

INTRO_TWO

^NAMEFIL_INTROTWO

Some of the questions have already been answered. Let me see where we should begin.

- ◆ Press 1 to continue.
- ◆ Then press END to go to the first unanswered question

1. Enter 1 to continue

INTRO

Supplement on Retirement, Pensions and Related Content

Status: ^STATUS

Cutoff date: ^STOPDATE

- ◆ If the call is OUTGOING:

Am I speaking to ^HHRESP2_SSA?

If the call is INCOMING:

Thank you for returning our call. Am I speaking to ^HHRESP2_SSA?

1. Yes
2. No

WHO_SPEAK

Whom am I speaking with?

- ◆ Pick the line number of the person you are speaking with.

1. First and Last name of people from households who completed a SIPP interview
2. First and Last name of people from households who completed a SIPP interview
3. First and Last name of people from households who completed a SIPP interview
4. First and Last name of people from households who completed a SIPP interview
5. First and Last name of people from households who completed a SIPP interview
6. First and Last name of people from households who completed a SIPP interview
7. First and Last name of people from households who completed a SIPP interview
8. First and Last name of people from households who completed a SIPP interview

9. First and Last name of people from households who completed a SIPP interview
10. First and Last name of people from households who completed a SIPP interview
11. First and Last name of people from households who completed a SIPP interview
12. First and Last name of people from households who completed a SIPP interview
13. First and Last name of people from households who completed a SIPP interview
14. First and Last name of people from households who completed a SIPP interview
15. First and Last name of people from households who completed a SIPP interview
16. First and Last name of people from households who completed a SIPP interview
17. First and Last name of people from households who completed a SIPP interview
18. First and Last name of people from households who completed a SIPP interview
19. First and Last name of people from households who completed a SIPP interview
20. First and Last name of people from households who completed a SIPP interview
55. Person you are speaking with is not on the list
56. No eligible person is available

TALK_NOW

We are conducting a survey on behalf of the Social Security Administration. A sample of households, including yours, was selected from those that participated in the Census Bureau's Survey of Income and Program Participation (SIPP) in ^PWAVE_INTMONTH of this year.

Are you available to speak with me now?

◆ Ask the respondent if he/she received the advance letter. If no, read the letter to the respondent before proceeding.

1. Yes
2. No

EXPLAIN

This survey is a followup to the SIPP survey that was conducted in this household in ^PWAVE_INTMONTH. Today I only want to speak with those people who completed an interview during our previous visit.

◆ Provide this information only if prompted by the person: **During the next SIPP interview we will include people who have joined the household since the previous SIPP interview.**

◆ Enter 1 to continue.

1. Enter 1 to continue

WHO_AVAIL *talk to Johanna about text for 1 person held*

Are any of the following people ♦ [Read name\(s\)](#) available to speak with me now?

♦ Ask if necessary: Who is available?

♦ Select the available person.

♦ If nobody is currently available, then select answer category 56.

1. First and Last name of people from households who completed a SIPP interview
2. First and Last name of people from households who completed a SIPP interview
3. First and Last name of people from households who completed a SIPP interview
4. First and Last name of people from households who completed a SIPP interview
5. First and Last name of people from households who completed a SIPP interview
6. First and Last name of people from households who completed a SIPP interview
7. First and Last name of people from households who completed a SIPP interview
8. First and Last name of people from households who completed a SIPP interview
9. First and Last name of people from households who completed a SIPP interview
10. First and Last name of people from households who completed a SIPP interview
11. First and Last name of people from households who completed a SIPP interview
12. First and Last name of people from households who completed a SIPP interview
13. First and Last name of people from households who completed a SIPP interview
14. First and Last name of people from households who completed a SIPP interview
15. First and Last name of people from households who completed a SIPP interview
16. First and Last name of people from households who completed a SIPP interview
17. First and Last name of people from households who completed a SIPP interview
18. First and Last name of people from households who completed a SIPP interview
19. First and Last name of people from households who completed a SIPP interview
20. First and Last name of people from households who completed a SIPP interview
55. Person you are speaking with is not on the list
56. No eligible person is available

STILL_LIVE *talk to Johanna about text for 1 person held*

Do any of the following people still live at this address?

♦ [Read name\(s\)](#).

(Heading: [Final SSA Roster](#)) Display the first and last name of all people age 15+ on the final household roster from the SIPP-EHC.

1. Yes

2. No

REASON_LEFT

Why did **^THIS THESE PEOPLE** leave the household?

◆ [Read answer categories.](#)

1. ENTIRE household is deceased
2. ENTIRE household is institutionalized or in other group quarters (e.g., nursing home, hospital, correctional facility)
3. ENTIRE household on active duty in the Armed Forces
4. ENTIRE household moved outside of U.S.
5. ENTIRE household moved to unknown location
6. Reason unknown

BEGIN

We will begin the interview with questions that verify who lives here and their ages. Then I will ask you questions about personal retirement plans, your current employment situation, pensions, your marital history and any disabilities you may have. After that, I'll also interview anyone else who lives here who was interviewed as part of the Survey of Income and Program Participation (SIPP).

◆ [Enter 1 to continue.](#)

1. Enter 1 to continue

VERIFY_ADDRESS

? [F1]

I have your address listed as:

Current Address: Display the household address using the following format:

`^I_HNO ^I_HNOSUF ^I_STRNAME
^I_UNITDES
^I_GQUNITINFO
^I_NONCITYADD
^I_PHYSDES
^I_PO, ^I_ST ^I_ZIP5-^I_ZIP4
^I_BLDGNAME`

(Is this your correct address?)

1. YES, address is correct as listed
2. NO, address is incorrect and requires changes

CTRLNUM

****NON-DISPLAYED ITEM****

NEW_HNO

? [F1]

◆ Enter the correct House Number or press ENTER for Same.

NEW_HNOSUF

? [F1]

◆ Enter the correct House Number Suffix or press ENTER for Same.

NEW_STRNAME

? [F1]

◆ Enter the correct Street Name or press ENTER for Same.

NEW_UNITDES

? [F1]

◆ Enter the correct Apartment/Unit Number or press ENTER for Same.

NEW_GQUNITINFO

? [F1]

◆ Enter the correct GQ Unit Information or press ENTER for Same.

NEW_NONCITYADD

? [F1]

◆ Enter the correct Non-City Style Address or press ENTER for Same.

◆ Enter a P.O. Box here.

NEW_PHYSDES

? [F1]

◆ Enter the correct Physical Description or press ENTER for Same.

NEW_PO

? [F1]

◆ Enter the correct Locality or press ENTER for Same.

NEW_ST

? [F1]

◆ Enter the correct State Abbreviation or press ENTER for Same.

AL. Alabama

AK. Alaska

AZ. Arizona

AR. Arkansas

CA. California

CO. Colorado

CT. Connecticut

DC. District of Columbia

DE. Delaware

FL. Florida

GA. Georgia

HI. Hawaii

ID. Idaho

IL. Illinois

IN. Indiana

IA. Iowa

KS. Kansas

KY. Kentucky

LA. Louisiana

ME. Maine
MD. Maryland
MA. Massachusetts
MI. Michigan
MN. Minnesota
MS. Mississippi
MO. Missouri
MT. Montana
NE. Nebraska
NV. Nevada
NH. New Hampshire
NJ. New Jersey
NM. New Mexico
NY. New York
NC. North Carolina
ND. North Dakota
OH. Ohio
OK. Oklahoma
OR. Oregon
PA. Pennsylvania
RI. Rhode Island
SC. South Carolina
SD. South Dakota
TN. Tennessee
TX. Texas
UT. Utah
VT. Vermont
VA. Virginia
WA. Washington
WV. West Virginia
WI. Wisconsin
WY. Wyoming

NEW_ZIP5

? [F1]

◆ Enter the correct Zip Code or press ENTER for Same.

NEW_ZIP4

? [F1]

◆ Enter the correct 4-Digit Zip Code or press ENTER for Same.

NEW_BLDGNAME

? [F1]

◆ Enter the correct Building Name or press ENTER for Same.

VERIFY_MAILADDR

? [F1]

Is this also your mailing address?

1. Yes
2. No

CTRLNUM

****NON-DISPLAYED ITEM****

NEW_MHNO

? [F1]

◆ Enter the correct House Number for the mailing address or press ENTER for Same.

NEW_MHNOSUF

? [F1]

◆ Enter the correct House Number Suffix for the mailing address or press ENTER for Same.

NEW_MSTRNAME

? [F1]

◆ Enter the correct Street Name for the mailing address or press ENTER for Same.

NEW_MUNITDES

? [F1]

◆ Enter the correct Apartment/Unit Number for the mailing address or press ENTER for Same.

NEW_GQUNITINFO

? [F1]

◆ Enter the correct GQ Unit Information for the mailing address or press ENTER for Same.

NEW_MNONCITYADD

? [F1]

◆ Enter the correct Non-City Style Address for the mailing address or press ENTER for Same.

◆ Enter a P.O. Box here.

NEW_MPO

? [F1]

◆ Enter the correct Locality of the mailing address or press ENTER for Same.

NEW_MST

? [F1]

◆ Enter the correct State Abbreviation of the mailing address or press ENTER for Same.

