

(Test 102)

Code No.: _____

Everyday Problems Test
(Multiple Choice Format)
Test 102

DO THIS TEST SECOND

Answer these 2 example questions before beginning Question 1 on the next page.

Example Problem A refers to the recipe below:

SOUR MILK BISCUITS	
2 cups flour	2 tablespoons shortening
3 teaspoons baking powder	1/2 teaspoon soda
1 teaspoon salt	3/4 cup sour milk

Sift flour, baking powder, and salt together. Rub in shortening with finger tips. Mix soda and sour milk. Add slowly to first mixture and mix to a soft dough. Roll out on slightly floured board to 1/2 inch thickness. Cut with a biscuit cutter. Bake in quick oven (450 degrees F) 10 to 15 minutes.

Yield: 12 biscuits.

- A. Which ingredient is mixed with the sour milk?
- a. flour
 - b. shortening
 - c. soda
 - d. salt

The correct answer to A is answer c, "soda". Therefore, circle c on the answer sheet.

- B. If you wanted to make just 6 biscuits, how much flour would you use?
- a. 2 cups
 - b. 1 cup
 - c. 4 cups
 - d. 1 1/2 cups

The correct answer to B is answer b, "1 cup". Six biscuits would require only half the amount in the recipe given. Circle the answer "b".

TURN THE PAGE AND BEGIN

Chart: Energy Expenditure of a Healthy Adult

Approximate Energy Expenditure by a Healthy Adult Weighing About 150 Pounds	
Activity	Calories per hour
Lying quietly	80-100
Sitting quietly	85-105
Standing quietly	100-120
Walking slowly, 2 1/2 mph	210-230
Walking quickly, 4 mph	315-345
Light work, such as ballroom dancing, cleaning house, office work, shopping	125-310
Moderate work, such as cycling, 9 mph, tennis, scrubbing floors, weeding garden	315-480
Hard work, such as chopping wood, shoveling snow, spading garden, swimming, "crawl"	480-625

45. If your job were one in which you had to stand quietly for a 4 hour shift, about how many calories would you use in 4 hours?
- a. 100-120
 - b. 200-240
 - c. 300-360
 - d. 400-480
46. It takes you 30 minutes to clear your driveway of snow. About how many calories did you use?
- a. 125-310
 - b. 240-312
 - c. 315-480
 - d. 480-625

Forms: Telephone Calling Card Application (Financial Information)

Financial Information (Please Print)			
Bank references:			
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank name	City	State
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank name	City	State
Credit references (include charge accounts, installment contracts, finance co., credit cards, etc.). Give complete list of all amounts owing.			
Credit or charge cards	Issuing company or bank	Monthly payments	Balance due
		\$	\$
		\$	\$
<p>I agree to pay for charges to the account in accordance with the terms of the applicable tariffs as explained in the Account Agreement they will send me when my application is approved</p>			
APPLICANT'S SIGNATURE X _____ Date _____			FOR OFFICE USE ONLY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Please allow 4 to 6 weeks for delivery			SCM 889

47. How long will it take for your Phone Card to arrive?

- a. 1 to 2 weeks
- b. 2 to 4 weeks
- c. 4 to 6 weeks
- d. 6 to 8 weeks

48. What expenses are you liable for when you sign this application?

- a. all account charges
- b. application processing fee
- c. credit card check fee
- d. delivery charge

Form: Credit Card Application

PLEASE TELL US ABOUT YOURSELF			Note: Married applicants may apply for separate credit.			IMPORTANT: Please Print		
Applicant's Last Name	First Name	Middle Initial	Social Security Number			Mother's Maiden Name		
Home Address	Number & Street	Apt #	How Long: Years Months		<input type="checkbox"/> Own Home	<input type="checkbox"/> Live With Parents		
City	State	Zip Code	Date of Birth Month Day Year		<input type="checkbox"/> Own Condo/Co-op	<input type="checkbox"/> Rent		<input type="checkbox"/> Other: _____
Previous Home Address			How Long: Years Months		Highest Level of Education Completed:			
Annual Household Income ¹ \$			Additional Income ¹ \$		Source of Other Income ¹		Number of Dependents:	
			PLEASE TELL US ABOUT YOUR EXISTING ACCOUNTS					
			<input type="checkbox"/> Checking Account Institution Name: _____					
			<input type="checkbox"/> Savings Account Institution Name: _____					
			<input type="checkbox"/> Other Depository Accounts (Money Market/CD/IRA) Institution Name: _____					
			<input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> Diner's Club <input type="checkbox"/> Department Store Card					
			<input type="checkbox"/> Discover Card <input type="checkbox"/> American Express Card					
			<input type="checkbox"/> Other Creditors: Name: _____ Name: _____ Name: _____					
PLEASE SIGN HERE			X _____ Applicant's Signature			_____ Date		

