

INTERVIEWER CHECK ITEM		U S DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		2 SAMPLE		1. CONTROL NUMBER	
Only CPS-665 for household First CPS-665 of continuation h'ld Second CPS-665 of continuation h'ld Third, fourth, etc CPS-665		 <h1 style="margin: 0;">C P S 6 3 6 5</h1> <h2 style="margin: 0;">INCOME SUPPLEMENT</h2>		A c <input type="radio"/> <input type="radio"/>		I HOUSE HOLD NO. 1 PSU NO. SEGMENT NO. SERIAL NO.	
O. INTERVIEWER CODE A B C D E F G H J K L M <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L <input type="radio"/> M		Form Approved M B No 0607-0354 MARCH 1959					
13. TYPE INTERVIEW (CPS-665) <input type="radio"/> Personal { (Fill 13A below) <input checked="" type="radio"/> Telephone Type A Noninterview (Transcribe items 1, 3, 6-10 on this page)		INTRODUCTION (Optional) <p>We have just completed the questions about employment and unemployment. Each March, the Census Bureau also collects information about the economic situation of Americans and their families for the previous year. I am going to ask these questions now. We don't expect our answers to be perfect, but please think about each question and answer it the best you can.</p>					
13A. DESCRIPTION OF LONGEST JOB (items 46A-E) IN THIS CPS-665 Yes No							
77. INTERVIEWER CHECK ITEM TENURE (From Control Card item 10) Owned or being bought Rented No cash rent		S3 During 1987, how many of the children in this household usually ate a complete hot lunch Of feed at school? <input type="radio"/> All <input type="radio"/> Some, but not all - Mark number None		39. Am you paying lower rent because the Federal, State, or local government is paying part of the cost? Yes No		S4 The government has a energy assistance program which helps pay heating mm. This assistance can be received directly by the household or it can be paid directly to the electric company, gas company et fuel alder Since October 1, 1987, has this household received assistance of this type from the federal State, or local government? vet (Ask 95) No (End questions)	
78. How many housing units are there in structure? 1 - 5-9 2 - 10+ 3 - 4		S4 Interviewer Check Item Entry m Control card item 29 h Under \$30,000, NA or Ref. (Fill 85) \$30,000 or more End questions		40. Old anyone in this household get food stamps at any time during 1987? Yes (Ask 91) No (Ship to 94)		S5 Altogether, how much energy assistance has been received since October 1, 1987? \$ (Nearest dollar)	
79. INTERVIEWER CHECK ITEM Some household members under age 15 (Ask 80) No household members under age 15 (Ship to 82)		85. Interviewer Check Item All or some marked in 83 (Ask S6) Nonmarked in 83 or 83 blank (Ship to 87)		41. How many of the people now living here were covered by food stamps during 1987? All		80. During 1SS7, how many of the children in this household under age 15 were covered by Medicaid or Medicare? <input type="radio"/> All <input type="radio"/> Some, but not all - Mark number <input type="radio"/> None	
a) During 1987, how many of the children under age 15 in this household were covered by health insurance plan (Excluding Medicaid and Medicare)? <input type="radio"/> All <input type="radio"/> Some, but not all - Mark number <input type="radio"/> None (Ship to 82)		86. During 1SS7, how many of the children in this household received free or reduced Price lunch because they qualified for the Federal School Lunch Program? <input type="radio"/> All <input type="radio"/> Some, but not all - Mark number <input type="radio"/> None		42. In how many months of 1SS7 were food stamp received? All		81A. How many of these children were covered by the health insurance plan of — not residing in this household? <input type="radio"/> All <input type="radio"/> Some, but not all - Mark number <input type="radio"/> None	
82. Interviewer Check Item Some household members 5—18 years old (Ask 83) No household members 5—18 years old (Ship to 84)		B7. Interviewer Check Item Owned marked in 77 (Ship m 90) Rented or no cash rent marked in 77 (Ask 88)		03. What was the value of all the food stamps received during 1SS7? (Add monthly amounts to obtain annual figure) \$ (Nearest dollar)		CODER NUMBER A B C D E F G H J K L M () - () O P Q R S T U V W X Y Z	

