1. SAMPLE LABEL/ADDRESS:

   [Address Information]

   CITY  STATE  ZIP

3. Date R Ltr mailed

4. Your IQ #

5. Date of IQ

6. Length of IQ (Minutes)

7. Length of Edit (Minutes)

8. Persuasion Ltr sent? □ NOT NEEDED
   ___________  □ YES (DATE)

9. INTERVIEWER: ARE THERE ANY PREVIOUSLY UNLISTED HUS AT THIS LISTING SHEET ADDRESS?

   1. YES
   2
   3
   4

   5. NO
   6
   7

   5 OR MORE

   TOTAL number of HUs: ___________  INSTRUCTION: Do not attempt any interviews. Call Field Office (313/764-8356) immediately!

GO TO ITEM 10

10. Call Record

<table>
<thead>
<tr>
<th>Call Number</th>
<th>1</th>
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The Survey Research Center would like to obtain the latest available information about the retirement benefits you and others like you will receive. We would like to contact the employer who will provide the primary pension you expect to receive. We will not identify you personally, but only ask about people who have the same type of pension plan. For this purpose, we need to know the name and address of the employer, or other organization, that provides the primary pension you expect to receive.

**Z22.** The Survey Research Center would like to obtain the latest available information about the retirement benefits you and others like you will receive. We would like to contact the employer who will provide the primary pension you expect to receive. We will not identify you personally, but only ask about people who have the same type of pension plan. For this purpose, we need to know the name and address of the employer, or other organization, that provides the primary pension you expect to receive.

**Z22a.** EMPLOYER NAME:

ADDRESS:

**Z22b.** PENSION PROVIDER (IF DIFFERENT):

ADDRESS:

**Z22c.** REFUSED (Explain):

**Z22d.** What (is/was) the official title of the job from which you expect to receive your primary pension?

**Z22e.** In addition, to get complete information about your retirement benefits, we would like to know your Social Security Number... (what is your Social Security Number?)

**SSN**

**Z22f.** REFUSED (Explain):

**TURN TO P.4, Z4**

**Z3.** The Survey Research Center would like to obtain the latest available information about the retirement benefits that you and others like you receive. For this reason we would like to know your Social Security Number... (what is your Social Security Number?)

**SSN**

**Z3a.** REFUSED (Explain):

**TURN TO P.4, Z4**
POST INTERVIEW CHECKLIST FOR OBTAINING PENSION INFORMATION FROM R'S EMPLOYER

INTERVIEWER INSTRUCTIONS

☐ PR1. If Employer mentioned in 22a. is outside Iwer's Primary Area, do not continue with Checklist —> TURN TO P. 5, PSI.

☐ PR2. Using information in 22a. and 22d. (EMPLOYER NAME AND OFFICIAL JOB TITLE), determine name of person, office or department responsible for pension plan information. (PERSON LISTED BELOW SHOULD BE PERSON WE CAN CALL FOR FURTHER INFORMATION).

NAME: ___________________________________________ TITLE: _______________

OFFICE ADDRESS ___________________________________________

CITY, STATE AND ZIP CODE ______________________ PHONE: ______________________

(APPT:) ______________________ ______________________

INFORMATION AND MATERIALS NEEDED (CHECK ALL THAT ARE OBTAINED)

☐ PR3. Official Name of the Pension Plan (title used to file forms with U.S. gov't

☐ PR4. Employer Identification Number (EIN)— also required on gov't forms

EMPLOYER IDENTIFICATION NUMBER ______________________

☐ PR5. Request copies of documents -- e.g. detailed description/brochures describing all pension plans for JOB TITLE AT 22d.

☐ a. Attachment(s) to Form 5500 (sometimes referred to as "Schedule B, Actuarial Information").

