: In 1973, did you have any expense for this policy? Column l: How much was the expense? Column m: Ask only once for each type of insurance. Includes sub-tables for '3. Insurance protecting your home...' and '4. Other type of insurance...' with 'YES Number' and 'NO' columns.

QUARTER
Q2, Q5

Date of interview
Q2

Section 18 - HOSPITALIZATION AND HEALTH INSURANCE

Q2 - Ask items 1 and 2, Part A, and complete a column in Part B as instructed for each policy reported.
INTERVIEWER
Q5 - Ask item 3, Part A, and complete Part C for each policy reported at Q2. Then ask item 4, Part A, and complete Parts B and C for each new policy. Also complete Part D for any persons enrolled in Medicare.

Part A - Screening Questions

● Ask at Q2
1. Do you or other members of your CU have any hospitalization or health insurance plans or belong to a plan that pays all or part of your medical or dental expenses?
 Yes - How many policies do you have? _____
Ask item 2 and then complete a column in Part B for each policy
 No - Ask item 2

2. Since the 1st of Jan. 1973, have you had any expense for such insurance policies or plans which you no longer have? If YES, mark the discontinued box in Part B and complete a column in Parts B and C for each.

● Ask at Q5
3a. Do you still have ... ?
Read all policies listed in Part B.
b. Which policies do you no longer have?
4. Since (date of last interview), have you or other members of your CU purchased any (replacement or additional) health or hospitalization insurance?
Policy Number(s) _____
Complete Parts B and C for each policy

Part B - Detailed Questions

Fill a column for each policy reported.

	PROCESSING USE ONLY	~ 1 18 01 8 ↓	~ 1 18 02 6 ↓	~ 1 18 03 4 ↓
	POLICY NUMBER	1	2	3
	DISCONTINUED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. What type of insurance plan is it?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - Blue Cross-Blue Shield				
2 - Blue Cross only				
3 - Blue Shield only				
4 - Commercial insurance company	(A01) _____ Code	(A01) _____ Code	(A01) _____ Code	(A01) _____ Code
5 - Group practice plan				
6 - Medicare - Go to next policy				
7 - Prepaid care in clinic				
8 - Other - Specify in Notes				
2. Was the policy obtained on an individual or group basis?				
1 - Individually obtained	(A02) _____ Code	(A02) _____ Code	(A02) _____ Code	(A02) _____ Code
2 - Group through place of employment				
3 - Group through other organization				
3. Does the policy provide special limited coverage, such as school season participation in athletics?	(A03) _____ Code	(A03) _____ Code	(A03) _____ Code	(A03) _____ Code
1 <input type="checkbox"/> Yes - Go to next policy				
2 <input type="checkbox"/> No				
4. Who obtained the policy?	(A04) _____ Code	(A04) _____ Code	(A04) _____ Code	(A04) _____ Code
Enter line number and name of person from Section 1.				
5. Who is covered by the policy?	(A05) _____ Code	(A05) _____ Code	(A05) _____ Code	(A05) _____ Code
1 - Head only				
2 - Spouse only				
3 - Head and spouse				
4 - Head or spouse and children				
5 - Children only				
6 - Other - Specify in Notes				
6. In what month and year did you get this policy? If 1972-1974, enter month and year. If before 1972, enter year only.	(A06) _____ Month _____ Year	(A06) _____ Month _____ Year	(A06) _____ Month _____ Year	(A06) _____ Month _____ Year
7. Does the policy provide -				
a. Hospital care? (A07) * YES YES NO NO YES YES NO NO	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/>
b. Physician services in hospital for surgery only?				
c. Physician services in hospital for both medical and surgery?				
d. Office or home visits?				
e. X-ray and lab out-of-hospital?				
f. Other physician services? - Specify in Notes.	(A08) * 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/>	(A08) * 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/>	(A08) * 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/>	(A08) * 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/>
g. Dental care?				
h. Prescribed drugs out-of-hospital?				
i. Prepaid care in clinic?				
j. Other health or hospital care? - Specify in Notes				
8. Are the premiums paid -				
1 - Entirely by you (CU)?	(A09) _____ Code	(A09) _____ Code	(A09) _____ Code	(A09) _____ Code
2 - Partially by you?				
3 - Entirely by an employer?				
4 - Entirely by a union or outside person?				
9. Are any of the premiums paid through payroll deductions?	(A10) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(A10) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(A10) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(A10) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Part C

A1 Q5, complete for policies previously reported; then go to item 4, Part A.

● Ask only for discontinued policies	(A11) _____ Month _____ Year	(A11) _____ Month _____ Year	(A11) _____ Month _____ Year
1. In what month (and year) did you discontinue this policy?			
● If premiums paid entirely or partially by CU:			
code 1 or 2, item 8, Part B	(A12) \$ _____	(A12) \$ _____	(A12) \$ _____
2a. What was the amount of your regular payment?			
b. Was it the same throughout 1973? If NO, specify in Notes all amounts and number of payments made at each. Compute the total paid in 1973 and enter that amount in item 2a and enter "1" in item 2c.	(A13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(A13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(A13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Ask if YES in item 2b - How many payments did you make in 1973?	(A14) _____ Number	(A14) _____ Number	(A14) _____ Number
OFFICE USE ONLY	(A15) \$ _____	(A15) \$ _____	(A15) \$ _____
Total expense for policy in 1973			
● If premiums paid entirely or partially by someone outside CU, code 2, 3, or 4, item 8, Part B	(A16) \$ _____	(A16) \$ _____	(A16) \$ _____
3. How much was paid in 1973 by ... ?	1 <input type="checkbox"/> Don't know	2 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know

NOTES

QUARTER
Q2, Q5

Section 18 - HOSPITALIZATION
AND HEALTH
INSURANCE - Con.

Q2 - Ask items 1 and 2, Part A, and complete a column in Part B as instructed for each policy reported.
Q5 - Ask item 3, Part A, and complete Part C for each policy reported at the 1st interview. Then ask item 4, Part A, and complete Parts B and C for each new policy. Also complete Part D for any persons enrolled in Medicare.

Extra page

Part B - Detailed Questions - Continued *Fill a column for each policy reported.*

	PROCESSING USE ONLY	~ 1 18 04 2 ↓	~ 1 18 05 9 ↓	~ 1 18 06 7 ↓
	POLICY NUMBER	4	5	6
	DISCONTINUED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. What type of insurance plan is it?		(A01) _____ Code	(A01) _____ Code	(A01) _____ Code
2. Was the policy obtained on an individual or group basis?		(A02) _____ Code	(A02) _____ Code	(A02) _____ Code
3. Does the policy provide special limited coverage, such as school season participation in athletics?		(A03) 1 <input type="checkbox"/> Yes - Go to next policy 2 <input type="checkbox"/> No	(A03) 1 <input type="checkbox"/> Yes - Go to next policy 2 <input type="checkbox"/> No	(A03) 1 <input type="checkbox"/> Yes - Go to next policy 2 <input type="checkbox"/> No
4. Who obtained the policy?	Enter line number and name of person from Section 1.	(A04) _____ Line No. _____ Name	(A04) _____ Line No. _____ Name	(A04) _____ Line No. _____ Name
5. Who is covered by the policy?		(A05) _____ Code	(A05) _____ Code	(A05) _____ Code
6. In what month and year did you get this policy? If 1972-1974, enter month and year. If before 1972, enter year only.		(A06) _____ Month _____ Year	(A06) _____ Month _____ Year	(A06) _____ Month _____ Year
7. Does the policy provide -		(A07) * YES NO	(A07) * YES NO	(A07) * YES NO
a. Hospital care?		1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
b. Physician services in hospital for surgery only?		3 <input type="checkbox"/> 4 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
c. Physician services in hospital for both medical and surgery?		5 <input type="checkbox"/> 6 <input type="checkbox"/>	5 <input type="checkbox"/> 6 <input type="checkbox"/>	5 <input type="checkbox"/> 6 <input type="checkbox"/>
d. Office or home visits?		7 <input type="checkbox"/> 8 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/>
e. X-ray and lab out-of-hospital?		9 <input type="checkbox"/> 0 <input type="checkbox"/>	9 <input type="checkbox"/> 0 <input type="checkbox"/>	9 <input type="checkbox"/> 0 <input type="checkbox"/>
1. Other physician services? - Specify in Notes		(A08) * _____	(A08) * _____	(A08) * _____
g. Dental care?		1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
h. Prescribed drugs out-of-hospital?		3 <input type="checkbox"/> 4 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
i. Prepaid care in clinic?		5 <input type="checkbox"/> 6 <input type="checkbox"/>	5 <input type="checkbox"/> 6 <input type="checkbox"/>	5 <input type="checkbox"/> 6 <input type="checkbox"/>
j. Other health or hospital care? - Specify in Notes		7 <input type="checkbox"/> 8 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/>
9. Are any of the premiums paid through payroll deductions?		9 <input type="checkbox"/> 0 <input type="checkbox"/>	9 <input type="checkbox"/> 0 <input type="checkbox"/>	9 <input type="checkbox"/> 0 <input type="checkbox"/>
8. Are the premiums paid -		(A09) _____ Code	(A09) _____ Code	(A09) _____ Code
1 - Entirely by you (CU)?				
2 - Partially by you?				
3 - Entirely by an employer?				
4 - Entirely by a union or outside person?				
9. Are any of the premiums paid through payroll deductions?		(A10) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(A10) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(A10) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Part C *At Q5, complete for policies previously reported; then go to item 4, Part A.*

1. In what month (and year) did you discontinue this policy?	(A11) _____ Month _____ Year	(A11) _____ Month _____ Year	(A11) _____ Month _____ Year
2a. What was the amount of your regular payment?	(A12) \$ _____	(A12) \$ _____	(A12) \$ _____
b. Was it the same throughout 1973? If NO, specify in Notes all amounts and number of payments made or each. Compute the total paid in 1973 and enter that amount in item 2c and enter "1" in item 2c.	(A13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(A13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(A13) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Ask if YES in item 2b - How many payments did you make in 1973?	(A14) _____ Number	(A14) _____ Number	(A14) _____ Number
OFFICE USE ONLY Total expense for policy in 1973	(A15) \$ _____	(A15) \$ _____	(A15) \$ _____
3. How much was paid in 1973 by . . . ?	(A16) \$ _____ ? <input type="checkbox"/> Don't know	(A16) \$ _____ ? <input type="checkbox"/> Don't know	(A16) \$ _____ ? <input type="checkbox"/> Don't know