49. What type of information would the bank want to know about where you used to live?
- a. Number of dependents at old address, and how long you lived there
 - b. Your old address and how much household expenses were
 - c. Your old address and how long you lived there
 - d. Your old address and who lived there with you
50. What specific information should you provide regarding your Individual Retirement Account?
- a. Account number
 - b. How long you have held account
 - c. Where the account is held
 - d. Balance in account

Directions: How to Apply for Food Stamps

1 FILE AN APPLICATION FORM

* The food stamp office will give you an application form on the same day you ask for one. You can ask for it in person, over the phone or by mail, or someone else may get one for you.

2 HAVE AN INTERVIEW WITH A FOOD STAMP WORKER

* After you have turned in your application, a worker will hold a confidential interview with you or another member of your household.

* If you are 65 or older or disabled and you cannot go to the food stamp office and no one can go for you, let the office know. A worker will arrange to interview you at home or by telephone. Other people who cannot get to the office and who have no one to go for them may qualify for a home or telephone interview, too.

3 MEET ELIGIBILITY RULES AND PROVIDE PROOF THAT YOU ARE ELIGIBLE

* Resources: All households may have up to \$1,750 worth of resources. Households of two or more persons may have up to \$3,000 if at least one member is age 60 or older.

51. You are 59 years old and your spouse is 60. What is the maximum financial worth you can have and qualify for food stamps?
- \$1,750
 - \$3,000
 - \$3,500
 - \$4,000
52. What must happen next, after you return your food stamp application to the office?
- Interview with office personnel
 - You provide proof of income
 - Your application must be approved
 - You receive food stamp I.D. card

Chart: Choosing Furniture Polishing Products

FURNITURE POLISHING PRODUCTS		
Product	Application	Results
Liquid polish	Apply with a soft cloth; buff lightly with a clean, soft cloth while wet	High luster; little protection
Paste wax	Apply sparingly with a soft cloth; buff vigorously with a clean, soft cloth when dry	High luster; moderate protection; slight yellowing
Spray wax	Spray on; buff with a clean, soft cloth while wet	Moderate luster; little protection
Dusting spray	Spray on; wipe off with a clean, soft cloth	Prevents dust from scattering; no protection
Scratch-cover liquid polish	Apply with a soft cloth; wipe off with a clean, soft cloth	Conceals blemishes; no protection
Oil finish	Apply with a soft cloth; dry with a clean, soft cloth	High luster; no protection

53. What product should you use to hide imperfections in the finish?
- Paste wax
 - Spray wax
 - Oil finish
 - Scratch cover liquid polish
54. What product should you use if you want the most protection available for your furniture?
- Liquid polish
 - Paste wax
 - Spray wax
 - Oil finish

Directions: Drivers' Right of Way Laws

Right-of-Way

When no signs, symbols, or police tell you what to do, you must follow special laws. Here are 3 of these laws:

1. Drivers must yield to pedestrians in these conditions:
 - When pedestrians are crossing the roadway at an intersection without a traffic light (the crosswalk does not have to be marked).
 - When pedestrians are crossing the roadway in specially marked crosswalks.
 - When the driver is turning a corner and the pedestrians are crossing with the light.
 - When a blind pedestrian carrying a white cane or being led by a guide dog is crossing the street.
 - When pedestrians are crossing the sidewalk at a driveway or alley.
2. Drivers turning left must yield to oncoming cars going straight ahead.
3. When two vehicles approach or enter an intersection from different roadways at about the same time, drivers coming from the left must yield to vehicles coming from the right.