AL. Alabama

AK. Alaska

AZ. Arizona

AR. Arkansas

CA. California

CO. Colorado

CT. Connecticut

DC. District of Columbia

DE. Delaware

FL. Florida

GA. Georgia

HI. Hawaii

ID. Idaho

IL. Illinois
IN. Indiana
IA. Iowa
KS. Kansas
KY. Kentucky
LA. Louisiana
ME. Maine
MD. Maryland
MA. Massachusetts
MI. Michigan
MN. Minnesota
MS. Mississippi
MO. Missouri
MT. Montana
NE. Nebraska
NV. Nevada
NH. New Hampshire
NJ. New Jersey
NM. New Mexico
NY. New York
NC. North Carolina
ND. North Dakota
OH. Ohio
OK. Oklahoma
OR. Oregon
PA. Pennsylvania
RI. Rhode Island
SC. South Carolina
SD. South Dakota
TN. Tennessee
TX. Texas
UT. Utah
VT. Vermont
VA. Virginia
WA. Washington
WV. West Virginia
WI. Wisconsin
WY. Wyoming

NEW_MZIP5

? [F1]

- ◆ Enter the correct Zip Code of the mailing address or press ENTER for Same.

NEW_MZIP4

? [F1]

- ◆ Enter the correct 4-Digit Zip Code of the mailing address or press ENTER for Same.

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

PREROST

- ◆ This screen is required to set an internal instrument code.
- ◆ Enter 1 to continue.

1. Enter 1 to continue

PERSTAT

^QSTNTXT_PERSTAT

- ◆ If 'YES', use arrow keys to move to the correct person and enter a 0 to indicate the person is still a member of the household.
- ◆ If 'NO', use arrow keys to move to the correct person and enter the main reason for the membership change.

0. Person is still a household member
1. Deceased
2. Institutionalized or in other group quarters (e.g., nursing home, hospital, correctional facility)
3. On active duty in the Armed Forces
4. Moved outside of U.S.

5. Marital-status reasons (e.g., marriage, civil union, partnership, cohabitation, separation or divorce)
6. Job-related reasons
7. Attending college or boarding school, or other educational reason
8. Other family changes (e.g., change in custody, child moves out on his own,)
9. Other

ROST_FNAME

? [F1]

- ◆ Make only minor corrections to the person's first name.
- ◆ Press enter if the person's first name is correct.
- ◆ If the respondent indicates there are other people living in the household that are not already included on the roster, use the help screen to provide the respondent with an explanation of who is eligible to be interviewed.

ROST_MNAME

- ◆ Make only minor corrections to the person's middlename.
- ◆ Press enter if the person's middlename is correct.

ROST_LNAME

- ◆ Make only minor corrections to the person's lastname.
- ◆ Press enter if the person's lastname is correct.

ROST_ONAME

- ◆ Make only minor corrections to the person's maiden/othername.
- ◆ Press enter if the person's maiden/othername is correct.

CTRLNUM

****NON-DISPLAYED ITEM****

MOVER_LNO

****NON-DISPLAY ITEM****

WHOELSE

◆ Ask if necessary.

Did any of the following people ◆ Read name(s) move with ^MOVERNAME_FIL to the same address?

◆ Mark all that apply.

◆ If none of the people listed below moved together, then mark 0.

◆ If the person doesn't know (or refuses to answer) who moved with ^MOVERNAME_FIL to the same address, then select all the names listed below.

0. No one else moved to same new address
1. See Special Instructions
2. See Special Instructions
3. See Special Instructions
4. See Special Instructions
5. See Special Instructions
6. See Special Instructions
7. See Special Instructions
8. See Special Instructions
9. See Special Instructions
10. See Special Instructions
11. See Special Instructions
12. See Special Instructions
13. See Special Instructions
14. See Special Instructions
15. See Special Instructions
16. See Special Instructions
17. See Special Instructions
18. See Special Instructions
19. See Special Instructions
20. See Special Instructions
21. See Special Instructions
22. See Special Instructions
23. See Special Instructions
24. See Special Instructions

25. See Special Instructions

MOVE_TELENO

What is the telephone number for ^MOVERTENSE_FIL?

MOVE_ADDR_YN

^QSTNTXT_MOVERADDR

1. Enter new address
2. Don't know/Address not available yet

SSA_HHRESP

Who is the primay point of contact for this household?

♦ [Read names if necessary.](#)

1. See Special Instructions
2. See Special Instructions
3. See Special Instructions
4. See Special Instructions
5. See Special Instructions
6. See Special Instructions
7. See Special Instructions
8. See Special Instructions
9. See Special Instructions
10. See Special Instructions
11. See Special Instructions
12. See Special Instructions
13. See Special Instructions
14. See Special Instructions
15. See Special Instructions
16. See Special Instructions
17. See Special Instructions
18. See Special Instructions
19. See Special Instructions
20. See Special Instructions

CTRLNUM

****NON-DISPLAYED ITEM****

MOVER_LNO

****NON-DISPLAY ITEM****

MOVE_HNO

? [F1]

What is the new address for ^MOVERTENSE_FIL?

◆ Enter the House Number.

MOVE_HNOSUF

? [F1]

(What is the new address for ^MOVERTENSE_FIL?)

◆ Enter the House Number Suffix.

MOVE_STRNAME

? [F1]

(What is the new address for ^MOVERTENSE_FIL?)

◆ Enter the Street Name.

MOVE_UNITDES

? [F1]

(What is the new address for ^MOVERTENSE_FIL?)

◆ Enter the Apartment/Unit Number.

MOVE_COUNTY

? [F1]

(What is the new address for ^MOVERTENSE_FIL?)

◆ Enter the County.

MOVE_PO

? [F1]

(What is the new address for ^MOVERTENSE_FIL?)

◆ Enter the City.

MOVE_ST

? [F1]

(What is the new address for ^MOVERTENSE_FIL?)

◆ Enter the State.

AL. Alabama
AK. Alaska
AZ. Arizona
AR. Arkansas
CA. California
CO. Colorado
CT. Connecticut
DC. District of Columbia
DE. Delaware
FL. Florida
GA. Georgia
HI. Hawaii
ID. Idaho
IL. Illinois
IN. Indiana
IA. Iowa
KS. Kansas
KY. Kentucky
LA. Louisiana
ME. Maine

MD. Maryland
MA. Massachusetts
MI. Michigan
MN. Minnesota
MS. Mississippi
MO. Missouri
MT. Montana
NE. Nebraska
NV. Nevada
NH. New Hampshire
NJ. New Jersey
NM. New Mexico
NY. New York
NC. North Carolina
ND. North Dakota
OH. Ohio
OK. Oklahoma
OR. Oregon
PA. Pennsylvania
RI. Rhode Island
SC. South Carolina
SD. South Dakota
TN. Tennessee
TX. Texas
UT. Utah
VT. Vermont
VA. Virginia
WA. Washington
WV. West Virginia
WI. Wisconsin
WY. Wyoming

MOVE_ZIP5

? [F1]

(What is the new address for ^MOVERTENSE_FIL?)

◆ Enter the Zip Code.

MOVE_ZIP4

? [F1]

(What is the new address for ^MOVERTENSE_FIL?)

◆ Enter the 4-Digit Zip Code.

NO_SPAWN_WARNING

◆ No spawn will be created because this is a 'grandchild' case. Please contact your supervisor for further instructions.

◆ Enter 1 to continue to the next screen.

1. Enter 1 to continue

MOVER_WARNING

◆ WARNING: A mover will be spawned from this case. Enter 1 to continue.

1. Enter 1 to continue

CTRLNUM

NON-DISPLAYED ITEM

LNO

NON-DISPLAYED ITEM

SEX

◆ Ask if not apparent.

^C_AREIS ^TEMPNAME male or female?

1. Male
2. Female

DOB_BMONTH

^ASKORVERIFY

What is ^PTEMPNAME date of birth?

◆ Enter month.

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

DOB_BDAY

(What is ^PTEMPNAME date of birth?)

◆ Enter day.

DOB_BYEAR

(What is ^PTEMPNAME date of birth?)

◆ Enter year.

WHICH_AGE

^C_AREIS ^PTEMPNAME now?

1. ^AGEX or
2. ^AGEX+1 years old?
3. Neither is correct

AGEGES *check skip for underage*

? [F1]

How old would you say ^TEMPNAME ^AREIS?

◆ Enter best estimate of age.

AGE_RANGE

Is ^NAMEFIL less than 1 years old; between 1 and 14 years old; between 15 and 17 years old; between 18 and 20 years old; between 21 and 24 years old; between 25 and 54 years old; between 55 and 72 years old; between 73 and 79 years old; or 80 years old and over?

◆ Because many of the items in this instrument are age-specific, it is very important to get an estimate of the person's age. Probe if the person is still unsure or hesitant to provide a response.

◆ As a last resort, enter your best estimate of ^NAMEFIL age.

1. < 1
2. 1 - 14
3. 15 - 17
4. 18 - 20
5. 21 - 24
6. 25 - 54
7. 55 - 72
8. 73 - 79
9. 80+

ARMED_FORCES

^C_AREIS ^TEMPNAME currently on active duty in the U.S. Armed Forces?

1. Yes
2. No

UNDERAGE

◆ You reported that the entire household is under 15. Since no one in the household is 15 years of age or older, the household will not be interviewed.

◆

Enter 1 to continue.

1. Enter 1 to continue

NEXT_ADULT_INT

^QSTNTXT_NEXTADLTINT

1. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
2. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
3. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
4. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
5. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
6. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
7. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
8. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
9. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
10. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
11. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
12. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
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14. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
15. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
16. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
17. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
18. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
19. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
20. Display the LNO FNAME and LNAME where PSTATUS(INT_STATUS) = <>
99. No more people with an incomplete interview

INT_TYPE

^QSTNTXT_INTTYPE

1. Self
2. Proxy - Another person is able to complete the interview
3. TYPE Z - Not available during the entire interview period

PROXY_INT



Ask if necessary.