NOTES

QUARTER	Date of interview	Q 1	Q 3
Q1, Q3, Q5			

Section 19 - MEDICAL AND HEALTH EXPENDITURES

Part A - Medical Care Received with Cost to CU

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

a				b	c		d	e	f		g		h	i	
Since (Q1 - the 1st of month, 3 months earlier, Q3, Q5 - date of last interview), have you had any expense for your CU for: Include bills paid directly by insurance.				QUARTER NUMBER	DESCRIBE BRIEFLY the care or service received and who received it.				ITEM CODE from col. a	In what month (and year) was the care received?	What was the total cost including any amount paid by insurance or others? If bill has not yet been received, mark the box and go to the next service reported.		Was (will) any of this amount (be) paid by insurance or others outside the CU? 1 - Yes, insurance only 2 - Yes, others only 3 - Yes, part by insurance, and part by others 4 - No - Go to next service If "Don't know," mark the box and ask col. i if appropriate. Enter code		How much was (will be) paid?	Ask if total cost (col. f) is not known. What did (will) this service cost the CU?
SERVICE					ITEM CODE	Care or service	Person's name	MO.			YR.	Dollars only	Bill not received	Code	Don't know	Dollars only	Dollars only
IN-PATIENT HOSPITAL CARE				10 - Hospital services			(B01)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
1. In-patient hospital services? Including any services billed by the hospital, such as room, operating room, X-rays, lab tests, nursing, drugs, and the like.							(B02)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
							(B03)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
							(B04)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
YES - Ask cols. b-i							(B05)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
NO { Q1 - Skip to Sec. 20 Q3, Q5 - Skip to item 4							(B06)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
2a. Physician's services received while in the hospital?							(B07)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
YES - Ask item 2b							(B08)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
NO - Skip to item 3							(B09)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
2b. If YES - Were these charges for - Mark each service received and complete cols. b-i for each service marked.							(B10)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
20 - Anesthesia?							(B11)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
21 - Surgery? Include eye and oral							(B12)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
22 - Childbirth?							(B13)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
23 - Other treatment by physicians?									\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00	
24 - Combined expenses? - Use only if unable to itemize above. Specify in Notes.									\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00	
3. Other medical services received while in the hospital but not billed by hospital?				30 - Other hospital services - Specify in col. c											
YES - Ask cols. b-i															
NO { Q1 - Skip to Sec. 20 Q3, Q5 - Skip to item 4															
NOTES															

QUARTER	Date of interview	Q 3	Section 19 - MEDICAL AND HEALTH EXPENDITURES - Continued
Q 3, Q 5			

Part A - Medical Care Received with Cost to CU - Continued Q 3 and Q 5 - Complete cols. 1-i for each previously reported service for which the "Bill not received" box in col. f was marked and complete cols. g-i for each previously reported service for which the "Don't know" box in col. g was marked.

a	b	c		d	e		f		g		h	i
Since (Q 3 - the 1st of Jan. 1973, Q 5 - date of last interview), have you had any expense for care to members of your CU for: <i>Include bills paid directly by insurance.</i>	QUARTER NUMBER	DESCRIBE BRIEFLY the care or service received and who received it.		PROCESSING USE ONLY	ITEM CODE from col. a	In what month (and year) was the care received?	What was the total cost including any amount paid by insurance or others? <i>If bill has not yet been received, mark the box and go to the next service reported.</i>	Was (will) any of this amount (be) paid by insurance or others outside the CU? 1 - Yes, insurance only 2 - Yes, others only 3 - Yes, part by insurance, and part by others 4 - No - Go to next service <i>If "Don't know," mark the box and ask col. i if appropriate.</i> <i>Enter code</i>	How much was (will be) paid?	Ask if total cost (col. f) is not known. What did (will) this service cost the CU?		
SERVICE		ITEM CODE	Care or service								Person's name	MO.
OTHER PHYSICIAN SERVICES				(B14)			\$.00	? <input type="checkbox"/>	? <input type="checkbox"/>	\$.00	\$.00	
4a. Physician services not already reported? Including those received as an out-patient at a clinic or at a hospital				(B15)			\$.00	? <input type="checkbox"/>	? <input type="checkbox"/>	\$.00	\$.00	
				(B16)			\$.00	? <input type="checkbox"/>	? <input type="checkbox"/>	\$.00	\$.00	
				(B17)			\$.00	? <input type="checkbox"/>	? <input type="checkbox"/>	\$.00	\$.00	
				(B18)			\$.00	? <input type="checkbox"/>	? <input type="checkbox"/>	\$.00	\$.00	
				(B19)			\$.00	? <input type="checkbox"/>	? <input type="checkbox"/>	\$.00	\$.00	
				(B20)			\$.00	? <input type="checkbox"/>	? <input type="checkbox"/>	\$.00	\$.00	
				(B21)			\$.00	? <input type="checkbox"/>	? <input type="checkbox"/>	\$.00	\$.00	
				(B22)			\$.00	? <input type="checkbox"/>	? <input type="checkbox"/>	\$.00	\$.00	
				(B23)			\$.00	? <input type="checkbox"/>	? <input type="checkbox"/>	\$.00	\$.00	
				(B24)			\$.00	? <input type="checkbox"/>	? <input type="checkbox"/>	\$.00	\$.00	
				(B25)			\$.00	? <input type="checkbox"/>	? <input type="checkbox"/>	\$.00	\$.00	
				(B26)			\$.00	? <input type="checkbox"/>	? <input type="checkbox"/>	\$.00	\$.00	

	Q 3	Q 5	
YES - Ask item 4b			
NO - Skip to item 5a			

	Q 3	Q 5	
40 - General practitioner or internist?			
41 - Pediatrician?			
42 - Other medical specialist? Exclude eye and dental ...			

NOTES

QUARTER Q3, Q5 Date of interview Q3

Section 19 - MEDICAL AND HEALTH EXPENDITURES - Continued

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

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

Table with columns a-i: a) Description of care, b) Quarter number, c) Describe care/service, d) Item code, e) Month/year, f) Total cost, g) Insurance/other payment, h) Amount paid, i) Total cost. Includes sub-sections for 'OTHER MEDICAL CARE' and '5a. Other medical or health services not already reported?'.

Q3 Q5 YES - Ask Item 5b NO - Skip to item 6a

5b. If YES - Were these charges for - Mark each type of service received and complete cols. b-i for each service marked. 50 - Service by other practitioners such as chiropractors? - Specify in Notes. 51 - Care in convalescent or nursing home? 52 - Nursing services? 53 - Therapeutic treatments? 54 - Lab tests and X-rays? Exclude eye and dental. 55 - Other medical care including ambulance service? - Specify in Notes. 56 - Combined expenses? - Use only if unable to itemize above. Specify in Notes.

NOTES

Section 19 - MEDICAL AND HEALTH EXPENDITURES - Continued

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

Table with columns a-i: SERVICE, ITEM CODE, QUARTER NUMBER, Care or service, PROCESSING USE ONLY, ITEM CODE from col. a, In what month (and year) was the care received?, What was the total cost including any amount paid by insurance or others?, Was (will) any of this amount (be) paid by insurance or others outside the CU?, How much was (will be) paid?, Ask if total cost (col. f) is not known. What did (will) this service cost the CU?

QUARTER
Q3, Q5
Date of interview
Q3

Section 19 - MEDICAL AND HEALTH EXPENDITURES - Continued

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

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

a		b	c		d	e		f		g		h	i
Since (Q3 - the 1st of Jan. 1973, Q5 - date of last interview), have you had any expense for care to members of your CU for: Include bills paid directly by insurance.		QUARTER NUMBER	DESCRIBE BRIEFLY the care or service received and who received it.			ITEM CODE from col. a	In what month (and year) was it purchased (or rented)?		What was the total cost including any amount paid by insurance or others? If bill has not yet been received, mark the box and go to the next service reported.		Was (will) any of this amount (be) paid by insurance or others outside the CU? 1 - Yes, insurance only 2 - Yes, others only 3 - Yes, part by insurance, and part by others 4 - No - Go to next service If "Don't know," mark the box and ask col. i if appropriate. Enter code		How much was (will be) paid?	Ask if total cost (col. f) is not known. What did (will) this service cost the CU?
SERVICE	ITEM CODE		CARE OR SERVICE	PERSON'S NAME	PROCESSING USE ONLY		MO.	YR.	Dollars only	Bill not received	Code	Don't know	Dollars only
MEDICINE AND MEDICAL SUPPLIES									(B53)			\$.00	<input type="checkbox"/>
8a. Prescription drugs or medical supplies?	8b. IF YES - Were these charges for - Mark each service received and complete cols. b-i for each service marked.			(B54)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00	
				(B55)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00	
				(B56)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00	
				(B57)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00	
				(B58)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00	
				(B59)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00	
				(B60)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00	
				(B61)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00	
				(B62)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00	
				(B63)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00	
				(B64)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00	
				(B65)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00	
NOTES													

	Q3	Q5
YES - Ask item 8b		
NO		

	Q3	Q5
80 - Prescribed medicines and drugs?		
81 - Purchase of medical appliances?		
82 - Rental of medical appliances?		
83 - Purchase of other medical and surgical supplies and equipment? Specify in Notes.		
84 - Rental of other medical and surgical supplies and equipment? Specify in Notes.		
85 - Combined expenses? - Use only if unable to itemize above. Specify in Notes.		

QUARTER
Q3, Q5

Section 19 - MEDICAL AND HEALTH EXPENDITURES - Continued

Part A - Medical Care Received with Cost to CU

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

a	b	c		d	e		f		g		h	i	
		Care or service	Person's name		PROCESSING USE ONLY	MO.	YR.	Dollars only	Bill not received	Code	Don't know	Dollars only	Dollars only
Extra page	QUARTER NUMBER	DESCRIBE BRIEFLY the care or service received and who received it.		PROCESSING USE ONLY	In what month (and year) was the care received (it purchased or rented)?		What was the total cost including any amount paid by insurance or others? <i>If bill has not yet been received, mark the box and go to the next service reported.</i>		Was (will) any of this amount (be) paid by insurance or others outside the CU? 1 - Yes, insurance only 2 - Yes, others only 3 - Yes, part by insurance, and part by others 4 - No - Go to next service <i>If "Don't know," mark the box and ask col. i if appropriate.</i> Enter code		How much was (will be) paid?		Ask if total cost (col. f) is not known. What did (will) this service cost the CU?
								\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
								\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
								\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
								\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
								\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
								\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
								\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
								\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
								\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
								\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
								\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
								\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00

NOTES

QUARTER
Q3, Q5

Section 19 - MEDICAL AND HEALTH EXPENDITURES - Continued

Part A - Medical Care Received with Cost to CU

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

Extra page

a	b	c		d	e		f		g		h	i
		Care or service	Person's name		MO.	YR.	Dollars only	Bill not received	Code	Don't know			Dollars only	Dollars only
				(B79)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
				(B80)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
				(B81)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
				(B82)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
				(B83)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
				(B84)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
				(B85)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
				(B86)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
				(B87)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
				(B88)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
				(B89)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
				(B90)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00
				(B91)			\$.00	<input type="checkbox"/>		<input type="checkbox"/>	\$.00	\$.00

NOTES

QUARTER Q3, Q5	Date of interview	Q3	Section 19 - MEDICAL AND HEALTH EXPENDITURES - Continued
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Part B - Medical Care Received with No Cost to CU NOTES

a	Q3	Q5	b	c	PROCESSING USE ONLY	d	e	f	g
1a. Since (Q3 - the 1st of Jan. 1973, Q5 - date of last interview), have you received any medical care at no expense to you? Do not include any medical care reported in Part A or any cash gifts received.	YES		QUARTER NUMBER	DESCRIBE BRIEFLY care or service received.		ITEM CODE from col. a	In what month (and year) was the care received?	Was the cost paid by - 1 - Public agency? 2 - Private agency? 3 - Relative, friend, or others? - Specify in Notes	What was the total cost?
	NO									Care or service	Name	MO.	YR.	Enter code	Dollars only	Don't know
b. If YES - Did these expenses include - Mark each service received and complete cols. b-g for each item marked.									
ITEM CODE	Q3	Q5							
10 - In-patient hospital care?					(C31)				\$.00 ? <input type="checkbox"/>
20 - Physician's care in hospital?					(C32)				\$.00 ? <input type="checkbox"/>
30 - Other medical services received while in hospital?					(C33)				\$.00 ? <input type="checkbox"/>
40 - Other physician's care?					(C34)				\$.00 ? <input type="checkbox"/>
50 - Other medical services?					(C35)				\$.00 ? <input type="checkbox"/>
60 - Eye care?					(C36)				\$.00 ? <input type="checkbox"/>
70 - Dental care?					(C37)				\$.00 ? <input type="checkbox"/>
80 - Prescription drugs and medical supplies?					(C38)				\$.00 ? <input type="checkbox"/>
90 - Combined expenses - Use only if unable to itemize above. Specify in Notes									\$.00 ? <input type="checkbox"/>