55. If you are continuing on the same road through an intersection, who should yield to you?
- a. The car turning right
 - b. The last car reaching the intersection
 - c. The car going straight
 - d. The car turning left
56. Who has the right of way if you are making a right turn on red and a jogger is crossing with the light?
- a. You have right of way
 - b. Jogger has right of way
 - c. First one to reach intersection
 - d. Driver making left hand turn

Forms: Fruit Basket Gift Order Form

1. Ship to _____ Street _____ Apt. _____ City _____ State _____ Zip _____				
Qty.	Name of Item	Item No.	Price	Sales Tax
CHECK ONE <input type="checkbox"/> for Christmas <input type="checkbox"/> for Thanksgiving <input type="checkbox"/> for Hanukkah <input type="checkbox"/> week of ____/____/____ Ship to arrive: <input type="checkbox"/> Ship when available <input type="checkbox"/> Federal Express arrival date ____/____/____				
Greetings from: _____				

57. What information about the product should you include in the order to assure that the right item is delivered?
- a. Your telephone and credit card number
 - b. Your greetings to the recipient
 - c. The quantity, item name, and item number
 - d. The recipient's home and office phone number
58. What makes up the total cost for each item?
- a. The item price plus a service charge
 - b. The item price plus sales tax
 - c. The sales tax plus a service charge
 - d. The service charge, item price and sales tax

Chart: Desirable Body Weight Ranges for Men and Women

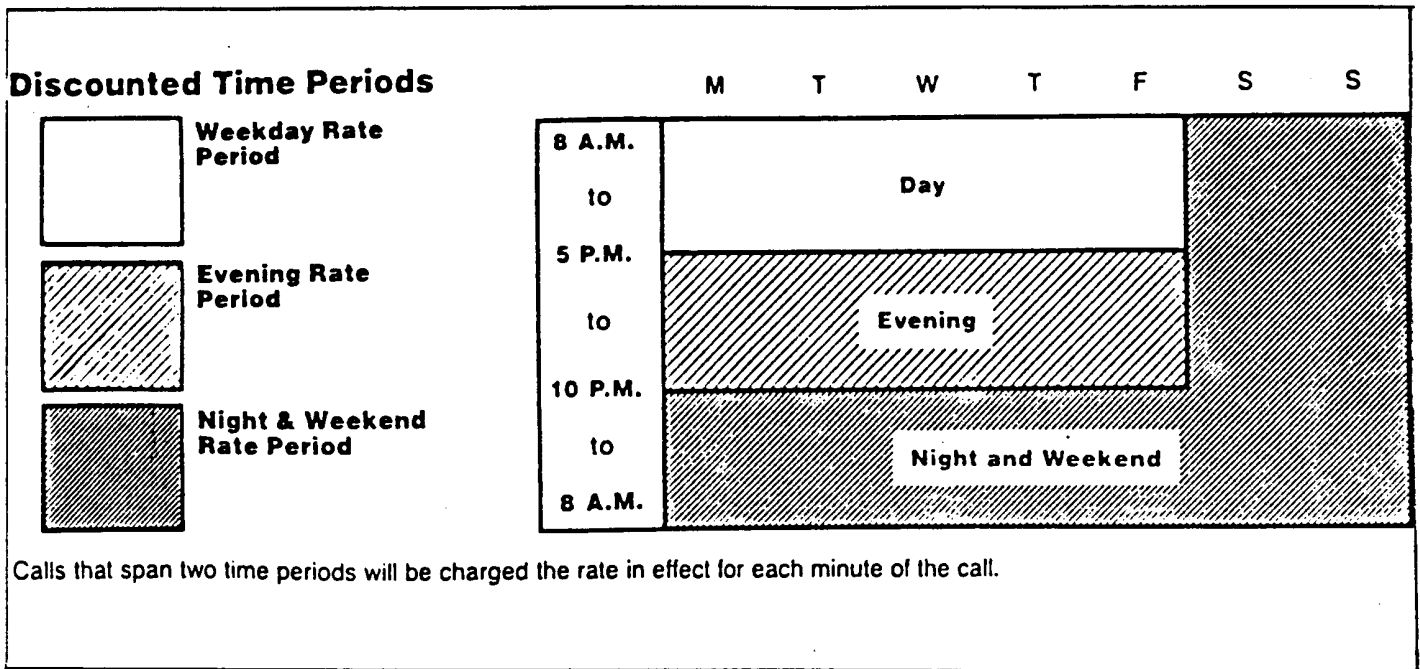
Height without shoes	Weight without clothes	
	Men (pounds)	Women (pounds)
4'10"		92-121
4'11"		95-124
5'0"		98-127
5'1"	105-134	101-130
5'2"	108-137	104-134
5'3"	111-141	107-138
5'4"	114-145	110-142
5'5"	117-149	114-146
5'6"	121-154	118-150
5'7"	125-159	122-154
5'8"	129-163	126-159
5'9"	133-167	130-164
5'10"	137-172	134-169
5'11"	141-177	
6'0"	145-182	
6'1"	149-187	
6'2"	153-192	
6'3"	157-197	

Note. For women 18-25 years, subtract one pound for each year under 25.