Who will be answering for ^PROXY_INT_NAMEFIL?

1. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
2. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
3. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
4. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
5. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
6. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
7. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
8. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
9. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
10. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
11. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
12. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
13. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
14. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
15. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
16. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
17. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
18. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
19. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15
20. Display the LNO, ROST_FNAME, ROST_LNAME where SSAAGE >= 15

PROXY_NAME *DELETE*

Ask if necessary.

Who will be answering for ^PROXY_INT_NAMEFIL?

◆ Enter the proxy's full name.

PROXY_REL *DELETE*

What is your relationship to ^PROXY_INT_NAMEFIL?

1. Opposite sex husband/wife/spouse
2. Opposite sex unmarried partner
3. Same sex husband/wife/spouse
4. Same sex unmarried partner

5. Child
6. Grandchild
7. Parent
8. Sibling
9. Parent/Child In-law (mother/father, son/daughter in-law)
10. Brother/Sister in-law
11. Aunt/Uncle, Niece/Nephew
12. Other relative
13. Foster Child
14. Housemate/Roommate
15. Roomer/Boarder
16. Other non-relative
17. Current or former opposite sex husband/wife/spouse
18. Current or former opposite sex unmarried partner
19. Current or former same sex husband/wife/spouse
20. Current or former same sex unmarried partner

CONSENT_RECORD

This interview may be recorded for quality control purposes. Is that O.K.?

1. Yes
2. No

WHY_TYPEZ

Why is ^INT_PERSON_NAMEFIL not available to be interviewed? Is ^HESHE ill or in the hospital, temporarily away from home, or is there some other reason?

1. Person was ill or in the hospital
2. Person was temporarily away from home
3. Other

TYPEZ_SPECIFY

What is the other reason?

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

RETIREMENT_INTRO

In this section of the interview, I will first ask you questions about ALL retirement accounts (IRA or Keogh accounts; 401k, 403b, 503b, or thrift plans) that ^TEMPNAME may have owned between January 1st and the end of December, 2013. Then I will ask about ^PTEMPNAME current work situation (as of today), and I'll also ask some detailed questions on retirement plans that ^TEMPNAME ^OWNOWNS through ^HISHER current employer or business, and retirement plans from previous jobs.

1. Enter 1 to continue

IRAKEOGHPRE

? [F1]

Next are a couple of questions about retirement accounts. At any time in ^CALENDAR_YEAR , did ^TEMPNAME own any Individual Retirement Accounts (IRAs) or Keogh accounts?

1. Yes
2. No

IRAKEOGHCONT

^IRAKEOGHFILL

1. Yes
2. No
3. Did not own IRA or Keogh

IRAKEOGHTAXDEF

Are ^PTEMPNAME contributions to ^HISHER YOUR IRA or Keogh accounts tax-deferred?

1. Tax deferred
2. Not tax deferred
3. Both

IRAKEOGHAMT

How much were contributions to ^PTEMPNAME IRA or Keogh accounts in ^CALENDAR_YEAR?

IRAKEOGHWDL

Did ^PTEMPNAME receive any distributions from ^HISHERYOUR IRA or Keogh accounts in ^CALENDAR_YEAR?

1. Yes
2. No

IRAKEOGHREC

How much did ^PTEMPNAME receive from ^HISHERYOUR IRA or Keogh accounts in ^CALENDAR_YEAR?

401PRE

? [F1]

The next few questions are about 401k, 403b, 503b, or thrift plans.

Did ^PTEMPNAME participate in any 401k, 403b, 503b, or thrift plans in ^CALENDAR_YEAR?

1. Yes
2. No

401CONT

^401FILL

1. Yes
2. No
3. Did not own 401k/403b/thrift

401AMT

How much were contributions to ^PTEMPNAME 401k, 403b, 503b, or thrift plans in ^CALENDAR_YEAR?

401DIST

Did ^TEMPNAME receive any distributions in ^CALENDAR_YEAR from ^HISHERYOUR 401k, 403b, 503b, or thrift plans?

1. Yes
2. No

401REC

How much did ^TEMPNAME receive in ^CALENDAR_YEAR from ^HISHERYOUR 401k, 403b, 503b, or thrift plans?

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

JBBSFLAG

****NON-DISPLAYED ITEM****

JOBNUM

****NON-DISPLAYED ITEM****

JOBID

****NON-DISPLAYED ITEM****

EMPLOY_INTRO

In this section of the interview, I will ask you about ^PTEMPNAME current work situation.

[Enter 1 to continue.](#)

1. Enter 1 to continue

VERIFY_JBBS

I'm showing that in ^PWAVE_INTMONTH of this year, ^TEMPNAME ^WASWERE working at ♦
Read answer list. ^VERIFYJBBS

♦ Do not read answer choice 4.

♦ Mark all that apply.

1. ^JBBSNAMEFIL
2. ^JBBSNAMEFIL
3. ^JBBSNAMEFIL
4. Currently not working at any of the above job(s)

NEW_JBBS

^NEWJBBSFILL

1. Yes
2. No

NEWJBBS_INTRO

Now I'm going to ask you questions about this current job or business.

If ^TEMPNAME ^HAVHAS more than one additional job or business, first tell me about the job or business ^TEMPNAME ^HAVHAS worked at for the longest length of time. Then, I'll ask about the job or business ^HESHE ^HAVHAS had for the second longest length of time.

♦ Enter 1 to continue.

1. Enter 1 to continue

CTRLNUM

NON-DISPLAYED ITEM

LNO

****NON-DISPLAYED ITEM****

JBORSE

? [F1]

^JBORSEFIL

1. employer
- 2 . self-employed (owns a business)
3. other work arrangement

CONCHK

?[F1]

^C_DODOES ^TEMPNAME have a definite arrangement with one or more employers to work on an ongoing basis?

1. Yes
2. No

EMPBSNAME

? [F1]

^EMPBSNAMEFIL

STARTJAN

Did ^TEMPNAME begin this JOBBUS in January ^CALENDAR_YRFIL?

1. Yes
2. No

BEGJBBS_MO

In what month did ^HESHE start at ^EMPNAME?

◆ Enter month.

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

BEGJBBS_YR

In what year did ^HESHE start at ^EMPNAME?

◆ Enter 4-digit year.

CLWRK

****NON-DISPLAYED ITEM****

KINDG

****NON-DISPLAYED ITEM****

KNDIN

****NON-DISPLAYED ITEM****

TYPIN

****NON-DISPLAYED ITEM****

JOBHRS

? [F1]

^PWAVE_JBHS

^JOBHRSFILL

ANYMOREJBBS

^C_DODOES^TEMPNAME currently do any other paid workthat you have not yet told me about?

1. Yes
2. No

JOB_COUNT

NON-DISPLAYED ITEM

BUS_COUNT

NON-DISPLAYED ITEM

TOTAL_JBBS_CNT

NON-DISPLAYED ITEM

PR1_RMNJBBS

You said ^TEMPNAME currently ^WORKWORKS for ^JBFIL1 AND ^OWNOWNS ^BSFIL1. Is
^PTEMPNAME primary source of work-related income from ^JBFIL2 or from ^BSFIL2?

1. Job
2. Business

CALC_MAINJB_MAINBS

NON-DISPLAYED ITEM

MAINJB_ASK

I recorded that ^TEMPNAME^AREIS currently employedby [♦Read answer list](#) . Which of these
jobs^DODOES^TEMPNAME considerto be ^HISHERYOUR main job?

1. ^ALLJBBSNAME
2. ^ALLJBBSNAME
3. ^ALLJBBSNAME
4. ^ALLJBBSNAME
5. ^ALLJBBSNAME

MAINBS_ASK

I recorded that ^TEMPNAME currently^OWNOWNS [♦ Read answer list](#) . Which of these businesses produce the highest earnings before expenses as of today?

1. ^ALLJBBSNAME
2. ^ALLJBBSNAME
3. ^ALLJBBSNAME
4. ^ALLJBBSNAME
5. ^ALLJBBSNAME

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

MAIN_INTRO

The next few questions are about ^JBNAME.

[Enter 1 to continue.](#)

1. Enter 1 to continue

CLWRK

[? \[F1\]](#)

Currently is ^JBNAME:

[♦ Read answer list.](#)

1. a government organization, including the Armed Forces
2. a private, for-profit company
3. a non-profit organization, including tax-exempt and charitable organizations

KINDG

? [F1]

What type of government ^DODOES ^TEMPNAME work for now?

◆ [Read answer list](#)

1. Federal Military Departments (CIVILIAN ONLY) (ex. Dept. of Defense, Dept. of Army, and other military departm
2. All other Federal Departments (CIVILIAN ONLY)
3. State Government
4. Local Government
5. U.S. Armed Forces (ACTIVE DUTY ONLY)

KNDIN

? [F1]

Currently, what kind of business or industry or organization is this?

◆ [Read if necessary: What do they make or do where ^TEMPNAME ^WORKWORKS?](#)

TYPIN

? [F1]

Is this kind of business or industry or organization mainly ---

◆ [Read answer list](#)

◆ [Read if necessary: Currently, at the location where ^TEMPNAME ^WORKWORKS, what is this ^EMPBUSPOS primary activity?](#)

1. Manufacturing
2. Wholesale trade
3. Retail trade

4. Service
5. Or something else (agriculture, construction, government, etc.)

KNDWK

? [F1]

What kind of work ^DODOES ^TEMPNAME do currently, that is, what is ^HISHERYOUR occupation at ^JBNAME?

(For example: bookkeeper, plumber, registered nurse)

ACTVT

? [F1]

What are ^PTMPNAME usual activities at ^JBNAME?

