

8941.17

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

Questionnaire/Survey Instrument

8941.17

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

Date

Today's Date (mm/dd/yyyy)

Instrument Summary		
Section	Missing Items	Times Accessed
<u>Front</u>	--	8
<u>Roster</u>	--	6
<u>Rented Properties</u>	0	3
<u>Owned Properties</u>	0	3
<u>Home Maintenance</u>	10	2
<u>Phone-Internet-Cable</u>	7	2
<u>Utilities</u>	9	2
<u>Owned Vehicles</u>	2	2
<u>Leased & Rented Vehicles</u>	2	2
<u>Vehicle Expenses</u>	14	2
<u>Insurance</u>	4	3
<u>Health Insurance</u>	2	3
<u>Medical and Health Expenses</u>	6	3
<u>Education</u>	7	4
<u>Fees and Contributions</u>	12	4
<u>Income</u>	0	6
<u>Assets & Liabilities</u>	8	8

Interviewer Notes

Counters Running

Start/Stop Access Counters

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

Roster

What are the names of all people living or staying here?
DO NOT READ TO RESPONDENT: ADULTS Age >= 18

Name	Reference Person	Age	Race	Education

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

Since the first of June, have you or anyone in your household rented any houses, apartments, or temporary living quarters NOT used entirely for business or vacation?

Yes

No

Mark with an 'X'

*** At any time since the first of June did you or anyone in your household own any homes, vacation homes, or recreational properties, including timeshares?**

Yes

No

Mark with an 'X'

How many properties?

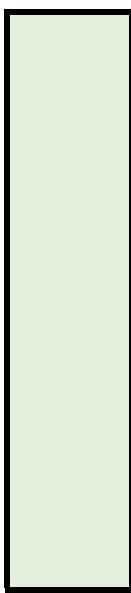
Property Names (for later reference)

Property 1

Property 2

Property 3

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



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.

Business Expense?

What percent business?

	Total Amount Paid	Record Type
June	<input type="text"/>	<input type="text"/>
July	<input type="text"/>	<input type="text"/>
August	<input type="text"/>	<input type="text"/>

What does Rent include?

Services Included

Mark all that apply with an "X"

<input type="checkbox"/>	NONE
<input type="checkbox"/>	electricity
<input type="checkbox"/>	gas
<input type="checkbox"/>	piped in water
<input type="checkbox"/>	heating
<input type="checkbox"/>	trash collection
<input type="checkbox"/>	park facility
<input type="checkbox"/>	telephone services
<input type="checkbox"/>	television services
<input type="checkbox"/>	internet services
<input type="checkbox"/>	furniture

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

Thinking about {sample unit}...

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 {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 Mortgages	
Number of Home Equity Loans	
Number of Lump Sum Loans	

Please tell me about one of the loans.

What kind of loan is it?

Business Expense?

Percent Business

June

July

August

Of Total Amount,

Interest Paid

Record Type

Total amount owed before last payment

Total Amount Owed

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

Are there any other loans for this property?

What kind of loan is it?

Business Expense?
Percent Business

	Total Amount Paid	Of Total Amount, Interest Paid	Record Type
June	<input type="text"/>	<input type="text"/>	<input type="text"/>
July	<input type="text"/>	<input type="text"/>	<input type="text"/>
August	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total amount owed before last payment

Total Amount Owed

Record Type

What is included in the payment?

Mark all that apply with an "X"

<input type="checkbox"/>	principal
<input type="checkbox"/>	interest
<input type="checkbox"/>	property taxes
<input type="checkbox"/>	property insurance
<input type="checkbox"/>	mortgage guarantee insurance (PMI)
<input type="checkbox"/>	Any other payments, specify

principal
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

What was your monthly payment? And how much was for interest? Exclude any reimbursements

Of Total Amount,

Interest Paid

Total Amount 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"

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

principal

interest

property taxes

property insurance

mortgage guarantee insurance (PMI)

Any other payments, specify

Since the first of June, have you made any payments for ground or land rent?

Which Property

June
July
August

Total Amount Paid

Record Type

Since the first of June, have you made any regular payments to a Homeowners Association?

Which Property

Services Included
Mark all that apply with an "X"

<input type="checkbox"/>	management
<input type="checkbox"/>	repairs or maintenance, including lawn care or snow removal
<input type="checkbox"/>	improvements
<input type="checkbox"/>	utilities
<input type="checkbox"/>	parking
<input type="checkbox"/>	recreational including swimming, golf or tennis
<input type="checkbox"/>	security including guards or alarm
<input type="checkbox"/>	maid service
<input type="checkbox"/>	medical services
<input type="checkbox"/>	trash collection
<input type="checkbox"/>	property taxes
<input type="checkbox"/>	other

Business Expense?
What percent business?

Total Amount Paid

<input type="text"/>	Record Type
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

June
July
August

Since the first of June, have you made any special payments to a Management Service?

Which Property

Business Expense?
What percent business?

Total Amount Paid

<input type="text"/>	Record Type
<input type="text"/>	<input type="text"/>

June
July

August

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?

Total Amount Paid

Record Type

June

July

August

--

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 Home Equity Loans

Number of Lump Sum Loans

--

Please tell me about one of the 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

interest

property taxes

property insurance

mortgage guarantee insurance (PMI)

Any other payments, specify

What is included in the payment?

