Well Being 418

intro intro screen
Welcome to our follow-up survey on household payments. In October 2014, you participated in the Survey on Health and Economic Well-being. We asked you some extra questions about certain types of payments that you make each month. This survey is similar, except it asks about your household spending in some additional categories of payments. Please answer the questions to the best of your ability and remember that all your answers will be kept confidential.

intro2 intro screen
In the previous survey in October 2014, we asked you about your household payments in the following categories: Mortgage: interest & principal Rent Electricity Telephone (land, mobile), cable, internet Vehicle insurance Car payments: interest & principal Health insurance: out-of-pocket, including Medicare supplemental insurance We will not ask you about your household spending in these categories again in this survey. Instead, we will ask you about your household spending in these other categories: Financial payments Household payments Utilities, medical and other payments Taxes In each payment category, please provide your best estimate for the total dollar amount your household spent in the last calendar month, even if that amount was unusual.

[The following questions are displayed as a table]

payIntro payIntro
Please provide your best estimate of how much in total your household spent in the following categories. Please include spending by all members of your household, that is, by you and anyone living with you. Even if the amount your household spent last calendar month was unusual, please report that amount.

BP10 Credit card bill(s)
Credit card bill(s)
Integer

BP10_NA Credit card bill(s) spending not applicable
1 Not applicable

BP11 Home equity loan(s) or Home Equity Line(s) of Credit (HELOC)
Home equity loan(s) or Home Equity Line(s) of Credit (HELOC) (do not include any payment made as part of your mortgage payment)
Integer

BP11_NA Home equity loan(s) or Home Equity Line(s) of Credit (HELOC) spending not applicable
Home equity loan(s) or Home Equity Line(s) of Credit (HELOC) not applicable
1 Not applicable

BP12 Student loan(s)
Student loan(s)
Integer

BP12_NA Student loan spending not applicable
Student loan not applicable
1 Not applicable

BP13 Other types of loans
Other types of loans (Do not include car loans or mortgages)
Integer

BP13_NA Other types of loans spending not applicable

Other types of loans not applicable
1 Not applicable

BP14 Homeowner's or renter's insurance
Homeowner's or renter's insurance
Integer

BP14_NA Homeowner's or renter's insurance spending not applicable
Homeowner's or renter's insurance not applicable
1 Not applicable

BP15 Life insurance
Life insurance
Integer

BP15_NA Life insurance spending not applicable
Life insurance not applicable
1 Not applicable

BP16 Umbrella insurance
Umbrella insurance
Integer

BP16_NA Umbrella insurance spending not applicable
Umbrella insurance not applicable
1 Not applicable

BP17 Other types of insurance
Other types of insurance (Do not include vehicle or health insurance)
Integer

BP17_NA Other types of insurance spending not applicable
Other types of insurance not applicable
1 Not applicable

[End of table display]
[The following questions are displayed as a table]

payIntro payIntro
Please provide your best estimate of how much in total your household spent in the following categories. Please include spending by all members of your household, that is, by you and anyone living with you. Even if the amount your household spent last calendar month was unusual, please report that amount.

BP20 Tuition, daycare, babysitting
Tuition, daycare, babysitting
Integer

BP20_NA Tuition, daycare, babysitting spending not applicable
Tuition, daycare, babysitting not applicable
1 Not applicable

BP21 Memberships or subscriptions
Memberships or subscriptions (Gym, Netflix, social or professional club dues, magazines, etc.)
Integer

BP21_NA Memberships or subscriptions spending not applicable
Memberships or subscriptions not applicable
1 Not applicable

BP22 Yard maintenance
Yard maintenance (Landscaping, tree service, or snow removal, etc.)
Integer

BP22_NA Yard maintenance spending not applicable
Yard maintenance not applicable
1 Not applicable

BP23 Housing maintenance
Housing maintenance (Maid, cleaning, laundry service, etc.)
Integer

BP23_NA Housing maintenance spending not applicable
Housing maintenance not applicable
1 Not applicable

BP24 Religious contributions
Religious contributions (Charity, tithes, offerings, etc.) or other charitable contributions (do
not include non-monetary contributions such as clothing, etc.)
Integer

BP24_NA Religious contributions spending not applicable
Religious contributions not applicable
1 Not applicable

BP25 Alimony/child support
Alimony/child support
Integer

BP25_NA Alimony/child support spending not applicable
Alimony/child support not applicable
1 Not applicable

[End of table display]
[The following questions are displayed as a table]

payIntro payIntro
Please provide your best estimate of how much in total your household spent in the following
categories. Please include spending by all members of your household, that is, by you and anyone
living with you. Even if the amount your household spent last calendar month was unusual, please
report that amount.

