

Appendix B, Part 1: Cognitive Testing Protocol

Cognitive Interview Screening Questions

Participants for this study will be recruited from a database maintained by OSMR. Several additional questions will be asked to ensure that at least some of the participants who come in to the lab will have experience with topics asked about in the study. With the questions below, we are interested in finding participants who have some sort of government administered healthcare or a special healthcare plan like dental or eye care insurance. We are also interested in those that have had expenses for public transportation (which should be a large proportion of our DC area participant pool). Our recruiter will ensure that we have at least 10 participants that meet each of these requirements. These groups can overlap. For example, a participant who has a dental insurance plan and takes public transportation would meet two of these requirements. Once these recruiting needs are met, these questions will no longer be asked of interested participants.

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Expiration Date: 04-30-2018

Thank you for calling in. I am recruiting for a study by the Bureau of Labor Statistics that asks people to recall purchases that they have recently made and then answer some follow-up questions about those purchases. We need to talk to people who have had certain types of expenses during the last three months. I have a few questions that will help us see if you are eligible to participate in this study. OK?

1. Do you or anyone in your household have any of the following types of health insurance?
- Medicare
 - Medicaid
 - SCHIP (State Child Health Insurance Program)
 - VA (Veterans Administration)
 - Tricare
 - Dental Insurance
 - Eyecare Insurance?
2. Do you pay out-of-pocket for travel or commuting on public transportation?
- Yes
 - No
- 10 who say yes to at least one in this group
- 10 who say yes to one in this group
- 10 who say yes to one in this group

If participant meets eligibility requirements:

You are eligible to participate in this study. Let's get you scheduled.

If participant does not meet eligibility requirements:

I'm sorry but you are not eligible to participate in this study. We will keep you in mind for future studies. Thank you for your time.

If the person requests to know why they were not eligible. The recruiter will explain the eligibility requirements.

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Introductory Material

OMB Control Number: 1220-0141
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- Hi! Thank you for coming in today.
- I am [This is my colleague () who will be taking notes for us today]
- Have you participated in any of our studies before? (if yes, Which ones?)
- [Sign Consent Form/Permission to audiotape] (see Appendix C)
- Explanation:
 - We are going to be working with some questions from the Consumer Expenditure Survey, an ongoing survey that provides information about the buying habits of American consumers. This information is used for a lot of things but its primary purpose is to help calculate inflation. Are you familiar with the inflation rate?
 - What we are going to do today is go through a few questions from the survey and get your reactions to them. The purpose of this session is to help us find out more about how people respond to these questions. Basically, we're trying to find out what you think a question is asking and how hard it is to answer. We are not here to evaluate you, we are looking to improve the questions, so there are no wrong answers. All the information you give us will be kept completely confidential, and will be used to improve the survey questions.
- Any questions before we begin?
- The Consumer Expenditure Survey is a household survey so I am going to ask you to report expenses that you or anyone else in your household have made during the last three months. To get started I'd like to get some information about you and the people in your household.
- How many people are in your household, including yourself?

Name	Relationship	Age	Gender	
	Participant		M	F
			M	F
			M	F
			M	F
			M	F

Module A

Revisions to be tested:

- Add gateway questions for whether respondent has retirement accounts or checking/savings accounts.
- Add follow-up questions for when participants report having \$0 in their accounts a year ago to ask whether they had an account a year ago.

Protocol:

The next few questions are about financial assets, credit, and loans. We know people aren't used to discussing their debt and financial assets, but we use this information to get a picture of how spending relates to changes in debt and savings. Be assured that, like all other information you have provided, these answers will be kept strictly confidential.

NEW QUESTION

Do ^YOU_ANYMEM have any retirement accounts such as 401(k)s, IRAs, Thrift Savings Plans?

- Yes
- No

As of TODAY --

What is the total value of all retirement accounts such as 401(k)s, IRAs, Thrift Savings Plans that ^YOU_YRCU ^own_owns?

What was the total value of all retirement accounts ONE YEAR AGO TODAY?

- If \$0, ask followup

NEW QUESTION

Did ^YOU_ANYMEM have any retirement accounts such as 401(k)s, IRAs, Thrift Savings Plans ONE YEAR AGO TODAY?

- Yes
- No

Stocks & Bonds

Do ^YOU_ANYMEM have any directly-held stocks, bonds, or mutual funds ^Retirement?

