**BLS Task Order 17:**Consumer Expenditure (CE) Records Protocol Feasibility Test

**Questionnaire/Survey Instrument** 

# of Times on Page	8
% With Records Overall	%0
% With Records this Page	N/A
Missing Items Overall	85
Missing Items on this Page	0

# of Times on Page	8																				
% With Records Overall	%0																				
% With Records this Page	N/A	e	9/12/2014 (mm/dd/yyyy)	Summary	Times Accessed	∞	9	m	m	2	2	2	2	2	2	m	m	m	4	4	
Missing Items Overall	85	Date	9/12/2014	Instrument Summary	Missing Items	:	:	0	0	10	7	6	2	2	14	4	2	9	7	12	
Missing Items on this Page	0		Today's Date		Section	Front	Roster	Rented Properties	Owned Properties	Home Maintenance	Phone-Internet-Cable	Utilities	Owned Vehicles	Leased & Rented Vehicles	Vehicle Expenses	Insurance	Health Insurance	Medical and Health Expenses	Education	Fees and Contributions	

Interviewer Notes

**Counters Running** 

Start/Stop Access Counters

4 4 9 8

7 12 0 8

Income Assets & Liabilities

	Missing Items	Missing Items	% With Records	% With Records	
<u>noH</u>	on this Page	Overall	this Page	Overall	# of Times on Page
	2	85	N/A	%0	9

		Education				
	ere?	Race				
Roster	iving or staying h S Age >= 18	Age		EN Age <18		
	n <b>es of all people l</b> :SPONDENT: ADULT: Relationship to	Reference Person		SPONDENT: CHILDR		
	What are the names of all people living or staying here?  DO NOT READ TO RESPONDENT: ADULTS Age >= 18  Relationship to	Name		DO NOT READ TO RESPONDENT: CHILDREN Age <18		

As we start, please understand that we ask the same questions of everybody we talk to. I realize refer to a specific time period. During this interview, the time period, unless I state otherwise is some of these questions may not apply to your household. Most questions that I will be asking for the past three months, that is, from the 1st day of June to today.

Property 2 Property 3

# of Times on Page	m
% With Records Overall	%0
% With Records this Page	%0
Missing Items Overall	85
Missing Items on this Page	0
Home	

Since the first of June, what were your total monthly rental payments for all rented properties? Include any extra charges for garage or parking facilities, but do not include direct payments by local, state or federal agencies.	what were lude any ex	your total mont tra charges for g ts by local, state	thly rental paymorgarage or parking cor federal ageno	ents for all g facilities, cies.
Business Expense? What percent business?	$\prod$			
Total	Total Amount Paid	Record Type		
June				
VluL				
August				

What does Rent Include?	uder	
Services Included		NONE
Mark all that apply		electricity
with an "X"		gas
		piped in water
		heating
		trash collection
		park facilitiy
		telephone services
		television services
		internet services
		funiture

Since the first of June, have you had any expenses for Special Payments to Management Service?	ine, have you h gement Service	ad any expense: e?	s for Special	
Which Property				
Business Expense?				
What percent business?				
	Total Amount Paid	Record Type		
June				
Alnr				
August				

% With Records Overall # of Times on Page 0% 3		ne, of credit?	
% With Records % this Page 0%		ince the first of Jur nd lump sum lines c	
Missing Items Overall 85	nple unit}  berty do you own?  the property rented out or  property today, how much do  nonthly, unfurnished and	ou had any loans s ne equity loans, an	
Missing Items On this Page  0	Thinking about {sample unit} What percentage of the property do you own? What percentage of time is the property rented out o available to be rented out? If someone were to rent this property today, how mu you think it would rent for monthly, unfurnished and without utilities?	For {sample unit}, have you had any loans since the first of June, including mortgages, home equity loans, and lump sum lines of credit?	Number of Home Equity Loans Number of Lump Sum Loans

Please tell me about one of the loans.	he loans.			
What kind of loan is it?				
Business Expense?				
Percent Business				
		Of Total Amount,		
	Total Amount Paid	Interest Paid	Record Type	
June				
July				
August				
		Total Amount Owed	Record Type	
Total amount owed before last payment				
		principal		
What is included in the payment?		interest		
Mark all that apply with an "X"		property taxes		
		property insurance		
		mortgage guarantee insurance (PMI)	insurance (PMI)	
		Any other payments, specify	specify	

				Record Type				Record Type						insurance (PMI)	specify
this property?			δ	Total Amount Paid Interest Paid				Total Amount Owed		1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	interest	property taxes	property insurance	mortgage guarantee insurance (PMI)	Any other payments, specify
Are there any other loans for this property?	What kind of loan is it?	Business Expense? Percent Business		_	June	yluly	August	;	Total amount owed before last payment		What is included in the navment?	Mark all that apply with an "X"			

Are there any other loans for this property?	this property	0.		
What kind of loan is it?				
Business Expense?				
Percent Business				
What was your monthly payment? And how much was for interest? Exclude any reimbursements	w much was for inte	rest? Exclude any reiml	bursements	
		Of Total Amount,		
	Total Amount Paid	Interest Paid	Record Type	
June				
July				
August				
		Total Amount Owed	Record Type	
lotal amount owed before last payment				
		principal		
What is included in the payment?		interest		
Mark all that apply with an "X"		property taxes		
		property insurance		
		mortgage guarantee insurance (PMI)	nsurance (PMI)	
		Any other payments, specify	specify	

Since the first of June, hare rent?	Since the first of June, have you made any payments for ground or land rent?
Which Property	
	Total Amount Paid Record Type
June	
July	
August	

Since the first of June, have you made any regular payments to a	ou made any	regular paymer	nts to a
Homeowners Assocation?			
Which Property			
Services Included		management	
Mark all that apply with an "X"		repairs or maintena	repairs or maintenance, including lawn care or snow removal
		improvements	
		utilities	
		parking	
		recreational includn	recreational including swimming, golf or tennis
		security including guards or alarm	uards or alarm
		maid service	
		medical services	
		trash collection	
		property taxes	
		other	
pusiness expense:			
what percent business:			
	<b>Total Amount Paid</b>	Record Type	
June			
ylıly			
August			
Since the first of June, have y	on made any	ne, have you made any special payments to a	ıts to a
Management Service?			
Which Property			
Business Expense?			
What percent business?			
	Total Amount Paid	Record Type	
June			
July			

Since the first of June, have you paid any special assessments to local government for construction, repair of roads, sidewalks or other things like that?  Which Property Business Expense? What percent business?  I Total Amount Paid June June June June June June June June
--

Thinking about {property 2}	What percentage of the property do you own? What percentage of time is the property rented out or available to be rented out? If someone were to rent this property today, how much do you think it would rent for monthly, unfurnished and without utilities?	For {property 2}, have you had any loans since the first of June, including mortgages, home equity loans, and lump sum lines of credit?	Number of Mortgages Number of Lump Sum Loans

Please tell me about one of the loans.	he loans.			
What kind of loan is it?				
Business Expense?				
Percent Business				
		Of Total Amount,		
	Total Amount Paid	Interest Paid	Record Type	
June				
July				
August				
		<b>Total Amount Owed</b>	Record Type	
Total amount owed before last payment				
		principal		
What is included in the payment?		interest		
Mark all that apply with an "X"		property taxes		
		property insurance		
		mortgage guarantee insurance (PMI)	nsurance (PMI)	
		Any other payments, specify	specify	

Are there any other loans for this property?	this property?			
Business Expense? Percent Business	Total Amount Paid	Of Total Amount, Interest Paid	Record Type	
Total amount owed before last payment		Total Amount Owed	Record Type	
<b>What is included in the payment?</b> Mark all that apply with an "X"		principal interest property taxes property insurance mortgage guarantee insurance (PMI) Any other payments, specify	nsurance (PMI) specify	

		ments		П	
		de any reimburse Record Type		Record Type	insurance (PMI) specify
		ipal and interest? Exclu Of Total Amount, Interest Paid		Total Amount Owed	principal interest property taxes property insurance mortgage guarantee insurance (PMI) Any other payments, specify
r this property?		ow much was for princi Total Amount Paid			
Are there any other loans for this property?	What kind of loan is it? Business Expense? Percent Business	What was your monthly payment? And how much was for principal and interest? Exclude any reimbursements Of Total Amount, Total Amount Paid Interest Paid Record Type	June July August	Total amount owed before last payment	What is included in the payment? Mark all that apply with an "X"