(For example: keeping account books, repairing pipes, patient care)

UNION

? [F1]

At ^JBNAME, ^AREIS ^TEMPNAME a member of either a labor union or an employee association like a union?

1. Yes
2. No

CNTRC

? [F1]

^C_AREIS ^TEMPNAME covered by either a union contract or something like a union contract?

1. Yes
2. No

PR2_EMPLOC

Does ^JBNAME operate in more than one location?

1. Yes
2. No

PR3_TOTEMPL

About how many people are employed by ^JBNAME at all locations?

1. Less than 10
2. 10 to 25
3. 26 to 50
4. 51 to 100
5. 101 to 200
6. 201 to 500
7. 501 to 1000
8. Greater than 1000

PR4_HEREEMPL

Thinking about the location where ^TEMPNAME ^WORKWORKS, about how many people are employed there by ^JBNAME?

1. Less than 10
2. 10 to 25
3. 26 to 50
4. 51 to 100
5. 101 to 200
6. 201 to 500
7. 501 to 1000
8. Greater than 1000

PR4A_BUSTOTL

About how many people, including ^TEMPNAME, are employed by ^JBNAME?

1. 1 (Only self)
2. 2 to 9
3. 10 to 25
4. 26 to 50

5. 51 to 100
6. 101 to 200
7. 201 to 500
8. 501 to 1000
9. Greater than 1000

PR5_WKSYEAR

During the last 12 months, how many weeks did ^TEMPNAME usually work at ^JBNAME?
Include paid vacation and sick leave as work time.

PR6A_NUMYEAR

How long ^HAVHAS ^TEMPNAME been working for ^JBNAME?

♦ Answer in months or years. Enter "1" for less than 1 month.

PR6B_MTHYEAR

(Is this months or years?)

1. Months
2. Years

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

INCOME_TYPE

What type of disability, retirement, or survivor income ^DODOES ^TEMPNAME currently receive?

♦ Read list.

♦ Mark all that apply.

1. Pension from a company or union including income from a profit-sharing plan

2. Federal Civil Service or other Federal Civilian employee pension
3. State government pension
4. Local government pension
5. Military retirement pay
6. National Guard or Reserve Forces retirement
7. Some other type of disability, retirement, or survivor income
8. Does not receive any disability, retirement , or survivor income

LUMPSUM

As of last month, did ^TEMPNAME receive any lump sum payments from a pension or retirement plan?

1. Yes
2. No

SEVERANCE

As of last month, did ^TEMPNAME receive any severance pay?

1. Yes
2. No

ROLLOVR1

Did ^TEMPNAME re-invest or roll-over any of the money into an IRA or some other kind of retirement plan?

1. Yes
2. No

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

PR7_PENSION_YN

^PENSIONINTRO_FIL

Does ^JBNAME have any kind of pension or retirement plans for anyone in ^PTEMPNAME company or organization?

1. Yes
2. No

PR8_INCPENS

^C_AREIS^TEMPNAME included in such a plan?

1. Yes
2. No

PR9_RNOINCA

Why ^AREIS ^TEMPNAME not included?

[Read answer categories if necessary.](#)

◆ [Mark all that apply.](#)

1. No one in my type of job is allowed in the plan
2. Don't work enough hours, weeks or months per year
3. Haven't worked long enough for this employer
4. Started job too close to retirement date
5. Too young
6. Can't afford to contribute
7. Don't want to tie up money
8. Employer doesn't contribute or contribute enough
9. Don't plan to be in job long enough
10. Don't need it
11. Have an IRA or other pension plan
12. Spouse has pension plan
13. Haven't thought about it
14. Some other reason

PR10_TAXDEFPEN

Is the plan something like a 401k plan, where workers contribute to the plan and their

contributions are tax deferred?

1. Yes
2. No

PR11_MULTPEN

Some workers participate in more than one retirement plan. For example, they might have a regular pension plan and also have some kind of retirement savings plan.

How many different pension or retirement plans ^DODOES ^TEMPNAME have at ^JBNAME?

PR12_PENTYPE1

?[F1]

^MSTIMPLN

There are several types of retirement plans.

In the first type, ^PTEMPNAME benefit is defined by a formula usually involving ^HISHER earnings and years on the job.

In the second type of plan, contributions made by ^HIMHER and/or ^HISHER employer go into an individual account for ^HIMHER.

The third type of plan shares some characteristics with the above two plans. In this type of plan, ^HISHER employer contributes a value equal to a percent of each of ^HISHER earnings each year and there is a rate of return on that contribution. This type of plan is sometimes called a cash balance plan.

Which type of plan ^AREIS ^HESHE in?

1. Plan based on earnings and years on the job (Defined benefit plan)
2. Individual account plan (Defined contribution plan)
3. Cash Balance Plan

PR13_PENTYPE2

?[F1]

What is ^PTEMPNAME second most important plan on this job?

1. Plan based on earnings and years on the job (Defined benefit plan)

2. Individual account plan (Defined contribution plan)
3. Cash Balance Plan

PR14_PENCONTR1

The following series of questions refer to ^PTMPNAME ^IMPORTANT plan.

^C_DODOES ^HESHE contribute any money to this plan, for example, through payroll deductions?

1. Yes
2. No

PR14A_TAXDEF1

In some plans, like 401k plans, the money ^TEMPNAME ^CONTRIBUTE is tax-deferred. Are ^HISHER contributions to this (most important) plantax-deferred?

1. Yes
2. No

PR14B_RECEN1

^RECBEN1

If ^TEMPNAME ^WASWERE to leave ^JBNAME now or within the next few months, could ^HESHE eventually receive some benefits from this (most important) plan when ^HESHE ^REACH retirement age?

1. Yes
2. No

PR14C_LVLMPS1

If ^TEMPNAME left ^JBNAME now, could ^HESHE get a lump-sum payment from this (most important) plan when ^HESHE left?

1. Yes
2. No

PR15_YRSINCL1

How many years ^HAVHAS ^TEMPNAME been included in this (most important) plan?

PR16A_PENFREEZ1

As of today, are ^PTEMPNAME pension benefits in this (most important) plan increasing with additional earnings and/or years of service, or are ^HISHER benefits no longer increasing?

1. Benefits increasing with additional earnings and/or years of service
2. Benefits no longer increasing

PR17_CONTRB1

How much has ^JBNAME contributed to ^HISHER (most important) plan within the last 12 months?

◆ Enter '0' if ^JBNAME made no contributions.

PR18_TOTAMT1

As of today, what is the total amount of money in ^PTEMPNAME account?

PR19_TOTEST1

What is ^PTEMPNAME best estimate of the amount in ^HISHER account?

1. Less than \$5,000
2. \$5,000 to \$10,000
3. \$10,001 to \$25,000
4. \$25,001 to \$50,000
5. \$50,001 to \$75,000
6. \$75,001 or more

PR20_PENCONTR2

The following series of questions refer to ^PTEMPNAME second most important pension plan.

^C_DODOES ^HESHE contribute any money to this plan, for example, through payroll deductions?

1. Yes
2. No

PR20A_TAXDEF2

In some plans like 401k plans the money ^TEMPNAME ^CONTRIBUTE is tax-deferred. Are ^HISHER contributions to this (second most important) plan tax-deferred?

1. Yes
2. No

PR20B_RECEN2

^RECEN2

If ^TEMPNAME ^WASWERE to leave ^JBNAME now or within the next few months, could ^HESHE eventually receive some benefits from this (second most important) plan when ^HESHE ^REACH retirement age?

1. Yes
2. No

PR20C_LVLMP2

If ^TEMPNAME left ^JBNAME now, could ^HESHE get a lump-sum payment from this (second most important) plan when ^HESHE left?

1. Yes
2. No

PR21_YRSINCL2

How many years ^HAVHAS ^TEMPNAME been included in this (second most important) plan?

PR22A_PENFREEZ2

As of today, are ^PTEMPNAME pension benefits in this (second most important) plan increasing with additional earnings and/or years of service, or are ^HISHER benefits no longer increasing?

1. Benefits increasing with additional earnings and/or years of service
2. Benefits no longer increasing

PR23_CONTRB2

How much has ^JBNAME contributed to ^HISHER (second most important) plan within the last 12

months?

◆ Enter '0' if ^JBNAME makes no contributions.

PR24_TOTAMT2

As of today, what is the total amount of money in ^PTEMPNAME account?

PR25_TOTEST2

What is ^PTEMPNAME best estimate of the amount in ^HISHER account?

1. Less than \$5,000
2. \$5,000 to \$10,000
3. \$10,001 to \$25,000
4. \$25,001 to \$50,000
5. \$50,001 to \$75,000
6. \$75,001 or more

PR26_TAXDEF3

I'd like to make sure about a particular type of retirement plan that allows workers to make tax-deferred contributions. For example, ^TEMPNAME might choose to have ^HISHER employer put part of ^HISHER salary into a retirement savings account and ^HESHE ^DODOES not have to pay taxes on this money until ^HESHE ^RETIRE. These plans are called by different names, including 401k plans, pre-tax plans, salary reduction plans and 403b plans.

Does ^JBNAME offer a plan like this to anyone in ^HISHER company or organization?

1. Yes
2. No

PR27_PARTIC3

^C_AREIS ^TEMPNAME participating in this plan?

1. Yes
2. No

PR28_RNOINCB

Why ^AREIS ^TEMPNAME not included?

Read answer categories if necessary.

Mark all that apply.