NAME (Optional)	Page 3	Page 4	Page 5	Page 6
LINE NUMBER (Item 18.4)				
14. There are several government programs which provide medical care or help pay medical bills. During 1987 was anyone in this household covered by:				
14A. Medicare (for the disabled and elderly)? Yes <input type="radio"/> No <input type="radio"/> (Skip to 74C)				
74B. Who was that? (Anyone else?)	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
14C. Medicaid (for the needy)? Yes <input type="radio"/> No <input type="radio"/> (Skip to 74E)				
74D. Who was that? (Anyone else?)	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
14E. CHAMPUS, VA, or military health care? Yes <input type="radio"/> No <input type="radio"/> (Skip to 75A)				
74F. Whom that? (Anyone else?)	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
76A. Other than Medicare, Medicaid, or military health insurance during 1987, was anyone in this household covered by a health insurance plan? Yes <input type="radio"/> No <input type="radio"/> (Skip to 76)				
75B. Who was that? (Anyone else?)	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
(Complete 75C-F for each person with a "Yes" in 75B) 75C. Is this health insurance coverage from a plan in ... s own name?	Yes <input type="radio"/> (Ask 75D) No <input type="radio"/> (Go to next person with a "Yes" in 75B or Skip to 76)	Yes <input type="radio"/> (Ask 75D) No <input type="radio"/> (Go to next person with a "Yes" in 75B or Skip to 76)	Yes <input type="radio"/> (Ask 75D) No <input type="radio"/> (Go to next person with a "Yes" in 75B or Skip to 76)	Yes <input type="radio"/> (Ask 75D) No <input type="radio"/> (Go to next person with a "Yes" in 75B or Skip to 76)
75D. Was this health insurance plan offered through ... s current or former employer or union?	Yes <input type="radio"/> (Ask 75E) No <input type="radio"/> (Skip to 75F)	Yes <input type="radio"/> (Ask 75E) No <input type="radio"/> (Skip to 75F)	Yes <input type="radio"/> (Ask 75E) No <input type="radio"/> (Skip to 75F)	Yes <input type="radio"/> (Ask 75E) No <input type="radio"/> (Skip to 75F)
75E. Is ... s employer or union pay for all, part, or none of the cost of this plan?	All <input type="radio"/> Part <input type="radio"/> None <input type="radio"/>	All <input type="radio"/> Part <input type="radio"/> None <input type="radio"/>	All <input type="radio"/> Part <input type="radio"/> None <input type="radio"/>	All <input type="radio"/> Part <input type="radio"/> None <input type="radio"/>
75F. Were other persons covered by this health insurance plan? (Mark all that apply) (Go to 75C for next person with "Yes" in 75B or go to 76)	Spouse <input type="radio"/> Child(ren) in household <input type="radio"/> Child(ren) not in the household <input type="radio"/> Other <input type="radio"/> No one <input type="radio"/>	Spouse <input type="radio"/> Child(ren) in household <input type="radio"/> Child(ren) not in the household <input type="radio"/> Other <input type="radio"/> No one <input type="radio"/>	Spouse <input type="radio"/> Child(ren) in household <input type="radio"/> Child(ren) not in the household <input type="radio"/> Other <input type="radio"/> No one <input type="radio"/>	Spouse <input type="radio"/> Child(ren) in household <input type="radio"/> Child(ren) not in the household <input type="radio"/> Other <input type="radio"/> No one <input type="radio"/>
76. Interviewer Check Item Who worked last year? (Yes in 29A or 29B)	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
(Complete 76A-76B for each person with "Yes" in 76) 76A. Other than Social Security did the (any) employer or union that worked for in 1987 have a pension or other type of retirement plan for any of its employees?	Yes <input type="radio"/> (Ask 76B) No <input type="radio"/> (Go to next person with "Yes" in 76 or Skip to 77 on page 1)	Yes <input type="radio"/> (Ask 76B) No <input type="radio"/> (Go to next person with "Yes" in 76 or Skip to 77 on page 1)	Yes <input type="radio"/> (Ask 76B) No <input type="radio"/> (Go to next person with "Yes" in 76 or skip to 77 on page 1)	Yes <input type="radio"/> (Ask 76B) No <input type="radio"/> (Go to next person with a "Yes" in 76 or Skip to 77 on page 1)
76B. Was included in that plan? (Go to 76A for next person with "Yes" in item 76 or Skip to item 77 on page 1)	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
NOTES:				

SOURCE: U.S. Department of Commerce, Bureau of the Census, Form CPS-665, March 1988.