Mark all that apply with an "X"

Are there any other loans for this property?

What kind of loan is it?

Business Expense?
Percent Business

	Total Amount Paid	Of Total Amount, Interest Paid	Record Type
June	<input type="text"/>	<input type="text"/>	<input type="text"/>
July	<input type="text"/>	<input type="text"/>	<input type="text"/>
August	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

Total Amount Owed

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

Thinking about {property 3}...		
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 loan payments.

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

Are there any other loans for this property?

What kind of loan is it?

Business Expense?
Percent Business

Total Amount

Of Total Amount,

Paid

Interest Paid

Record Type

June

July

August

Total amount owed before last payment

Total Amount Owed

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

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

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

0

0



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.

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

*** Exterior Jobs**

	Amount Paid	Record Type
June		
July		
August		

*** Interior Jobs**

	Amount Paid	Record Type
June		
July		
August		

*** Plumbing, Electrical or HVAC (Heating, Ventilation & Air Conditioning) Jobs**

	Amount Paid	Record Type
June		
July		
August		

*** Land Jobs such as landscaping the ground, repairing outdoor patios or fences or any other improvements or repairs**

	Amount Paid	Record Type
June		
July		
August		

*** Did you or your household purchase any materials or supplies for any of the following?**

- (a) Building an addition to the house or a new structure,
- (b) Finishing a basement or an attic or enclosing a porch,
- (c) Remodeling one or more rooms in the house,
- (d) Outdoor construction, including fences, driveways, or pools, or
- (e) Dwellings under construction

	Amount Paid	Record Type
June		
July		
August		

*** Did you or your household purchase materials or supplies FOR JOBS NOT YET STARTED?**

	Amount Paid	Record Type
June		
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	Record Type
June		
July		
August		

*** Rent or purchase of kitchen appliances**
(include any shipping and handling charges, and purchases for others)

	Amount Paid	Record Type
June		
July		
August		

	<p>* Repairing, refinishing or reupholstering furniture or household furnishings?</p>						
<p>June July August</p>	<p>Amount Paid</p> <table border="1" data-bbox="259 1449 357 1680"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table> <p>Record Type</p> <table border="1" data-bbox="259 1239 357 1428"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>						
	<p>* Expenses for service contracts, maintenance, or repairs for kitchen appliances, heating or air conditioning equipment, or other household appliances?</p>						
<p>June July August</p>	<p>Amount Paid</p> <table border="1" data-bbox="544 1449 641 1680"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table> <p>Record Type</p> <table border="1" data-bbox="544 1239 641 1428"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>						

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

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

*** Residential Telephone, including Voice over IP**

Company Name		Record Type		Note combined expenses
Business Expense?				
Percent Business				
Amount Billed				
June				
July				
August				

*** Cellular Phone Service**

Company Name		Record Type		Note combined expenses
Business Expense?				
Percent Business				
Amount Billed				
June				
July				
August				

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

Included?	June	July	August
Internet service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable or satellite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applications, games, or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misc. Combined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<-- Add more

*** Pre-paid long distance telephone cards/minutes (not already reported)**

Amount	Record Type
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

*** Cable or Satellite TV (not already reported)**

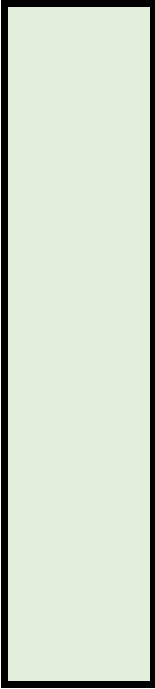
Amount Billed	Record Type	Note combined expenses
<input type="text"/>	<input type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

*** Satellite radio services (not already reported)**

Amount Billed	Record Type	Note combined expenses
<input type="text"/>	<input type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

* Internet connection or an internet service provider (not already reported)		
June	Amount Billed	Record Type
July		
August		
		Note combined expenses

* Internet services away from home such as web cafes or internet kiosks?		
June	Amount Billed	Record Type
July		
August		



Residential Telephone, including Voice over IP			
Company Name	<input type="text"/>		
Business Expense?	<input type="text"/>		
Percent Business	<input type="text"/>		
	Amount Billed	Record Type	Note combined expenses
June	<input type="text"/>	<input type="text"/>	<input type="text"/>
July	<input type="text"/>	<input type="text"/>	
August	<input type="text"/>	<input type="text"/>	
Cellular Phone Service			
Company Name	<input type="text"/>		
Business Expense?	<input type="text"/>		
Percent Business	<input type="text"/>		
	Amount Billed	Record Type	Note combined expenses
June	<input type="text"/>	<input type="text"/>	<input type="text"/>
July	<input type="text"/>	<input type="text"/>	
August	<input type="text"/>	<input type="text"/>	

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

Included?

Internet service
Cable or satellite
Applications, games, or
Misc. Combined

June

July

August

<-- Add more

Missing Items on this Page	Missing Items Overall	% With Records this Page	% With Records Overall	# of Times on Page
9	85	0%	0%	2

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

*** Electricity**

Which Property

Company Name

Business Expense?