- Include U.S. savings bonds
- Yes
- No

As of TODAY --

What is the total value of all directly-held stocks, bonds, and mutual funds ^Retirement that ^YOU_YRCU ^own_owns?

- Include US savings bonds

What was the total value of all directly-held stocks, bonds, and mutual funds ^Retirement ONE YEAR AGO TODAY?

- Include US savings bonds
- If \$0, ask followup

NEW QUESTION

Did ^YOU_ANYMEM have any directly-held stocks, bonds, or mutual funds ^Retirement ONE YEAR AGO TODAY?

- Include U.S. savings bonds
- Yes
- No

Checking/Savings Accounts

NEW QUESTION

Do ^YOU_ANYMEM have any checking, savings, money market accounts, or certificates of deposit or CDs?

- Yes
- No

As of TODAY --

What is the total value of all checking, savings, money market accounts, and certificates of deposit or CDs ^YOU_YRCU ^have_has2?

What was the total value of all checking, savings, money market accounts, and certificates of deposit or CDs ONE YEAR AGO TODAY?

- If \$0, ask followup

NEW QUESTION

Did ^YOU_ANYMEM have any checking, savings money market accounts, or certificates of deposit or CDs ONE YEAR AGO TODAY?

- Yes
- No

Annuities/Trusts

^DoDoes_C ^YOU_YRCU have any other financial assets, such as annuities, trusts, and royalties?

- Yes
- No

As of TODAY --

What is the total value of these other financial assets?

What was the total value of these other financial assets ONE YEAR AGO TODAY?

- If \$0, ask followup

NEW QUESTION

Did ^YOU_YRCU have any other financial assets, such as annuities, trusts, and royalties ONE YEAR AGO TODAY?

- Yes
- No

[Monitor participants' answers and probe if there is any apparent difficulty (e.g., "You had trouble with _____. Can you tell me more about that?")]

Debriefing Questions:

1. Do you have any accounts that we missed? I don't need to know how much is in those other accounts, I'm just interested in what type of account they are.
2. [if no to having an account one year ago today] When answering the earlier questions, you reported that you did not have [type of account] one year ago today. When did you open that account?

Module B

Revisions to be tested:

- Remove "major" from credit card questions. Same additional question about presence of accounts one year ago.

MODIFIED QUESTION

^DoDoes_C ^YOU_YRCU have any credit cards including store cards and gas cards?

1. Yes
2. No

What is the total amount owed on all cards as of TODAY?

What was the total amount owed on all cards ONE YEAR AGO TODAY?

- If \$0, ask followup

NEW QUESTION

Did ^YOU_YRCU have any credit cards including store cards and gas cards ONE YEAR AGO TODAY?

- Yes
- No

Student Loans

As of TODAY --

^DoDoes_C ^YOU_YRCU have any student loans?

1. Yes
2. No

What is the total amount owed on all student loans?

What was the total amount owed on all student loans ONE YEAR AGO TODAY?

- If \$0, ask followup

NEW QUESTION

Did ^YOU_YRCU have any student loans ONE YEAR AGO TODAY?

- Yes
- No

Debriefing Questions:

1. One of the questions I asked you referred to “any credit cards including store cards and gas cards.” What are some examples of that category? Any others? [Try to get at least 5 examples]
2. And what about the term “major credit cards”. What are some examples of that category? Name whatever comes to mind, even if it overlaps with what you told me before.
3. Do you have any of those cards?

Module C

Revisions to be tested:

- Add question for internet service away from home.
- Reword telephone bill questions to include internet, cable TV, and satellite TV.

Now I am going to ask about utilities including telephone bills.

Report any bill you have received, even if the bill has not been paid. First, I'll ask you about telephone, internet, cable TV, and satellite TV bills.

1. Enter 1 to Continue

MODIFIED QUESTION

Since the first of (reference month), have (you/you or any members of your household) received any bills for telephone, internet, cable TV, or satellite TV services? Do not include bills entirely for business purposes.

- Yes
- No

What is the name of the company which provides the service?

How much were you billed for in (reference month)? Do not include any unpaid charges from a previous billing period.

MODIFIED QUESTION

Which of the following service items were included in the bill(s) -

- Read each item on list.
1. Telephone service (mobile, residential, or Voice over IP)?
 2. Internet service (including broadband, DSL, and dial-up)?
 3. Cable or satellite television service?