What percentage of the property do you own? What percentage of time is the property rented out or available to be rented out? If someone were to rent this property today, how much do you think it would rent for monthly, unfurnished and without utilities?	
For {property 3}, have you had any loans since the first of June, including mortgages, home equity loans, and lump sum lines of credit?	
Number of Mortgages Number of Home Equity Loans Number of Lump Sum Loans	

Now I'm going to ask about	g to ask about loan payments.	S.		
What kind of loan is it?				
Business Expense?				
Percent Business				
	Total Amount	Of Total Amount,		
	Paid	Interest Paid	Record Type	
June				
July				
August				
		<b>Total Amount Owed</b>	Record Type	
Total amount owed before last payment				
		principal		
What is included in the payment?		interest		
Mark all that apply with an "X"		property taxes		
		property insurance		
		mortgage guarantee insurance (PMI)	insurance (PMI)	
		Any other payments, specify	specify	

Are there any other loans fo	other loans for this property?	نځ	
What kind of loan is it?			
Business Expense? Percent Business			
	Total Amount Paid	Of Total Amount, Interest Paid	Record Type
June July			
August			
Total amount owed before last payment		Total Amount Owed	Record Type
What is included in the payment? Mark all that apply with an "X"		principal interest property taxes property insurance mortgage guarantee insurance (PMI) Any other payments, specify	insurance (PMI) , specify

Are there any other loans for this property?	or this property	5		
What kind of loan is it? Business Expense? Percent Business				
What was your monthly payment? And how much was for principal and interest? Exclude any reimbursements Total Amount Of Total Amount, Paid Interest Paid Record Type	how much was for pri Total Amount Paid	ncipal and interest? Ex Of Total Amount, Interest Paid	clude any reimburse Record Type	ments
June July August				
Total amount owed before last payment		Total Amount Owed	Record Type	
What is included in the payment؟ Mark all that apply with an "X"		principal interest property taxes property insurance mortgage guarantee insurance (PMI) Any other payments, specify	nsurance (PMI) specify	

Missing Items on this Page	Missing Items Overall	% With Records this Page	% With Records Overall	# of Times on Page
10	85	%0	%0	2
For the following, do not include jobs that have been or will be totally reimbursed by someone outside your household, such as a landlord.	ot include jobs that h d, such as a landlord.	ave been or will l	oe totally reimburs	ed by someone
Since the first of June, have you or any members of your household had any expenses for	have you or any men	nbers of your hou	sehold had any exp	oenses for
* Exterior Jobs				
June July August	Amount Paid	Record Type		
* Interior Jobs				
June July August	Amount Paid	Record Type		
<ul> <li>Plumbing, Electrical or HVAC (Heating, Ventilation &amp; Air Conditioning) Jobs</li> </ul>	cal or HVAC {Heati IS	ng, Ventilation	& Air	
June July August	Amount Paid	Record Type		
<ul> <li>Land Jobs such as landscaping the ground, repairing outdoor patios or fences or any other improvements or repairs</li> </ul>	Land Jobs such as landscaping the ground, repairing ou patios or fences or any other improvements or repairs	round, repairin vements or rep	g outdoor airs	
June	Amount Paid	Record Type		

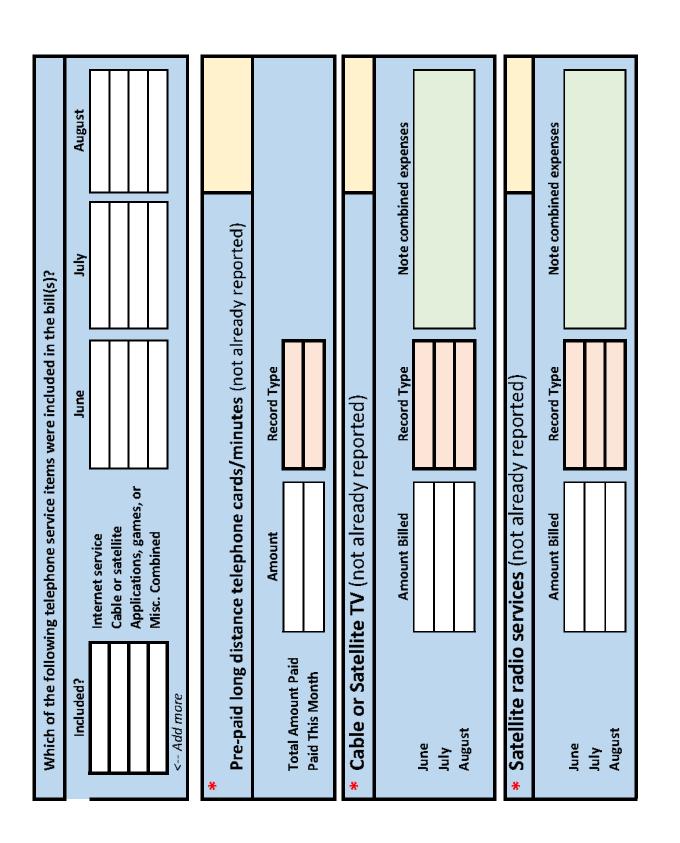
July August

(a) Building an addition to the house or a new structure, (b) Finishing a basement or an attic or endosing a porch, (c) Remodeling one or more rooms in the house, (d) Outdoor construction  Amount Paid  * Did you or your household purchases materials or supplies FOR July July August  * Did you have any expenses for things like maintenance, repair, or utilities for any unimproved land that you or your household owns?  Amount Paid August  * Bid you have any expenses for things like maintenance, repair, or utilities for any unimproved land that you or your household owns?  * Rent or purchase of kitchen appliances (include any shipping and handling charges, and purchases for others)	structure, ng a porch, se, veways, or pools, or  Record Type
Amount Paid   Amount Paid   August   August   Amount Paid   Amount Paid   August   Amount Paid   Amount	Record Type
luly August  Did you or your household purchase JOBS NOT YET STARTED?  Amount Paid August  Did you have any expenses for thing utilities for any unimproved land the owns?  Amount Paid August  August  Rent or purchase of kitchen applianc (include any shipping and handling charges, and part and paid)	
Hugust  Did you or your household purchase JOBS NOT YET STARTED?  Amount Paid July  August  Did you have any expenses for thing utilities for any unimproved land the owns?  Amount Paid July August  Rent or purchase of kitchen appliant (include any shipping and handling charges, and part of the paid)  Amount Paid	
JOBS NOT YET STARTED?  Amount Paid July  August  Did you have any expenses for thing utilities for any unimproved land the owns?  Amount Paid June June June June June June June June	
JOBS NOT YET STARTED?  Amount Paid July August  Did you have any expenses for thing utilities for any unimproved land that owns?  Amount Paid July August Rent or purchase of kitchen appliance (include any shipping and handling charges, and part of the standard paid)	es materials or supplies FOR
Amount Paid July August  Did you have any expenses for thing utilities for any unimproved land that owns?  Amount Paid July August  Rent or purchase of kitchen appliance (include any shipping and handling charges, and part of the state of	
August  Did you have any expenses for thing utilities for any unimproved land that owns?  Amount Paid August  Rent or purchase of kitchen appliance (include any shipping and handling charges, and part of the state	Record Type
August  Did you have any expenses for thing utilities for any unimproved land the owns?  Amount Paid August  Rent or purchase of kitchen appliant (include any shipping and handling charges, and part of the own the	
August  Did you have any expenses for thing utilities for any unimproved land that owns?  Amount Paid August  Rent or purchase of kitchen appliance (include any shipping and handling charges, and part of the state	
Did you have any expenses for thing utilities for any unimproved land that owns?  Amount Paid July August  Rent or purchase of kitchen appliance (include any shipping and handling charges, and part of the content of	
utilities for any unimproved land the owns?  Amount Paid July August  Rent or purchase of kitchen applianc (include any shipping and handling charges, and panding charges.	
	gs like mallicenance, repair, or nat you or your household
	Record Type
(include any shipping and handling charges, and I	boo
Amount Paid	d purchases for others)
	Record Type
June	
July	
August	

Ś
August

# of Times on Page	2
% With Records Overall	%0
% With Records this Page	%0
Missing Items Overall	85
Missing Items on this Page	7
Home	

# of Times on Page	2	expenses for				Note combined expenses							Note combined expenses				
% With Records Overall	%0	usehold had any				Note combi							Note combi				
% With Records this Page	%0	embers of your ho	Voice over IP			Record Type							Record Type				
Missing Items Overall	85	, have you or any mo	Residential Telephone, including Voice over IP			Amount Billed			Service				Amount Billed				
Missing Items on this Page	7	Since the first of June, have you or any members of your household had any expenses for	* Residential Tele	Company Name	Business Expense? Percent Business		June	July August	* Cellular Phone S	Company Name	Business Expense?	Percent Business		June	July	August	



* Internet connec	* Internet connection or an internet service provider (not already	t service provid	er (not already	
reported)				
	Amount Billed	Record Type	Note combined expenses	sesuedxe p
June				
August				
* Internet service	es away from home such as web cafes or internet	ະ such as web ຜ	afes or internet	
kiosks?				
	Amount Billed	Record Type		
June				
ylul				
August				

	Note combined expenses			Note combined expenses
ce over IP	Record Type			Record Type
none, including Voice over IP	Amount Billed		rvice	Amount Billed
Residential Telepho	Company Name Business Expense? Percent Business	June July August	Cellular Phone Serv	Company Name Business Expense? Percent Business June July August

Which of the following teleph	g telephone service items w	hone service items were included in the bill(s)?	(s)?	
Included?		June	ylut	August
	Internet service			
	Cable or satellite			
	Applications, games, or			
	Misc. Combined			
< Add more				

# of Times on Page	2
% With Records Overall	%0
% With Records this Page	%0
Missing Items Overall	85
Missing Items on this Page	6
Home	

Since the first of June, have you or any members of your household had any expenses for...