Part C - Medical Expense Paid for Someone Outside CU

a	Q3	Q5	b	c	PROCESSING USE ONLY	d	e	f	g
1a. Since (Q3 - the 1st of Jan. 1973, Q5 - date of last interview), have you had any expense for medical care for someone outside your CU?	YES		QUARTER NUMBER	DESCRIBE BRIEFLY care or service received and who received it.		ITEM CODE from col. a	In what month (and year) was the care provided?		What was the total expense to you?
	NO									Care or service	Name	MO.	YR.	Dollars only
b. If YES - Did these expenses include - Mark each service received and complete cols. b-g for each item marked.									
ITEM CODE	Q3	Q5							
10 - In-patient hospital care?					(C39)			XX	\$.00
20 - Physician's care in hospital?					(C40)			XX	\$.00
30 - Other medical services received while in hospital?					(C41)			XX	\$.00
40 - Other physician's services?					(C42)			XX	\$.00
50 - Other medical services?					(C43)			XX	\$.00
60 - Eye care?					(C44)			XX	\$.00
70 - Dental care?					(C45)			XX	\$.00
80 - Prescription drugs and medical supplies?									
90 - Combined expenses - Use only if unable to itemize above. Specify in Notes									

QUARTER
Q3, Q5

Section 19 - MEDICAL AND HEALTH EXPENDITURES - Continued

Part B - Medical Care Received with No Cost to CU

NOTES

Additional entries

a	b QUARTER NUMBER	c DESCRIBE BRIEFLY care or service received.		PROCESSING USE ONLY	d ITEM CODE from col. a	e In what month (and year) was the care received?		f Was the cost paid by - 1 - Public agency? 2 - Private agency? 3 - Relative, friend, or others? - Specify in Notes	g What was the total cost?	
		Care or service	Name			MO.	YR.		Enter code	Dollars only	Don't know
				(C46)					\$	.00 ? <input type="checkbox"/>
				(C47)					\$	.00 ? <input type="checkbox"/>
				(C48)					\$	.00 ? <input type="checkbox"/>
				(C49)					\$	.00 ? <input type="checkbox"/>
				(C50)					\$	.00 ? <input type="checkbox"/>
				(C51)					\$	.00 ? <input type="checkbox"/>
				(C52)					\$	.00 ? <input type="checkbox"/>
				(C53)					\$	.00 ? <input type="checkbox"/>

Part C - Medical Expense Paid for Someone Outside CU

Additional entries

a	b QUARTER NUMBER	c DESCRIBE BRIEFLY care or service received and who received it.		PROCESSING USE ONLY	d ITEM CODE from col. a	e In what month (and year) was the care provided?		f	g What was the total expense to you?	
		Care or service	Name			MO.	YR.		Dollars only	
				(C54)				XX	\$	.00
				(C55)				XX	\$	.00
				(C56)				XX	\$	.00
				(C57)				XX	\$	.00
				(C58)				XX	\$	.00
				(C59)				XX	\$	.00
				(C60)				XX	\$	.00

QUARTER	Date of interview	Q1	Q3	Section 20 - EDUCATIONAL EXPENSES	INTERVIEWER - Ask col. a and complete cols. b-j for each expense reported.
Q1, Q3, Q5					

Part A - Expenses Paid by CU

a	PROCESSING USE ONLY	b	c		d	e		f	g	h			i		j	NOTES	
			Who was it for?			What kind of school was it?	Is the school public or private?			What was the cost?	In what month (and year) did you pay this expense?	Has (will) any of this expense been (be) reimbursed by an employer?		If YES - How much?			
			Name	CU member YES NO			Enter code					Public	Private				Dollars only
<p>Since (Q1 - January 1, 1973, Q3 and Q5 - date of last interview), have you had any expenses for members of this CU or other persons for ... ?</p> <p>Do not include expenses covered by cash the CU has given directly to non-CU members for the purpose of education. Also exclude expenses covered by non-cash scholarships that have been awarded CU members.</p>		<p>ITEM CODE from col. a.</p>	<p>Enter the name and indicate whether CU member.</p>		<p>Complete without asking if information is known</p> <p>1 - College or university 2 - Elementary or high school 3 - Nursery or kindergarten 4 - Business or secretarial 5 - Technical or trade 6 - Day care center 7 - Other</p>	<p>Is the school public or private?</p>		<p>Dollars only</p>		<p>If expense has been paid in full enter the date paid. If not, mark the box and enter in Notes the amount paid to date.</p>			<p>If NO go to next item.</p>		<p>Dollars only</p>		
ITEM CODE					Enter code	Public	Private	Dollars only		Not paid completely	MO.	YR.	YES	NO	Dollars only		
<p>1 - Tuition for college, high school, kindergarten, business school, or the like</p>		(D01)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
		(D02)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
		(D03)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
		(D04)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
	Q1	YES	NO		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
	Q3				1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
Q5				1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
<p>2 - Fees for recreational lessons or instructions such as golf, swimming, dancing, musical, or any other types of lessons taken</p>		(D07)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
		(D08)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
		(D09)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
	Q1	YES	NO		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
Q3				1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
Q5				1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
<p>3 - Housing while attending school Include apartments, flats, dorms, etc.</p> <p>If respondent is unable to report housing expenses separately, enter the cost of combined room and board and specify in Notes.</p>		(D12)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
		(D13)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
		(D14)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
		(D15)		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
	Q1	YES	NO		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
Q3				1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
Q5				1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		

QUARTER	Date of interview	Q1	Q3
Q1, Q3, Q5			

Section 20 - EDUCATIONAL EXPENSES - Continued

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

Part A - Expenses Paid by CU - Continued

a	b ITEM CODE from col. a.	c		d What kind of school was it? 1 - College or university 2 - Elementary or high school 3 - Nursery or kindergarten 4 - Business or secretarial 5 - Technical or trade 6 - Day care center 7 - Other	e		f What was the cost? Dollars only	g What was the (main) means of transportation used? 1 - Airplane 2 - Bus 3 - Train 4 - Auto (not owned by CU member) 5 - Other	h			i		j If YES - How much? Dollars only	NOTES
		Who was it for? Enter the name and indicate whether CU member.			Public	Private			MO.	YR.	YES	NO			
		Name	CU member YES NO												
4 - Other living expenses (not already reported) for someone away at school, such as food, spending money, or the like. Exclude tuition and housing expense.	D18		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
	D19		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
	Q1	YES	NO	D20		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	XX	1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$.00
	Q3			D21		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	XX	1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$.00
	Q5			D22		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	XX	1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$.00
5 - Purchase or rental of any school or technical books, supplies, or equipment which has not already been reported	D23		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
	D24		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
	D25		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
	Q1	YES	NO	D26		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	XX	1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$.00
	Q3			D27		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	XX	1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$.00
6 - Transportation to and from school for someone attending school away from home Combine entries for trips to and from the same place by the same person and means of transportation. Exclude trips made in CU car and daily commuting from home to school.	D28		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	XX	1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
	D29		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00		1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
	D30		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00		1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
	D31		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00		1 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
	Q1	YES	NO	D32		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00		1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$.00
	Q3			D33		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00		1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$.00
	Q5			D34		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00		1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$.00

QUARTER
Q1, Q3, Q5

Section 20 - EDUCATIONAL EXPENSES - Continued

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

Part A - Expenses Paid by CU

a	b	c		d		e		f	g	h			i		j	NOTES
		ITEM CODE from col. a.	Who was it for? <i>Enter the name and indicate whether CU member.</i>		Complete without asking if information is known		What was the cost? <i>Dollars only</i>	Ask only for item code 6 What was the (main) means of transportation used? 1 - Airplane 2 - Bus 3 - Train 4 - Auto (not owned by CU member) 5 - Other	In what month (and year) did you pay this expense? <i>If expense has been paid in full enter the date paid. If not, mark the box and enter in Notes the amount paid to date.</i>			Has (will) any of this expense been (be) reimbursed by an employer? <i>If NO go to next item.</i>		If YES - How much? <i>Dollars only</i>		
			Name	CU member YES NO	Enter code	Public			Private	Not paid completely	MO.	YR.	YES		NO	
Extra page	(D35)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
	(D36)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
	(D37)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
	(D38)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
	(D39)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
	(D40)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
	(D41)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
	(D42)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
	(D43)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
	(D44)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
	(D45)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
	(D46)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
	(D47)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
	(D48)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
	(D49)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	
(D50)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		
(D51)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$.00		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$.00		

QUARTER Q1, Q5	Date of interview Q1	Section 21 - SUBSCRIPTIONS AND MEMBERSHIPS	INTERVIEWER { Q1 - Ask Part A, and complete a line in Part B for each item as instructed. If gift, use item code 10. Q5 - First complete cols. d-i in Part B for each item not completed at Q1. Then ask Part A and complete cols. a-i in Part B for each new item.
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Part A - Screening Questions		Subscription						Membership						Q1			Q5					
Q1 - 1a. Do you or other members of your CU presently subscribe to, or have you bought since Jan. 1, 1973, as gifts to others any . . . ? b. If YES - How many subscriptions? Complete cols. a-c in Part B for each subscription. Q5 - 2a. Since (date of last interview), have you or other members of your CU taken out, or bought as gifts to others, any (additional) subscriptions to . . . ? b. If YES - How many subscriptions? Complete cols. a-i in Part B for each subscription.	ITEM CODE	Q1			Q5			Membership						Q1			Q5					
		YES	NO	Number	YES	NO	Number							YES	NO	Number	YES	NO	Number			
	1 - Newspapers							Q1 - 3a. Do you or other members of your CU belong to, or have you purchased since Jan. 1, 1973, memberships for others to any . . . ? b. If YES - How many memberships? Complete cols. a-c in Part B for each membership. Q5 - 4a. Since (date of last interview), have you or other members of your CU joined, or bought memberships for others to any (other) . . . ? b. If YES - How many memberships? Complete cols. a-i in Part B for each membership.														
	2 - Magazines or periodicals . . .																					
	3 - Book, record or tape clubs . . .																					
	4 - Theater series																					
	5 - Concert, opera or other musical series																					
	6 - Season tickets to sporting events																					

Part B - Detailed Questions										NOTES										
Complete at Q1 and Q5					Complete at Q5 (See exception for gifts in Manual, CE-21.)															
a	PROCESSING USE ONLY	b	c		d		e		f		g				h				i	
What do you subscribe to (belong to)? Describe briefly such as "Life magazine" or "Country club."		ITEM CODE from Part A	When did you take it out (join it)? If 1972 or after, enter the month and year. If before 1972, mark the box.	Do you still subscribe to (belong to) . . . ?		Were any payments made in 1973?		In what month (and year) was the last payment made?		How much was the last payment?		Do not ask for membership codes 7-9 or code 10. What period did it cover? Enter the number and mark the appropriate box.				Did you make any special payments in 1973? If YES - How much did you pay? For codes 3, 7-9, and 10 - What has been your total expense in 1973 for this membership (subscription)?				
				Before 1972	1972-74	YES	NO	YES	NO	MO.	YR.	Dollars	Cents	Number of	Weeks	Months	Years	NO	Dollars only	
	(E01)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ - .00			
	(E02)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00			
	(E03)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00			
	(E04)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00			
	(E05)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00			
	(E06)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00			
	(E07)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00			
	(E08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00			
	(E09)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00			
	(E10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00			
	(E11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00			

QUARTER
Q3, Q5

Date of
Interview

Q3

Section 22 - MISCELLANEOUS EXPENSES

INTERVIEWER - Ask col. e and complete cols. b-f for each expense reported.