Source. Adapted from the 1959 Metropolitan Desirable Weight Table.

59. According to this chart, the desirable weight of a man who is 5'4" tall is almost identical to that of a woman who is how tall?
- 5'4"
 - 5'5"
 - 5'6"
 - 5'7"
60. How many more pounds are men permitted to weigh than women of the same height?
- 1-2 pounds
 - 2-3 pounds
 - 3-4 pounds
 - 4-5 pounds

Charts: Telephone Discounted Time Periods



61. Your son and daughter live in the same city out-of-state. You call your daughter at 11:37 a.m. on Saturday. You call your son at 9:30 p.m. on Wednesday. Both calls last 5 minutes. Which call is cheaper?
- Phone call to daughter
 - Phone call to son
 - Calls cost the same
 - Daytime calls are cheaper
62. If your call begins at 4:57 p.m. on Monday, and lasts for 7 minutes, what is/are the applicable rate(s) for your call?
- Weekday Rate
 - Evening Rate
 - Weekday and Evening Rate
 - Evening and Night Rate

Directions: Mail a Rebate with Proof of Purchase

TWO SPECTACULAR REBATE OFFERS!

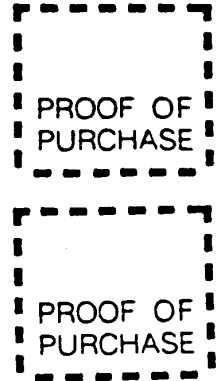
OFFER #1 \$1.00 Rebate when you purchase two GET-120 or T-120SHG Video Tapes in a single purchase.

OFFER #2 \$1.00 Rebate when you purchase a GET-120SK Survival Kit (GE VCR Maintenance Kit).

1. To get your \$1.00 rebate when you purchase 2 GET-120, or 2 T-120SHG video tapes, remove the proof-of-purchase seals from the video tape instruction manuals inside the tape packages. And affix them to the two shaded proof of purchase areas shown on this coupon.

2. To get your \$1.00 rebate when you purchase the Survival Kit, cut the proof-of-purchase seal from the back box panel. And affix it where indicated on this coupon. Also, remove the proof-of-purchase seal from the instruction manual inside the box of tape and affix it to the smaller of the two non-shaded proof-of-purchase areas on this coupon.

Then mail this coupon along with the original dated store receipt (or receipts should you decide to take advantage of both rebate offers) to:



63. What must you mail along with the coupon and proof of purchase to receive your rebate?
- a. Back box panel of kit(s)
 - b. Instruction manual(s)
 - c. Store receipt(s)
 - d. \$1.00
64. Where inside the box of tape will you find the proof of purchase that is common to both offers 1 and 2?
- a. Instruction manual
 - b. Non-shaded area on coupon
 - c. Back box panel
 - d. Inside the tape package

Form: Tax Returns for Income and Net Profits

COMPUTATION OF TAXABLE INCOME

EARNED INCOME (full or part-time income from salaries, wages, commissions, bonuses, fees, tips) A copy of the earnings and tax statement (form W-2 and/or 1099) from each employer **MUST** be attached to this return.

EMPLOYER	ADDRESS	INCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____
5. Sub-total earned income (add income from above employer(s))		_____
6. Less allowable employee business expenses and/or nontaxable income		_____
7. TOTAL EARNED INCOME (Line 5 less line 6)		_____
NET PROFITS: (If net loss, zero must be entered on appropriate line)		
8. Profits from business, profession, farm as sole proprietor (Attach Form C /F)		_____
9. Profits from business, profession, farm as partner (Form K-1)		_____
10. Profits from royalties, patents, fees, honoraria, etc.		_____
11. TOTAL NET PROFITS (add lines 8 through 10)		_____
TOTAL TAXABLE INCOME:		
12. Total earned income and net profits (line 7 through 11)		_____

I declare under the penalties provided by law that this return has been examined by me and is to the best of my knowledge and belief true, correct and complete.