				Note combined expenses				
				Record Type				
				Amount Billed				
* Electricity	Which Property	Company Name	Business Expense?		June	July	August	

* Natural Gas				
Which Property				
2				
Company Name				
Business Expense?				
	Amount Billed	Record Type	Note combined expenses	enses
June				
July				
August				

* Fuel Oil			
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
ylut			
August			
* Bottled or Tank	Tanked Gas		
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
July			
August			

* Other Fuels (wo	(wood, coal, etc.)	)	
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
July			
August			
* Water and Sew	Sewerage Maintenance	nance	
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
July			
August			

* Trash/Garbage	age Collection		
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
July			
August			
* Septic Tank Cle	: Cleaning		
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
July			
August			

* Water Softenin	ftening Service			
Which Property				
Company Name				
Business Expense?				
	Amount Billed	Record Type	Note combined expenses	inses
June				
July				
August				

Electricity	
Which Property Company Name Business Expense? June July August	Amount Billed Record Type Note combined expenses
Natural Gas	
Which Property Company Name Business Expense? June July August	Amount Billed Record Type Note combined expenses

Fuel Oil				
Which Property				
Company Name				
Business Expense?				
	Amount Billed	Record Type	Note combined expenses	enses
June				
July				
August				
<b>Bottled or Tanked Gas</b>	ked Gas			
Which Property				
Company Name				
Business Expense?				
	Amount Billed	Record Type	Note combined expenses	enses
June				
yluly				
August				

Other Fuels (wood, coal, etc.)	ood, coal, etc.)		
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
July			
August			
Water and Sewerage Maintenance	erage Mainten	ance	
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
July			
August			

Trash/Garbage Collection	Collection		
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
July			
August			
Septic Tank Cleaning	aning		
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
July			
August			

Water Softening Service	g Service		
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
July			
August			

Electricity		
Which Property Company Name		
Business Expense?	Amount Billed Record Type	Note combined expenses
June July August	Щ	
Natural Gas		
Which Property		
Company Name		
Business Expense?		
	Amount Billed Record Type	Note combined expenses
June		
July		
August		

Fuel Oil			
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
July			
August			
<b>Bottled or Tanked Gas</b>	ed Gas		
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
July			
August			

Other Fuels (wood, coal, etc.)	od, coal, etc.)		
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
July			
August			
Water and Sewerage Maintenance	erage Maintena	ance	
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
July			
August			

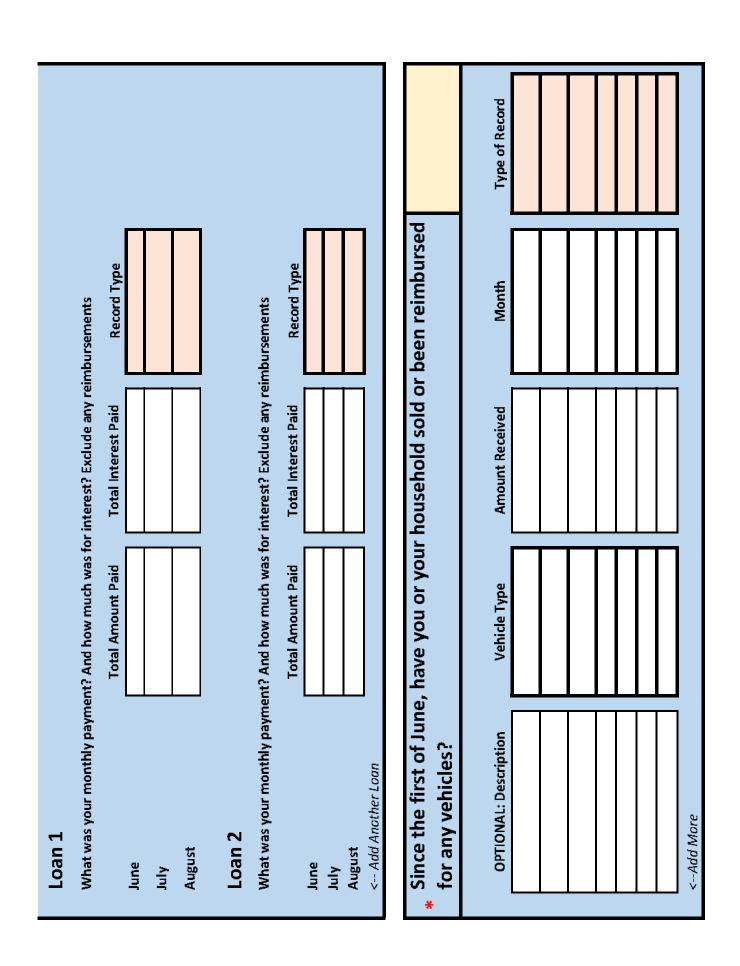
Trash/Garbage Collection	Collection		
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
July			
August			
Septic Tank Cleaning	aning		
Which Property			
Company Name			
Business Expense?			
	Amount Billed	Record Type	Note combined expenses
June			
July			
August			

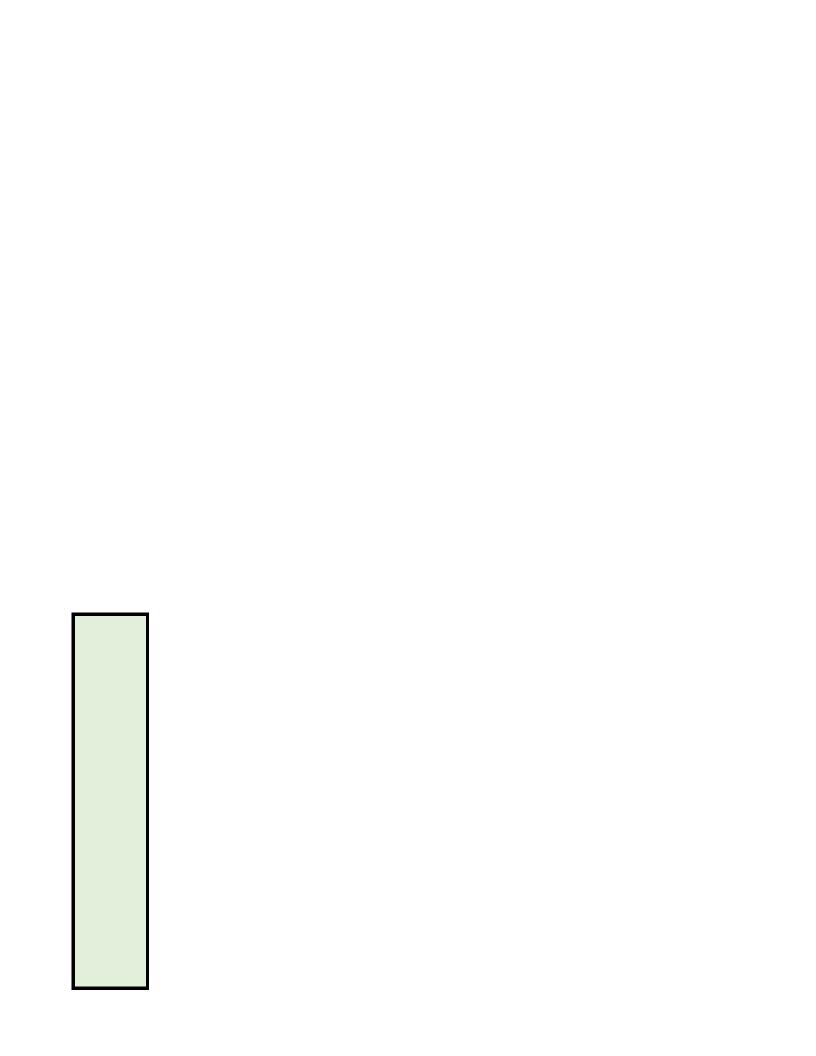
Water Softening Service	g Service			
Which Property				
Company Name				
Business Expense?				
	Amount Billed	Record Type	Note combined expenses	
June				
July				
August				