Amount Billed	Record Type	Note combined expenses
June <input type="text"/>	<input type="text"/>	<input type="text"/>
July <input type="text"/>	<input type="text"/>	
August <input type="text"/>	<input type="text"/>	

*** Natural Gas**

Which Property

Company Name

Business Expense?

Amount Billed	Record Type	Note combined expenses
June <input type="text"/>	<input type="text"/>	<input type="text"/>
July <input type="text"/>	<input type="text"/>	
August <input type="text"/>	<input type="text"/>	

*** Fuel Oil**

Which Property

Company Name

Business Expense?

Amount Billed

June
July
August

Record Type

Note combined expenses

--

*** Bottled or Tanked Gas**

Which Property

Company Name

Business Expense?

Amount Billed

June
July
August

Record Type

Note combined expenses

--

*** Other Fuels (wood, coal, etc.)**

Which Property	<input type="text"/>		
Company Name	<input type="text"/>		
Business Expense?	<input type="text"/>		
Amount Billed	<input type="text"/>	Record Type	Note combined expenses
June	<input type="text"/>	<input type="text"/>	
July	<input type="text"/>	<input type="text"/>	
August	<input type="text"/>	<input type="text"/>	

*** Water and Sewerage Maintenance**

Which Property	<input type="text"/>		
Company Name	<input type="text"/>		
Business Expense?	<input type="text"/>		
Amount Billed	<input type="text"/>	Record Type	Note combined expenses
June	<input type="text"/>	<input type="text"/>	
July	<input type="text"/>	<input type="text"/>	
August	<input type="text"/>	<input type="text"/>	

*** Trash/Garbage Collection**

Which Property

Company Name

Business Expense?

Amount Billed

June

July

August

Record Type

Note combined expenses

*** Septic Tank Cleaning**

Which Property

Company Name

Business Expense?

Amount Billed

June

July

August

Record Type

Note combined expenses

*** Water Softening Service**

Which Property

Company Name

Business Expense?

Amount Billed

June
July
August

Record Type

Note combined expenses

Green rectangular box for notes or additional information.

Electricity			
Which Property	<input type="text"/>		
Company Name	<input type="text"/>		
Business Expense?	<input type="text"/>		
June	<input type="text"/>	<input type="text"/>	Note combined expenses <input type="text"/>
July	<input type="text"/>	<input type="text"/>	
August	<input type="text"/>	<input type="text"/>	

Natural Gas			
Which Property	<input type="text"/>		
Company Name	<input type="text"/>		
Business Expense?	<input type="text"/>		
June	<input type="text"/>	<input type="text"/>	Note combined expenses <input type="text"/>
July	<input type="text"/>	<input type="text"/>	
August	<input type="text"/>	<input type="text"/>	

Fuel Oil			
Which Property	<input type="text"/>		
Company Name	<input type="text"/>		
Business Expense?	<input type="text"/>		
	Amount Billed	Record Type	Note combined expenses
June	<input type="text"/>	<input type="text"/>	<input type="text"/>
July	<input type="text"/>	<input type="text"/>	
August	<input type="text"/>	<input type="text"/>	

Bottled or Tanked Gas			
Which Property	<input type="text"/>		
Company Name	<input type="text"/>		
Business Expense?	<input type="text"/>		
	Amount Billed	Record Type	Note combined expenses
June	<input type="text"/>	<input type="text"/>	<input type="text"/>
July	<input type="text"/>	<input type="text"/>	
August	<input type="text"/>	<input type="text"/>	

Other Fuels (wood, coal, etc.)

Which Property

Company Name

Business Expense?

Amount Billed

June

July

August

Record Type

Note combined expenses

Water and Sewerage Maintenance

Which Property

Company Name

Business Expense?

Amount Billed

June

July

August

Record Type

Note combined expenses

Trash/Garbage Collection

Which Property

Company Name

Business Expense?

Amount Billed

June

July

August

Record Type

Note combined expenses

Septic Tank Cleaning

Which Property

Company Name

Business Expense?

Amount Billed

June

July

August

Record Type

Note combined expenses

Water Softening Service

Which Property

Company Name

Business Expense?

Amount Billed

Record Type

Note combined expenses

June

July

August

Electricity				
Which Property	<input type="text"/>			
Company Name	<input type="text"/>			
Business Expense?	<input type="text"/>			
Amount Billed	<table border="1"> <tr><td>June</td></tr> <tr><td>July</td></tr> <tr><td>August</td></tr> </table>	June	July	August
June				
July				
August				
Record Type	<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>			
Note combined expenses	<input type="text"/>			

Natural Gas				
Which Property	<input type="text"/>			
Company Name	<input type="text"/>			
Business Expense?	<input type="text"/>			
Amount Billed	<table border="1"> <tr><td>June</td></tr> <tr><td>July</td></tr> <tr><td>August</td></tr> </table>	June	July	August
June				
July				
August				
Record Type	<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>			
Note combined expenses	<input type="text"/>			

Fuel Oil			
Which Property	<input type="text"/>		
Company Name	<input type="text"/>		
Business Expense?	<input type="text"/>		
	Amount Billed	Record Type	Note combined expenses
June	<input type="text"/>	<input type="text"/>	<input type="text"/>
July	<input type="text"/>	<input type="text"/>	
August	<input type="text"/>	<input type="text"/>	

Bottled or Tanked Gas			
Which Property	<input type="text"/>		
Company Name	<input type="text"/>		
Business Expense?	<input type="text"/>		
	Amount Billed	Record Type	Note combined expenses
June	<input type="text"/>	<input type="text"/>	<input type="text"/>
July	<input type="text"/>	<input type="text"/>	
August	<input type="text"/>	<input type="text"/>	

Other Fuels (wood, coal, etc.)