13. _____ 14. _____
 Signature of taxpayer Date

65. Which two deductions may one use to reduce the Total Earned Income one reports?
- Farm income and sole proprietor business profits
 - Partnerships and allowable business expenses
 - Nontaxable income and sole proprietor business profits
 - Nontaxable income and allowable business expenses.
66. If one earns \$15,000 in income (\$3,000 of which is non-taxable), and makes another \$1,000 in profits from a partnership, what number should be entered on line 12?
- \$13,000
 - \$15,000
 - \$16,000
 - \$19,000

Form: Warranty Registration Card for Vacuum Cleaner

WARRANTY REGISTRATION CARD

To validate warranty, fill out card and return to **ROYAL** within 10 days of purchase.

Model No. **503** Date Purchased _____

Name _____

Street _____

City _____ State _____ Zip _____

Dealer's Name & Address _____

Model No. **503**

PLEASE ENTER SERIAL NO.

SERIAL
NO.

--	--	--	--	--	--	--	--	--	--

To serve you better, please answer a few market research questions. Thank you.
Thank you.

Your Age: () under 20 () 20-29 () 30-39 () 40-49 () 50-59 () 60 and over

Sex: () Male () Female Is this a gift? () Yes () No Do you own your home: () or rent: ()

Do you live in a: () Large City () Small City () Suburb () Rural Area () Other (specify) _____

Education: () College Graduate () High School Graduate () Attended College () Attended High School

What prompted you to buy this **ROYAL** product? () Magazine Ad () Newspaper Ad () T.V. Ad
() Friend () Store Salesman () Product Quality () In Store Display () Radio Ad

67. If you purchased this product on May 17th, you have until what date to return the warranty card?
- a. June 17
 - b. May 30
 - c. May 27
 - d. May 24
68. If you read about Royal vacuum cleaners in Newsweek, which brackets would you check?
- a. Magazine ad
 - b. TV ad
 - c. Radio ad
 - d. Newspaper ad

Chart: When to Service Your Car

WHEN TO SERVICE YOUR CAR	
In addition to the regularly scheduled maintenance services outlined for your car by the manufacturer in the owner's manual, the following recommendations will help you keep your car trouble-free	
While driving, be alert to the onset of any of the following; report it to a mechanic as soon as possible: Slower-than-normal cranking Brake-pedal softness or hardness; brake noise Steering-wheel pull Unfamiliar engine noise A gauge that shows an abnormal reading	Yearly: Inspect brake lines for cracks; inspect brake pads and linings for wear Lubricate lock cylinders, body points, door hinges. Test ability of parking brake
Once a month and before a long drive: Check tire pressure Be sure that all lights work Check ground beneath parked car for fluid leaks	Twice yearly (usually spring and fall): Check power-steering, brake, and manual-transmission fluid levels Check coolant Inspect drive belts Check radiator, heater, and air-conditioner hoses Rotate tires

69. According to this chart, when should you check your high beams?
- Two times a year
 - Before driving cross-country
 - Once a year
 - Every time you drive
70. How often should you oil the latch on your hood?
- Once a year
 - Autumn and spring
 - Twice a year
 - Monthly

Directions: Stuffing Mix Cooking Instructions

DIRECTIONS

1 package Stuffing Mix

1 $\frac{2}{3}$ cups water*

$\frac{1}{4}$ cup ($\frac{1}{2}$ stick) butter or margarine

*For more moist stuffing, increase water by 2 tablespoons; for less moist stuffing, decrease water by 2 tablespoons.

SAUCEPAN

1. Combine contents of vegetable/seasoning packet, water and butter in medium saucepan. Bring to a boil. Reduce heat; cover and simmer 5 minutes.

2. Stir in stuffing crumbs. Cover, remove from heat and let stand 5 minutes. Fluff with fork.

MICROWAVE

1. Combine contents of vegetable/seasoning packet, hot water, and butter, cut in pieces, in 1 $\frac{1}{2}$ -quart microwavable bowl. Stir in stuffing crumbs.