	# of Times on Page	2
% With Records	Overall	%0
% With Records	this Page	%0
Missing Items	Overall	85
Missing Items	on this Page	2
<del>әш</del>	ΘН	

Missing Items On this Page	Missing Items Overall	% With Records this Page	% With Records Overall	# of Times on Page
7	60	R/O	0/0	7
Do you or anyone in your household own any vehicles that are not used  * entirely for business? Include those vehicles purchased for your own use or	our household ov Include those veh	household own any vehicles that are not used ude those vehicles purchased for your own use	t are not used	
for someone outside your	our household.			
How many vehicles do you own?	ئ			

Vehicle 1					Record Type		price financed?	ere remaining Ioan	excluding any interest?	te finance charge?	se cash downpayment?	ed? How much?	he vehicle after trade-
	Vehicle Type	was it new or used when acquired? OPTIONAL: Make/Model	OPTIONAL: Year	Business Expense?	Percent Business	In what month and year was it purchased?	Was any portion of the purchase price financed?	On the first of June were there remaining loan payments?	How much was borrowed, excluding any in	What was the amount of the finance charge?	What was the amount of the cash downpayment?	Was a trade-in allowance received? How much?	What was the amount paid for the vehicle after trade- in allowance, rebate, and discount?





Vehicle 2							Record Type		nced?	ning Ioan	iny	:harge?		nuch?	after trade-
	Vehicle Type	Was it new or used when acquired?	OPTIONAL: Make/Model	OPTIONAL: Year	Business Expense?	Percent Business		In what month and year was it purchased?	Was any portion of the purchase price financed?	On the first of June were there remaining loan payments?	How much was borrowed, excluding any interest?	What was the amount of the finance charge?	What was the amount of the cash downpayment?	Was a trade-in allowance received? How much?	What was the amount paid for the vehicle after trade- in allowance, rebate, and discount?

What was your monthly payment? And how much was for interest? Exclude any reimbursements	t? And how much was	for interest? Exclude any	reimbursements	nts
	Total Amount Paid	Total Interest Paid	Record Type	ype
June				
July				
August				
Loan 2				
What was your monthly payment? And how much was for interest? Exclude any reimbursements	t? And how much was	for interest? Exclude any	reimbursements	nts
	Total Amount Paid	Total Interest Paid	Record Type	ype
June				
July				
August				
< Add Another Loan				

Vehicle Type	
Was it new or used when acquired?	
OPTIONAL: Make/Model	
OPTIONAL: Year	
Business Expense?	
Percent Business	
	Record Type
In what month and year was it purchased?	
Was any portion of the purchase price financed?	
On the first of June were there remaining loan payments?	
How much was borrowed, excluding any interest?	
What was the amount of the finance charge?	
What was the amount of the cash downpayment?	
Was a trade-in allowance received? How much?	
What was the amount paid for the vehicle after trade- in allowance, rebate, and discount?	

Loan 1			
What was your monthly paymen	it? And how much was	payment? And how much was for interest? Exclude any reimbursements	reimbursements
	Total Amount Paid	Total Interest Paid	Record Type
June			
ylıly			
August			
Loan 2			
What was your monthly paymen	tt? And how much was	payment? And how much was for interest? Exclude any reimbursements	r reimbursements
	Total Amount Paid	Total Interest Paid	Record Type
June			
July			
August			
< Add Another Loan			

% With Records Overall # of Times on Page 0% 2	biles, trucks, ousiness?		Type of Record
% With Records this Page 0%	r household lease any automobiles, trucks, that are not used entirely for business?	Vehicle 1	Amount
Missing Items Overall 85	ur household lea s, that are not us		e months? Which How much?) hpayment paid by an d? (How much?)
Missing Items  On this Page	* Do you or anyone in your vans, minivans, or SUVs,		OPTIONAL: Vehicle description  Vehicle Type  Did this lease start in the last three months? Which month?  Did this lease end in the last three months? Which month?  Was a cash downpayment made? (How much?)  Was any portion of the cash downpayment paid by an employer? (How much?)  Was a trade-in allowance received? (How much?)  Were any fees incurred at the termination of the

Since the first of June, have you or anyone in your household made any lease payments?	your household n	ıade any lease	
	Amount	Type of Record	
	Amount	Type of Record	
Does the payment include any other charges, such as auto insurance or maintenenance? (How much?)			

	Type of Record	
ave you or anyone in your household rented any itorcycles, aircraft, or other vehicles not used	% Reimbursed	
one in your house aft, or other vehic	Month	
have you or anyc otorcycles, aircra	Amount	
Since the first of June, have you or anyone in your household rented  * automobiles, trucks, motorcycles, aircraft, or other vehicles not used entirely for business?	Vehicle Type	< Add More

Λ	Vehicle 2	
OPTIONAL: Vehicle description		
Vehicle Type		
Did this lease start in the last three months? Which month?		
Did this lease end in the last three months? Which month?		
	Amount	Type of Record
Was a cash downpayment made? (How much?)		
Was any portion of the cash downpayment paid by an employer? (How much?)		
Was a trade-in allowance received? (How much?)		
Were any fees incurred at the termination of the lease? (How much?)		

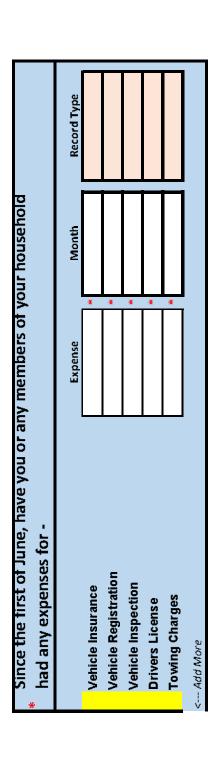
Since the first of June, have you or anyone in y payments?	ou or anyone in your household made any lease	any lease	
	Amount	Type of Record	
August			
	Amount	Type of Record	
Does the payment include any other charges, such as auto insurance or maintenenance? (How much?)			

					Type of Record					
Vehicle 3					Amount					
	OPTIONAL: Vehicle description	Vehicle Type	Did this lease start in the last three months? Which month?	Did this lease end in the last three months? Which month?		Was a cash downpayment made? (How much?)	Was any portion of the cash downpayment paid by an employer? (How much?)	Was a trade-in allowance received? (How much?)	Were any fees incurred at the termination of the lease? (How much?)	

		7
hold made any	Type of Record Type of Record	
one in your house	Amount	
Since the first of June, have you or anyone in your household made any lease payments?	June July August  Does the payment include any other charges, such as auto insurance or maintenenance?	(HOW MIGCH?)

# of Times on Page	2
% With Records Overall	%0
% With Records this Page	%0
Missing Items Overall	85
Missing Items on this Page	14
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Home	Missing Items on this Page	Missing Items Overall	% With Records this Page	% With Records Overall	# of Times on Page
	14	85	%0	%0	2
*	Since the first of June, have you or any members of your household had any expenses for -	, have you or an -	y members of y	our household	
			Expense	Month	Record Type
	Car tune-ups, oil changes or oil filters	r oil filters	•	*	
	Body work or painting			*	
	Electrical work			*	
	Repair to brakes or tires, including alignment	cluding		*	
	Repair to air conditioning or exhaust system	r exhaust system	-	*	
	Repairs to the cluch, transmission, steering or drive shaft	nission, steering		*	
	Auto repair service policy		-	*	
	Vehicle accessories or customizing	omizing		*	
	Other vehicle repair or service	es		*	
V	< Add More				



# of Times on Page	3
% With Records Overall	%0
% With Records this Page	%0
Missing Items Overall	85
Missing Items on this Page	4
Home	

Since the first of June, excluding amounts paid by those outside your household, have you or any members of your household purchased or paid for any...