Which Property

Company Name

Business Expense?

Amount Billed

June

July

August

Record Type

Note combined expenses

Water and Sewerage Maintenance

Which Property

Company Name

Business Expense?

Amount Billed

June

July

August

Record Type

Note combined expenses

Trash/Garbage Collection

Which Property

Company Name

Business Expense?

Amount Billed	Record Type	Note combined expenses
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

June
July
August

Septic Tank Cleaning

Which Property

Company Name

Business Expense?

Amount Billed	Record Type	Note combined expenses
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

June
July
August

Water Softening Service

Which Property

Company Name

Business Expense?

Amount Billed

Record Type

Note combined expenses

June

July

August

--

Missing Items
on this Page

2

Missing Items
Overall

85

% With Records
this Page

0%

% With Records
Overall

0%

of Times on Page

2

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 for someone outside your household.

How many vehicles do you own?

Loan 1

What was your monthly payment? And how much was for interest? Exclude any reimbursements

	Total Amount Paid	Total Interest Paid	Record Type
June			
July			
August			

Loan 2

What was your monthly payment? And how much was for interest? Exclude any reimbursements

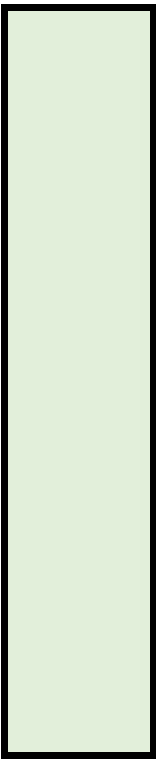
	Total Amount Paid	Total Interest Paid	Record Type
June			
July			
August			

<-- Add Another Loan

* Since the first of June, have you or your household sold or been reimbursed for any vehicles?

OPTIONAL: Description	Vehicle Type	Amount Received	Month	Type of Record

<--Add More



Loan 1

What was your monthly payment? And how much was for interest? Exclude any reimbursements

June

July

August

Total Amount Paid

Total Interest Paid

Record Type

Loan 2

What was your monthly payment? And how much was for interest? Exclude any reimbursements

June

July

August

Total Amount Paid

Total Interest Paid

Record Type

<-- Add Another Loan

Loan 1

What was your monthly payment? And how much was for interest? Exclude any reimbursements

June

July

August

Total Amount Paid

Total Interest Paid

Record Type

Loan 2

What was your monthly payment? And how much was for interest? Exclude any reimbursements

June

July

August

Total Amount Paid

Total Interest Paid

Record Type

<-- Add Another Loan

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

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

How many vehicles do you lease?

Vehicle 1

OPTIONAL: Vehicle description		
Vehicle Type	<input type="text"/>	<input type="text"/>
Did this lease start in the last three months? Which month?	<input type="text"/>	<input type="text"/>
Did this lease end in the last three months? Which month?	<input type="text"/>	<input type="text"/>
Was a cash downpayment made? (How much?)	<input type="text"/>	<input type="text"/>
Was any portion of the cash downpayment paid by an employer? (How much?)	<input type="text"/>	<input type="text"/>
Was a trade-in allowance received? (How much?)	<input type="text"/>	<input type="text"/>
Were any fees incurred at the termination of the lease? (How much?)	<input type="text"/>	<input type="text"/>

Since the first of June, have you or anyone in your household made any lease payments?

June
July
August

Amount	Type of Record

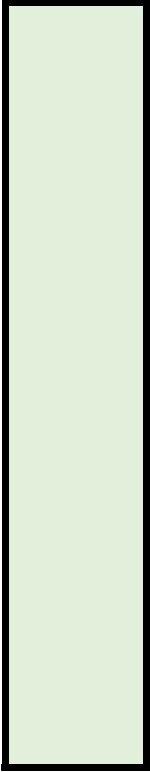
Amount	Type of Record

Does the payment include any other charges, such as auto insurance or maintenance? (How much?)

Since the first of June, have you or anyone in your household rented any
* automobiles, trucks, motorcycles, aircraft, or other vehicles not used
entirely for business?

Vehicle Type	Amount	Month	% Reimbursed	Type of Record

<-- Add more



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?

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?)

Amount

Type of Record

Since the first of June, have you or anyone in your household made any lease payments?

June

July

August

Amount

Type of Record

Amount

--

Type of Record

--

Does the payment include any other charges, such as auto insurance or maintenance? (How much?)

Vehicle 3

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?

Type of Record

Amount

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 your household made any lease payments?

June

July

August

Amount

Type of Record

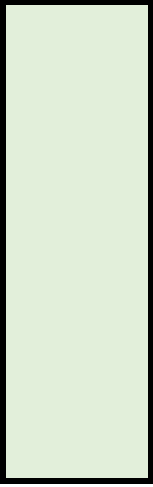
Does the payment include any other charges, such as auto insurance or maintenance? (How much?)