1. No one in my type of job is allowed in the plan
2. Don't work enough hours, weeks or months per year
3. Haven't worked long enough for this employer
4. Started job too close to retirement date
5. Too young
6. Can't afford to contribute
7. Don't want to tie up money
8. Employer doesn't contribute or contribute enough
9. Don't plan to be in job long enough
10. Don't need it
11. Have an IRA or other pension plan
12. Spouse has pension plan
13. Haven't thought about it
14. Some other reason

PR28A_MATCHCTR

Does ^JBNAME provide a matching contribution, or contribute to the plan in any other way?

1. Yes
2. No

PR29_FUTUREPT

^C_DODOES ^TEMPNAME expect to start participating in this plan within the next few years?

1. Yes
2. No

PR30_SLFCONT1

^MOSTIMPORPL

How much ^DODOES ^TEMPNAME contribute toward this plan?

◆ Enter '0' if the respondent makes no contributions.

PR30_SLFCONT2

What percent of ^PTEMPNAME salary ^DODOES ^HESHE contribute toward ^HISHER plan?

PR30_SLFCONT3

Is this per week, every two weeks, per month, per quarter or per year?

1. Week
2. Every two weeks
3. Month
4. Quarter
5. Year

PR31_EMPCONT

Does ^JBNAME currently make contributions to this plan?

1. Yes
2. No

PR32_CONTDEP

Does the amount that ^JBNAME contributes to the plan depend entirely, partly, or not at all on the amount ^HESHE ^PUTIN?

1. Depends entirely
2. Depends partly
3. Not at all

PR33_CONT1

How much does ^JBNAME actually contribute to the plan?

◆ Enter '0' if ^JBNAME makes no contributions.

PR33_CONT2

What percent of ^PTEMPNAME salary does ^JBNAME actually contribute to the plan?

PR33_CONT3

Is this per week, every two weeks, per month, per quarter or per year?

1. Week
2. Every two weeks
3. Month
4. Quarter
5. Year

PR33_CONT4

Through what other sources does ^JBNAME contribute to the plan?

1. Contributions out of profits
2. Contribution varies

PR34_INVCHOS

^C_AREIS ^TEMPNAME able to choose how any of the money in the plan is invested?

1. Yes
2. No

PR35_INVALLPT

^C_AREIS ^TEMPNAME able to choose how all of the money is invested, or just part of it?

1. All of the money
2. Part of the money

PR38_TOTAMT3

As of today, what was the total amount of money in ^PTEMPNAME account?

PR39_ESTAMT3

What is ^PTEMPNAME best estimate of the amount in ^HISHER tax-deferred account?

1. Less than \$5,000
2. \$5,000 to \$10,000
3. \$10,001 to \$25,000
4. \$25,001 to \$50,000
5. \$50,001 to \$75,000

6. \$75,001 or more

PR40_PENLOAN

^C_HAVHAS^TEMPNAME ever taken out any money from **^HISHER** plan in the form of a loan?

1. Yes
2. No

PR41_LETLOAN

Does **^PTMPNAME** plan permit **^HIMHER** to take out a loan?

1. Yes
2. No

PR42_LOANBAL

As of today, what is the outstanding balance due from that loan?

PR43_LOANEST

What is **^PTMPNAME** best estimate of the amount of the loan?

[♦ Read answer categories.](#)

1. Less than \$5,000
2. \$5,000 to \$10,000
3. \$10,001 to \$25,000
4. \$25,001 to \$50,000
5. \$50,001 to \$75,000
6. \$75,001 or more

PR44_OTHRPEN

^C_AREIS ^TEMPNAME participating in any pension or retirement plans offered on any other jobs or businesses **^HESHE** currently **^HAVHAS**?

1. Yes
2. No

PR45_PREVPEN

^INTROFIL ^HAVHAS ^TEMPNAME ever been covered by a pension or retirement plan on any previous jobs or businesses?

1. Yes
2. No

PR46_PREVEXP

Are there any previous plans from which **^TEMPNAME ^HAVHAS** not yet received any benefits, but **^EXPECT** to receive them in the future?

1. Yes
2. No

PR47_PREVYRS

How many years did **^TEMPNAME** work on the job from which **^HESHE^EXPECT** to receive this pension?

PR47A_WHENLEFT

In what year did **^TEMPNAME** leave that job?

◆ Enter 4-digit year.

PR48_PREVTYP

Will the amount of **^PTEMPNAME** retirement benefits from that plan be determined by a formula such as one based on **^HISHER** earnings and years of service or will **^HISHER** benefits be based on the total amount of money held in an individual account for **^HIMHER**?

1. Based on a formula
2. Based on the amount of money in the account

PR49_PREVAMT

As of today, what was the total amount of money in **^PTEMPNAME** account?

PR50_PREVEST

What is **^PTEMPNAME** best estimate of the amount of money in **^HISHER** account?

1. Less than \$5,000
2. \$5,000 to \$10,000
3. \$10,001 to \$25,000
4. \$25,001 to \$50,000
5. \$50,001 to \$75,000
6. \$75,001 or more

PR51_PREVWTHDR

Could ^TEMPNAME withdraw this money now, or will ^HESHE have to wait until retirement age to get the money?

- 1 . Could withdraw money now
2. Must wait until retirement

PR52_PREVLUMP

^C_HAVHAS ^TEMPNAME ever received a lump-sum payment from a pension or retirement plan from a previous job, including any lump sums that may have been directly rolled over to another plan or to an IRA?

1. Yes
2. No

PR52A_PREVRLEFT

Why did ^TEMPNAME leave that job?

1. Laid off
2. Retired or old age
3. Child care problems
4. Other family obligations
5. Own illness
6. Own injury
7. School/training
8. Discharged/fired
9. Employer bankrupt
10. Employer sold business
11. Job temporary and ended
12. Quit to take another job
13. Slack work/business conditions

14. Unsatisfactory work arrangements

PR53_SURVLUMP

^C_HAVHAS ^TEMPNAME ever received survivor benefits in the form of a lump-sum payment from someone else's pension or retirement plan?

1. Yes
2. No

PR54_LUMPNUM

Over the years, how many of these lump-sum distributions, including rollovers, **^HAVHAS ^TEMPNAME** received?

PR55_LUMPYEAR

^LUMPYEAR

In what year did **^TEMPNAME** receive this lump sum or rollover?

[Enter 4-digit year.](#)

PR56_LUMPREVYR

Did **^TEMPNAME** also receive any lump-sum payments in **^YR_FIL**?

1. Yes
2. No

PR57_LUMPSRC

^LUMPSRCE from a private employer or union plan, from the military, from other federal employee plans, or from a State or Local government plan?

1. Private employer or union plan
2. Military plan
3. Other federal plans
4. State or Local government
5. Other

PR58_LUMPWHOW

Did ^TEMPNAME withdraw the money voluntarily, or did the plan require ^HIMHER to withdraw it?

1. Voluntarily
2. Required to withdraw

PR59_LUMPTOT

What was the total amount of the lump sum or rollover?

PR60_LUMPEST

What is ^PTEMPNAME best estimate of the lump sum or rollover amount?

1. Less than \$5,000
2. \$5,000 to \$10,000
3. \$10,001 to \$25,000
4. \$25,001 to \$50,000
5. \$50,001 to \$75,000
6. \$75,001 or more

PR61_LUMPREC

Did ^TEMPNAME actually receive the money, or was it directly rolled over into another plan or to an IRA?

1. Actually received
2. Directly rolled over

PR62_LUMPROLL

After receiving the lump-sum payment, did ^TEMPNAME then roll any of the money over into another retirement plan or into an IRA?

1. Yes
2. No

PR63_LUMPWHER

Did ^TEMPNAME roll it over into another plan on ^HISHER job, an individual annuity, an IRA, or some other type of plan?

1. Plan on job
2. Individual annuity
3. IRA
4. Other

PR64_LUMPENT

Did ^TEMPNAME roll over the entire amount or just part of it?

1. Entire amount
2. Partial amount

PR65_LUMPUSE

People who receive lump sums may spend or invest the money in many different ways. How did ^TEMPNAME use the money from the lump sum ^HESHE received?

◆ **Mark all that apply.**

1. Invested in an IRA, annuity, or other retirement program
2. Put it into a savings account or CDs
3. Invested in other financial instruments (stocks, mutual funds, bonds, money market funds)
4. Invested in land, other real properties
5. Invested in own or family business or farm
6. Used for housing (purchase, paid off mortgage, home improvements/repairs)
7. Paid bills, loans, or other debts
8. Bought a car, boat, furniture, or other consumer items
9. Vacation, travel, or recreation
10. Paid expenses while laid off
11. Moving or relocation expenses
12. Medical or dental expenses
13. Paid or saved for education
14. General or everyday expenses
15. Gave to family members or charities
16. Paid taxes
17. Saved for retirement expenses
18. Saved or invested in other ways
19. Spent in other ways

PR66_PENLNTH

Earlier[^]TEMPNAME said [^]HESHE received some pension or retirement income other than Social Security. Will[^]HESHE continue receiving these benefits for the rest of[^]HISHER life, or will it be just a limited number of payments, or was it just a single lump-sum payment?

◆ **Mark all that apply.**

1. Rest of life
2. Limited number of payments
3. Lump-sum payment

PR67_PENMORE

Did[^]TEMPNAME receive this income from more than one pension plan?

1. Yes
2. No

PR68_PENNUMS

How many different plans did [^]TEMPNAME receive this income from?

PR69_PENSRCE

[^]PENSRCE

Does this pension benefit come from a job or business that[^]TEMPNAME held in the past, or does it come from a job or business held by[^]HISHER former spouse?