* Life insurance or other policies which provide benefits in case of death or disability?		Record Type					Record Type			
other policies which ty?		Amount Billed			care insurance?		Amount Billed			
* Life insurance or oth death or disability?	Policy Name		June	August	* Long term care in	Policy Name		June	July	August

* Homeowner's or Renter's insurance?	r Renter's insurance	a?	
Policy Name			
	Amount Billod	Record Tune	
June		adk niona	
ylly			
August			
* Other (non-vehic	Other (non-vehicle nor property) insurance?	surance?	
Policy Name			
	Amount Billed	Record Type	
June			
July			
August			

Life insurance or other policies which provide benefits in case of death or disability?		Amount Billed Record Type			nsurance?		Amount Billed Record Type			
Life insurance or other policies v disability?	Policy Name		June	August	Long term care insurance?	Policy Name	Amount	June	July August	

	nelitei s ilisailalite:		
Policy Name			
	Amount Billed	Record Type	
June			
July			
August			
Other (non-vehicle nor property) insurance?	roperty) insuran	ce?	
Policy Name			
	Amount Billed	Record Type	
June			
yluly			
August			

Life insurance or oth or disability?	Life insurance or other policies which provide benefits in case of death or disability?
Policy Name	
	Amount Billed Record Type
June July	
August	
Long term care insurance?	rance?
Policy Name	
	Amount Billed Record Type
June	
July	
August	

Homeowner's or Re	r's or Renter's insurance?	3	
Policy Name			
	Amount Billed	Record Type	
June			
July			
August			
Other (non-vehicle nor property) insurance?	nor property) ins	surance?	
Policy Name			
	Amount Billed	Record Type	
June			
July			
August			

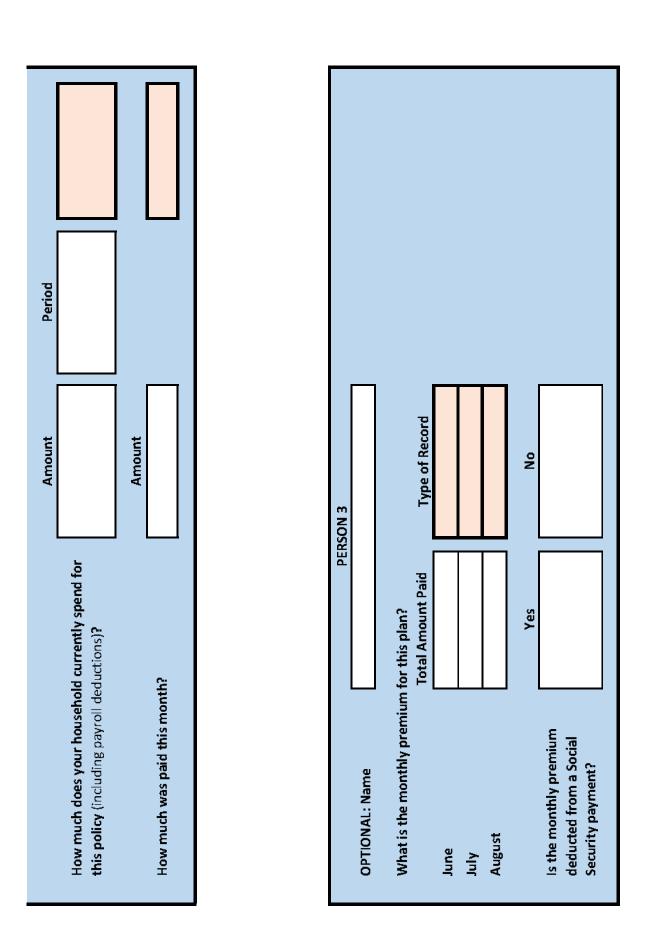
Missing Items On this Page	Missing Items Overall	% With Records this Page	% With Records Overall	# of Times on Page
2	85	%0	%0	3
Now I'm going to ask about health insurance. Since the first of June, have you or any members of your household paid for or purchased any health or hospitalization insurance? Include any policies paid for someone outside your household.	oout health insurance ousehold paid for or ce? Include any polic	alth insurance. Since the first of June, Id paid for or purchased any health or Ide any policies paid for someone out	ine, have you or ih or e outside your	
		Policy 1		
What is the name of the insurance company for this policy?	ance company for this			
DO NOT READ TO RESPONDENT: Is the insurance company Blue Cross Blu Mark with an 'x'	IT: Cross Blue Shield?	Yes	No	
How many household members are cov policy?	rs are covered by the			
What type of insurance plan is it?	। सर			
Is this special purpose plan-	- UE			
Specify -				
		Yes	Q	Type of Record
Does your household pay ANY portion of the premiums for this policy?	portion of the			
Are any premiums paid through payroll	gh payroll deductions?			

How much does your household currently spend for	old currently spend for	Amount	Period	
this policy (including payroll deductions)?	eductions) <b>?</b>	Amount		
How much was paid this month?	th?			
Are you or any household  * Drug plan?		members enrolled in a Medicare Prescription	ıre Prescription	
The Medicare Prescription Drug plan is also known as Medicare Part D	on Drug plan is also	known as Medicare Pc	ntD	
	PER	PERSON 1		
OPTIONAL: Name				
What is the monthly premium for this plan? Total Amount	n for this plan? Total Amount Paid	Type of Record		
June				
July				
August				
	Yes	S S		
Is the monthly premium deducted from a Social				

							Type of Record	
		ON					N	
Policy 2		Yes					Yes	
	What is the name of the insurance company for this policy?	DO NOT READ TO RESPONDENT: Is the insurance company Blue Cross Blue Shield?	How many household members are covered by the policy?	What type of insurance plan is it?	Is this special purpose plan -	Specify -	Does your household pay ANY portion of the premiums	Are any premiums paid through payroll deductions?

		Amount	Period	
How much does your household currently spend for this policy (including payroll deductions)?	currently spend for this 15)?			
How much was paid this month?		Amount		
	PERS	PERSON 2		
OPTIONAL: Name				
What is the monthly premium for this plan? Total Amo	r this plan? Total Amount Paid	Type of Record		
August				
	Yes	No		
Is the monthly premium deducted from a Social				
Security payment?				

nsurance company for this  IDENT:  Blue Cross Blue Shield?  an is it?  e plan-  ANY portion of the	Yes Yes	92	Type of Record
premiums for this policy?  Are any premiums paid through payroll deductions?			



			% With	% With	
<del>ə</del> u	Missing Items	Missing Items	Records	Records	
юН	on this Page	Overall	this Page	Overall	# of Times on Page
	9	85	%0	%0	3

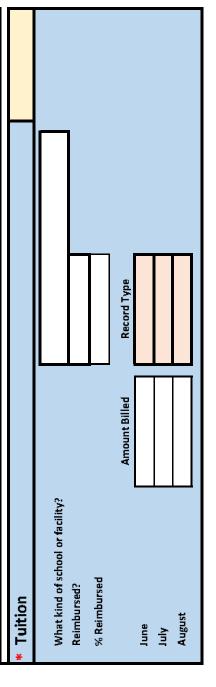
payments I mean any co-pays and out-of-pocket expenses. Include all payments, even those Now I am going to ask some questions about medical payments and reimbursements. By for persons who are outside of your household. Since the first of June, have you or any members of your household made any payments Record Type reimbursed? Percent Month Billed **Amount Billed** Enter zero if no expense Services by medical professionals Eye examinations, treatment, or Services provided and billed by other than physicians <--- Add More Dental care physicians surgery for -

Record Type reimbursed? Percent Since the first of June, have you or any members of your household Month Billed had any expenses for any medical care services? **Amount Billed** Convalescent or nursing homes Hospital rooms and services Other medical care service Hospital rooms or services Care of invalids or elderly Adult day care centers Lab tests or x-rays <--- Add More

<ul> <li>Since the first of June, have you or any members of your household had any expenses for medicine or medical supplies?</li> </ul>	ı or any memb or medical su	bers of your hopplies?	ployesno	
	Amount Billed	Month Billed	Percent reimbursed?	Record Type
Eyeglasses or contact lenses				
Hearing aids				
Purchase of medical equipment				
Rental of medical equipment				
Repair of medical equipment				
< Add More				