Amount

--

Type of Record

--



[Home](#)
Missing Items on this Page **14**
Missing Items Overall **85**
% With Records this Page **0%**
% With Records Overall **0%**
of Times on Page **2**

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

	Expense	Month	Record Type
Car tune-ups, oil changes or oil filters		*	
Body work or painting		*	
Electrical work		*	
Repair to brakes or tires, including alignment		*	
Repair to air conditioning or exhaust system		*	
Repairs to the clutch, transmission, steering or drive shaft		*	
Auto repair service policy		*	
Vehicle accessories or customizing		*	
Other vehicle repair or service		*	

<--- Add More

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

- Vehicle Insurance
- Vehicle Registration
- Vehicle Inspection
- Drivers License
- Towing Charges

Expense	Month	Record Type

<--- Add More

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

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?**

Policy Name	<input type="text"/>
Amount Billed	<input type="text"/>
Record Type	<input type="text"/>
June	<input type="text"/>
July	<input type="text"/>
August	<input type="text"/>

*** Long term care insurance?**

Policy Name	<input type="text"/>
Amount Billed	<input type="text"/>
Record Type	<input type="text"/>
June	<input type="text"/>
July	<input type="text"/>
August	<input type="text"/>

*** Homeowner's or Renter's insurance?**

Policy Name	<input type="text"/>	Record Type	<input type="text"/>
Amount Billed	<input type="text"/>		<input type="text"/>
June	<input type="text"/>		<input type="text"/>
July	<input type="text"/>		<input type="text"/>
August	<input type="text"/>		<input type="text"/>

*** Other (non-vehicle nor property) insurance?**

Policy Name	<input type="text"/>	Record Type	<input type="text"/>
Amount Billed	<input type="text"/>		<input type="text"/>
June	<input type="text"/>		<input type="text"/>
July	<input type="text"/>		<input type="text"/>
August	<input type="text"/>		<input type="text"/>

--

Life insurance or other policies which provide benefits in case of death or disability?													
<table border="1"><tr><td data-bbox="560 997 609 1606">Policy Name</td><td data-bbox="560 997 609 1606"></td></tr><tr><td data-bbox="673 1302 795 1606">Amount Billed</td><td data-bbox="673 1302 795 1606"></td></tr><tr><td data-bbox="673 1302 714 1606">June</td><td data-bbox="673 1302 714 1606"></td></tr><tr><td data-bbox="714 1302 755 1606">July</td><td data-bbox="714 1302 755 1606"></td></tr><tr><td data-bbox="755 1302 795 1606">August</td><td data-bbox="755 1302 795 1606"></td></tr><tr><td data-bbox="641 1060 673 1218">Record Type</td><td data-bbox="673 997 795 1281"></td></tr></table>	Policy Name		Amount Billed		June		July		August		Record Type		
Policy Name													
Amount Billed													
June													
July													
August													
Record Type													
Long term care insurance?													
<table border="1"><tr><td data-bbox="909 997 958 1606">Policy Name</td><td data-bbox="909 997 958 1606"></td></tr><tr><td data-bbox="974 1302 1128 1606">Amount Billed</td><td data-bbox="974 1302 1128 1606"></td></tr><tr><td data-bbox="1006 1302 1047 1606">June</td><td data-bbox="1006 1302 1047 1606"></td></tr><tr><td data-bbox="1047 1302 1088 1606">July</td><td data-bbox="1047 1302 1088 1606"></td></tr><tr><td data-bbox="1088 1302 1128 1606">August</td><td data-bbox="1088 1302 1128 1606"></td></tr><tr><td data-bbox="966 1060 998 1218">Record Type</td><td data-bbox="998 997 1128 1281"></td></tr></table>	Policy Name		Amount Billed		June		July		August		Record Type		
Policy Name													
Amount Billed													
June													
July													
August													
Record Type													

Homeowner's or Renter's insurance?

Policy Name

Amount Billed

Record Type

June

July

August

Other (non-vehicle nor property) insurance?

Policy Name

Amount Billed

Record Type

June

July

August

Life insurance or other policies which provide benefits in case of death or disability?

Policy Name	<input type="text"/>	Record Type	<input type="text"/>
June	<input type="text"/>		<input type="text"/>
July	<input type="text"/>		<input type="text"/>
August	<input type="text"/>		<input type="text"/>

Long term care insurance?

Policy Name	<input type="text"/>	Record Type	<input type="text"/>
June	<input type="text"/>		<input type="text"/>
July	<input type="text"/>		<input type="text"/>
August	<input type="text"/>		<input type="text"/>

Homeowner's or Renter's insurance?

Policy Name

Amount Billed	Record Type
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

June
July
August

Other (non-vehicle nor property) insurance?

Policy Name

Amount Billed	Record Type
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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.**

Policy 1

What is the name of the insurance company for this policy?	<input type="text"/>			
DO NOT READ TO RESPONDENT: <i>Is the insurance company Blue Cross Blue Shield? Mark with an 'x'</i>	<input type="text"/>	Yes	<input type="text"/>	No
How many household members are covered by the policy?	<input type="text"/>			
What type of insurance plan is it?	<input type="text"/>			
<i>Is this special purpose plan - Specify -</i>	<input type="text"/>			
Does your household pay ANY portion of the premiums for this policy?	<input type="text"/>	Yes	<input type="text"/>	No
Are any premiums paid through payroll deductions?	<input type="text"/>			
				Type of Record
				<input type="text"/>
				<input type="text"/>

How much does your household currently spend for this policy (including payroll deductions)?