Q3 - Since Jan. 1, 1973, have you had any expenses for: Q5 Since (date of last interview) have you had any expenses for:	ITEM	ITEM CODE	Describe briefly	PROCESSING USE ONLY	c ITEM CODE from col. a	d In what month (and year) did this occur?		e Was the expense for a - 1 - Person in CU? 2 - Person outside the CU? Enter code	f What was the total amount of the expense? Dollars only
						MO.	YR.		
			b						
					(F01)				\$.00
					(F02)				\$.00
					(F03)				\$.00
					(F04)				\$.00
					(F05)				\$.00
					(F06)				\$.00
					(F07)				\$.00
					(F08)				\$.00
					(F09)				\$.00
					(F10)				\$.00
					(F11)				\$.00
					(F12)			XX	\$.00
					(F13)			XX	\$.00
					(F14)			XX	\$.00
					(F15)			XX	\$.00
					(F16)				\$.00
					(F17)				\$.00
					(F18)				\$.00
					(F19)				\$.00
					(F20)				\$.00
					(F21)				\$.00
					(F22)				\$.00
					(F23)				\$.00
					(F24)				\$.00
					(F25)				\$.00
					(F26)				\$.00
					(F27)				\$.00
					(F28)				\$.00
					(F29)				\$.00
					(F30)				\$.00
					(F31)				\$.00
					(F32)				\$.00
					(F33)				\$.00
					(F34)				\$.00
					(F35)				\$.00

NOTES

Additional Entries

15 - Other large expenses - Specify in col. b

6. Any other large expenses not already reported, excluding food?

5. Moving, storage, and freight express?

4. Legal or accounting fees, not including those for business purposes? Do NOT include legal fees related to closing cost which were reported in Section 3.

3. Veterinarian or medical expenses for animals, including kennel fees or licenses?

2. Funerals, burials, or purchase or upkeep of cemetery lots?

1. Weddings, confirmations, Bar Mitzvahs, or other special catered affairs?

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

Part A - Food and Beverages		Part A - Continued	
FOOD PURCHASED AND CONSUMED AT HOME DURING THE PAST 3 MONTHS 1. Do you and other members of your CU usually have your main meals at home? Exclude meals at work and at school. <input type="checkbox"/> Yes <input type="checkbox"/> No (G01)		9a. Since (date of last interview), have you or any other members of your CU purchased any alcoholic beverages in restaurants, taverns, or cocktail lounges? Exclude drinks bought on vacations and other trips. <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 10a (G24) \$.00	
2a. About how often do you shop at the grocery store? <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Times per (G02) (G03)		10a. Since (date of last interview), have you frozen or canned any large quantities of food which you produced yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 11a (G25) \$.00	
b. Since (date of last interview), what has been the usual amount of your purchases at the grocery store? Include purchases made with Food Stamps <input type="checkbox"/> Week <input type="checkbox"/> Month \$.00 per (G04) (G05)		11a. Since (date of last interview), have you eaten any fresh food which you raised yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 12a (G26) \$.00	
c. About how much of this amount was for food and nonalcoholic beverages? d. About how much of this amount was for tobacco? e. About how much of this amount was for alcoholic beverages? (G06) \$.00 (G07) \$.00 (G08) \$.00		b. What did you freeze (can)? c. What quantity was frozen (canned)? d. About how much would this have cost if you bought it in a store? (G27) \$.00 (G28) \$.00	
3a. Since (date of last interview), did you miss any weeks (months) of shopping at the grocery store because of being away, illness, or other reasons? b. How many weeks (months) did you miss? <input type="checkbox"/> Weeks <input type="checkbox"/> Months Number (G09) (G10)		12a. Since (date of last interview), have you purchased any Federal Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 13a (G29) \$.00	
4a. Since (date of last interview), have you purchased any food and non-alcoholic beverages through home delivery or in specialty stores, such as bakeries, dairy stores, vegetable stands, and farmer's markets? b. What was your usual expenditure for these foods and beverages? c. About how often did you spend this amount? <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 5a (G11) \$.00 <input type="checkbox"/> Week <input type="checkbox"/> Month Times per (G12) (G13)		b. What did you pay for them? c. What was the value of exchange for the Stamps at the store? (G29) \$.00 (G30) \$.00	
5a. Do you ever buy alcoholic beverages at places other than grocery stores to be served at home? b. What is your usual expense for beer and wine at these places? c. What is your usual expense for other alcoholic beverages at these places? <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 6a (G14) <input type="checkbox"/> Week <input type="checkbox"/> Month \$.00 per (G15) (G16) <input type="checkbox"/> Week <input type="checkbox"/> Month \$.00 per (G17)		13a. Since (date of last interview), have you received any free food and beverages through public or private welfare agencies? b. About how much was the value of the food received? (G29) \$.00	
6a. Since (date of last interview), have you made any large or bulk purchases of food for home freezing or canning which have not been reported already? b. What did you buy? * Mark as many as apply <input type="checkbox"/> Meat <input type="checkbox"/> Produce <input type="checkbox"/> Other - Specify (G18)		14a. Since (date of last interview), have you or any member of your CU received any free meals at work as part of your pay? b. About what was the weekly value of such meals? c. How many weeks did you receive such meals? (G30) \$.00 (G31) No. of weeks 99 <input type="checkbox"/> All weeks	
c. What was the total cost? (G19) \$.00		Part B - Other Selected Items 1. Since (date of last interview), have you purchased any of the following items? If YES - How much did you spend for them? a. Fertilizers, weed killers, and other pesticides for garden or lawn use... (G32) \$.00 <input type="checkbox"/> No b. Phonograph records, tapes, and cassettes not already reported... (G33) \$.00 <input type="checkbox"/> No c. Film, including the cost of developing it... (G34) \$.00 <input type="checkbox"/> No d. Single admissions to recreational, entertainment, or sporting activities, not included in season or series tickets... (G35) \$.00 <input type="checkbox"/> No e. Books, paperbacks, and magazines, not included in subscriptions Exclude school books which are covered in Sec. 20 (G36) \$.00 <input type="checkbox"/> No	
FOOD AND BEVERAGES CONSUMED OUTSIDE HOME DURING THE PAST 3 MONTHS ● Ask only if preschool and school-age children in the CU 7a. Since (date of last interview), have any members of your CU purchased meals at school or in a preschool program? <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8a (G20) \$.00		NOTES	
c. How many weeks since (date of last interview), were meals bought? (G21) Number of weeks		8a. Do any members of the CU frequently eat meals or snacks in catererias, restaurants, cafes, drive-ins, or other such places? <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8c (G22) \$.00	
b. What is the usual weekly expense? Include all children buying meals at school (G20) \$.00		b. What is the usual weekly expense for all members? (G22) \$.00	
c. Since (date of last interview), have you had any expenses for an occasional dinner, other meal, or snack purchased outside the home? Exclude meals eaten on vacations and other trips <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 9a (G23) \$.00		d. What was the total amount you spent for these?	

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

QUARTER Q3 Date of Interview Q2

Part A - Food and Beverages

FOOD PURCHASED AND CONSUMED AT HOME DURING THE PAST 3 MONTHS

2a. About how often do you shop at the grocery store?

G02 Week
G03 Month Times per

b. Since (date of last interview), what has been the usual amount of your purchases at the grocery store? Include purchases made with Food Stamps

G04 Week
G05 Month } \$ _____ .00 per

c. About how much of this amount was for food and nonalcoholic beverages?

G06 \$ _____ .00

d. About how much of this amount was for tobacco?

G07 \$ _____ .00 None

e. About how much of this amount was for alcoholic beverages?

G08 \$ _____ .00 None

3a. Since (date of last interview), did you miss any weeks (months) of shopping at the grocery store because of being away, illness, or other reasons?

Yes
 No - Skip to item 4a

b. How many weeks (months) did you miss?

G09 Weeks
G10 Months } Number

4a. Since (date of last interview), have you purchased any food and non-alcoholic beverages through home delivery or in specially stores, such as bakeries, dairy stores, vegetable stands, and farmer's markets?

Yes
 No - Skip to item 5a

b. What was your usual expenditure for these foods and beverages?

G11 \$ _____ .00

G12 Week
G13 Month } Times per

5a. Do you ever buy alcoholic beverages at places other than grocery stores to be served at home?

Yes
 No - Skip to item 6a

G14 Week
G15 Month } \$ _____ .00 per

b. What is your usual expense for beer and wine at these places?

G16 Week
G17 Month } \$ _____ .00 per

c. What is your usual expense for other alcoholic beverages at these places?

G18 1 Meat
 2 Produce
 3 Other - Specify _____

6a. Since (date of last interview), have you made any large or bulk purchases of food for home freezing or canning which have not been reported already?

Yes
 No - Skip to item 7a

b. What did you buy?
Mark as many as apply

G19 \$ _____ .00

c. What was the total cost?

G20 \$ _____ .00

7a. Since (date of last interview), have any members of your CU purchased meals at school or in a preschool program?

Yes
 No - Skip to item 8a

G21 _____ Number of weeks

8a. Do any members of the CU frequently eat meals or snacks in cafeterias, restaurants, cafes, drive-ins, or other such places?

Yes
 No - Skip to item 8c

G22 \$ _____ .00

b. What is the usual weekly expense for all members?

Yes
 No - Skip to item 9a

G23 \$ _____ .00

d. What was the total amount you spent for these?

Part A - Continued

9a. Since (date of last interview), have you or any other members of your CU purchased any alcoholic beverages in restaurants, taverns, or cocktail lounges? Exclude drinks bought on vacations and other trips.

Yes
 No - Skip to item 10a

b. What has been your expense since (date of last interview) for alcoholic beverages in these places?

G24 \$ _____ .00

FOOD PRODUCED AT HOME DURING THE PAST 3 MONTHS

10a. Since (date of last interview), have you frozen or canned any large quantities of food which you produced yourself?

Yes
 No - Skip to item 11a

b. What did you freeze (can)?

c. What quantity was frozen (canned)?

d. About how much would this have cost if you bought it in a store?

G25 \$ _____ .00

Yes
 No - Skip to item 11a

11a. Since (date of last interview), have you eaten any fresh food which you raised yourself?

b. What did you raise?

c. What quantity was eaten?

d. About how much would this have cost if you bought it in a store?

G26 \$ _____ .00

Yes
 No - Skip to item 12a

FOOD STAMPS

12a. Since (date of last interview), have you purchased any Federal Food Stamps?

Yes
 No - Skip to item 13a

b. What did you pay for them?

G27 \$ _____ .00

c. What was the value of exchange for the Stamps at the store?

G28 \$ _____ .00 ? Don't know

13a. Since (date of last interview), have you received any free food and beverages through public or private welfare agencies?

b. About how much was the value of the food received?

G29 \$ _____ .00

Yes
 No - Skip to item 14a

14a. Since (date of last interview), have you or any member of your CU received any free meals at work as part of your pay?