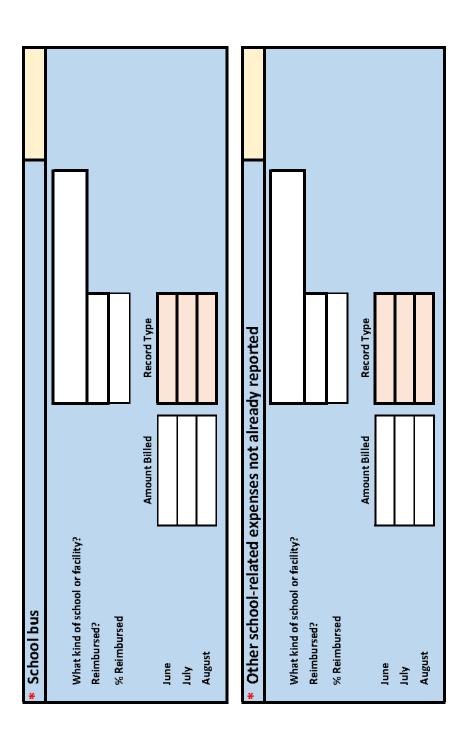
	# of Times on Page	4
% With Records	Overall	%0
% With Records	this Page	%0
Missing Items	Overall	85
Missing Items	on this Page	7
อน	IOH	

Since the first of June, have you or any members of your household supported the education of anyone, either inside or outside your household, by paying for-



* Food or board while attending school	tending school		
What kind of school or facility?			
Reimbursed?			
% Reimbursed			
	Amount Billed	Record Type	
June			
luly			
August			

* Test preparation or tutoring services	
What kind of school or facility? Reimbursed?	
June July August	
* Purchase of any school books, reference books, supplies, or equipment which has not already been reported	
What kind of school or facility? Reimbursed? % Reimbursed	
June July August	
* Support for college students	
What kind of school or facility? Reimbursed?	
June July August	



ords #ofTim	0% 4	Since the first of June, have you or any members of your household had any expenses for								
ords	%0	mbers of your householo		Record Type		Record Type		Record Type	credit cards	Record Type
Missing Items Overall	85	, have you or any mer	fessionals	Amount Billed		Amount Billed	ership	Amount Billed	Finance, late charges, and interest for cred	Amount Billed
Missing Items on this Page	12	Since the first of June	* Lawyers/Legal professionals	June July August	* Accounting fees	June July August	<ul> <li>Credit card membership</li> </ul>	June July August Annual or monthly fee?	* Finance, late charg	June

* Bank fees				
Here monthly charge	Amount Billed	Record Type		
Osdal IIIOIIIII y ciiai ge				
* Bank safe deposit box rental	ox rental			
	Amount Billed	Record Type		
June				
August				
* Alimony				
	Amount Paid	Record Type		
June				
huly				
August				
* Child support				
	Amount Paid	Record Type		
August				
* Contributions to religious, educational or charitable organizations	ligious, education	al or charitable	organizations	
	Amount Paid	Record Type		
June				
July August				

* Cash, checks, or gift cards to anyone outside your household	t cards to anyone	outside your ho	plohasn
	Amount Paid	Record Type	
June			
July August			
0			
Payment Type			
* Payment to political organizations	I organizations		
	Amount Paid	Record Type	
June			
July			
August			
Paymont Type			
rayment type			
Giving of stocks, bonds, or mutual funds to anyone outside your	inds, or mutual fu	nds to anyone c	utside your
* household			
	Amount Paid	Record Type	
June			
July			
August			
Payment Type			

# of Times on Page	9
% With Records Overall	%0
% With Records this Page	%0
Missing Items Overall	85
Missing Items on this Page	0
<del>Juol</del>	Ī

The next few questions are about income. We know people aren't used to discussing their income, but please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

i		
FILS	First, I'd like to ask about you	
	Work Experience	
1	In the past 12 months, including paid vaca work?	In the past 12 months, including paid vacation and sick leave, how many weeks did you work?
7	In the weeks that you worked, how many hours did you usually work per week?	Enter X if 'Did Not Work' hours did you usually work per week?
	Which of the following categories best de earnings during the last 12 months?	Which of the following categories best describes the job in which you received the most earnings during the last 12 months?
	1. Administrator, manager 2. Teacher 3. Professional 4. Administrative support, including clerical 5. Sales, retail 6. Sales, business goods and services 7. Technician 8. Protective service Were you:	<ul> <li>9. Private household service</li> <li>10. Other service</li> <li>11. Machine or transportation operator, laborer</li> <li>12. Construction workers, mechanics</li> <li>13. Farming</li> <li>14. Forestry, fishing, groundskeeping</li> <li>15. Armed Forces</li> </ul>

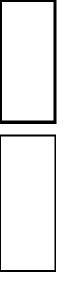
	1. An employee of a PRIVATE company, business, or individual working for wages or salary?
	2. A Federal government employee?
	3. A State government employee?
	4. A local government employee?
	5. Self-employed in your/his/her OWN business, partnership, professional practice, or farm?
	6. Working WITHOUT PAY in a family business or farm
U	What was the main reason you did not work during the last 12 months?
n	Were you?
	1. Retired?
	2. Taking care of home/family?
	3. Going to school?
	4. III, disabled, unable to work?
	5. Unable to find work?
	6. Doing something else? Specify:

The next few questions are about income DURING THE PAST 12 MONTHS, that is from September 2013 to September 2014.

	Income				
1	DURING THE LAST 12 MONTHS - Did you receive any	NTHS -			
		Yes/No	How Much	Record Type	
æ	wages, salary, tips, bonuses, or commissions?				
Φ	self-employment income or have a loss?				
υ	Supplemental Security Income (SSI) payments?				
2	DURING THE PAST 12 MONTHS – Did you receive any Social Security or Railroad Retirement benefits?	NTHS – Did you r ement benefits?	receive any Social		Record Type
σ	What was the amount of the last Social Security or Railroad Retirement payment received?	the last Social Sec	curity or Railroad		
<u>o</u> o	Is this amount AFTER the deduction for a Medicare premium? During the past 12 months, how many Social Security or Railroad Retirement payments did you receive?	VETER the deduction for a Medicare prem 12 months, how many Social Security or nent payments did you receive?	Aedicare premium? ial Security or eive?		
m	DURING THE PAST 12 MONTHS – did you place any money in a retirement plan such as an Individual Retirement Account (IRA) or Keogh? Do not include rollovers.	NTHS – did you pl n Individual Retir llovers.	lace any money in a ement Account (IRA) or		
æ	How much?		_		

	Last Pay				
			Answer	Record Type	
1	What was the amount of your last pay before any deductions?	of your last pay			
7	What period of time did this cover?	d this cover?			
	<ol> <li>One week</li> <li>Two weeks</li> <li>Month</li> <li>Quarter</li> </ol>	5. Year 6. Twice a month 7. Other - Specify:			
m	Was there any money deducted from your pay for -	educted from your pa	ay for -		
		Yes/No	How Much	Record Type	
æ	Federal income tax?				
Q	State or local income tax?				
υ	Private pension fund?				
ъ (	Government retirement? Railroad retirement?				
n +-					
					Record Type
4	Are Social Security payments NORMALLY deducted from your pay?	nents NORMALLY dec	ducted from your		
rð.	Does the money deducted for Social Security cover only the Medicare portion of Social Security?	ted for Social Security cial Security?	cover only the		





Next, I'd like to ask about (NAME)

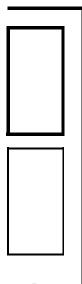
	Work Experience	
+	In the past 12 months, including paid vacation and sick leave, how many weeks did (NAME) work?	ick leave, how many weeks did  1  Enter X if 'Did Not Work'
7	In the weeks that you worked, how many hours did (he/she) usually work per week?	(he/she) usually work per week?
m	Which of the following categories best describes the job in which (he/she) received the most earnings during the last 12 months?	e job in which (he/she) received the
	<ol> <li>Administrator, manager</li> <li>Teacher</li> <li>Professional</li> <li>Administrative support, including clerical</li> <li>Sales, retail</li> <li>Sales, business goods and services</li> <li>Technician</li> </ol>	<ol> <li>Private household service</li> <li>Other service</li> <li>Machine or transportation operator, laborer</li> <li>Construction workers, mechanics</li> <li>Farming</li> <li>Forestry, fishing, groundskeeping</li> <li>Armed Forces</li> </ol>
4	8. Protective service 4. Was (he/she):	