Amount

Period

How much was paid this month?

Amount

Are you or any household members enrolled in a Medicare Prescription Drug plan?

*** Drug plan?**

The Medicare Prescription Drug plan is also known as Medicare Part D

OPTIONAL: Name

PERSON 1

What is the monthly premium for this plan?

Total Amount Paid

June

July

August

Type of Record

Yes

No

Is the monthly premium deducted from a Social Security payment?

[Empty green box]

Policy 2

What is the name of the insurance company for this policy?

[Empty white box]

DO NOT READ TO RESPONDENT:

Is the insurance company Blue Cross Blue Shield?

Yes

[Green box]

No

[Green box]

How many household members are covered by the policy?

[Empty white box]

What type of insurance plan is it?

[Empty white box]

Is this special purpose plan -

[Empty white box]

Specify -

[Empty white box]

Does your household pay ANY portion of the premiums for this policy?

[Empty white box]

Yes

No

[Empty white box]

Are any premiums paid through payroll deductions?

[Empty white box]

Type of Record

[Orange box]

[Orange box]

How much does your household currently spend for this policy (including payroll deductions)?

Amount

Period

How much was paid this month?

Amount

PERSON 2

OPTIONAL: Name

What is the monthly premium for this plan?

Total Amount Paid

June

July

August

Type of Record

Yes

No

Is the monthly premium deducted from a Social Security payment?

Policy 3

What is the name of the insurance company for this policy?

DO NOT READ TO RESPONDENT:

Is the insurance company Blue Cross Blue Shield?

Yes

No

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 for this policy?

Yes

No

Are any premiums paid through payroll deductions?

Type of Record

How much does your household currently spend for this policy (including payroll deductions)?

Amount

Period

How much was paid this month?

Amount

PERSON 3

OPTIONAL: Name

What is the monthly premium for this plan?

Total Amount Paid

June

July

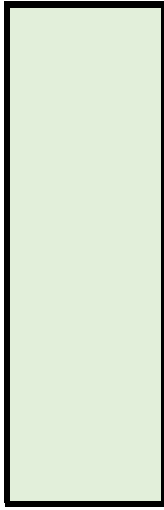
August

Type of Record

Yes

No

Is the monthly premium deducted from a Social Security payment?



Missing Items on this Page	Missing Items Overall	% With Records this Page	% With Records Overall	# of Times on Page
6	85	0%	0%	3

Now I am going to ask some questions about medical payments and reimbursements. By payments I mean any co-pays and out-of-pocket expenses. Include all payments, even those for persons who are outside of your household.

* Since the first of June, have you or any members of your household made any payments for -

Enter zero if no expense	Amount Billed	Month Billed	Percent reimbursed?	Record Type
Services provided and billed by physicians				
Dental care				
Eye examinations, treatment, or surgery				
Services by medical professionals other than physicians				

<--- Add More

* Since the first of June, have you or any members of your household had any expenses for any medical care services?

Amount Billed	Month Billed	Percent reimbursed?	Record Type
Lab tests or x-rays			
Hospital rooms and services			
Convalescent or nursing homes			
Care of invalids or elderly			
Adult day care centers			
Hospital rooms or services			
Other medical care service			

<--- Add More

* Since the first of June, have you or any members of your household had any expenses for medicine or medical supplies?				
	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				

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



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 -

*** Tuition**

What kind of school or facility? Reimbursed? % Reimbursed

Amount Billed

June	
July	
August	

Record Type

*** Food or board while attending school**

What kind of school or facility? Reimbursed? % Reimbursed

Amount Billed

June	
July	
August	

Record Type

*** Test preparation or tutoring services**

What kind of school or facility?

Reimbursed?

% Reimbursed

Amount Billed

Record Type

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

Amount Billed

Record Type

June

July

August

*** Support for college students**

What kind of school or facility?

Reimbursed?

% Reimbursed

Amount Paid

Record Type

June

July

August

*** School bus**

What kind of school or facility?

Reimbursed?

% Reimbursed

June

July

August

Amount Billed

Record Type

*** Other school-related expenses not already reported**

What kind of school or facility?

Reimbursed?

% Reimbursed

June

July

August

Amount Billed

Record Type



Missing Items on this Page	Missing Items Overall	% With Records this Page	% With Records Overall	# of Times on Page
12	85	0%	0%	4

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

*** Lawyers/Legal professionals**

Amount Billed	Record Type
June	
July	
August	

*** Accounting fees**

Amount Billed	Record Type
June	
July	
August	

*** Credit card membership**

Amount Billed	Record Type
June	
July	
August	
Annual or monthly fee?	