Yes
 No - Skip to Part B

b. About what was the weekly value of such meals?

G30 \$ _____ .00

c. How many weeks did you receive such meals?

G31 _____ No. of weeks 99 All weeks

Part B - Other Selected Items

1. Since (date of last interview), have you purchased any of the following items?
If YES - How much did you spend for them?

a. Fertilizers, weed killers, and other pesticides for garden or lawn use.

G32 \$ _____ .00 No

b. Phonograph records, tapes, and cassettes not already reported

G33 \$ _____ .00 No

c. Film, including the cost of developing it

G34 \$ _____ .00 No

d. Single admissions to recreational, entertainment, or sporting activities, not included in season or series tickets.

G35 \$ _____ .00 No

e. Books, paperbacks, and magazines, not included in subscriptions Exclude school books which are covered in Sec. 20

G36 \$ _____ .00 No

NOTES

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

QUARTER	Date of interview	Q3
Q4		
Part A - Food and Beverages		
<p>FOOD PURCHASED AND CONSUMED AT HOME DURING THE PAST 3 MONTHS</p>		
<p>2a. About how often do you shop at the grocery store?</p>		
<p><input type="checkbox"/> G02 Week <input type="checkbox"/> G03 Month</p> <p style="text-align: right;">Times per</p>		
<p>b. Since (date of last interview), what has been the usual amount of your purchases at the grocery store? Include purchases made with Food Stamps</p>		
<p><input type="checkbox"/> G04 Week <input type="checkbox"/> G05 Month</p> <p style="text-align: right;">\$00 per</p>		
<p>c. About how much of this amount was for food and nonalcoholic beverages?</p>		
<p><input type="checkbox"/> G06 \$00</p>		
<p>d. About how much of this amount was for tobacco?</p>		
<p><input type="checkbox"/> G07 \$00 <input type="checkbox"/> None</p>		
<p>e. About how much of this amount was for alcoholic beverages?</p>		
<p><input type="checkbox"/> G08 \$00 <input type="checkbox"/> None</p>		
<p>3a. Since (date of last interview), did you miss any weeks (months) of shopping at the grocery store because of being away, illness, or other reasons?</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 4a</p>		
<p>b. How many weeks (months) did you miss?</p>		
<p><input type="checkbox"/> G09 Weeks <input type="checkbox"/> G10 Months</p> <p style="text-align: right;">Number</p>		
<p>4a. Since (date of last interview), have you purchased any food and non-alcoholic beverages through home delivery or in specialty stores, such as bakeries, dairy stores, vegetable stands, and farmer's markets?</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 5a</p>		
<p>b. What was your usual expenditure for these foods and beverages?</p>		
<p><input type="checkbox"/> G11 \$00</p>		
<p>c. About how often did you spend this amount?</p>		
<p><input type="checkbox"/> G12 Week <input type="checkbox"/> G13 Month</p> <p style="text-align: right;">Times per</p>		
<p>5a. Do you ever buy alcoholic beverages at places other than grocery stores to be served at home?</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 6a</p>		
<p>b. What is your usual expense for beer and wine at these places?</p>		
<p><input type="checkbox"/> G14 Week <input type="checkbox"/> G15 Month</p> <p style="text-align: right;">\$00 per</p>		
<p>c. What is your usual expense for other alcoholic beverages at these places?</p>		
<p><input type="checkbox"/> G16 Week <input type="checkbox"/> G17 Month</p> <p style="text-align: right;">\$00 per</p>		
<p>6a. Since (date of last interview), have you made any large or bulk purchases of food for home freezing or canning which have not been reported already?</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 7a</p>		
<p>b. What did you buy? <i>Mark as many as apply</i></p>		
<p>* <input type="checkbox"/> G18 1 <input type="checkbox"/> Meat <input type="checkbox"/> 2 <input type="checkbox"/> Produce <input type="checkbox"/> 3 <input type="checkbox"/> Other - Specify _____</p>		
<p>c. What was the total cost?</p>		
<p><input type="checkbox"/> G19 \$00</p>		
<p>FOOD AND BEVERAGES CONSUMED OUTSIDE HOME DURING THE PAST 3 MONTHS ● <i>Ask only if preschool and school-age children in the CU</i></p>		
<p>7a. Since (date of last interview), have any members of your CU purchased meals at school or in a preschool program?</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8a</p>		
<p>b. What is the usual weekly expense? Include all children buying meals at school</p>		
<p><input type="checkbox"/> G20 \$00</p>		
<p>c. How many weeks since (date of last interview), were meals bought?</p>		
<p><input type="checkbox"/> G21 _____ Number of weeks</p>		
<p>8a. Do any members of the CU frequently eat meals or snacks in cafeterias, restaurants, canteens, drive-ins, or other such places?</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 8c</p>		
<p>b. What is the usual weekly expense for all members?</p>		
<p><input type="checkbox"/> G22 \$00</p>		
<p>c. Since (date of last interview), have you had any expenses for an occasional dinner, other meal, or snack purchased outside the home? Exclude meals eaten on vacations and other trips</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 9a</p>		
<p>d. What was the total amount you spent for these?</p>		
<p><input type="checkbox"/> G23 \$00</p>		
Part A - Continued		
<p>9a. Since (date of last interview), have you or any other members of your CU purchased any alcoholic beverages in restaurants, taverns, or cocktail lounges? Exclude drinks bought on vacations and other trips.</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 10a</p>		
<p>b. What has been your expense since (date of last interview) for alcoholic beverages in these places?</p>		
<p><input type="checkbox"/> G24 \$00</p>		
<p>FOOD PRODUCED AT HOME DURING THE PAST 3 MONTHS</p>		
<p>10a. Since (date of last interview), have you frozen or canned any large quantities of food which you produced yourself?</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 11a</p>		
<p>b. What did you freeze (can)?</p>		
<p><input type="checkbox"/> G25 \$00</p>		
<p>c. What quantity was frozen (canned)?</p>		
<p>d. About how much would this have cost if you bought it in a store?</p>		
<p><input type="checkbox"/> G26 \$00</p>		
<p>11a. Since (date of last interview), have you eaten any fresh food which you raised yourself?</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 12a</p>		
<p>b. What did you raise?</p>		
<p>c. What quantity was eaten?</p>		
<p>d. About how much would this have cost if you bought it in a store?</p>		
<p><input type="checkbox"/> G27 \$00</p>		
<p>FOOD STAMPS</p>		
<p>12a. Since (date of last interview), have you purchased any Federal Food Stamps?</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 13a</p>		
<p>b. What did you pay for them?</p>		
<p><input type="checkbox"/> G28 \$00</p>		
<p>c. What was the value of exchange for the Stamps at the store?</p>		
<p><input type="checkbox"/> G29 \$00</p>		
<p>b. About how much was the value of the food received?</p>		
<p><input type="checkbox"/> G30 \$00</p>		
<p>13a. Since (date of last interview), have you received any free food and beverages through public or private welfare agencies?</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 14a</p>		
<p>b. About how much was the weekly value of such meals?</p>		
<p><input type="checkbox"/> G31 \$00</p>		
<p>c. How many weeks did you receive such meals?</p>		
<p><input type="checkbox"/> G32 _____ No. of weeks</p>		
Part B - Other Selected Items		
<p>1. Since (date of last interview), have you purchased any of the following items? <i>If YES - How much did you spend for them?</i></p>		
<p>a. Fertilizers, weed killers, and other pesticides for garden or lawn use.</p>		
<p><input type="checkbox"/> G33 \$00 <input type="checkbox"/> No</p>		
<p>b. Phonograph records, tapes, and cassettes not already reported</p>		
<p><input type="checkbox"/> G34 \$00 <input type="checkbox"/> No</p>		
<p>c. Film, including the cost of developing it</p>		
<p><input type="checkbox"/> G35 \$00 <input type="checkbox"/> No</p>		
<p>d. Single admissions to recreational, entertainment, or sporting activities, not included in season or series tickets</p>		
<p><input type="checkbox"/> G36 \$00 <input type="checkbox"/> No</p>		
<p>e. Books, paperbacks, and magazines, not included in subscriptions Exclude school books which are covered in Sec. 20</p>		
<p><input type="checkbox"/> G37 \$00 <input type="checkbox"/> No</p>		
NOTES		
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

Part A - Food and Beverages

FOOD PURCHASED AND CONSUMED AT HOME DURING THE PAST 3 MONTHS

2a. About how often do you shop at the grocery store?

G02 Week } Times per
G03 Month

b. Since (date of last interview), what has been the usual amount of your purchases at the grocery store? Include purchases made with Food Stamps

G04 Week } \$ _____ .00 per
G05 Month

c. About how much of this amount was for food and nonalcoholic beverages?

G06 \$ _____ .00

d. About how much of this amount was for tobacco?

G07 \$ _____ .00 None

e. About how much of this amount was for alcoholic beverages?

G08 \$ _____ .00 None

3a. Since (date of last interview), did you miss any weeks (months) of shopping at the grocery store because of being away, illness, or other reasons?

Yes
 No - Skip to item 4a

G09 Weeks } Number
G10 Months

4a. Since (date of last interview), have you purchased any food and non-alcoholic beverages through home delivery or in specialty stores, such as bakeries, dairy stores, vegetable stands, and farmer's markets?

Yes
 No - Skip to item 5a

G11 \$ _____ .00

b. What was your usual expenditure for these foods and beverages?

G12 Week } Times per
G13 Month

5a. Do you ever buy alcoholic beverages at places other than grocery stores to be served at home?

Yes
 No - Skip to item 6a

G14 Week } \$ _____ .00 per
G15 Month

c. What is your usual expense for other alcoholic beverages at these places?

G16 Week } \$ _____ .00 per
G17 Month

6a. Since (date of last interview), have you made any large or bulk purchases of food for home freezing or canning which have not been reported already?

Yes
 No - Skip to item 7a

G18 * 1 Meat
 2 Produce
 3 Other - Specify _____

b. What did you buy?
Mark as many as apply

c. What was the total cost?

G19 \$ _____ .00

FOOD AND BEVERAGES CONSUMED OUTSIDE HOME DURING THE PAST 3 MONTHS

● Ask only if preschool and school-age children in the CU

7a. Since (date of last interview), have any members of your CU purchased meals at school or in a preschool program?

Yes
 No - Skip to item 8a

G20 \$ _____ .00

b. What is the usual weekly expense? Include all children buying meals at school

G21 _____ Number of weeks

8a. Do any members of the CU frequently eat meals or snacks in cafeterias, restaurants, cafes, drive-ins, or other such places?

Yes
 No - Skip to item 8c

G22 \$ _____ .00

b. What is the usual weekly expense for all members?

c. Since (date of last interview), have you had any expenses for an occasional dinner, other meal, or snack purchased outside the home? Exclude meals eaten on vacations and other trips

Yes
 No - Skip to item 9a

G23 \$ _____ .00

d. What was the total amount you spent for these?

Part A - Continued

9a. Since (date of last interview), have you or any other members of your CU purchased any alcoholic beverages in restaurants, taverns, or cocktail lounges? Exclude drinks bought on vacations and other trips.

Yes
 No - Skip to item 10a

b. What has been your expense since (date of last interview) for alcoholic beverages in these places?

G24 \$ _____ .00

FOOD PRODUCED AT HOME DURING THE PAST 3 MONTHS

10a. Since (date of last interview), have you frozen or canned any large quantities of food which you produced yourself?