2. A Federal government employee? 3. A State government employee? 4. A local government employee? 5. Self-employed in your/his/her OWN business, partnership, professional practice, or farm? 6. Working WITHOUT PAY in a family business or farm 6. Working WITHOUT PAY in a family business or farm 7. What was the main reason (he/she) did not work during the last 12 months? 8. Were you? 9. Taking care of home/family? 9. Going to school? 9. Unable to find work? 9. Unable to find work? 9. Doing something else? Specify:	2. A Federal government employee? 3. A State government employee? 4. A local government employee? 5. Self-employed in your/his/her OWN business, partnership, professional practice, or farm? 6. Working WITHOUT PAY in a family business or farm 7. What was the main reason (he/she) did not work during the last 12 months? 8. Were you? 9. Taking care of home/family? 9. Going to school? 9. Unable to find work? 9. Unable to find work? 9. Doing something else? Specify:		1. An employee of a PRIVATE company, business, or individual working for wages or salary?
<ul> <li>3. A State government employee?</li> <li>4. A local government employee?</li> <li>5. Self-employed in your/his/her OWN business, partnership, professional practice, or farm?</li> <li>6. Working WITHOUT PAY in a family business or farm</li> <li>7. What was the main reason (he/she) did not work during the last 12 months?</li> <li>8. Were you?</li> <li>9. Taking care of home/family?</li> <li>9. Taking care of home/family?</li> <li>9. Going to school?</li> <li>4. Ill, disabled, unable to work?</li> <li>5. Unable to find work?</li> <li>6. Doing something else? Specify:</li> </ul>	<ul> <li>3. A State government employee?</li> <li>4. A local government employee?</li> <li>5. Self-employed in your/his/her OWN business, partnership, professional practice, or farm?</li> <li>6. Working WITHOUT PAY in a family business or farm</li> <li>7. What was the main reason (he/she) did not work during the last 12 months?</li> <li>1. Retired?</li> <li>2. Taking care of home/family?</li> <li>3. Going to school?</li> <li>4. Ill, disabled, unable to work?</li> <li>5. Unable to find work?</li> <li>6. Doing something else? Specify:</li> </ul>		2. A Federal government employee?
<ul> <li>4. A local government employee?</li> <li>5. Self-employed in your/his/her OWN business, partnership, professional practice, or farm?</li> <li>6. Working WITHOUT PAY in a family business or farm</li> <li>What was the main reason (he/she) did not work during the last 12 months?</li> <li>1. Retired?</li> <li>2. Taking care of home/family?</li> <li>3. Going to school?</li> <li>4. III, disabled, unable to work?</li> <li>5. Unable to find work?</li> <li>6. Doing something else? Specify:</li> </ul>	<ul> <li>4. A local government employee?</li> <li>5. Self-employed in your/his/her OWN business, partnership, professional practice, or farm?</li> <li>6. Working WITHOUT PAY in a family business or farm</li> <li>5. Self-employed in your/his/her OWN business or farm</li> <li>6. Working WITHOUT PAY in a family business or farm</li> <li>7. What was the main reason (he/she) did not work during the last 12 months?</li> <li>7. Taking care of home/family?</li> <li>8. Going to school?</li> <li>4. Ill, disabled, unable to work?</li> <li>5. Unable to find work?</li> <li>6. Doing something else? Specify:</li> </ul>		3. A State government employee?
<ul> <li>5. Self-employed in your/his/her OWN business, partnership, professional practice, or farm?</li> <li>6. Working WITHOUT PAY in a family business or farm</li> <li>5. What was the main reason (he/she) did not work during the last 12 months?</li> <li>1. Retired?</li> <li>2. Taking care of home/family?</li> <li>3. Going to school?</li> <li>4. Ill, disabled, unable to work?</li> <li>5. Unable to find work?</li> <li>6. Doing something else? Specify:</li> </ul>	<ul> <li>5. Self-employed in your/his/her OWN business, partnership, professional practice, or farm?</li> <li>6. Working WITHOUT PAY in a family business or farm</li> <li>5. What was the main reason (he/she) did not work during the last 12 months?</li> <li>1. Retired?</li> <li>2. Taking care of home/family?</li> <li>3. Going to school?</li> <li>4. Ill, disabled, unable to work?</li> <li>5. Unable to find work?</li> <li>6. Doing something else? Specify:</li> </ul>		4. A local government employee?
			5. Self-employed in your/his/her OWN business, partnership, professional practice, or farm?
			6. Working WITHOUT PAY in a family business or farm
me/fam ole to wo ork? else?	me/fam ole to wo ork? else?	L	What was the main reason (he/she) did not work during the last 12 months?
me/fam ole to wo ork? else?	me/fam ole to wc ork? else?	n	Were you?
me/fam ole to wo ork? else?	me/fam ole to wc ork? else?		1. Retired?
ole to wo ork? else?	ole to wo ork? else?		2. Taking care of home/family?
ole to wo ork? else?	ole to wo ork? else?		3. Going to school?
rk? else?	rk? else?		4. III, disabled, unable to work?
else?	else?		5. Unable to find work?
			else3

The next few questions are about income DURING THE PAST 12 MONTHS, that is from September 2013 to September 2014.

	Income				
1	DURING THE LAST 12 MONTHS - Did (NAME) receive any				
		Yes/No	How Much	Record Type	
П	wages, salary, tips, bonuses, or commissions?				
q	self-employment income or have a loss?				
Ü	Supplemental Security Income (SSI) payments?				
7	DURING THE PAST 12 MONTHS – Did (NAME) receive any Social Security or Railroad Retirement benefits?	Did (NAME) receiv	re any Social		Record Type
Ø	What was the amount of the last Social Security or Railroad Retirement payment received?	Social Security or I	Railroad		
Q	Is this amount AFTER the deducti	AFTER the deduction for a Medicare premium?	premium?		
٥	During the past 12 months, how many Soci Retirement payments did (NAME) receive?	12 months, how many Social Security or Railroad ments did (NAME) receive?	ty or Railroad		
m	DURING THE PAST 12 MONTHS – did (NAME) place any money in a retirement plan such as an Individual Retirement Account (IRA) or Keogh? Do not include rollovers.	NST 12 MONTHS – did (NAME) place any money in a such as an Individual Retirement Account (IRA) or include rollovers.	any money in a count (IRA) or		
Œ	How much?				

	Last Pay				
1	What was the amount of (NAME)'s last pay before	.ME)'s last pay before	Answer	Record Type	
	any deductions?				
7	What period of time did this cover?	cover?			
	1. One week	5. Year 6. Turing amonth			
	3. Month 4. Quarter	7. Other - Specify:			
m	any	money deducted from (his/her) pay for -	for -		
		Yes/No	How Much	Record Type	
ю	Federal income tax?				
Q	State or local income tax?				
Ü	Private pension fund?				
Р	Government retirement?				
Ð	Railroad retirement?				
4	Social Security including Medicare?				
					Record Type
4	Are Social Security payments NORMALLY deducted from his/her pay?	NORMALLY deducted	from his/her		
r.	Does the money deducted for Social Security cover only the Medicare portion of Social Security?	r Social Security cover o	only the		



Other than Social Security, did any employer or union contribute to his/her pension or retirement plan in the last 12 months?

Next, I'd like to ask about (NAME)

	Work Experience		
7	In the past 12 months, including paid vacation and work?	including paid vacation and sick leave, how many weeks did (NAME)  Enter X if 'Did Not Work'	ot Work'
7	2 In the weeks that you worked, how many hours did (he/she) usually work per week?	d (he/she) usually work per week?	
m	Which of the following categories best describes teamings during the last 12 months?	categories best describes the job in which (he/she) received the most	
4	<ol> <li>Administrator, manager</li> <li>Teacher</li> <li>Professional</li> <li>Administrative support, including clerical</li> <li>Sales, retail</li> <li>Sales, business goods and services</li> <li>Technician</li> <li>Protective service</li> <li>Was (he/she):</li> </ol>	9. Private household service 10. Other service 11. Machine or transportation operator, laborer 12. Construction workers, mechanics 13. Farming 14. Forestry, fishing, groundskeeping 15. Armed Forces	

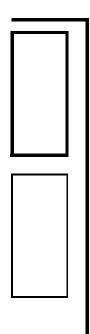
1. An employee of a PRIVATE company, business, or individual working for wages or salary?	
2. A Federal government employee?	
3. A State government employee?	
4. A local government employee?	
5. Self-employed in your/his/her OWN business, partnership, professional practice, or farm?	
6. Working WITHOUT PAY in a family business or farm	
What was the main reason (he/she) did not work during the last 12 months?	
Were you?	
1. Retired?	
2. Taking care of home/family?	
3. Going to school?	
4. III, disabled, unable to work?	
5. Unable to find work?	
6. Doing something else? Specify:	

Ŋ

The next few questions are about income DURING THE PAST 12 MONTHS, that is from September 2013 to September 2014.