*** Finance, late charges, and interest for credit cards**

Amount Billed	Record Type
June	
July	
August	

*** Bank fees**

Usual monthly charge	Amount Billed	Record Type
----------------------	---------------	-------------

*** Bank safe deposit box rental**

June	Amount Billed	Record Type
July		
August		

*** Alimony**

June	Amount Paid	Record Type
July		
August		

*** Child support**

June	Amount Paid	Record Type
July		
August		

*** Contributions to religious, educational or charitable organizations**

June	Amount Paid	Record Type
July		
August		

*** Cash, checks, or gift cards to anyone outside your household**

	Amount Paid	Record Type
June		
July		
August		
Payment Type		

*** Payment to political organizations**

	Amount Paid	Record Type
June		
July		
August		
Payment Type		

*** Giving of stocks, bonds, or mutual funds to anyone outside your household**

	Amount Paid	Record Type
June		
July		
August		
Payment Type		

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

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.

First, I'd like to ask about you...

Work Experience

- In the past 12 months, including paid vacation and sick leave, how many weeks did you work?

Enter X if 'Did Not Work'
- In the weeks that you worked, how many hours did you usually work per week?
- 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

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
- Were you:

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

5 What was the main reason you did not work during the last 12 months?

Were you?

1. Retired?
2. Taking care of home/family?
3. Going to school?
4. Ill, 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...

	Yes/No	How Much	Record Type
a wages, salary, tips, bonuses, or commissions?			
b self-employment income or have a loss?			
c Supplemental Security Income (SSI) payments?			

Record Type

2 DURING THE PAST 12 MONTHS – Did you receive any Social Security or Railroad Retirement benefits?

a What was the amount of the last Social Security or Railroad Retirement payment received?		
b 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?		

3 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.

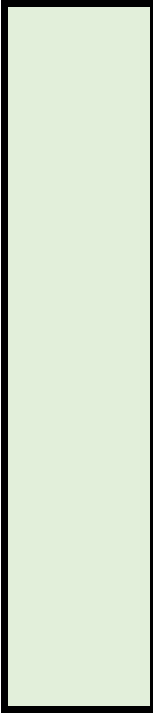
a How much?	
--------------------	--

Last Pay

	Answer	Record Type
1	What was the amount of your last pay before any deductions?	
2	What period of time did this cover?	
	5. Year 6. Twice a month 7. Other - Specify:	
	1. One week 2. Two weeks 3. Month 4. Quarter	
3	Was there any money deducted from your pay for -	
a	Federal income tax?	
b	State or local income tax?	
c	Private pension fund?	
d	Government retirement?	
e	Railroad retirement?	
f	Social Security including Medicare?	
4	Are Social Security payments NORMALLY deducted from your pay?	
5	Does the money deducted for Social Security cover only the Medicare portion of Social Security?	

6

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



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

Work Experience

1 In the past 12 months, including paid vacation and sick leave, how many weeks did (NAME) work?

Enter X if 'Did Not Work'

2 In the weeks that you worked, how many hours did (he/she) usually work per week?

3 Which of the following categories best describes the job in which (he/she) 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
- 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

4 Was (he/she):

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

5 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. Ill, 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 (NAME) receive any...

	Yes/No	How Much	Record Type
a wages, salary, tips, bonuses, or commissions?			
b self-employment income or have a loss?			
c Supplemental Security Income (SSI) payments?			

2 DURING THE PAST 12 MONTHS – Did (NAME) receive any Social Security or Railroad Retirement benefits?

Record Type

a What was the amount of the last Social Security or Railroad Retirement payment received?

--

b Is this amount AFTER the deduction for a Medicare premium?

--

c During the past 12 months, how many Social Security or Railroad Retirement payments did (NAME) receive?

--

3 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.

--

a How much?

--

Last Pay

1 What was the amount of (NAME)'s last pay before any deductions?

Answer

Record Type

2 What period of time did this cover?

1. One week

2. Two weeks

3. Month

4. Quarter

5. Year
6. Twice a month
7. Other - Specify:

3 Was there any money deducted from (his/her) pay for -

Yes/No

How Much

Record Type

a Federal income tax?

b State or local income tax?

c Private pension fund?

d Government retirement?

e Railroad retirement?

f Social Security including Medicare?

Record Type

4 Are Social Security payments **NORMALLY** deducted from his/her pay?

5 Does the money deducted for Social Security cover only the Medicare portion of Social Security?

6

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

1 In the past 12 months, including paid vacation and sick leave, how many weeks did (NAME) work?

Enter X if 'Did Not Work'

2 In the weeks that you worked, how many hours did (he/she) usually work per week?

3 Which of the following categories best describes the job in which (he/she) 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
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

4 Was (he/she):

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

5 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. Ill, 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 (NAME) receive any...

	Yes/No	How Much	Record Type
a wages, salary, tips, bonuses, or commissions?			
b self-employment income or have a loss?			
c Supplemental Security Income (SSI) payments?			

2 DURING THE PAST 12 MONTHS – Did (NAME) receive any Social Security or Railroad Retirement benefits?

--	--

a What was the amount of the last Social Security or Railroad Retirement payment received?

--

b Is this amount AFTER the deduction for a Medicare premium?

--

c During the past 12 months, how many Social Security or Railroad Retirement payments did (NAME) receive?

--

3 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.

--

a How much?

