

Section R — INCOME

PERSON 1

3-4

5

ITEM R1

Refer to Household Composition.

R1

- 1 Civilian
- 2 AF member Living at home
- 3 Deleted

The next questions are about health insurance coverage and the kinds and amounts of income that people receive. For this family, that includes (read names, including Armed Forces members living at home).

Read if necessary: The answers to these questions will add greatly to our knowledge about the health problems of the American people, the types of health care they receive, and whether they can afford the care that they need. The information will help in planning health care services and finding ways to lower costs of care.

There are several government programs which provide medical care or help pay medical bills. People covered by Medicare have a card that looks like this. Show Medicare Card.

1a. In (month), was anyone in the family covered by Medicare?

Read if necessary: Medicare is a health insurance program for persons 65 or over and certain disabled persons.

1a.

- 1 Yes
- 2 No
- 9 DK } (2)

6

b. Who was this?

Mark "Medicare" box in person's column.

b.

- 1 Medicare

7

c. Anyone else?

- Yes (Reask 1b and c)
- No

2a. (In (month), was anyone in the family covered by) Medicaid or (local name)?

Read if necessary: Medicaid or (local name) is a public assistance program that pays for medical care.

2a.

- 1 Yes
- 2 No
- 9 DK } (3)

8

b. Who was this?

Mark "Medicaid" box in person's column.

b.

- 1 Medicaid

9

c. Anyone else?

- Yes (Reask 2b and c)
- No

3a. (In (month), was anyone in the family covered by) CHAMPUS, CHAMPVA, the VA, or military health care?

Read if necessary: These programs cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.

3a.

- 1 Yes
- 2 No
- 9 DK } (4)

10

b. Who was this?

Mark "Military" box in person's column.

b.

- 1 Military

11

c. Anyone else?

- Yes (Reask 3b and c)
- No

4a. Health insurance can also be obtained privately or through a current or former employer or union. Was anyone in the family covered by private health insurance or by membership in a health maintenance organization in (month)?

4a.

- 1 Yes
- 2 No
- 9 DK } (5)

12

b. Who was this?

Mark "HI Plan" box in person's column.

b.

- 1 HI Plan

13

c. Anyone else?

- Yes (Reask 4b and c)
- No

Ask 4d-f for each person with "HI Plan" marked in 4b.

d. Was -- health insurance coverage from a plan in -- own name?

d.

- 1 Yes
- 2 No
- 9 DK

14

e. Was any of -- health insurance obtained through an employer or union?

e.

- 1 Yes (4f)
- 2 No
- 9 DK } (4d for NP with "HI Plan" in 4b)

15

f. Did the employer or union pay for all, part, or none of the cost of this plan?

f.