☐ b. Summary Plan Description (SPD)

☐ c. Brochures or descriptions given or sent to employees in JOB TITLE at 22d. concerning their pension plan(s)

☐ d. OTHER (describe) ______________________

☐ PR6. TOTAL NUMBER OF SEPARATE DOCUMENTS OBTAINED AND ENCLOSED WITH THIS IV & COVER SHEET ______________________ TOTAL # OF DOCUMENTS

(Affix your Interviewer's Label and label with Segment, Line, ID# and IW to each document obtained)
We would also like to obtain information about the retirement benefits your (husband/wife) will receive. For this purpose, we would like to know the name and address of the employer, or other organization, that provides the primary pension that (he/she) expects to receive.

**Z5a. EMPLOYER NAME:**

ADDRESS: _________________________________ / _________________________________

NUMBER AND STREET  CITY, STATE AND ZIP CODE

**Z5b. PENSION PROVIDER (IF DIFFERENT)**

ADDRESS: _________________________________ / _________________________________

NUMBER AND STREET  CITY, STATE AND ZIP CODE

**Z5c. REFUSED (Explain):**

**Z5d.** What (is/was) the official title of the job from which (he/she) expects to receive (his/her) primary pension?

_________________________________________________________________________

OFFICIAL JOB 1

**Z5e.** In addition, to get complete information about your (husband's/wife's) retirement benefits, we would like (his/her) Social Security Number ... (What is [his/her] Social Security Number?)

SOCIAL SECURITY NUMBER  ____________

**Z5f. REFUSED (Explain):**

**TURN TO P. 6, Z7**

**Z6.** (The Survey Research Center would like to obtain the latest available information about the retirement benefits that your [husband/wife] and others like [him/her] are receive) For this reason we would like to know your (husband's/wife's) Social Security Number .. (What is [his/her] Social Security Number?)

SOCIAL SECURITY NUMBER  ____________

**Z6a. REFUSED (Explain):**

**TURN TO P. 6, Z7**
POST INTERVIEW CHECKLIST FOR PENSION INFORMATION FROM EMPLOYER OF R'S SPOUSE

INTERVIEWER INSTRUCTIONS

☐ PS1. If Employer mentioned in 25a. is outside Interviewer's Primary Area, do not continue with Checklist.

☐ PS2. Using information in 25a. and 25d. (EMPLOYER NAME AND OFFICIAL JOB TITLE), determine name of person, office or department responsible for pension plan information. (PERSON LISTED BELOW SHOULD BE PERSON WE CAN CALL FOR FURTHER INFORMATION).

NAME: ___________________________________________ TITLE: ______________________________

OFFICE ADDRESS ____________________________________________________________

PHONE: _______________________________ AREA CODE/NUMBER ______________________

CITY, STATE AND ZIP CODE ________________________________ (APPT:)

INFORMATION AND MATERIALS NEEDED (CHECK ALL THAT ARE OBTAINED)

☐ PS3. Official Name of the Pension Plan (title used to file forms with U.S. gov't

☐ PS4. Employer Identification Number (EIN)-- also required on gov't forms

EMPLOYER IDENTIFICATION NUMBER ________________________________

☐ PS5. Request copies of documents -- e.g. detailed description/brochures describing all pension plans for JOB TITLE AT 25d.

☐ a. Attachment(s) to Form 5500 (sometimes referred to as "Schedule B, Actuarial Information").

☐ b. Summary Plan Description (SPD)

☐ c. Brochures or descriptions given or sent to employees in JOB TITLE at 25d. concerning their pension plan(s)

☐ d. OTHER (describe) ____________________________________________________________

☐ PS6. TOTAL NUMBER OF SEPARATE DOCUMENTS FOR PENSION PLAN OF R'S SPOUSE

TOTAL # OF DOCUMENTS ________________________________

(Affix your Interviewer's Label and label with Segment, Line, ID# and Interviewer's Label to each document obtained)
Z7. Thank you very much for your time and your help with our research. Our office in Ann Arbor, Michigan, may wish to get in touch with you by phone or mail to verify this interview. For this reason, I would like to have your name, address and phone number. (BE CERTAIN THAT FOR WOMEN YOU OBTAIN THEIR FIRST NAME, NOT THEIR HUSBAND'S FIRST NAME.)