MODIFIED QUESTION

Did (you/you or any members of your household) receive any other bills for telephones, internet, or cable or satellite television not used entirely for business purposes?

- Yes
- No

NEW QUESTION

Since the first of (reference month) not including this month, have (you/you or any members of your household) paid for internet or wireless internet access away from home, such as at cafés, hotels, or airplanes?

- Yes
- No

What has been the total cost of internet service away from home since the first of (reference month)?

Debriefing Questions:

1. I asked about telephone, internet, and television bills. You said you had received bills for [categories for which they received bills]. Is that correct?
 2. Is that all of the expenses you had for telephone? For Internet? For cable or satellite TV?
 - a. [if No] Please explain?
 3. [if not already mentioned during questioning] Are any of these expenses combined?
-
4. [if no expense for internet away from home] Did you travel anywhere since the first of (reference month)? Did you use any public internet sources during that time? Did you pay for any of those sources?
 5. [if no expense for internet away from home] You said that you did not have any expenses for internet away from home. Have you accessed the internet away from your home since the first of (reference month)?
 - a. [if yes] And there was no charge for that?

Module D

Revisions to be tested:

- Ask for expenditure amount as soon as possible after “did you have an expense for ___?” gateway question.
- Reword questions related to book purchases.
- Combine questions related to rental of DVDs and streaming video subscriptions.
- Test for context effects when satellite radio service question is moved to subscription service section.
- Change order of photographic film and photo printing questions.

Since the first of the reference month, have you or any members of your household purchased or rented any of the following items?

* [Read each item on list](#)

1. Small electrical kitchen appliances
2. Electrical personal care appliances
3. Electric floor cleaning equipment

What did you purchase or rent?

Was this item

1. Purchased for someone inside the household?
2. Rented?
3. Purchased for someone outside the household?

What did it cost?

Did this include sales tax?

- Yes
- No

When did you purchase it?

Any other expenses for []?

[if yes] Loop through follow-up questions

Furniture

Since the first of the reference month, have you or any members of your household purchased for you or your household or for someone outside of your household any -

*** Read each item on list**

1. Sofas?
2. Living room chairs?
3. Mattresses or box springs?

What did you purchase?

What was the purchase price?

Did this include sales tax?

- Yes
- No

In what month did you purchase it?

Was this purchased for your household or for someone outside of your household?

- For use by household
- For someone outside the household

Clothing

Since the first of the reference month, have you or has any member of your household purchased any of the following items, either for members of your household or for someone outside your household?

*** Read each item on list.**

1. Coats, jackets or furs
2. Pants, jeans, or shorts
3. Shirts, blouses, or tops

What did you buy?

How much did it/they cost?

Did this include sales tax?

- Yes
- No

Was this (were these) purchased for someone inside or outside of your household?

- Inside your household
- Outside your household
- Both inside and outside household

For whom was this purchased?

*** Enter all age/sex categories that apply to the purchase, separate with commas.**

- Male 16 and over
- Female 16 and over
- Male 2-15
- Female 2-15
- Children under 2 years old

When did you purchase it/them?

Entertainment

Since the first of reference month have you purchased any of the following items for your household or for someone outside your household?

* [Read each item on list.](#)

1. Books, digital books, or book subscriptions. Do not include school books or reference books.
2. Rented video files or DVDs or streaming video subscriptions
3. Satellite Radio Services
4. Photo printing or processing
5. Photographic film or disposable cameras

* [Ask if not apparent.](#) Describe the item.

What was the total amount of this expense?

Was this purchased for your household or someone outside your household?

- For household
- For someone outside your household

In what month did you have this expense?

[Monitor participants' answers and probe if there is any apparent difficulty (e.g., "You had trouble with _____. Can you tell me more about that?")]

Debriefing Questions:

1. [if book expense] You said that you purchased books, digital, books, or book subscriptions. Can you tell me more about those purchases?
2. One of the questions I asked referred to "book subscriptions." What does "book subscription" mean to you?
3. Do you have, or have you ever had, any book subscriptions?
 - a. [if yes] Tell me more about that?
4. Have you purchased any books through a book club?
5. [if rented video expense] You said you had an expense for "rented video files or DVDs or streaming video subscriptions." What businesses or services did you use for those?
6. Are there any video files or streaming video subscriptions that we didn't talk about? How about any DVD rentals?
7. Do you think of satellite radio services as a vehicle expense, a utility expense, an entertainment expense, or a subscription expense?
8. Did you have any expenses related to photography since the first of (reference month)?
9. Did you print any photos in the last 3 months?
 - a. [if no] When was the last time you had photos printed?