--

Last Pay

1 What was the amount of (NAME) last pay before any deductions?

Answer

Record Type

2 What period of time did this cover?

1. One week
2. Two weeks
3. Month
4. Quarter
5. Year
6. Twice a month
7. Other - Specify:

3 Was there any money deducted from (his/her) pay for -

Yes/No

How Much

Record Type

a Federal income tax?

b State or local income tax?

c Private pension fund?

d Government retirement?

e Railroad retirement?

f Social Security including Medicare?

Record Type

4 Are Social Security payments NORMALLY deducted from (his/her) pay?

5 Does the money deducted for Social Security cover only the Medicare portion of Social Security?

6

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

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

[Home](#)

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.

*** Do you or any member of your household have a retirement account such as 401(k)s, IRAs, and Thrift Savings Plans?**

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 Thrift Savings Plans?

Mark with 'x'

<input type="checkbox"/>	\$0-\$1,999
<input type="checkbox"/>	\$2,000-\$9,999
<input type="checkbox"/>	\$10,000-\$49,999
<input type="checkbox"/>	\$50,000-\$199,999
<input type="checkbox"/>	\$200,000-\$449,999
<input type="checkbox"/>	\$450,000 and over

Type of Record

*** Do you or any member of your household have any directly-held stocks, bonds, or mutual funds not in retirement accounts?**

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'

<input type="checkbox"/>	\$0-\$1,999
--------------------------	-------------

Type of Record

- \$2,000-\$9,999
- \$10,000-\$49,999
- \$50,000-\$199,999
- \$200,000-\$449,999
- \$450,000 and over

*

Do you or any member of your household have any checking, savings, money market accounts, or certificates of deposit or CDs?

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
- \$500-\$999
- \$1,000-\$2,499
- \$2,500-\$9,999
- \$10,000-\$34,999
- \$35,000 and over

Type of Record

*

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

Type of Record

(if reluctant)

Could you tell me which range best reflects the total surrender value of these policies?

- Mark with 'X'
- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | \$0-\$499 |
| <input type="checkbox"/> | \$500-\$999 |
| <input type="checkbox"/> | \$1,000-\$2,499 |
| <input type="checkbox"/> | \$2,500-\$9,999 |
| <input type="checkbox"/> | \$10,000-\$34,999 |
| <input type="checkbox"/> | \$35,000 and over |

*** Do/does you or any member of your household have any other financial assets, such as annuities, trusts, and royalties?**

Type of Record

As of TODAY – What is the total value of these other financial assets?

(if reluctant)

Could you tell me which range best reflects the total value of these other financial assets?

- Mark with 'X'
- | | |
|--------------------------|---------------------|
| <input type="checkbox"/> | \$0-\$1,999 |
| <input type="checkbox"/> | \$2,000-\$9,999 |
| <input type="checkbox"/> | \$10,000-\$49,999 |
| <input type="checkbox"/> | \$50,000-\$199,999 |
| <input type="checkbox"/> | \$200,000-\$449,999 |
| <input type="checkbox"/> | \$450,000 and over |

Liabilities

*

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 the total amount owed on all cards?
(if reluctant)

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'
- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | \$0-\$499 |
| <input type="checkbox"/> | \$500-\$999 |
| <input type="checkbox"/> | \$1,000-\$2,499 |
| <input type="checkbox"/> | \$2,500-\$9,999 |
| <input type="checkbox"/> | \$10,000-\$34,999 |
| <input type="checkbox"/> | \$35,000 and over |

What was the total amount paid in finance, late charges, and interest for all cards in the LAST MONTH?

Type of Record

*** As of TODAY – Do/does you or any member of your household have any student loans?**

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'

<input type="checkbox"/>	\$0-\$499
<input type="checkbox"/>	\$500-\$999
<input type="checkbox"/>	\$1,000-\$2,499
<input type="checkbox"/>	\$2,500-\$9,999
<input type="checkbox"/>	\$10,000-\$34,999
<input type="checkbox"/>	\$35,000 and over

What was the total amount paid in finance, late charges, and interest for all student loans in the LAST MONTH?

Type of Record

*** As of TODAY – Do/does you or any member of your household have any other debt such as medical loans or personal loans?**

Type of Record

* Do not include mortgages, home equity loans, or vehicle loans

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'

<input type="checkbox"/>	\$0-\$499
<input type="checkbox"/>	\$500-\$999
<input type="checkbox"/>	\$1,000-\$2,499
<input type="checkbox"/>	\$2,500-\$9,999
<input type="checkbox"/>	\$10,000-\$34,999
<input type="checkbox"/>	\$35,000 and over

What was the total amount paid in finance, late charges, and interest for all other loans in the LAST MONTH?

Type of Record

Yes/No	RecordType	Property	WhoFound	Race
Yes	Receipt		0 R	White
No	Paper Bill		0 FR	Black or African American
Don't Know	Online Bill		0	American Indian or Alaska Native
	Bank Statement	Rented sample unit		Asian
	Credit Card Statement	Other rental unit		Native Hawaiian
	Paystub	Rented vacation property		Guamanian or Chamorro
	Other	Property not owned or rented by household		Samoan
				Other Pacific Islander
				Other
				Don't Know

Education	Relationship	Period
No schooling completed, or less than 1 year	Reference person	Annual
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 equivalent	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, 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 3	Plan Type	Special Purpose Type
Cash		0 Stocks	Health Maintenance Organization	Dental
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

records
0%