MR  MISS

FIRST NAME  MIDDLE INITIAL  LAST NAME

MS  MRS

NUMBER AND STREET

DR

CITY AND STATE

Z7a. Telephone number for verification:

AREA CODE  NUMBER

R REFUSES NO.  R HAS NO PHONE

GO TO

Z7b. Is the phone listed in your name?

1. YES  5. NO → Z7c. In whose name is the phone listed?

FIRST  LAST

Z8. In case you move, could you give me the name and address or telephone number of a close friend or relative who would know how to get in touch with you.

1. YES  5. NO → GO TO Z9

FIRST NAME  LAST NAME

NUMBER AND STREET

CITY AND STATE

AREA CODE  NUMBER

R REFUSES NO.  R HAS NO PHONE

GO TO

Z9. EXACT TIME NOW ________
NONINTERVIEW FORM

NR1. Is reason for noninterview a permanent condition? Do not include refusals.

1. YES
5. NO → GO TO NR2

NR1a. What is this condition?

☐ 1. DECEASED AFTER LISTING
☐ 2. LANGUAGE (WHAT LANGUAGE?): ____________________________
☐ 3. MENTAL OR PHYSICAL CONDITION (DESCRIBE): ____________________________

☐ 4. MOVED OUT OF RANGE AFTER OCCUPANCY DETERMINED (If new address or phone number is known give it in NR2.)
☐ 7. OTHER (DESCRIBE): ____________________________

NR2. Describe in detail the reasons an interview was not taken.

☐ **IF LISTING DESCRIBES SOMETHING WHICH IS NOT AN HU OR WHICH IS LOCATED OUTSIDE THIS SAMPLE SEGMENT indicate what you found.
☐ **IF UNABLE TO GAIN ACCESS what attempts were made? (Try to obtain names, address, and phone numbers of persons to contact re: gaining access.)
☐ **IF REFUSAL, indicate who refused and reasons (either given or suspected) and what efforts (including letters) were made at persuasion.
☐ **IF "BUSY," "SICK," ETC. indicate whether you think this is simply an excuse or a genuine difficulty.
☐ **IF R AWAY check page 93 in the Interviewer's Manual to be sure that (he/she) should be listed. If so, state when R will return, and if R could be interviewed elsewhere.
☐ **IF YOU HAVE BEEN UNABLE TO DETERMINE WHETHER AN HU WAS OCCUPIED OR VACANT, describe the situation: state what inquiries and other attempts you have made to determine occupancy status.
☐ **IF ALL ADULT OCCUPANTS ARE RESIDING ELSEWHERE describe situation giving location of other residence, expected length of stay and reason for absence.
List all members of the household, including children, by relationship to informant. (If more than one family, indicate relationships with brackets.)

<table>
<thead>
<tr>
<th>(a) Household Members by Relationship to Informant</th>
<th>(b) Sex</th>
<th>(c) Age</th>
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WHOM TO INTERVIEW -- INTERVIEWER INSTRUCTIONS

1. If household contains a married couple or persons living as though married, interview the person most knowledgeable about the family's finances or both together. Do not interview adult children living in the HU.

2. If household contains unrelated roommates who are 18 years of age or older, list the household and interview person closest to age 45 as a single person economic unit.

3. If household contains an extended family (persons related by blood, marriage or adoption -- adult married children moved back with parents), interview the person or persons most knowledgeable about the family's finances.

4. If unclear whom to interview -- call the Field Office (313) 764-8356.

5. NOTE: IN ALL situations, the person whose occupation is asked about in Section R is considered the Respondent. Indicate R for this cover sheet in Col. (d) above.

6. We would like to conduct the interview with the person or persons in your family who are most knowledgeable about the family's finances. Who would that be?

7. IF MOST KNOWLEDGEABLE PERSON IS NOT AT HOME, DETERMINE CONVENIENT TIME FOR TW (AND PHONE NUMBER IF APPROPRIATE).

8. APPOINTMENT: ___________________________ Day __________ Date __________ Time __________

9. PHONE: ___________________________