1. Respondent's former job or business
2. Respondent's former spouse's job or business
3. Other

PR70_PENWHEN

In what year did [^]TEMPNAME begin receiving this pension?

◆ **Enter 4-digit year.**

PR71_PENBASE

Was the amount of this pension payment based on years of service and pay, or on the amount of money held in an individual account for [^]TEMPNAME?

1. Years of service and pay
2. Amount in individual account

PR72_PENSURV

Were reduced benefits taken in order to elect a survivor's option?

1. Yes
2. No
3. No survivor's option offered

PR73_PENINCR

Has the amount of ^PTMPNAME pension ever increased for any reason?

1. Yes
2. No

PR74_PENCOLA

Does ^PTMPNAME pension plan provide for automatic cost-of-living adjustments known as COLA's?

1. Yes
2. No

PR75_PENDECR

Did the amount of ^PTMPNAME pension payment ever decrease for any reason?

1. Yes
2. No

PR76_PENAMT1

How much did ^PTMPNAME receive from this plan each month when ^HESHE first began receiving the pension payment?

PR77_PENAMTNOW

How much ^DODOES ^PTMPNAME currently receive EACH MONTH from this plan?

PR78_LUMPSRCE

Now I have a question about ^PTEMPNAME most recent lump sum payment.

Did this payment come from a job or business ^HESHE held in the past, or did it come from a job or business held by ^HISHER former spouse?

1. Respondent's former job or business
2. Respondent's former spouse's job or business
3. Other

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

MS_POINT

Next are some questions about ^PTEMPNAME marital history.

I have recorded that ^TEMPNAME ^AREIS currently married to ^SPOUSENAME. Is this correct?

1. Yes
2. No

MS_VERIFY

Next are some questions about ^PTEMPNAME marital history.

I'm showing from the last interview that ^TEMPNAME ^WASWERE ^MARITAL_STATUS_FIL. Is that still correct?

1. Yes
2. No

SSA_MS

^MSINTROFIL

What is ^PTEMPNAME current marital status?

1. Married
2. Married, spouse absent -- DO NOT READ
3. Widowed
4. Divorced
5. Separated
6. Never Married

WHO_SPOUSE

Whois ^PTMPNAME spouse?

0. Person's spouse is not a member of the household
1. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
2. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
3. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
4. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
5. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
6. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
7. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
8. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
9. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
10. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
11. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
12. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
13. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
14. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
15. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
16. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
17. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
18. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
19. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
20. Display the LNO ROST_FNAME ROST_LNAME where SSAAGE >= 15
26. Person's spouse lives in household but is not on roster

SSA_TIMES_MARRIED

How many times ^HAVHAS ^TEMPNAME been married?

- ◆ Ignore marriages that were later annulled.

1. Once
 2. Twice
 3. Three times
- 4 or more. Four or more times

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

MAR_MO

^MARMO_FIL

◆ Enter month.

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

MAR_YR

^MARYR_FIL

◆ Enter year.

WIDIV

Did ^PTEMPNAME ^12CUR_FIL marriage end in widowhood or divorce?

1. Widowhood
2. Divorce

WID_MO

^WIDMO_FIL

◆ Enter month.

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

WID_YR

^WIDYR_FIL

◆ Enter year.

DIV_MO

^DIVMO_FIL

◆ Enter month.

1. January
2. February
3. March
4. April

5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

DIV_YR

^DIVYR_FIL

◆ Enter year.

STOPLIV_MO

^STOPLIVMO_FIL actually stop living together?

◆ Enter month.

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

STOPLIV_YR

^STOPLIVYR_FIL actually stop living together?)

◆ Enter year.

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

HLTHSTAT_CHK

The next question is about ^PTEMPNAME health.

I'm showing from the last interview that ^PTEMPNAME health in general was ^I_HLTHSTS. Is this still correct?

1. Yes
2. No

HLTHSTAT

^HLTHSTAT_FIL

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

FIND_KEEPPWORK

The next set of questions are about health conditions that affect the kind or amount of work a person can do at a job or business.

^C_DODOES ^PTEMPNAME have a long-lasting physical or mental condition that has made it difficult to remain employed or to find a job?

1. Yes
2. No

DIFF_TO_WORK

To what extent does **^PTMPNAME** condition make it difficult to remain employed or find a job?

◆ [Read answer categories](#)

1. Extremely Difficult (can not find or keep a job)
2. Very Difficult
3. Difficult
4. Somewhat difficult

LIMWORK_CHK

^LIMWORKCHK

1. Yes
2. No

WORK_DISABL

^C_DODOES ^PTMPNAME have a physical, mental or other health condition that limits the kind or amount of work **^HESHE** can do at a job or business?

1. Yes
2. No

LIMWORK_AGE

At what age did **^PTMPNAME** become limited in the kind or amount of work **^HESHE** could do at a job or business?

[Report age in years.](#)

[If the age of work limitation is less than 16 years old, enter "0".](#)

LIMEMPL

^C_WASWERE ^HESHE employed at the time **^HISHERYOUR** work limitation began?

1. Yes
2. No

BEFORLIM_AGE

Before ^PTEMPNAME limitation began, at what age had ^HESHE last worked at a job or business?

Age when limitation began: LIMWORK_AGE

Report age in years.

Enter "0" if person had NEVER been employed BEFORE work limitation began.

COND1_WORK

I have recorded that ^TEMPNAME^HAVHAS a limitation in working at a job or business. What condition or conditions cause ^PTEMPNAME work limitation?

- ◆ Enter "none" for no conditions.
- ◆ Enter "other" for a condition not on the answer list.

COND2_WORK

(Any other conditions?)

- ◆ Enter "none" for no more conditions.
- ◆ Enter "other" for a condition not on the answer list.

COND3_WORK

(Any other condition?)

- ◆ Enter "none" for no more conditions.
- ◆ Enter "other" for a condition not on the answer list.

OTHWCOND_SP

Specify the exact "Other condition" that causes the work limitation.

MAIN_CONDW

Which of the conditions that you mentioned ^DODOES ^TEMPNAME consider to be the main reason for ^HISHERYOUR work limitation?

- ◆ Read the conditions from the answer list.
- ◆ Mark only ONE condition.

1. ^MAINCONDFIL
2. ^MAINCONDFIL
3. ^MAINCONDFIL

CONDW_CAUSE

- ◆ ASK, if it is not apparent (i.e., condition does not include a reference to an accident or injury.)
- ◆ VERIFY, if condition does include a reference to an accident or injury.

Was ^CONDW_CAUSEFIL caused by an accident or injury?

1. Yes
2. No

CAUSE_LOCATION

Where did the accident or injury take place? Was it ...

- ◆ Read answer categories.

1. on the job?
2. during service in the Armed Forces?
3. in the home?
4. or somewhere else?

WORK_NOW

^C_DODOES ^TEMPNAME currently have a job or business, or do any kind of work for pay?

1. Yes
2. No

PREVENT_WORK

Does ^PTMPNAME health or condition prevent ^HIMHER from working at a job or business?

1. Yes
2. No

PREVWORK_AGE

At what agedid ^HESHE become unable to work at a job or business?

[Report age in years.](#)

[Enter "0" if person has NEVER been able to work at a job.](#)

LIKELY_TO_WORK

How likely ^AREIS ^TEMPNAME to work in the future?

[◆ Read answer categories](#)

1. Extremely likely (will definitely work in the future)
2. Somewhat likely
3. Unlikely
4. Very unlikely
5. Extremely unlikely (will definitely not work in the future)

NOWFT_PT

^C_AREIS ^TEMPNAME now able to work at a full-time job or ^AREIS ^HESHE only able to work at a part-time job?

1. Able to work full-time
2. Only able to work part-time
3. Not able to work

WORK_REG

^C_AREIS ^TEMPNAME now able to work regularly or ^AREIS ^HESHE only able to work occasionally or irregularly?

1. Regularly
2. Only occasionally or irregularly
3. Not able to work

SAME_WORK

^C_AREIS ^TEMPNAME now able to do the same kind of work ^HESHE did before ^HISHERYOUR work limitation began?

1. Yes, able to do same kind of work
2. No, not able to do same kind of work
3. Did not work before limitation began

SPI

◆ Personal Retirement Plans, Pensions, Marital History, Health Status, and Work Disability sections are complete.

◆ Enter 1 to continue.

1. Enter 1 to continue

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

CANE_AID

The next set of questions help us learn about people who have physical, mental, or emotional conditions that cause serious difficulty with their daily activities.

^C_DODOES ^TEMPNAME use a cane, crutches, or a walker?

1. Yes
2. No

CANE6MO

^C_HAVHAS ^TEMPNAME used a cane, crutches, or a walker for six months or longer?

1. Yes
2. No

WHEELCHAIR

^C_DODOES ^TEMPNAME use a wheelchair, electric chair, or similar aid for getting around?

1. Yes
2. No

HEARINGAID

^C_DODOES ^TEMPNAME use a hearing aid?

1. Yes
2. No

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

SEEING_CHK

^SEEINGCHK

1. Yes
2. No

SEEING_SSA

As of today, **^AREIS ^TEMPNAME** blind or **^DODOES ^HESHE** have serious difficulty seeing, even when wearing glasses or contacts?

1. Yes
2. No

HEARING_CHK

^HEARINGCHK

1. Yes
2. No

HEARING_SSA

^HEARINGFILL

1. Yes
2. No

SPEECH_DIF

^C_DODOES^TEMPNAME have difficulty having **^HISHERYOUR** speech understood in the language spoken in the home?

♦Do not enter "1" for "yes" if the person had trouble simply because they speak a language other than English.