Yes
 No - Skip to item 11a

b. What did you freeze (can)?

c. What quantity was frozen (canned)?

d. About how much would this have cost if you bought it in a store?

G25 \$ _____ .00

11a. Since (date of last interview), have you eaten any fresh food which you raised yourself?

Yes
 No - Skip to item 12a

b. What did you raise?

c. What quantity was eaten?

d. About how much would this have cost if you bought it in a store?

G26 \$ _____ .00

FOOD STAMPS

12a. Since (date of last interview), have you purchased any Federal Food Stamps?

Yes
 No - Skip to item 13a

b. What did you pay for them?

G27 \$ _____ .00

c. What was the value of exchange for the Stamps at the store?

G28 \$ _____ .00 ? Don't know

13a. Since (date of last interview), have you received any free food and beverages through public or private welfare agencies?

Yes
 No - Skip to item 14a

b. About how much was the value of the food received?

G29 \$ _____ .00

14a. Since (date of last interview), have you or any member of your CU received any free meals at work as part of your pay?

Yes
 No - Skip to Part B

b. About what was the weekly value of such meals?

G30 \$ _____ .00

c. How many weeks did you receive such meals?

G31 _____ No. of weeks 99 All weeks

Part B - Other Selected Items

1. Since (date of last interview), have you purchased any of the following items?
If YES - How much did you spend for them?

a. Fertilizers, weed killers, and other pesticides for garden or lawn use

G32 \$ _____ .00 No

b. Phonograph records, tapes, and cassettes not already reported

G33 \$ _____ .00 No

c. Film, including the cost of developing it

G34 \$ _____ .00 No

d. Single admissions to recreational, entertainment, or sporting activities, not included in season or series tickets

G35 \$ _____ .00 No

e. Books, paperbacks, and magazines, not included in subscriptions Exclude school books which are covered in Sec. 20

G36 \$ _____ .00 No

NOTES

~ 1 24 01 6 ~

QUARTER
Q 4

Section 24 - EXPENSE PATTERNS FOR SELECTED SERVICES AND GOODS

DRY CLEANING AND LAUNDRY

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

If YES - How often?

Yes
 No - Skip to item 2a
J01 Week(s) } Every _____ (Number)
J02 Month(s) }

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

J03 \$ _____

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

Yes No - Skip to item 3a

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

J04 \$ _____
J05 Week(s) } Every _____ (Number)
J06 Month(s) }

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

Yes No - Skip to item 4a

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

J07 \$ _____
J08 Week(s) } Every _____ (Number)
J09 Month(s) }

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

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

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

J11 \$ _____
J12 Week(s) } Every _____ (Number)
J13 Month(s) }

PUBLIC TRANSPORTATION

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

(1) Work? J14 _____ None
(2) School? J15 _____
(3) Other places? J16 _____

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

(1) Work? J17 \$ _____
(2) School? J18 \$ _____
(3) Other places? J19 \$ _____

BANKING SERVICES

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

Yes No - Skip to item 7

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

J20 \$ _____
J21 _____ Number of months

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

J22 \$ _____ No

TOBACCO

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

a. Cigarettes? If YES - What is your usual WEEKLY expense? J23 \$ _____ No
b. Cigars? If YES - What is your usual WEEKLY expense? J24 \$ _____ No
c. Pipe or other tobaccos? If YES - What is your usual WEEKLY expense? J25 \$ _____ No

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

J26 \$ _____ None

10. Did any male members buy any hairpieces or toupees in 1973? If YES - What was the cost of all purchases? Dollars and cents

J27 \$ _____ No

HAIR AND SCALP CARE FOR WOMEN AND GIRLS

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

a. Shampoos and sets? J28 \$ _____ None
b. Haircuts? J29 \$ _____ None
c. Other beauty parlor services including care for wigs and other hairpieces? J30 \$ _____ None

12. Did any female members buy any hairpieces or wigs in 1973? If YES - What was the cost of all purchases? Dollars and cents

J31 \$ _____ No

NOTES

QUARTER
Q2

Section 25 - GENERAL HOUSING AND CONSUMER UNIT INFORMATION - Continued

Part B - Selected Characteristics of the Consumer Unit Members

1. INTERVIEWER ITEM	PROCESSING USE ONLY		
	NAME	RELATIONSHIP	LINE NUMBER
Copy the first name, relationship, age, and line number of each CU member 14 years old and over from Section 1. Enter the head of the CU in the first column and the spouse of the head in the second column.			
2a. What is the highest grade (year) of regular school . . . has ever attended?		(HEAD)	(SPOUSE OF HEAD)
CODES Elementary . . . 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 High School . . . 9 - 10 - 11 - 12 College . . . 13 - 14 - 15 - 16 - 17 (or higher)	(K52) <input type="checkbox"/> Never attended - Skip to item 3a _____ Code	(K52) <input type="checkbox"/> Never attended - Skip to item 3a _____ Code	(K51)
b. Did . . . complete that grade (year)?	(K53) <input type="checkbox"/> Yes <input type="checkbox"/> No	(K53) <input type="checkbox"/> Yes <input type="checkbox"/> No	(K51)
3a. Has . . . ever completed a vocational training program? In high school, as an apprentice, in business, nursing, trade, technical, or Armed Forces school	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 4a	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 4a	(K53)
b. What was the main field of training?	(K54) _____ Code	(K54) _____ Code	(K51)
1 - Business office work 2 - Nursing, other health fields 3 - Trade or craft 4 - Engineering or science 5 - Agriculture or home economics 6 - Other - Specify _____	(K55) _____ Weeks <input type="checkbox"/> Did not work - Skip to item 5	(K55) _____ Weeks <input type="checkbox"/> Did not work - Skip to item 5	(K55) _____ Weeks <input type="checkbox"/> Did not work - Skip to item 5
4a. How many weeks did . . . work in 1972, either full time or part time, not counting work around the house?	(K57) _____ (K58) _____	(K57) _____ (K58) _____	(K57) _____ (K58) _____
b. In the job in which . . . received the most earnings in 1972, for whom did he work?	_____ Code If code 3 and not a farm, ask - Is the business incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Code If code 3 and not a farm, ask - Is the business incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Code If code 3 and not a farm, ask - Is the business incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. What kind of business or industry was it?			
d. What kind of work did he do?			
e. Was			
1 - An employee of a PRIVATE company, business, or an individual and working for wages or salary? 2 - A Government employee? (Federal, State, local) 3 - Self-employed in OWN business, professional practice, or farm? 4 - Working WITHOUT PAY in family business or farm?	(K59) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	(K59) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	(K59) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
5. Is . . . retired?	(K57) _____ (K58) _____	(K57) _____ (K58) _____	(K57) _____ (K58) _____
6. During 1972, how much did . . . earn in -			
a. Wages or salary before deductions? Include commissions, tips, Armed Forces pay and allowances	(K60) \$ _____ .00 <input type="checkbox"/> None (K61) \$ _____ .00 <input type="checkbox"/> Loss <input type="checkbox"/> None	(K60) \$ _____ .00 <input type="checkbox"/> None (K61) \$ _____ .00 <input type="checkbox"/> Loss <input type="checkbox"/> None	(K60) \$ _____ .00 <input type="checkbox"/> None (K61) \$ _____ .00 <input type="checkbox"/> Loss <input type="checkbox"/> None
b. NET income from own business or professional practice? . . .	(K62) \$ _____ .00 <input type="checkbox"/> Loss <input type="checkbox"/> None	(K62) \$ _____ .00 <input type="checkbox"/> Loss <input type="checkbox"/> None	(K62) \$ _____ .00 <input type="checkbox"/> Loss <input type="checkbox"/> None
c. NET income from own farm?	(K63) _____ (K64) _____ (K65) _____ (K66) _____	(K63) _____ (K64) _____ (K65) _____ (K66) _____	(K63) _____ (K64) _____ (K65) _____ (K66) _____
OFFICE USE ONLY	IND. CODE OCC. CODE		

NOTES

QUARTER
Q2

Section 25 - GENERAL HOUSING AND CONSUMER UNIT INFORMATION - Continued

Part B - Selected Characteristics of the Consumer Unit Members - Continued

1. INTERVIEWER ITEM	PROCESSING USE ONLY		
	NAME	RELATIONSHIP	AGE
Copy the first name, relationship, age, and line number of each CU member 14 years old and over from Section 1. Enter the head of the CU in the first column and the spouse of the head in the second column.			

	LINE NUMBER	(K51)	(K51)	(K51)
--	-------------	-------	-------	-------

4a. How many weeks did ... work in 1972, either full time or part time, not counting work around the house?

b. In the job in which ... received the most earnings in 1972, for whom did he work?

c. What kind of business or industry was it?

d. What kind of work did he do?

e. Was ... -
1 - An employee of a PRIVATE company, business, or an individual and working for wages or salary?
2 - A Government employee? (Federal, State, local)
3 - Self-employed in OWN business, professional practice, or farm?
4 - Working WITHOUT PAY in family business or farm?

OFFICE USE ONLY	
IND. CODE	OCC. CODE

5. If "Did not work in 1972" and over 50 years old is ... retired?

6. During 1972, how much did ... earn in -

a. Wages or salary before deductions? Include commissions, tips, Armed Forces pay and allowances

b. NET income from own business or professional practice? ...

c. NET income from own farm?

OFFICE USE ONLY	
(K57)	(K58)

(K55)	Weeks	(K55)	Weeks	(K55)	Weeks
0	Did not work - Skip to item 5	0	Did not work - Skip to item 5	0	Did not work - Skip to item 5

(K59)	Code	(K59)	Code	(K59)	Code
1	Yes	2	No	1	Yes
2	No	1	Yes	2	No

(K60)	\$ _____ .00	(K60)	\$ _____ .00	(K60)	\$ _____ .00
1	Loss	1	Loss	1	Loss
2	None	2	None	2	None

NOTES
① Deleted during final review, See CE Processing Note - No. 3, March 30, 1973, p. 2, (F).

	(K63)	(K63)	(K63)
	(K64)	(K64)	(K64)
	(K65)	(K65)	(K65)
	(K66)	(K66)	(K66)

~ 1 25 99 7 ↓

QUARTER
Q2

Section 25 - GENERAL HOUSING AND CONSUMER UNIT INFORMATION - Continued

Part C - Income Other Than Earnings

INTERVIEWER - Record the total amount received by ALL CU members from the following sources.

1. During 1972, did you or any member of your CU receive income from -

a. Dividends, interest, or net rental income?

If YES - What was the total amount received by all CU members?

Yes No
(K76) \$ _____ .00

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

If YES - What was the total amount received by all CU members?

Yes No
(K77) \$ _____ .00

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

If YES - What was the total amount received by all CU members?

Yes No
(K78) \$ _____ .00

d. Regular contributions from persons outside CU?

If YES - What was the total amount received by all CU members?

Yes No
(K79) \$ _____ .00

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

If YES - What was the total amount received by all CU members?

Yes No
(K80) \$ _____ .00

NOTES

Handwritten notes area with multiple horizontal lines for recording information.

QUARTER Q5

Section 26 - WORK EXPERIENCE, INCOME IN 1973, AND OTHER SELECTED ITEMS

1 & 4

INTERVIEWER - Complete items 1-7 for each person before asking item 8. Ask Part A for each CU member 14 years old and over at time of interview (Q5). Ask Parts B and C for the entire CU as a whole.