Module E

Revisions to be tested:

- Major changes to Health Insurance section.

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

NEW QUESTION

[fill: Are you/Are any members of your household] covered by any kind of health insurance or some other kind of health care plan? Include policies that you pay for on behalf of someone outside your household.

- Yes
- No

NEW QUESTION

What kind of health insurance or health care coverage [do you/does your household] have or pay for? INCLUDE those that pay for only one type of service; for example, nursing home care, vision care, or dental care. EXCLUDE private plans that only provide extra cash while hospitalized.

- [Read each item on list](#)
- [Enter all that apply, separate with commas](#)
- 1. Private health insurance, including employer and healthcare exchange plans?
- 2. Medicare?
- 3. Medi-Gap?
- 4. Medicaid^MDCDSTfill?
- 5. SCHIP, also known as Children's Health Insurance Program?
- 6. Military health care, also known as Tricare, VA, or CHAMP-VA?
- 7. Indian Health Service?
- 8. Single service plan, such as dental, vision, long-term care?
- 9. No coverage of any type

NEW QUESTION

[if 9 selected & AGE > 65] [Are you/Is anyone in this household] covered by Medicare?

- Yes
- No

NEW QUESTION

[if 9] There is a program called Medicaid that pays for health care for persons in need. In this state it is also called [state name]. [Are you/Is anyone in this household] covered by Medicaid?

- Yes
- No

NEW QUESTION

[if 8 not selected] [Do you/Does anyone in your household] have or pay for a separate insurance plan that pays for only one type of service such as dental, vision, or long-term care?

- Yes
- No

What type of service or care does your single service plan pay for?

1. Dental care
2. Long-term care
3. Prescriptions
4. Vision care
5. Other (specify)

[Monitor participants' answers and probe if there is any apparent difficulty (e.g., "You had trouble with _____. Can you tell me more about that?")]

Debriefing Questions:

1. [if health insurance] I asked you what kind of health insurance or health care coverage you and the people in your household have and you said you have [PARTICIPANT'S ANSWERS]. How did you go about answering this question?
2. Did you answer only for yourself or for your whole household? Do the other people in your household have the same type of insurance or something else?

- a. [if something else] What type of coverage do they have?
- 3. Do you pay for the health care of anyone outside your household, perhaps a member of your family?
- 4. Did you include coverage for your household, even if you don't pay for it?

Module F

Revisions to be tested:

- Changes to the mass transit questions in Expense Patterns section.

MODIFIED QUESTION

Do ^YOU_ANYMEM pay out-of-pocket for public transportation services such as bus, subway, train, or passenger ferry?

- Include all forms of public transportation
 - Yes
 - No

NEW QUESTION

What are the names of all household members who use public transportation?

- Enter line numbers for all that apply, separate with commas
 1. Person 1
 2. Person 2

NEW QUESTION

What is ^NAME's usual out-of-pocket cost?

- Select time period (per day, week, or month) on next screen
- Select time period
 - Day
 - Week
 - Month

NEW QUESTION

[if expense is Daily] How many days per week usually?

NEW QUESTION

Is any of the \$[fill: amount] per [fill: time period] for Amtrak?

- Yes
- No

NEW QUESTION

[if yes] How much?

- Enter amount per [fill: time period]

MODIFIED QUESTION

Did ^NAME receive a transit subsidy?

- Yes
- No

[if yes] What is the usual monthly amount?

1. What types of transit did you consider?
2. What time period were you thinking of when answering the question?
3. Did you include transit taken for work and for leisure?
4. Did you include any expense for transit while you were out of town on a trip?
5. How accurate do you think you were in reporting expenses for yourself?
6. [if HHSize > 1] How accurate do you think you were in reporting expenses for the rest of your

household?

7. [if expense] How often do you (and your family members) use each type of public transportation?
8. [if subsidy] Do you receive you subsidy monthly or on some other time period?