1. Yes
2. No

SPEECH_C

In general, are people able to understand **^PTMPNAME** speech at all in the language spoken in the home?

1. Yes
2. No

LIFT10_DIF

^C_DODOES ^TEMPNAME have any difficulty lifting and carrying something as heavy as 10 pounds - such as a bag of groceries?

1. Yes
2. No

LIFT10_C

^C_AREIS ^TEMPNAME able to lift and carry a 10 pound bag of groceries at all?

1. Yes
2. No

LIFT25_DIF

Would ^TEMPNAME have any difficulty lifting and carrying a 25 pound bag of pet food?

1. Yes
2. No

LIFT25_C

^LIFT25POUNDS

1. Yes
2. No

PUSH_DIF

^C_DODOES ^TEMPNAME have any difficulty pushing or pulling large objects such as a living room chair?

1. Yes
2. No

PUSH_C

^C_AREIS ^TEMPNAME able to push or pull such large objects at all?

1. Yes
2. No

STAND_DIF

^C_DODOES ^TEMPNAME have any difficulty:

...standing or being on ^HISHERYOUR feet for one hour?

(...sitting for one hour?)

(...stooping, crouching, or kneeling?)

(...reaching over ^HISHERYOUR head?)

1. Yes
2. No

SIT_DIF

^C_DODOES ^TEMPNAME have any difficulty:

(...standing or being on ^HISHERYOUR feet for one hour?)

...sitting for one hour?

(...stooping, crouching, or kneeling?)

(...reaching over ^HISHERYOUR head?)

1. Yes
2. No

STOOP_DIF

^C_DODOES ^TEMPNAME have any difficulty:

(...standing or being on ^HISHERYOUR feet for one hour?)

(...sitting for one hour?)

...stooping, crouching, or kneeling?

(...reaching over ^HISHERYOUR head?)

1. Yes
2. No

REACH_DIF

^C_DODOES ^TEMPNAME have any difficulty:

(...standing or being on ^HISHERYOUR feet for one hour?)

(...sitting for one hour?)

(...stooping, crouching, or kneeling?)

...reaching over ^HISHERYOUR head?

1. Yes
2. No

GRASP_DIF

^C_DODOES ^TEMPNAME have difficulty using ^HISHERYOUR hands and fingers to do things such as picking up a glass or grasping a pencil?

1. Yes
2. No

GRASP_C

^C_AREIS ^TEMPNAME able to use ^HISHERYOUR hands and fingers to grasp and handle at all?

1. Yes
2. No

STAIRS_DIF

^C_DODOES ^TEMPNAME have any difficulty walking up a flight of 10 stairs?

1. Yes
2. No

STAIRS_C

^C_AREIS ^TEMPNAME able to walk up a flight of 10 stairs at all?

1. Yes
2. No

WALK_DIF

^C_DODOES ^TEMPNAME have any difficulty walking a quarter of a mile - about 3 city blocks?

1. Yes
2. No

WALK_C

^C_AREIS ^TEMPNAME able to walk a quarter of a mile at all?

1. Yes
2. No

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

PHONE_DIF

^C_DODOES ^TEMPNAME have any difficulty using an ordinary telephone?

1. Yes
2. No

PHONE_C

^C_AREIS ^TEMPNAME able to use an ordinary telephone at all?

1. Yes
2. No

IN_DIF

Because of a physical or mental health condition, ^DODOES ^TEMPNAME have difficulty doing any of the following by ^HIMHERSELF?

◆ Exclude the effects of temporary conditions. If an aid is used, ask whether the person has difficulty when using the aid.

... Getting around INSIDE the home?

(... Going OUTSIDE the home to run errands, like to shop or visit a doctor's office?)

- (... Getting in or out of bed or a chair?)
- (... Taking a bath or shower?)
- (... Dressing?)
- (... Walking?)
- (... Eating?)
- (... Using or getting to the toilet?)
- (... Keeping track of money or bills?)
- (... Preparing meals?)
- (... Doing light housework such as washing dishes or sweeping a floor?)
- (... Taking the right amount of prescribed medicine at the right time?)
- (... Using a computer?)
- (... Using the Internet?)

1. Yes
2. No

OUT_DIF

Because of a physical or mental health condition, ^DODOES ^TEMPNAME have difficulty doing any of the following by ^HIMHERSELF?

◆ Exclude the effects of temporary conditions. If an aid is used, ask whether the person has difficulty when using the aid.

- (... Getting around INSIDE the home?)
- ... Going OUTSIDE the home to run errands, like to shop or visit a doctor's office?**
- (... Getting in or out of bed or a chair?)
- (... Taking a bath or shower?)
- (... Dressing?)
- (... Walking?)
- (... Eating?)
- (... Using or getting to the toilet?)
- (... Keeping track of money or bills?)
- (... Preparing meals?)
- (... Doing light housework such as washing dishes or sweeping a floor?)
- (... Taking the right amount of prescribed medicine at the right time?)
- (... Using a computer?)
- (... Using the Internet?)

1. Yes
2. No

BED_DIF

Because of a physical or mental health condition, ^DODOES ^TEMPNAME have difficulty doing any of the following by ^HIMHERSELF?

◆ Exclude the effects of temporary conditions. If an aid is used, ask whether the person has difficulty when using the aid.

(... Getting around INSIDE the home?)

(... Going OUTSIDE the home to run errands, like to shop or visit a doctor's office?)

... Getting in or out of bed or a chair?

(... Taking a bath or shower?)

(... Dressing?)

(... Walking?)

(... Eating?)

(... Using or getting to the toilet?)

(... Keeping track of money or bills?)

(... Preparing meals?)

(... Doing light housework such as washing dishes or sweeping a floor?)

(... Taking the right amount of prescribed medicine at the right time?)

(... Using a computer?)

(... Using the Internet?)

1. Yes

2. No

BATH_DIF

Because of a physical or mental health condition, ^DODOES ^TEMPNAME have difficulty doing any of the following by ^HIMHERSELF?

◆ Exclude the effects of temporary conditions. If an aid is used, ask whether the person has difficulty when using the aid.

(... Getting around INSIDE the home?)

(... Going OUTSIDE the home to run errands, like to shop or visit a doctor's office?)

(... Getting in or out of bed or a chair?)

... Taking a bath or shower?

(... Dressing?)

(... Walking?)

(... Eating?)

(... Using or getting to the toilet?)

(... Keeping track of money or bills?)

(... Preparing meals?)

(... Doing light housework such as washing dishes or sweeping a floor?)

(... Taking the right amount of prescribed medicine at the right time?)

(... Using a computer?)

(... Using the Internet?)

1. Yes
2. No

DRESSING_DIF

Because of a physical or mental health condition, ^DODOES ^TEMPNAME have difficulty doing any of the following by ^HIMHERSELF?

◆ Exclude the effects of temporary conditions. If an aid is used, ask whether the person has difficulty when using the aid.

(... Getting around INSIDE the home?)

(... Going OUTSIDE the home to run errands, like to shop or visit a doctor's office?)

(... Getting in or out of bed or a chair?)

(... Taking a bath or shower?)

... Dressing?

(... Walking?)

(... Eating?)

(... Using or getting to the toilet?)

(... Keeping track of money or bills?)

(... Preparing meals?)

(... Doing light housework such as washing dishes or sweeping a floor?)

(... Taking the right amount of prescribed medicine at the right time?)

(... Using a computer?)

(... Using the Internet?)

1. Yes
2. No

WALKING_DIF

Because of a physical or mental health condition, ^DODOES ^TEMPNAME have difficulty doing any of the following by ^HIMHERSELF?

◆ Exclude the effects of temporary conditions. If an aid is used, ask whether the person has difficulty when using the aid.

(... Getting around INSIDE the home?)

(... Going OUTSIDE the home to run errands, like to shop or visit a doctor's office?)

(... Getting in or out of bed or a chair?)

(... Taking a bath or shower?)

(... Dressing?)

... Walking?

(... Eating?)

(... Using or getting to the toilet?)

(... Keeping track of money or bills?)

(... Preparing meals?)

(... Doing light housework such as washing dishes or sweeping a floor?)

(... Taking the right amount of prescribed medicine at the right time?)

(... Using a computer?)

(... Using the Internet?)

1. Yes

2. No

EAT_DIF

Because of a physical or mental health condition, ^DODOES ^TEMPNAME have difficulty doing any of the following by ^HIMHERSELF?

◆ Exclude the effects of temporary conditions. If an aid is used, ask whether the person has difficulty when using the aid.

(... Getting around INSIDE the home?)

(... Going OUTSIDE the home to run errands, like to shop or visit a doctor's office?)

(... Getting in or out of bed or a chair?)

(... Taking a bath or shower?)

(... Dressing?)

(... Walking?)

... Eating?

(... Using or getting to the toilet?)

(... Keeping track of money or bills?)

(... Preparing meals?)

(... Doing light housework such as washing dishes or sweeping a floor?)

(... Taking the right amount of prescribed medicine at the right time?)

(... Using a computer?)

(... Using the Internet?)

1. Yes

2. No

TOILET_DIF

Because of a physical or mental health condition, ^DODOES ^TEMPNAME have difficulty doing

any of the following by ^HIMHERSELF?

◆ Exclude the effects of temporary conditions. If an aid is used, ask whether the person has difficulty when using the aid.

(... Getting around INSIDE the home?)

(... Going OUTSIDE the home to run errands, like to shop or visit a doctor's office?)

(... Getting in or out of bed or a chair?)

(... Taking a bath or shower?)

(... Dressing?)

(... Walking?)

(... Eating?)

... Using or getting to the toilet?