2. Cover and cook at HIGH 5 to 6 minutes.** Fluff with fork.

**Ovens vary. Heating time is approximate.

71. According to the directions, to make dryer stuffing what can you do?
- Cook stuffing longer
 - Let stuffing stand longer before serving.
 - Decrease water by 2 tablespoons
 - Decrease the butter
72. In the sauce pan method, how long do you cook the stuffing after adding the bread crumbs?
- 0 minutes
 - 5 minutes
 - 6 minutes
 - 5-6 minutes

Form: Patient Information Request Form

Name	_____	Date	_____
	First Middle Initial Last		
Address:	_____		
	Street, Apt.# City Zip Code County		
Telephone:	_____		
How can we contact you?	Phone Mail Work No contact		_____
Birthdate:	_____	Age	_____ Birthplace
	_____		_____
Social Security Number	_____		
Marital Status:	Married Never Married Separated		
	Widowed Divorced		
Race:	White Black Far East/Southeast Asia/Pacific Island		
	American Indian Other		
Employment Status:	Full Time Part Time Unemployed Retired		
Income Information:	Monthly gross income (earnings by you and/or persons supporting you. Gross income before taxes)	\$	_____
Family Size (Number of persons supported by your income)	_____		
Name of Insurance Company	_____		
Permission to release information to insurance Co.?	YES NO		
Signature	_____		

73. On the form, how is family size defined?
- How many persons are in your family
 - How many people are supported by your gross income
 - Amount of net income
 - Amount of income before taxes
74. What information regarding your health insurance will you need to know in order to complete this form?
- Address of insurance company
 - Your insurance policy number
 - Name of health insurance provider
 - Name of your insurance agent

Charts: Itemized Long Distance Telephone Bill

October 4, 1989

This portion of your bill is provided as a service to PIC. You may choose another company for your long distance telephone calls while still receiving your local telephone service from Bell of Concord.

No.	Date	Time	Call type	Place	Number	Minutes	Cost
1	Aug 29	7:28PM	Evening	To CLEVELAND OH	216-555-1111	46	7.08
2	Aug 29	8:46PM	Evening	To COLUMBUS OH	614-777-5555	1	.15
3	Aug 29	8:51PM	Evening	To CLEVELAND OH	216-456-7890	1	.15
4	Aug 29	9:18PM	Evening	To CLEVELAND OH	216-555-1111	1	.15
5	Sep 10	7:11PM	Evening	To CLEVELAND OH	216-888-2222	44	6.78
6	Sep 17	9:14PM	Evening	To CLEVELAND OH	216-999-9999	33	5.08
7	Sep 22	7:10PM	Evening	To CLEVELAND OH	216-555-1111	1	.15
8	Sep 22	8:35PM	Evening	To READING PA	215-777-5555	23	4.42
9	Oct 1	8:33PM	Evening	To CLEVELAND OH	216-999-9999	24	3.69

75. To what phone number was the greatest number of calls made?
- a. 614 777-5555
 - b. 216 456-7890
 - c. 216 888-2222
 - d. 216 555-1111
76. What is the name of the phone company that provides local phone service?
- a. PIC
 - b. Bell of Concord
 - c. Sprint
 - d. MAC

Chart: Mail in Rebate for Ladies Underwear

HERE'S HOW TO GET UP TO \$4.00 BACK BY MAIL ON LADIES' & GIRLS' PANTIES AND SOCKS:

To receive a \$1.00 or \$2.00 refund on each of the two product categories listed below (maximum \$4.00), Mail this form, your cash register receipt(s) and the required UPC symbol(s) to:

REBATE OFFER • P.O. BOX 7062 • BIG LAKE, MN 55309-7062

PRODUCT CATEGORY (CHECK ONLY 1 BOX PER CATEGORY)			
LADIES' & GIRLS' PANTIES	<input type="checkbox"/> \$1.00 UPC symbol from one 3-pack	or	<input type="checkbox"/> \$2.00, UPC symbols from two 3-packs or one 6-pack
LADIES' & GIRLS' SOCKS	<input type="checkbox"/> \$1.00 UPC symbol from one 3-pack	or	<input type="checkbox"/> \$2.00, UPC symbols from two 3-packs or one 6-pack
Please send me a total refund of...			\$

77. How many pairs of socks will you need to buy to qualify for the \$2 rebate?
- two
 - four
 - six
 - eight
78. What additional items must be mailed with the form in order to receive a refund?
- Completed form and your cash register receipt(s)
 - Completed form and UPC symbols
 - UPC symbols and your cash register receipt(s)
 - UPC symbol