Module G

Revisions to be tested:

- Add questions related to the assessment of respondent burden.

Next I will ask you a few questions about your experience taking this survey. Be completely honest. The important thing is to improve the survey for others and your honest feedback will help me to do that.

NEW QUESTION

How burdensome was this survey to you? Would you say:

- Not at all burdensome
- A little burdensome
- Somewhat burdensome
- Very burdensome
- Extremely burdensome

NEW QUESTION

How difficult was it for you to answer the questions in this survey?

- Not at all difficult
- A little difficult
- Somewhat difficult
- Very difficult
- Extremely difficult

NEW QUESTION

How sensitive did you feel the questions I asked today were?

- Not at all sensitive
- A little sensitive
- Somewhat sensitive
- Very sensitive
- Extremely sensitive

NEW QUESTION

In thinking about the length of today's survey, would you say that it was...

- Very short
- Somewhat short
- Neither short nor long
- Somewhat long
- Very long

Debriefing Questions:

1. If a friend told you they were going to participate in this study next week, how would you describe it to them?
2. Earlier, I asked how burdensome this survey was to you and you said [ANSWER]. What does "burdensome" mean to you?
3. How did you arrive at your answer to this question about burden?
4. [if not at all burdensome] Do you think others would find this survey burdensome? Tell me more about that.
5. What are activities that you would rate as not at all burdensome? As extremely burdensome?
6. [if > not at all difficult] You also said that the questions were [ANSWER] difficult to answer. In

what ways were the questions [ANSWER] difficult? Which questions were you thinking of?

7. [if > not at all difficult] Is there another task that you've done that you would rate as [ANSWER] difficult?
8. How did you arrive at your answer to this question about difficulty?
9. [if > not at all sensitive] Which questions did you find to be sensitive?
10. One of the questions I asked was about the length of today's survey you said it was [ANSWER]. How did you arrive at your answer to this question?

Appendix B, Part 2: Online Testing Protocol

For online testing, debriefing questions will focus on assessing the accuracy of responses to the target questions. The goal is to monitor the responses from a large number of online participants to detect irregular responses. Each of the revisions will be listed on mTurk as a separate study (these studies are referred to as modules below) with an initial screening question. The screening criteria for the study will be listed in the study invitation. Potential participants will see the following information on the mTurk site.

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Expiration Date: 04-30-2018

Description: We'll ask you to recall expenses you have made recently and answer a few follow-up questions about those expenses.

Keywords: memory, survey, research

[THIS SECTION WILL CONTAIN INFORMATION INCLUDED AS SCREENING QUESTIONS BELOW. FOR EXAMPLE,

Qualifications Required: MODULE B WILL SAY...]
Participants in this study must have refinanced the mortgage on their current home.

If they click the link to the study, they will be asked the initial screening question.

If the participant's answer fits the screening criteria for that module, they will be forwarded to a screen with the introductory text on the next page. If they choose to proceed, they will be asked several demographic questions, the focal questions for that module, and then the debriefing questions. If the participant's answer does not fit the screening criteria, they will see the following text.

Thank you for your time, but you do not meet the qualifications for this study.

One hundred participants will complete each module. In two cases, Modules A and E, two alternatives are being tested. In these cases, 50 participants will be randomly assigned to one version of the question and 50 will be assigned to the alternative version.

Welcome! Thanks for your interest in our survey. You're here because we have asked you to participate in our research. We are asking you and hundreds of other people to tell us about what they think.

Unlike some surveys or online tasks you may be familiar with, we ask that you complete this survey all at one time and that you only start once you are in a quiet place where you won't be disturbed. The survey takes about 7 minutes, on average. Only share information you're comfortable with - nothing too personal - but please be honest and follow the instructions.

Please do not use your browser's back button.

This voluntary study is being collected by the Bureau of Labor Statistics under OMB No. 1220-0141. We will use the information you provide for statistical purposes only. Your participation is voluntary, and you have the right to stop at any time. This survey is being administered by Qualtrics and resides on a server outside of the BLS domain. The BLS cannot guarantee the protection of survey responses and advises against the inclusion of sensitive personal information in any response. By proceeding, you give your consent to participate in this study.

---page break---

On the following pages, you'll be asked to answer questions about expenditures you may or may not have made over the last three months. We will then ask you some additional questions to better understand your answers.

Let's get started!