- 1 All
- 2 Part
- 3 None
- 9 DK

16

Section R — INCOME — Continued		PERSON 1	
<i>Mark box or ask for each nondeleted family member, including Armed Forces members living at home:</i>			17
5a. Did — have a job or business in (month)?	5a.	0 <input type="checkbox"/> Under 14 (NP) 1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (NP) 9 <input type="checkbox"/> DK }	
b. How many hours did — usually work per week at all jobs in (month)?	b.	_____ Hours (Number) 99 <input type="checkbox"/> DK	18-19
6. Was — working for an employer or was — self-employed in (month)? <i>Read if necessary: Examples of self-employment include a business, professional practice, or farm.</i>	6.	1 <input type="checkbox"/> Employer only (7) 2 <input type="checkbox"/> Self-employed only (8) 3 <input type="checkbox"/> Both (7) 9 <input type="checkbox"/> DK (NP)	20
7a. How much income did — receive in (month) BEFORE deductions from ALL jobs? Include any tips, bonuses, overtime pay, or commissions.	7a.	\$ _____ (Dollars) 9999999 <input type="checkbox"/> DK	21-27
b. In how many of the past 12 months did — have a job?	b.	12 <input type="checkbox"/> All (Number) Months 99 <input type="checkbox"/> DK	28-29
8a. How much income did — receive in (month) from self-employment? Report NET income, after business expenses. <i>Ask 8a and b if box 2 or 3 in 6; otherwise, go to NP. Read if necessary: For farms, include any earnings as a tenant farmer or sharecropper.</i>	8a.	1 <input type="checkbox"/> Already included 0 <input type="checkbox"/> Loss \$ _____ (Dollars) 9999999 <input type="checkbox"/> DK	30 31 32-38
b. In how many of the past 12 months was — self-employed?	b.	12 <input type="checkbox"/> All (Number) Months 99 <input type="checkbox"/> DK	39-40
9a. In (month), did anyone in the family receive Social Security or Railroad Retirement payments? <i>Read if necessary: Social Security checks are either automatically deposited in the bank or mailed to arrive on the 3rd of every month. If mailed, they are sent in a gold colored envelope.</i>	9a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK }	41
b. Who was this? <i>Mark "SS/RR" box in person's column.</i>	b.	1 <input type="checkbox"/> SS/RR	42
c. Anyone else? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No			
d. How much income did — receive in (month) from Social Security or Railroad Retirement? <i>Ask 9d for each person with "SS/RR" in 9b.</i>	d.	1 <input type="checkbox"/> Already included \$ _____ (Dollars) 9999 <input type="checkbox"/> DK	43 44-47
e. Was — Social Security or Railroad Retirement income received as a disability benefit? <i>Ask 9e-f for each person under 65 with "SS/RR" in 9b.</i>	e.	1 <input type="checkbox"/> Yes (9f) 2 <input type="checkbox"/> No } (9e for NP under 9 <input type="checkbox"/> DK } 65 with "SS/RR" in 9b)	48
f. Did — receive this benefit because — is disabled?	f.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	49
10a. (In (month), did anyone in the family receive) Supplemental Security Income or SSI? <i>Read if necessary: Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue colored envelope.</i>	10a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (11) 9 <input type="checkbox"/> DK }	50
b. Who was this? <i>Mark "SSI" box in person's column.</i>	b.	1 <input type="checkbox"/> SSI	51
c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No			
d. How much income did — receive in (month) from Supplemental Security Income or SSI? <i>Ask 10d for each person with "SSI" in 10b.</i>	d.	\$ _____ (Dollars) 9999 <input type="checkbox"/> DK	52-55

Section R — INCOME — Continued		PERSON 1	
11a. (In <u>month</u>), did anyone in the family receive) Any (other) disability pension (other than Social Security or Railroad Retirement)?		11a.	56
-----		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (12)	57
b. Who was this? Mark "Disability" box in person's column.		1 <input type="checkbox"/> Disability	

c. Anyone else? <input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No Ask 11d for each person with "Disability" marked in 11b.		d.	58
-----		1 <input type="checkbox"/> Already included \$ _____ (Dollars)	59-62
d. How much did -- receive in <u>month</u> BEFORE deductions from a disability pension?		9999 <input type="checkbox"/> DK	
12a. (In <u>month</u>), did anyone in the family receive) Any (other) retirement or survivor pension (other than Social Security or Railroad Retirement/(or) disability pension)?		12a.	63
-----		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (13)	
b. Who was this? Mark "Pension" box in person's column.		b.	64
-----		1 <input type="checkbox"/> Pension	
c. Anyone else? <input type="checkbox"/> Yes (Reask 12b and c) <input type="checkbox"/> No Ask 12d for each person with "Pension" marked in 12b.		d.	65
-----		1 <input type="checkbox"/> Already included \$ _____ (Dollars)	66-71
d. How much income did -- receive BEFORE deductions from retirement or survivor pensions (other than Social Security or Railroad Retirement/(or) disability pension) in <u>month</u>?		999999 <input type="checkbox"/> DK	
13a. (In <u>month</u>), did anyone in the family receive) Public assistance or welfare payments from the State or local welfare office? Do not include SSI.		13a.	72
-----		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (14)	
b. Who was this? Mark "Welfare" box in person's column.		b.	73
-----		1 <input type="checkbox"/> Welfare	
c. Anyone else? <input type="checkbox"/> Yes (Reask 13b and c) <input type="checkbox"/> No Ask 13d-f for each person with "Welfare" marked in 13b.		d.	74
-----		1 <input type="checkbox"/> AFDC 2 <input type="checkbox"/> Other 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK	
d. Did -- receive Aid to Families with Dependent Children, sometimes called AFDC or ADC, or some other type of assistance payments in <u>month</u>?		e.	75-76
-----		12 <input type="checkbox"/> All _____ Months (Number) 99 <input type="checkbox"/> DK	
e. In how many of the past 12 months did -- receive these payments?		f.	77
-----		1 <input type="checkbox"/> Already included \$ _____ (Dollars)	78-81
f. How much income did -- receive from public assistance or welfare in <u>month</u>?		9999 <input type="checkbox"/> DK	
14a. In <u>month</u> , did anyone in the family receive food stamps?		14a.	82
-----		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (15)	
b. Did this food stamp allotment include anyone who lived here who was NOT in your family?		b.	83
-----		1 <input type="checkbox"/> Yes (14c) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (14d)	
c. How many OTHER persons who lived here in <u>month</u> besides your family were included in this food stamp allotment?		c.	84-85
-----		_____ (Number) 99 <input type="checkbox"/> DK	
d. What was the total value of the food stamp allotment received in <u>month</u>?		d.	86-89
-----		\$ _____ (Dollars)	
		9999 <input type="checkbox"/> DK	