Part A - Work Experience and Earnings in 1973

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

CU members 14 years old and over

1a. INTERVIEWER ITEM Enter the first name, line number and reference period of each CU member 14 years old and over. Enter the head of the CU in the first column.	PROCESSING USE ONLY		LINE NO./REF. PERIOD	LINE NO.	Ref. period	(HEAD)	LINE NO.	Ref. period	LINE NO.	Ref. period
	IND. CODE	OCC. CODE								
2. How many weeks did ... work in 1973, either full-time or part-time, not counting work around the house? Include paid vacations, paid sick leave, and weeks on active duty in the armed forces.	L02	Number of weeks	L01	L01	L01	L01	L01	L01	L01	L01
3. When working in 1973, did ... usually work full-time 35 hours or more per week or part-time less than 35 hours per week?	L03	1 Full-time 2 Part-time	L03	L03	L03	L03	L03	L03	L03	L03
4a. In the job in which ... received the most earnings in 1973, for whom did ... work? Name of company, business, organization, or other employer.										
b. What kind of business or industry is this? For example: TV and radio mfg., retail shoe store, State Labor Dept., farm.										
c. What kind of work was ... doing? For example: electrical engineer, stock clerk, typist, farmer.										
OFFICE USE ONLY	IND. CODE	OCC. CODE	L04	L04	L04	L04	L04	L04	L04	L04
OFFICE USE ONLY	IND. CODE	OCC. CODE	L05	L05	L05	L05	L05	L05	L05	L05
4d. Was ... CODE 1 - An employee of a PRIVATE COMPANY, a business or an individual and works for wages or salary? 2 - A GOVERNMENT employee? Federal, State, or local 3 - Self-employed in OWN business, professional practice or farm? If code 3 and not a farm - Is the business incorporated? 4 - Working WITHOUT PAY in the family business or farm?	L06	Code	L06	L06	L06	L06	L06	L06	L06	L06
5. During 1973, how much did ... earn in total from - a. Wages or salary excluding Armed Forces pay, before any deductions? Include commissions and tips. b. In 1973, did ... receive from the Armed Forces any - (1) Pay for active or reserve duty? If YES - How much? ... (2) Quarters and subsistence allowance? If YES - How much? 6. During 1973, how much did ... earn in - a. NET income from own farm? If loss, enter the amount and mark loss box. b. NET income from own business or professional practice? If loss, enter the amount and mark loss box. c. If S entry in b - Were any goods or services from your business withdrawn for personal use? d. If YES - What was the value of these goods or services? ... 7a. Was any money added to a self-employed retirement plan? ... b. If YES - How much? ... 8. How much was deducted from ...'s pay in 1973 for - a. Federal income tax? b. State and local income tax? c. Social Security? d. Railroad retirement? e. Government retirement? f. Private pension fund? g. Union dues and assessments? h. Contributions to charities? i. Group life insurance? j. Group health insurance? k. Accident and disability insurance? l. U.S. Savings Bonds? m. Other deductions? - Specify in Notes at end of section ...	L07	1 Yes 2 No	L07	L07	L07	L07	L07	L07	L07	L07
Key Puch ->	L10	1 Loss 2 None	L10	L10	L10	L10	L10	L10	L10	L10
L11	L11	L11	L11	L11	L11	L11	L11	L11	L11	L11
L12	L12	L12	L12	L12	L12	L12	L12	L12	L12	L12
L13	L13	L13	L13	L13	L13	L13	L13	L13	L13	L13
L14	L14	L14	L14	L14	L14	L14	L14	L14	L14	L14
L15	L15	L15	L15	L15	L15	L15	L15	L15	L15	L15
L16	L16	L16	L16	L16	L16	L16	L16	L16	L16	L16
L17	L17	L17	L17	L17	L17	L17	L17	L17	L17	L17
L18	L18	L18	L18	L18	L18	L18	L18	L18	L18	L18
L19	L19	L19	L19	L19	L19	L19	L19	L19	L19	L19
L20	L20	L20	L20	L20	L20	L20	L20	L20	L20	L20
L21	L21	L21	L21	L21	L21	L21	L21	L21	L21	L21
L22	L22	L22	L22	L22	L22	L22	L22	L22	L22	L22
L23	L23	L23	L23	L23	L23	L23	L23	L23	L23	L23
L24	L24	L24	L24	L24	L24	L24	L24	L24	L24	L24
L25	L25	L25	L25	L25	L25	L25	L25	L25	L25	L25
L26	L26	L26	L26	L26	L26	L26	L26	L26	L26	L26
L27	L27	L27	L27	L27	L27	L27	L27	L27	L27	L27
L28	L28	L28	L28	L28	L28	L28	L28	L28	L28	L28
L29	L29	L29	L29	L29	L29	L29	L29	L29	L29	L29

QUARTER Q5

Section 26 - WORK EXPERIENCE, INCOME IN 1973, AND OTHER SELECTED ITEMS

INTERVIEWER: [Name] Ask Part A for each CU member 14 years old and over at time of interview (Q5). Ask Parts B and C for the entire CU as a whole.

Part A - Work Experience and Earnings in 1973

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

CU members 14 years old and over

1a. INTERVIEWER ITEM Enter the first name, line number and reference period of each CU member 14 years old and over.	PROCESSING USE ONLY		LINE NO./REF. PERIOD	
	NAME	LINE NO.	REF. PERIOD	
		L01	1 26 04 5 ↓	
		L01	1 26 05 2 ↓	
		L01	1 26 06 0 ↓	

2. How many weeks did ... work in 1973, either full-time or part-time, not counting work around the house?
Include paid vacations, paid sick leave, and weeks on active duty in the armed forces.

L02 _____ Number of weeks
0 Didn't work - Skip to item 5

3. When working in 1973, did ... usually work full-time 35 hours or more per week or part-time less than 35 hours per week?
L03 1 Full-time
2 Part-time

4a. In the job in which ... received the most earnings in 1973, for whom did ... work? Name of company, business, organization, or other employer.

b. What kind of business or industry is this? For example: TV and radio mfg., retail shoe store, State Labor Dept., farm, ...

c. What kind of work was ... doing? For example: electrical engineer, stock clerk, typist, farmer,

OFFICE USE ONLY	IND. CODE		OCC. CODE	
	L04	L05	L04	L05

4d. Was ... -
CODE
1 - An employee of a PRIVATE COMPANY, a business or an individual and works for wages or salary?
2 - A GOVERNMENT employee? Federal, State, or local
3 - Self-employed in OWN business, professional practice or farm?
If code 3 and not a farm - Is the business incorporated?
4 - Working WITHOUT PAY in the family business or farm?

L06 _____ Code
L07 1 Yes 2 No

5. During 1973, how much did ... earn in total from -
a. Wages or salary excluding Armed Forces pay, before any deductions? (Include commissions and tips)

L08 \$ _____ .00 None

b. In 1973, did ... receive from the Armed Forces any -
(1) Pay for active or reserve duty? If YES - How much? ...
(2) Quarters and subsistence allowance? If YES - How much? ...

L09 \$ _____ .00 No
L10 \$ _____ .00 No

6. During 1972, how much did ... earn in -
a. NET income from own farm?

L11 \$ _____ .00 Loss None
L12 \$ _____ .00 Loss None

b. NET income from own business or professional practice?

L11 \$ _____ .00 Loss None
L12 \$ _____ .00 Loss None

c. If \$ entry in b - Were any goods or services from your business withdrawn for personal use?

Yes No

d. If YES - What was the value of these goods or services? ...

L13 \$ _____ .00

7a. Was any money added to a self-employed retirement plan? ...

Yes No

L14 \$ _____ .00

b. If YES - How much?

L14 \$ _____ .00

8. How much was deducted from ...'s pay in 1973 for -

a. Federal income tax?

L15 \$ _____ .00 None

b. State and local income tax?

L16 \$ _____ .00 None

c. Social Security?

L17 \$ _____ .00 None

d. Railroad retirement?

L18 \$ _____ .00 None

e. Government retirement?

L19 \$ _____ .00 None

f. Private pension fund?

L20 \$ _____ .00 None

g. Union dues and assessments?

L21 \$ _____ .00 None

h. Contributions to charities?

L22 \$ _____ .00 None

i. Group life insurance?

L23 \$ _____ .00 None

j. Group health insurance?

L24 \$ _____ .00 None

k. Accident and disability insurance?

L25 \$ _____ .00 None

l. U.S. Savings Bonds?

L26 \$ _____ .00 None

n. Other deductions? - Specify in Notes at end of section ...

L27 \$ _____ .00 None

L28 _____ L29 _____

QUARTER
Q5

Section 26 - WORK EXPERIENCE, INCOME IN 1973,
AND OTHER SELECTED ITEMS - Continued

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

Part B - Other Income and Cash Receipts in 1973

1. In 1973, did you or any other member of your CU receive income from the following sources?
If YES - What was the total amount received in 1973 by ALL CU members?

a. Social Security and railroad retirement benefits before deduction of insurance premiums under Medicare program (M01) \$ _____ .00 NO

b. Federal Civil Service retirement benefits before deduction for health insurance benefits (M02) \$ _____ .00

c. State and local Civil Service retirement benefits before deduction for health insurance benefits (M03) \$ _____ .00

d. Pensions and retirement pay from private employers, labor unions and other private sources (M04) \$ _____ .00

e. Veteran's compensation and benefits
Military retirement pay, disability pensions, education benefits, insurance benefits, etc. (M05) \$ _____ .00

f. Interest from bonds, savings accounts, loans, mortgages, etc. (M06) \$ _____ .00

g. Dividends from -
(1) Stocks (M07) \$ _____ .00
(2) Mutual funds (M08) \$ _____ .00
(3) Other sources (M09) \$ _____ .00

h. Unemployment insurance from -
(1) Private sources (M10) \$ _____ .00
(2) Public sources (M11) \$ _____ .00

i. Public assistance or public welfare payments, including money received from job training grants such as the Job Corps (M12) \$ _____ .00

j. Regular contributions from persons outside the CU, including child support, alimony, Armed Forces allotments from persons not in CU (M13) \$ _____ .00

k. NET income from roomers and boarders
Gross: \$ _____ .00
Expenses: \$ _____ .00
Net: \$ _____ .00

l. NET income from rented properties and royalties
Gross: \$ _____ .00
Expenses: \$ _____ .00
Net: \$ _____ .00

If loss, enter the amount and mark loss box. (M15) \$ _____ .00 Loss

m. Other money income such as income maintenance payments, workmen's compensation, etc. - Specify in Notes (M18) \$ _____ .00

n. Lump sum inheritances or bequests. After taxes, attorneys' fees and other expenses. (M19) \$ _____ .00

o. Sale of household furnishings, equipment, clothing, jewelry, pets, or other belongings Exclude automobiles and other vehicles (M20) \$ _____ .00

p. Other money received - for example, lump sum settlements from casualty insurance (After attorneys' fees and other expenses) and gifts of cash from persons outside CU Specify in Notes (M21) \$ _____ .00

Part C - Taxes, Contributions, Occupational Expenses

REFUNDS

1. In 1973, did you or any member of your CU receive any refunds from . . . ?
If YES - What was the total amount received in 1973 by ALL CU members?

a. Federal Income tax (M22) \$ _____ .00 NO

b. State and local income tax (M23) \$ _____ .00

c. Overpayment on Social Security (M24) \$ _____ .00

d. Insurance policies (M25) \$ _____ .00

e. Property taxes (M26) \$ _____ .00

f. Other taxes - Specify in Notes (M27) \$ _____ .00

TAXES PAID IN 1973

2. In 1973, did you or any member of your CU pay any . . . ?
If YES - What was the total amount paid in 1973 by ALL CU members?

a. Federal income tax in addition to that withheld from earnings (M28) \$ _____ .00 NO

b. State and local income tax in addition to that withheld from earnings (M29) \$ _____ .00

c. Personal property taxes not reported elsewhere (M30) \$ _____ .00

d. Other taxes not reported elsewhere. Include Social Security tax for the self-employed. - Specify in Notes (M31) \$ _____ .00

GIFTS AND CONTRIBUTIONS

3. In 1973, did you or any member of your CU make any . . . ?
If YES - What was the total amount paid in 1973 by ALL CU members?

a. Cash contributions for support of persons not in the CU, including alimony (M32) \$ _____ .00 NO

b. Gifts of cash, bonds, or stocks to persons not in the CU (M33) \$ _____ .00

c. Contributions to charities, such as United Givers Fund, Red Cross, etc., which were not deducted from pay (M34) \$ _____ .00

d. Contributions to church and other religious organizations, excluding parochial school expenses (M35) \$ _____ .00

e. Contributions to educational organizations (M36) \$ _____ .00

f. Political contributions (M37) \$ _____ .00

g. Other contributions - Specify in Notes (M38) \$ _____ .00

OCCUPATIONAL EXPENSES NOT REPORTED ELSEWHERE

4a. In 1973, did you or any member of your CU have any occupational expenses such as union dues, tools, uniforms, business or professional association dues, licenses, and permits?