---page break---

We'll start by asking a few questions about you and your household.

What is your age in years?

What is your gender?

- Male
- Female

What is the highest level of school you have completed or the highest degree you have received?

- Grades 1-12/No Diploma
- High School Diploma or Equivalent
- Some College
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate or Professional Degree

Are you Hispanic or Latino?

- Yes
- No

What is your race?

- American Indian or Alaska Native
- Asian

- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White

How many people live in your household, including yourself?

- 1
- 2
- 3
- 4
- 5 or more

[if HHSize > 1] How many of those people are under the age of 18?

- 1
- 2
- 3
- 4
- 5 or more

---page break---

Module A

Revisions to be tested:

- Reword alternative fuel vehicle and alternative fuel consumption questions.

Screening Question:

Do you or anyone in your household own one of the following vehicle makes/models?

- | | |
|--|--|
| <ul style="list-style-type: none"> • Chevy <ul style="list-style-type: none"> <input type="radio"/> Impala <input type="radio"/> Lacrosse <input type="radio"/> Silverado <input type="radio"/> Spark <input type="radio"/> Suburban <input type="radio"/> Tahoe <input type="radio"/> Volt • Dodge <ul style="list-style-type: none"> <input type="radio"/> Dart <input type="radio"/> Durango <input type="radio"/> Ram • Ford <ul style="list-style-type: none"> <input type="radio"/> Explorer <input type="radio"/> F-150/250/350 <input checked="" type="radio"/> Focus <input type="radio"/> C-MAX Hybrid | <ul style="list-style-type: none"> • Honda <ul style="list-style-type: none"> <input type="radio"/> Accord Hybrid <input type="radio"/> Civic <input type="radio"/> Clarity <input type="radio"/> CR-Z <input type="radio"/> Fit • Jeep <ul style="list-style-type: none"> <input type="radio"/> Cherokee <input type="radio"/> Grand Cherokee • Nissan <ul style="list-style-type: none"> <input type="radio"/> Leaf • Toyota <ul style="list-style-type: none"> <input type="radio"/> Avalon <input type="radio"/> Highlander <input type="radio"/> Prius • Volkswagen <ul style="list-style-type: none"> <input type="radio"/> Jetta Hybrid |
|--|--|
- Yes
- No

Do you or anyone in your household own any automobiles, trucks, minivans, vans or SUVs that are not used entirely for business?

- Yes
- No

What is the model year of the vehicle?

What is the make of this vehicle?

What is the model of this vehicle?

Is this vehicle an automobile or a truck, minivan, van, or SUV?

- Automobile
- Truck, van, minivan, or SUV

MODIFIED QUESTION

Is it fueled by –

- Gasoline only?
- Diesel fuel?
- Hybrid electric/gasoline?
- Electric only?
- FlexFuel/E85?
- Other – specify

ALTERNATIVE MODIFIED QUESTION

What types of fuel can this vehicle use –[Mark all that apply]

- Gasoline
- Diesel
- Electricity
- E85 Ethanol (also known as Flexfuel)
- Something Else – specify

Are there any other vehicles in the household?

[if yes] loop through all household vehicles

Since the first of (reference month) not including this month –

What has been your household's AVERAGE MONTHLY expense for gasoline and all other fuels for all vehicles?

Was any of this expense for diesel fuel?

- Yes
- No

How much?

NEW QUESTION

Was any of this expense for E85 fuel?

- Yes
- No

NEW QUESTION

How much?

Was any of the AVERAGE MONTHLY cost counted as a business expense?

- Yes
- No

What percentage of the AVERAGE MONTHLY COST was counted as a business expense?

- Less than 10%
- 10% - 20%
- 21% - 30%
- 31% - 40%
- 41% - 50%
- 51% - 60%
- 61% - 70%
- 71% - 80%
- 81% - 90%
- 91% - 100%

NEW QUESTION

Since the first of (reference month) not including this month –

Have you or any member of your household paid for electric vehicle charging away from home?

- Yes
- No

NEW QUESTION

How much?

NEW QUESTION

Was any of this amount counted as a business expense?

- Yes
- No

NEW QUESTION

What percentage of [fill: Amount of electric expense] was counted as a business expense?