Chart: Medical Assistance Card Plans

SERVICES COVERED BY THE MEDICAL ASSISTANCE CARD	ELIGIBLE PERSONS		
	Categorically Needy (Blue Card)	Medically Needy (Green Card)	State Blind Pension (Pink Card)
I. PRIMARY CARE SERVICES			
Doctors			
A. Office	yes	yes	yes
B. Home	yes	yes	yes
C. Inpatient Hospital	yes	yes	no
D. Nursing Home	yes	yes	no
Outpatient Hospital Clinic	yes	yes	no
Independent Medical Clinics	yes	yes	no
Rural Health Clinics	yes	yes	yes
Emergency Rooms	yes	yes	no
II. SUPPLEMENTAL SERVICES			
Outpatient Renal Dialysis Services (includes dialysis treatments, equipment and supplies necessary for dialysis provided at the facility or in the patient's home)	yes	yes	no
Medical Supplies	yes	no	no
Outpatient Laboratory	yes	yes	no
Prescription Drugs	yes	Inpatient only	no
X-rays and other tests	yes	yes	no

79. The cost of diuretic tablets you take at home is covered only if you have which color card?

- a. pink
- b. green
- c. blue
- d. None of the cards covers medications

80. What are the services a visually impaired person is eligible for?

- a. office and in-home doctors' visits, emergency room
- b. office and in-home doctors' visits, rural clinics service
- c. prescription drugs, emergency service, doctors' visits
- d. rural clinics and prescription drugs

Directions: Operating Hand Held Vacuum Cleaner

II. Operating Instructions

Switch Operation

1. The Duster will automatically turn off when your thumb is removed from the button, saving battery power for when you need it.

Vacuuming Instructions

1. Remove the Duster from the charging bracket by gripping middle of handle and gently pulling unit from bracket
2. For the most vacuuming power, clean the filter bag after each use.
3. For maximum cleaning time per charge, turn unit "OFF" when not actually vacuuming dirt.
4. With a full charge you should expect approximately 6 minutes of run time.

81. How much vacuuming time will you have after a complete charging?
- a. 10 minutes
 - b. 30 minutes
 - c. 6 minutes
 - d. 4 minutes
82. To maximize the suction of the miniduster, what should you do?
- a. Remove thumb from button.
 - b. Clean filter after using.
 - c. Turn unit OFF when not using.
 - d. Take machine from bracket.

Form: Travel Survey

1. Are you Male <input type="checkbox"/>	Female..... <input type="checkbox"/>	
2. Into which of the following groups does your age fall? (Check one only)		
Under 45 .. <input type="checkbox"/>	55-59 <input type="checkbox"/>	70-74 <input type="checkbox"/>
45-49 <input type="checkbox"/>	60-64 <input type="checkbox"/>	75 + <input type="checkbox"/>
50-54 <input type="checkbox"/>	65-69 <input type="checkbox"/>	
3. What was your total household income (from all sources) in 1989?		
Under \$25,000 <input type="checkbox"/>	\$50,000-\$59,999 ... <input type="checkbox"/>	
\$25,000-\$29,999 ... <input type="checkbox"/>	\$60,000-\$74,999 ... <input type="checkbox"/>	
\$30,000-\$34,999 ... <input type="checkbox"/>	\$75,000-\$99,999 ... <input type="checkbox"/>	
\$35,000-\$39,999 ... <input type="checkbox"/>	\$100,000 + <input type="checkbox"/>	
\$40,000-\$49,999 ... <input type="checkbox"/>		
4. What is the highest level of education you have completed? (check one only)		
Att. H.S. <input type="checkbox"/>	Att. Coll. <input type="checkbox"/>	
Grad. H.S. <input type="checkbox"/>	Grad. Coll. <input type="checkbox"/>	
	Post Grad. Study. <input type="checkbox"/>	
5. Are you: Married <input type="checkbox"/>		Single. <input type="checkbox"/>
Divorced/Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>	
6. Are you:		
Employed full-time (35+ hrs/wk) <input type="checkbox"/>		
Employed part-time (- 35 hrs/wk) <input type="checkbox"/>		
Retired <input type="checkbox"/>	Volunteer <input type="checkbox"/>	
7. Have you made any domestic trips over 100 miles (one way) in the last 12 months?		
Yes <input type="checkbox"/>	No..... <input type="checkbox"/>	
8. Do you have a valid passport?		
Yes <input type="checkbox"/>	No..... <input type="checkbox"/>	
9. Have you taken a foreign trip in the last 3 years?		
Yes <input type="checkbox"/>	No..... <input type="checkbox"/>	

83. If you travelled to see family in Canada last month, on what line would you indicate this on the form?

- a. 3
- b. 7
- c. 8
- d. 9

84. On line 6, what is the name of the box you should check if you work 37 hours weekly?

- a. Full time
- b. Part time
- c. Retired
- d. Volunteer