Section R — INCOME — Continued

PERSON 1

15a. In *(month)*, did anyone in the family have money in any kind of savings or other bank account which **EARNED INTEREST**? Do not include dividends.

Read if necessary: Include savings accounts, money market funds, treasury notes, IRA's or certificates of deposit, interest earning checking accounts, bonds, or any other investments which earn interest.

- 1 Yes
 2 No
 9 DK } (16)

90

b. Who was this?

Mark "Interest" box in person's column.

- b.** 1 Interest

91

c. Anyone else?

- Yes (Reask 15b and c) No

Ask 15d for each person with "Interest" marked in 15b.

d. What is your best estimate of the total amount of interest that — earned in *(month)*?

- d.** 1 Already included
 \$ _____
 (Dollars)
 99999 DK

92

93-97

16a. Did anyone in the family receive dividend income from stocks or mutual funds or income from rental property, royalties, estates, or trusts in *(month)*?

- 1 Yes
 2 No
 9 DK } (17)

98

b. Who was this?

Mark "Dividends" box in person's column.

- b.** 1 Dividends

99

c. Anyone else?

- Yes (Reask 16b and c) No

Ask 16d for each person with "Dividends" marked in 16b.

d. What is your best estimate of the total amount that — received from dividends, NET rental property income, royalties, estates, or trusts in *(month)*?

- d.** 1 Already included
 0 Loss
 \$ _____
 (Dollars)
 99999 DK

100

101

102-106

17a. In *(month)*, did anyone in the family receive income from ANY OTHER sources, such as veterans payments, worker's or unemployment compensation, child support, or alimony? Do not include lump sum payments, such as money from an inheritance or the sale of a home.

- 1 Yes
 2 No
 9 DK } (Cover page)

107

b. Who was this?

Mark "Other income" box in person's column.

- b.** 1 Other income

108

c. Anyone else?

- Yes (Reask 17b and c) No

Ask 17d for each person with "Other income" marked in 17b.

d. How much income did — receive in *(month)* from ALL OTHER sources?

- d.** 1 Already included
 \$ _____
 (Dollars)
 99999 DK

109

110-114

Notes

MEDICARE

Health Insurance	
SOCIAL SECURITY ACT	
NAME OF BENEFICIARY John Q. Public	
CLAIM NUMBER 000-00-0000-A	SEX MALE
IS ENTITLED TO Hospital Insurance	EFFECTIVE DATE 7-1-66
Medical Insurance	7-1-66
SIGN HERE	<i>John Q. Public</i>

STATE NAMES FOR MEDICAID

MEDI — CAL

California

MEDI — KAN

Kansas

**HEALTH CARE COST CONTAINMENT
SYSTEM (HCCCS)**

Arizona

MEDICAL ASSISTANCE

All other States

Medicare

State name
for Medicare

(Cut along broken line)