- Less than 10%
- 10% - 20%
- 21% - 30%
- 31% - 40%
- 41% - 50%
- 51% - 60%
- 61% - 70%
- 71% - 80%
- 81% - 90%
- 91% - 100%

Debriefing Questions:

Questions will only be asked of those who report owning a vehicle

1. One of the questions we asked you was:

Is it fueled by –

- Gasoline only?
- Diesel fuel?
- Hybrid electric/gasoline?
- Electric only?
- FlexFuel/E85?
- Other – specify

What types of fuel can this vehicle use –[Mark all that apply]

- Gasoline
- Diesel
- Electricity
- E85 Ethanol (also known as Flexfuel)
- Something Else – specify

What do you think this question is asking? [order of response options randomized]

- The type of fuel I usually put in the vehicle
 - The types of fuel my vehicle can use
 - The types of fuel I have ever put in the vehicle, even once
 - Something else – Specify
2. [if # of Vehicles > 1] Were you able to answer this question accurately for all vehicles in your household?
 - Yes
 - No
 3. [if no] Please explain why you were not able to answer the question about fuel.
 4. How confident are you that your answer to this question was correct?
 - Not at all confident
 - A little confident
 - Somewhat confident
 - Very confident
 - Extremely confident
 5. Have you ever heard of E85?
 - Yes

- No
- 6. [if yes] Can you explain what E85 is?
 - Yes
 - No
- 7. Have you ever heard of FlexFuel?
 - Yes
 - No
- 8. [if yes] Can you explain what FlexFuel is?
 - Yes
 - No

Module B

Revisions to be tested:

- Reword mortgage origination date questions.

Screening Question:

Have you or any member of your household ever refinanced a mortgage for your current home?

- Yes
- No

Do you own the property in which you live?

- Yes
- No

[if yes] Do you have a mortgage or lump sum home equity loan for this property?

- Yes
- No

NEW QUESTION

[if yes] Have you or anyone in your household ever refinanced this mortgage?

- Yes
- No

MODIFIED QUESTION

[if yes to previous] In what year did you make the first payment on this mortgage or lump sum home equity loan after refinancing?

MODIFIED QUESTION

In what month did you make the first payment on this mortgage or lump sum home equity loan after refinancing?

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

MODIFIED QUESTION

What was the amount of this mortgage or lump sum home equity loan when you

obtained it, not including any interest?

Debriefing Questions:

1. [if refinance] Earlier we asked if you had refinanced a mortgage or home equity loan. You reported you made the first payment in [month], [year]. Is that when you made your first payment on the original loan or the refinanced loan?
 - Original loan
 - Refinanced loan
 - Something else - specify
2. [if homeowner with mortgage] Have you heard the term “refinance” regarding mortgages before?
 - Yes
 - No
3. [if yes] Could you explain what refinance means?
 - Yes
 - No

Module C

Revisions to be tested:

- Reword questions related to book purchases.

Screening Question:

Have you or any members of your household purchased any books or enrolled in any book subscription services in the last three months?

- Yes
- No

Since the first of (reference month) have you purchased any of the following items for your household or for someone outside your household?

1. Books, digital books, or book subscriptions. Do not include school books or reference books.
 - Yes
 - No

Describe the item.

What was the total amount of this expense?

Was this purchase for your household or someone outside your household?

- For household
- For someone outside your household

In what month did you have this expense?

- October
- November
- December
- January
- February

Debriefing Questions:

1. [if book expense] You said that you purchased books, digital books, or book subscriptions. What exactly did you purchase?
 - Books (paperback, hardcover)
 - Digital Books (e.g., books for Kindle, iPad, etc.)

- Audio Books
- Book Subscriptions
- 2. One of the questions I asked referred to “book subscriptions.” What are some examples of book subscription services?
- 3. Do you have, or have you ever had, any book subscriptions?
 - Yes
 - No
 - a. [if yes] What businesses are or were these subscriptions through?
- 4. Have you purchased any books through a book club?
 - Yes
 - No

Module D

Revisions to be tested:

- Combine questions related to rental of DVDs and streaming video subscriptions.

Screening Question:

Have you had any expenses for the rental of DVDs or for a streaming video subscription service in the past 3 months?

- Yes
- No

Since the first of (reference month) have you purchased any of the following items for your household or for someone outside your household?

- Subscription music services such as Rhapsody or Pandora
- Rented video files or DVDs or streaming video subscriptions
 - a. Yes
 - b. No

Describe the item.