(... Keeping track of money or bills?)

(... Preparing meals?)

(... Doing light housework such as washing dishes or sweeping a floor?)

(... Taking the right amount of prescribed medicine at the right time?)

(... Using a computer?)

(... Using the Internet?)

1. Yes

2. No

MONEY_DIF

Because of a physical or mental health condition, ^DODOES ^TEMPNAME have difficulty doing any of the following by ^HIMHERSELF?

◆ Exclude the effects of temporary conditions. If an aid is used, ask whether the person has difficulty when using the aid.

(... Getting around INSIDE the home?)

(... Going OUTSIDE the home to run errands, like to shop or visit a doctor's office?)

(... Getting in or out of bed or a chair?)

(... Taking a bath or shower?)

(... Dressing?)

(... Walking?)

(... Eating?)

(... Using or getting to the toilet?)

... Keeping track of money or bills?

(... Preparing meals?)

(... Doing light housework such as washing dishes or sweeping a floor?)

(... Taking the right amount of prescribed medicine at the right time?)

(... Using a computer?)

(... Using the Internet?)

1. Yes
2. No

MEALS_DIF

Because of a physical or mental health condition, ^DODOES ^TEMPNAME have difficulty doing any of the following by ^HIMHERSELF?

◆ Exclude the effects of temporary conditions. If an aid is used, ask whether the person has difficulty when using the aid.

- (... Getting around INSIDE the home?)
- (... Going OUTSIDE the home to run errands, like to shop or visit a doctor's office?)
- (... Getting in or out of bed or a chair?)
- (... Taking a bath or shower?)
- (... Dressing?)
- (... Walking?)
- (... Eating?)
- (... Using or getting to the toilet?)
- (... Keeping track of money or bills?)

... Preparing meals?

- (... Doing light housework such as washing dishes or sweeping a floor?)
- (... Taking the right amount of prescribed medicine at the right time?)
- (... Using a computer?)
- (... Using the Internet?)

1. Yes
2. No

HWORk_DIF

Because of a physical or mental health condition, ^DODOES ^TEMPNAME have difficulty doing any of the following by ^HIMHERSELF?

◆ Exclude the effects of temporary conditions. If an aid is used, ask whether the person has difficulty when using the aid.

- (... Getting around INSIDE the home?)
- (... Going OUTSIDE the home to run errands, like to shop or visit a doctor's office?)
- (... Getting in or out of bed or a chair?)

- (... Taking a bath or shower?)
- (... Dressing?)
- (... Walking?)
- (... Eating?)
- (... Using or getting to the toilet?)
- (... Keeping track of money or bills?)
- (... Preparing meals?)

... Doing light housework such as washing dishes or sweeping a floor?

- (... Taking the right amount of prescribed medicine at the right time?)
- (... Using a computer?)
- (... Using the Internet?)

1. Yes
2. No

MED_DIF

Because of a physical or mental health condition, ^DODOES ^TEMPNAME have difficulty doing any of the following by ^HIMHERSELF?

◆ Exclude the effects of temporary conditions. If an aid is used, ask whether the person has difficulty when using the aid.

- (... Getting around INSIDE the home?)
- (... Going OUTSIDE the home to run errands, like to shop or visit a doctor's office?)
- (... Getting in or out of bed or a chair?)
- (... Taking a bath or shower?)
- (... Dressing?)
- (... Walking?)
- (... Eating?)
- (... Using or getting to the toilet?)
- (... Keeping track of money or bills?)
- (... Preparing meals?)
- (... Doing light housework such as washing dishes or sweeping a floor?)

... Taking the right amount of prescribed medicine at the right time?

- (... Using a computer?)
- (... Using the Internet?)

1. Yes
2. No

COMP_DIF

Because of a physical or mental health condition, ^DODOES ^TEMPNAME have difficulty doing any of the following by ^HIMHERSELF?

◆ Exclude the effects of temporary conditions. If an aid is used, ask whether the person has difficulty when using the aid.

- (... Getting around INSIDE the home?)
 - (... Going OUTSIDE the home to run errands, like to shop or visit a doctor's office?)
 - (... Getting in or out of bed or a chair?)
 - (... Taking a bath or shower?)
 - (... Dressing?)
 - (... Walking?)
 - (... Eating?)
 - (... Using or getting to the toilet?)
 - (... Keeping track of money or bills?)
 - (... Preparing meals?)
 - (... Doing light housework such as washing dishes or sweeping a floor?)
 - (... Taking the right amount of prescribed medicine at the right time?)
- ... Using a computer?**
- (... Using the Internet?)

1. Yes
2. No

NET_DIF

Because of a physical or mental health condition, ^DODOES ^TEMPNAME have difficulty doing any of the following by ^HIMHERSELF?

◆ Exclude the effects of temporary conditions. If an aid is used, ask whether the person has difficulty when using the aid.

- (... Getting around INSIDE the home?)
- (... Going OUTSIDE the home to run errands, like to shop or visit a doctor's office?)
- (... Getting in or out of bed or a chair?)
- (... Taking a bath or shower?)
- (... Dressing?)
- (... Walking?)
- (... Eating?)
- (... Using or getting to the toilet?)
- (... Keeping track of money or bills?)
- (... Preparing meals?)
- (... Doing light housework such as washing dishes or sweeping a floor?)
- (... Taking the right amount of prescribed medicine at the right time?)

(... Using a computer?)

... Using the Internet?

1. Yes
2. No

DIFFADLCODE

****NON-DISPLAYED ITEM****

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

HELP

^C_DODOES^TEMPNAME need the help of another person with^ACTIVITY_HELP?

1. Yes
2. No

HELPER_NUM

****NON-DISPLAYED ITEM****

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

HELPER_REL

^HELPER_RELFIL

1. Son
2. Daughter
3. Spouse
4. Parent
5. Other relative
6. Friend or Neighbor
7. Paid help
8. Partner or Companion
9. Other nonrelative
10. No one (else) helps

HELPHMEM

Is ^PTMPNAME ^HELPERFIL who generally helps ^HIMHER a member of this household or not a member of this household?

◆ Refer to the "Show HH" Instrument Tab if you need clarification distinguishing household membership.

1. Household member
2. Not a household member

HELP_HOWLONG

For how long ^HAVHAS ^TEMPNAME needed the help of another person?

1. Less than 6 months
2. 6 to 11 months
3. 1 to 2 years
4. 3 to 5 years
5. more than 5 years

PAYHELPER

During the past month, did ^TEMPNAME or ^PTMPNAME family pay for any of the help that

^HESHE received?

1. Yes
2. No

HELP_PAYAMT

How much was paid for such help in the past month?

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

COND1

I have recorded that ^TEMPNAME^HAVHAS difficulty with certain activities. What condition or conditions cause these difficulties?

Enter "none" for no conditions .

Enter "other"for a condition not on the answer list.

COND2

(Any other conditions?)

Enter "none" for no more conditions .

Enter "other"for a condition not on the answer list.

COND3

(Any other condition?)

Enter "none" for no moreconditions .

Enter "other"for a condition not on the answer list.

COND1_FPHLTH

I have recorded that ^PTEMPNAMEhealth is ^HLTHFILL. What condition or conditions cause ^PTEMPNAME health problems?

Enter "none" for no conditions .

Enter "other" for a condition not on the answer list.

COND2_FPHLTH

(Any other conditions?)

Enter "none" for no moreconditions .

Enter "other" for a condition not on the answer list.

COND3_FPHLTH

(Any other condition?)

Enter "none" for no moreconditions .

Enter "other" for a condition not on the answer list.

OTHCOND_SP

^OTHCOND_SPECIFY

MAIN_CONDITION

Which of the conditions that you mentioned^DODOES ^TEMPNAME consider to be the main reason for ^HISHERYOUR difficulties?

◆ Read the conditions from the answer list.

◆ Mark onlyONE condition.

1. ^MAINCONDFIL
2. ^MAINCONDFIL
3. ^MAINCONDFIL

COND_ONSET

Was this a gradual onset condition that became worse over time, or was it a sudden onset condition that began to affect ^TEMPNAME immediately?

1. Gradual onset
2. Sudden onset
3. Had since birth

ONSET_AGE

At what agedid^CONDITIONFIL first begin to bother ^TEMPNAME?

- ◆ Report age in years.
- ◆ If condition has been present since birth, enter "0".

ONSET6MO

Did ^CONDITIONFIL start in the last 6 months?

1. Yes
2. No

COND_LAST12MO

Is this condition expected to last for at least 12 more months?

1. Yes
2. No

CTRLNUM

****NON-DISPLAYED ITEM****

LNO

****NON-DISPLAYED ITEM****

LEARN_DIS

^C_DODOES ^TEMPNAME have a learning disability such as dyslexia?

1. Yes
2. No

INTELLECT_DIS

?[F1]

^C_DODOES ^TEMPNAME have an Intellectual disability? (This was formerly known as mental retardation.)

1. Yes
2. No

DEVEL_DIS

?[F1]

^C_DODOES ^TEMPNAME have a developmental disability such as autism or cerebral palsy?

1. Yes
2. No

ALZ_FORGET

^C_DODOES ^TEMPNAME have Alzheimer's disease or any other serious problem with confusion or forgetfulness?

1. Yes
2. No

OTH_MENTAL_DIS

^C_DODOES ^TEMPNAME have any other mental or emotional condition?

1. Yes
2. No

ANXIOUS_DIF

^C_AREIS ^TEMPNAME frequently depressed or anxious?

1. Yes
2. No

SOCIAL_DIF

^C_DODOES ^TEMPNAME have a lot of trouble getting along with other people and making and