Yes
 No - Skip to next section Describe

b. If YES - What were the expenses for and how much were they?

(M39) \$ _____ .00
(M40) \$ _____ .00
(M41) \$ _____ .00
(M42) \$ _____ .00
(M43) \$ _____ .00

NOTES

~~QUARTER~~
~~1973~~

ANNUAL Supplement

~ 1 27 01 9 4

M. D. Carlson

1 of 2

Section 27 - ASSETS AND LIABILITY CHANGES IN 1973 SY

Part A - Changes in Assets

<p>1. On Dec. 31, 1973, what was the total amount you (CU) had in -</p> <p>a. Savings accounts in banks, savings and loan associations, credit unions, and similar accounts?</p> <p>b. Checking accounts, brokerage accounts, and other similar accounts?</p> <p>c. U.S. Savings Bonds?</p>	<p>(N01) \$ _____ .00 <input type="checkbox"/> None</p> <p>(N02) \$ _____ .00 <input type="checkbox"/> None</p> <p>(N03) \$ _____ .00 <input type="checkbox"/> None</p>	<p>5a. Did you purchase any stocks, mutual funds, or bonds in 1973 which you still owned on Dec. 31, 1973?</p> <p>b. What was the total purchase price including broker fees?</p> <p>(N18) \$ _____ .00</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 5c</p> <p>c. Did you sell any such securities in 1973 which you purchased before Jan. 1, 1973?</p> <p>d. What was the net amount received after subtracting broker fees?</p> <p>(N19) \$ _____ .00</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 6a</p> <p>e. Did you sell any such securities in 1973 which you purchased in 1973?</p> <p>f. What was the net amount received from sales after subtracting broker fees?</p> <p>(N20) \$ _____ .00</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 6c</p> <p>g. What was the total cost of the purchase including any broker fees?</p> <p>(N21) \$ _____ .00</p>
<p>2. How does the amount you had at the end of the year compare with the amount you had on Jan. 1, 1973, in -</p> <p>IF MORE or LESS - How much more (less)? ..</p> <p>a. Savings accounts?</p> <p>b. Checking accounts?</p> <p>c. U.S. Savings Bonds?</p>	<p>(N04) <input type="checkbox"/> Same</p> <p>(N05) <input type="checkbox"/> More</p> <p>(N06) <input type="checkbox"/> Less</p> <p>\$ _____ .00</p> <p>(N07) <input type="checkbox"/> Same</p> <p>(N08) <input type="checkbox"/> More</p> <p>(N09) <input type="checkbox"/> Less</p> <p>\$ _____ .00</p> <p>(N10) <input type="checkbox"/> Same</p> <p>(N11) <input type="checkbox"/> More</p> <p>(N12) <input type="checkbox"/> Less</p> <p>\$ _____ .00</p>	<p>6a. Did anyone outside the CU owe money to you or any member of your CU on Dec. 31, 1973?</p> <p>b. Was this about the same, more, or less than the amount owed to you (CU) by persons outside the CU on Jan. 1, 1973?</p> <p>IF MORE or LESS - How much more (less)? ..</p> <p>(N22) <input type="checkbox"/> Same</p> <p>(N23) <input type="checkbox"/> More</p> <p>(N24) <input type="checkbox"/> Less</p> <p>\$ _____ .00</p> <p>c. If NO in item 6a - Did anyone outside the CU owe money to you or any member of your CU on Jan. 1, 1973?</p> <p>(N25) \$ _____ .00</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 7c</p>
<p>3a. During 1973 did you receive settlement on surrender of any insurance policies (life or annuity)?</p> <p>b. How much did you receive?</p> <p>(N13) \$ _____ .00</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 6c</p>	<p>7a. During 1973, did you make any additional investments to your business (farm)?</p> <p>b. How much more did you invest in 1973?</p> <p>(N26) \$ _____ .00</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4a. Did you own any securities such as stocks, mutual funds, or bonds on Dec. 31, 1973? Include private and government bonds, other than U.S. Savings Bonds.</p> <p>b. What was the estimated value of all such securities on Dec. 31, 1973?</p> <p>(N14) \$ _____ .00</p> <p><i>How did this compare with the value of such securities you held on Jan. 1, 1973? ..</i></p> <p>(N15) <input type="checkbox"/> Same</p> <p>(N16) <input type="checkbox"/> More</p> <p>(N17) <input type="checkbox"/> Less</p> <p>\$ _____ .00</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip to item 5a</p>	<p>c. During 1973, did you withdraw any assets from your business (farm)?</p> <p>d. If YES - What was the value of such assets?</p> <p>(N27) \$ _____ .00</p>

NOTES

Blank lines for notes.

QUARTER
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Section 27 - ASSETS AND LIABILITY CHANGES IN 1973 - Continued

Part B - Changes in Liabilities

1. On Dec. 31, 1973, did you or any member of your CU owe any money to ... ?
If YES - What was the total amount you owed on Dec. 31, 1973?

CREDIT SOURCE CODE	YES	NO	
1 - Stores for installment credit accounts	<input type="checkbox"/>	<input type="checkbox"/>	(N28) \$ _____ .00
2 - Banks	<input type="checkbox"/>	<input type="checkbox"/>	(N29) \$ _____ .00
3 - Credit unions	<input type="checkbox"/>	<input type="checkbox"/>	(N30) \$ _____ .00
4 - Finance companies	<input type="checkbox"/>	<input type="checkbox"/>	(N31) \$ _____ .00
5 - Stores on revolving credit accounts	<input type="checkbox"/>	<input type="checkbox"/>	(N32) \$ _____ .00
6 - Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>	(N33) \$ _____ .00
7 - Doctors, dentists, or other medical practitioners	<input type="checkbox"/>	<input type="checkbox"/>	(N34) \$ _____ .00
8 - Others - Specify in Notes	<input type="checkbox"/>	<input type="checkbox"/>	(N35) \$ _____ .00

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

(N36) \$ _____ .00

3. In total, then, you owed about \$ _____ on Dec. 31, 1973,
How did this compare with what you owed in these types of accounts a year ago?
If MORE or LESS - How much more (less)?

(N37) Same
(N38) More } \$ _____ .00
(N39) Less

Part C - Finance Charges

INTERVIEWER { Check codes 1-4 in item 1, Part B. If an amount is entered for any of these codes, determine the number of loans or accounts included in the amount and complete a separate column in Part C for each loan or account. If no amounts are entered for these codes in item 1, Part B, ask item 10, Part C and complete a separate column in Part C for any credit payments made in 1973.

PROCESSING USE ONLY	~ 1 27 03 5 Y →	~ 1 27 04 3 Y →	~ 1 27 05 0 Y →
1. INTERVIEWER ITEM Credit Source Code (From item 1, Part B)	(N51) _____ Code	(N51) _____ Code	(N51) _____ Code
2. What was the outstanding balance on the loan (account) as of Dec. 31, 1973?	(N52) \$ _____ .00	(N52) \$ _____ .00	(N52) \$ _____ .00
3. What was the total amount of the loan (balance of the purchase price on which installment payments were made)?	(N53) \$ _____ .00	(N53) \$ _____ .00	(N53) \$ _____ .00
4. How often are (were) payments made?	(N54) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other - Specify in Notes	(N54) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other - Specify in Notes	(N54) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other - Specify in Notes
5. What was the total number of payments contracted for?	(N55) _____ Number	(N55) _____ Number	(N55) _____ Number
6. How many payments were made in 1973?	(N56) _____ Number	(N56) _____ Number	(N56) _____ Number
7. What was the amount of each payment?	(N57) \$ _____ .00	(N57) \$ _____ .00	(N57) \$ _____ .00
8. When was the first payment made?	(N58) _____ Month _____ Year	(N58) _____ Month _____ Year	(N58) _____ Month _____ Year
9. What is (was) the annual rate of the finance charge? Enter in two decimal places, such as 6.50% for 6½%	(N59) _____ % <input type="checkbox"/> Don't know	(N59) _____ % <input type="checkbox"/> Don't know	(N59) _____ % <input type="checkbox"/> Don't know
OFFICE USE ONLY - Finance Charges	(N60) \$ _____ .00	(N60) \$ _____ .00	(N60) \$ _____ .00
10. During 1973, did you make payments on any (other) loans or installment credit accounts? Complete a separate column for each additional loan or credit account in 1973.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Part C - Additional Entries

PROCESSING USE ONLY	~ 1 27 06 8 Y	~ 1 27 07 6 Y	~ 1 27 08 4 Y
1. INTERVIEWER ITEM Credit Source Code (From item 1, Part B)	(N51) _____ Code	(N51) _____ Code	(N51) _____ Code
2. What was the outstanding balance on the loan (account) as of Dec. 31, 1973?	(N52) \$ _____ .00	(N52) \$ _____ .00	(N52) \$ _____ .00
3. What was the total amount of the loan (balance of the purchase price on which installment payments were made)?	(N53) \$ _____ .00	(N53) \$ _____ .00	(N53) \$ _____ .00
4. How often are (were) payments made?	(N54) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other - Specify in Notes	(N54) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other - Specify in Notes	(N54) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other - Specify in Notes
5. What was the total number of payments contracted for?	(N55) _____ Number	(N55) _____ Number	(N55) _____ Number
6. How many payments were made in 1973?	(N56) _____ Number	(N56) _____ Number	(N56) _____ Number
7. What was the amount of each payment?	(N57) \$ _____ .00	(N57) \$ _____ .00	(N57) \$ _____ .00
8. When was the first payment made?	(N58) _____ Month _____ Year	(N58) _____ Month _____ Year	(N58) _____ Month _____ Year
9. What is (was) the annual rate of the finance charge? Enter in two decimal places, such as 6.50% for 6½%	(N59) _____ % <input type="checkbox"/> Don't know	(N59) _____ % <input type="checkbox"/> Don't know	(N59) _____ % <input type="checkbox"/> Don't know
OFFICE USE ONLY - Finance Charges	(N60) \$ _____ .00	(N60) \$ _____ .00	(N60) \$ _____ .00

MARGIN INDEX

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27

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