	Income				
1	DURING THE LAST 12 MONTHS - Did (NAME) receive any	- 5			
		Yes/No	How Much	Record Type	
Ø	wages, salary, tips, bonuses, or commissions?				
<b>o</b>	self-employment income or have a loss?				
U	Supplemental Security Income (SSI) payments?				
7	DURING THE PAST 12 MONTHS – Did (NAME) receive any Social Security or Railroad Retirement benefits?	S – Did (NAME) recei nt benefits?	ve any Social		
σ	What was the amount of the I payment received?	the last Social Security or Railroad Retirement	Railroad Retirement		
9	Is this amount AFTER the dedu	deduction for a Medicare premium?	premium?		
Ü	During the past 12 months, how many Social Security or Railroad Retirement payments did (NAME) receive?	w many Social Securi ME) receive?	ity or Railroad		
m	DURING THE PAST 12 MONTHS – did (NAME) place any money in a retirement plan such as an Individual Retirement Account (IRA) or Keogh? Do not include rollovers.	S – did (NAME) place Iividual Retirement A	any money in a ccount (IRA) or Keogh?		
ro .	How much?				

	Last Pay				
1	What was the amount of (NAI any deductions?	(NAME) last pay before	Answer	Record Type	
7	What period of time did	this cover?			
	<ol> <li>One week</li> <li>Two weeks</li> <li>Month</li> <li>Quarter</li> </ol>	5. Year 6. Twice a month 7. Other - Specify:			
m	Was there any money deducted from (his/her) pay for -	ed from (his/her) pay			
æ	Federal income tax?	Yes/No	How Much	Record Type	
Q	State or local income tax?				
υ	Private pension fund?				
- O	Government retirement? Railroad retirement?				
+	Social Security including Medicare?				
					Record Type
4	Are Social Security payments NORMALLY deducted from (his/her) pay?	NORMALLY deducted	from (his/her) pay?		
2	Does the money deducted for Social Security cover only the Medicare portion of Social Security?	Social Security cover	only the Medicare		



Other than Social Security, did any employer or union contribute to (NAME) pension or retirement plan in the last 12 months?

∞	%0	%0	85	<sub>∞</sub>	
# of Times on Page	Overall	this Page	Overall	on this Page	IOH
	% With Records	% With Records	Missing Items	Missing Items	<del>ә</del> ш

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.	le aren't used to discussing their ing relates to changes in debt and 's will be kept strictly confidential.
* Do you or any member of your household have a retirement account such as 401(k)s, IRAs, and Thrift Savings Plans?	ccount
	Type of Record
As of TODAY – What is the total value of all retirement accounts such as 401(k)s, IRAs, and Thrift Savings Plans that you or your household own/owns?	
(if reluctant)	
Could you tell me which range best reflects the total value of all	
retirement accounts such as 401(k)s, IRAS, and Inflit Savings Plans:	
Mark with 'X' \$0-\$1,999 \$2,000-\$9,999	
\$10,000-\$49,999 \$50,000-\$199,999	
\$200,000-\$449,999 \$450,000 and over	
<ul> <li>Do you or any member of your household have any directly-held stocks, bonds, or mutual funds not in retirement accounts?</li> </ul>	Pri
	Type of Record
As of TODAY – What is the total value of all directly-held stocks,	
bonds, and mutual funds not in retirement accounts that you or	
your household own/owns?	
(if reluctant)	
Could you tell me which range best reflects the total value of all	
directly-held stocks, bonds, and mutual funds not in retirement accounts?	
Mark with 'X'   \$0-\$1,999	

		Type of Record			Type of Record
\$2,000-\$9,999 \$10,000-\$49,999 \$50,000-\$449,999 \$450,000 and over	<ul> <li>Do you or any member of your household have any checking, savings, money market accounts, or certificates of deposit or CDs?</li> </ul>	As of TODAY – What is the total value of all checking, savings, money market accounts, and certificates of deposit or CDs you or your household have/has? * Include US savings bonds	(if reluctant)  Could you tell me which range best reflects the total value of checking, savings, money market accounts, and certificates of deposit or CDs?  Mark with 'X' \$0-\$499 \$1,000-\$2,499 \$2,500-\$9,999 \$10,000-\$34,999 \$35,000 and over	*  Do/does you or any member of your household own any whole life insurance or other life insurance policies that can be surrendered for cash or borrowed against prior to the death of the person insured?  * Also include universal life and variable life insurance  * Do NOT include term life insurance or other policies that only have a benefit upon death or disability	What is the total surrender value of these policies?  * Surrender value is also known as the cash value  * Enter the amount that can be borrowed or withdrawn prior to death, NOT the benefit upon death of the insured

## Liabilities

* As of TODAY – Do balance on any ma	As of TODAY – Do/does you or any member of your household have a balance on any major credit cards including store cards and gas cards?	
		Type of Record
As of TODAY – What is	As of TODAY – What is the total amount owed on all cards?	
(if reluctant)		
Could you tell me whic on all major credit card	Could you tell me which range best reflects the total amount owed on all major credit cards including store cards and gas cards?	
Mark with 'X'	\$500-\$999 \$1,000-\$2,499 \$2,500-\$9,999 \$10,000-\$34,999	
	\$35,000 and over	Type of Record
What was the total amount paid in financ interest for all cards in the LAST MONTH?	What was the total amount paid in finance, late charges, and interest for all cards in the LAST MONTH?	

* As of TODAY – Do/does you or any member of your household have any student loans?	old have
	Type of Record
As of TODAY – What is the total amount owed on all student loans?	
(if reluctant) Could you tell me which range best reflects the total amount owed on all student loans?	
Mark with 'X' \$0-\$499 \$500-\$999 \$1,000-\$2,499 \$2,500-\$9,999 \$10,000-\$34,999 \$35,000 and over	Type of Record
What was the total amount paid in finance, late charges, and interest for all student loans in the LAST MONTH?	
<ul> <li>As of TODAY – Do/does you or any member of your household have any other debt such as medical loans or personal loans?</li> <li>* Do not include mortgages, home equity loans, or vehicle loans</li> </ul>	old have
	Type of Record
As of TODAY – What is the total amount owed on all other loans?	
(if reluctant) Could you tell me which range best reflects the total amount owed on all other loans?	
Mark with 'x' \$0-\$499 \$500-\$999 \$1,000-\$2,499 \$2,500-\$9,999 \$10,000-\$34,999 \$35,000 and over	
What was the total amount paid in finance, late charges, and	Type of Record
interest for all other loans in the LAST MONTH?	

Race White Black or African American American Indian or Alaska Native Asian Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander	Don't Know
Property WhoFound  O R  O FR  O FR  O OFR  Other rental unit  Rented vacation property  Property not owned or rented by household	
YesNo Receipt Yes Receipt No Paper Bill Don't Know Online Bill Bank Statement Credit Card Statement Paystub Other	

Education	Relationship	Period
No schooling completed, or less than 1 year	Reference person A	Annua
Nursery, kindergarten, and elementary (grades 1-8)	Spouse (Husband/Wife)	Monthly
High school (grades 9-12, no degree)	Child or adopted child	
High school graduate – high school diploma or the equivale Grandchild	Grandchild	
Some college but no degree	In-Law	
Associate's degree in college	Brother or Sister	
Bachelor's degree (BA, AB, BS, etc.)	Mother or Father	
Master's professional, or doctorate degree (MA, MS, MBA, Other related person (Aunt, Uncle, etc.)	Other related person (Aunt, Uncle, etc.)	
	Unrelated Person (Lodger, Lodger's spouse, foster child, etc.)	
	Unmarried Partner	

Payment Type 1	Payment Type 2	Payment Type 2 Payment Type 3 PlanType	PlanType	SpecialPurposeType
Cash	0	0 Stocks	Health Maintenance Organization	Denta
Check	Check	Bonds	Fee for Service Plan	Vision
Gift Card	Money Order	Mutual Funds	Commercial Medicare Supplement	Prescription Drug
	Credit Card		Other special purpose plan	Other - specify

PerioF2	Paid	SchoolType	PayPeriod	SchoolType PayPeriod VehicleTyp Month		NewUsed	NewUsed LoanType Track	missing
Once a week	Paid	Nursery sch	One-time e	Nursery schOne-time eCar or truclJune		New	Mortgage Interviewer	/ei 85
Once every two weeks	Reimburse	Reimburse Elementar, Daily	Daily	Motorcycle July	July	Used	Home Equi Respondent	ent
Twice a month		Vocational Weekly	Weekly	Aircraft August	August		Lump Sum	
Once a month		College or I Monthly	Monthly	Recreation	Recreation: September		Other	
Every 2 months		Other	Quarter		NO			
Quarterly (every 3 months)								

Once every 4 months Twice a year (every 6 months)

Once a year Other