What was the total amount of this expense?

Was this purchase for your household or someone outside your household?

- For household
- For someone outside your household

In what month did you have this expense?

- October
- November
- December
- January
- February

Debriefing Questions:

1. [if rented video expense] You said you had an expense for “rented video files or DVDs or streaming video subscriptions.” What businesses or services did you use for those? [mark all that apply]
 - Netflix
 - Hulu Plus
 - Amazon Prime
 - HBO Now
 - iTunes

- Google Play
- Redbox
- Video rental store
- Other - specify

Module E

Revisions to be tested:

- Change order of photographic film and photo printing questions.

Screening Question:

Have you had any photography related expenses in the past 3 months?

- Yes
- No

PROPOSED ORDER

Since the first of (reference month) have you purchased any of the following items for your household or for someone outside your household?

1. Photo printing or processing
2. Photographic film or disposable cameras

CURRENT ORDER

Since the first of (reference month) have you purchased any of the following items for your household or for someone outside your household?

1. Photographic film or disposable cameras
2. Photo printing or processing

- Yes
- No

Describe the item.

What was the total amount of this expense?

Was this purchase for your household or someone outside your household?

- For household
- For someone outside your household

In what month did you have this expense?

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Debriefing Questions:

1. Did you have any expenses related to photography since the first of (reference month)?
 - a. Yes
 - b. No
2. Did you print any photos in the last 3 months?
 - Yes
 - No

- a. [if no] Have you ever had photos printed?
 - Yes
 - No
- i. When was the last time you had photos printed?
- b. [if yes] Were they printed commercially or at home (mark all that apply)?
 - Printed commercially
 - Printed at home
- c. [if “home”] In the expense you reported to us earlier, did you include the cost of ink and paper?
 - Yes
 - No

Module F

Revisions to be tested:

- Test for context effects when satellite radio service question is moved to subscription service section.
- Change satellite radio service to Sirius/XM satellite radio service
- Update subscription music service examples

Screening Question:

Have you had any expenses for a subscription to satellite radio services (e.g., Sirius/XM or any other) during the past 3 months?

- Yes
- No

Since the first of (reference month) have you purchased any of the following items for your household or for someone outside your household?

1. Subscription music services such as Spotify or Pandora
 2. Sirius/XM satellite radio service
- Yes
 - No

Describe the item.

What was the total amount of this expense?

Was this purchase for your household or someone outside your household?

- For household
- For someone outside your household

In what month did you have this expense?

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Debriefing Questions:

1. Have you used or paid for any of the following streaming music services in the past three months??

Service	Have Not Used	Used for Free	Used and Paid For
Pandora	0	0	0
iHeartRadio	0	0	0
iTunes Radio	0	0	0
Spotify	0	0	0
Amazon Music	0	0	0
Rhapsody	0	0	0
Google Play All Access	0	0	0
TuneIn Radio	0	0	0
Radio.com	0	0	0
Slacker	0	0	0
Beats Music	0	0	0
Tidal	0	0	0

2. [if satellite radio] What service(s) do you use for satellite radio?
3. [if satellite radio] Have you *ever* used any other services for satellite radio?
 - Yes
 - No
3. [if yes] Which ones?
4. Which of these best matches the way you think of satellite radio services:
 - Vehicle expense
 - Utility expense
 - Entertainment expense
 - Subscription expense

Module G**Revisions to be tested:**

- Determine best examples for including e-cigarettes in the Information Booklet.

Screening Question:

Have you purchased any e-cigarettes or vaping products in the last 3 months?

- Yes
- No

Since the first of (reference month), have you or any members of your household purchased cigarettes?

- Yes
- No

MODIFIED QUESTION

Have you or any members of your household purchased other tobacco products such as cigars, pipe tobacco, chewing tobacco, or vaping products?

- Yes
- No

Debriefing Questions:

1. [if cigarettes] You reported that you purchased cigarettes. Did this include electronic cigarettes (i.e., e-cigarettes)?

2. [if expense for other tobacco products] What did you purchase?
 - Cigars
 - Pipe tobacco
 - Chewing tobacco
 - Vaping products
3. [if no to vaping products] Have you ever purchased vaping products?
 - Yes
 - No
4. What does “vaping products” mean to you?
5. What terms would you use to describe vaping products?