BP30 Natural gas, propane, heating fuel, other energy
Natural gas, propane, heating fuel, other energy (do not include electricity)
Integer

BP30_NA Natural gas, propane, heating fuel, other energy spending not applicable
Natural gas, propane, heating fuel, other energy not applicable
1 Not applicable

BP31 Water/sewer
Water/sewer

Integer

BP31_NA Water/sewer spending not applicable
Water/sewer not applicable
1 Not applicable

BP32 Medical or dental payments not covered by insurance
Medical or dental payments not covered by insurance (Do not include co-payments made at the time of the visit)
Integer

BP32_NA Medical or dental payments not covered by insurance spending not applicable
Medical or dental payments not covered by insurance not applicable
1 Not applicable

BP33 Parking (weekly, monthly, or annual pass)
Parking (weekly, monthly, or annual pass)
Integer

BP33_NA Parking spending not applicable
Parking not applicable
1 Not applicable

BP34 Public transportation
Public transportation (weekly or monthly pass for bus, subway, ferry, etc.)
Integer

BP34_NA Public transportation spending not applicable
Public transportation not applicable
1 Not applicable

BP35 Homeowner's association or condo fees
Homeowner's association or condo fees
Integer

BP35_NA Homeowner's association or condo fees spending not applicable
Homeowner's association or condo fees not applicable
1 Not applicable

[End of table display]
[The following questions are displayed as a table]

payIntro payIntro
Please provide your best estimate of how much in total your household spent in the following categories. Please include spending by all members of your household, that is, by you and anyone living with you. Even if the amount your household spent last calendar month was unusual, please report that amount.

BP40 Federal taxes
Federal taxes (Do not include payments made as payroll deductions from your income.)
Integer

BP40_NA Federal taxes spending not applicable
Federal taxes not applicable
1 Not applicable

BP41 State taxes
State taxes (Do not include payments made as payroll deductions from your income. Do not include sales tax.)
Integer

BP41_NA State taxes spending not applicable
State taxes not applicable
1 Not applicable

BP42 Local taxes
Local taxes
Integer

BP42_NA Local taxes spending not applicable
Local taxes not applicable
1 Not applicable

BP43 Property taxes
Property taxes (Do not include payments to an escrow account as part of your mortgage payment.)
Integer

BP43_NA Property taxes spending not applicable
Property taxes not applicable
1 Not applicable

BP44 Car taxes
Car taxes
Integer

BP44_NA Car taxes spending not applicable
Car taxes not applicable
1 Not applicable

[End of table display]
IF Credit card bill(s) > THEN
|
ENDIF

BP50 open ended spending question
Please tell the names of any other regular, recurring payments which your household pays, but we didn't ask about in this survey. Do not include bills which we asked you about in the previous survey in October 2014. Mortgage: interest & principal Rent Electricity Telephone (land, mobile), cable, internet Vehicle insurance Car payments: interest & principal Health insurance: out-of-pocket, including Medicare supplemental insurance
String

IF (Credit card bill(s) >) THEN
|
| **b010** Credit card bill(s)
|
| Module: boston_fed_loop
|
ENDIF

IF (Home equity loan(s) or Home Equity Line(s) of Credit (HELOC) >) THEN
|

| **b011** Home equity loan(s) or Home Equity Line(s) of Credit (HELOC)
|
| Module: boston_fed_loop
|
ENDIF

IF (Student loan(s) >) THEN
|
| **b012** Student loan(s)
|
| Module: boston_fed_loop
|
ENDIF

IF (Other types of loans >) THEN
|
| **b013** Other types of loans
|
| Module: boston_fed_loop
|
ENDIF

IF (Homeowner's or renter's insurance >) THEN
|
| **b014** Homeowner's or renter's insurance
|
| Module: boston_fed_loop
|
ENDIF

IF (Life insurance >) THEN
|
| **b015** Life insurance
|
| Module: boston_fed_loop
|
ENDIF

IF (Umbrella insurance >) THEN
|
| **b016** Umbrella insurance
|
| Module: boston_fed_loop
|
ENDIF

IF (Other types of insurance >) THEN
|
| **b017** Other types of insurance
|
| Module: boston_fed_loop
|
ENDIF

IF (Tuition, daycare, babysitting >) THEN
|

| **b020** Tuition, daycare, babysitting

|

| Module: boston_fed_loop

|

ENDIF

IF (Memberships or subscriptions >) THEN

|

| **b021** Memberships or subscriptions

|

| Module: boston_fed_loop

|

ENDIF

IF (Yard maintenance >) THEN

|

| **b022** Yard maintenance

|

| Module: boston_fed_loop

|

ENDIF

IF (Housing maintenance >) THEN

|

| **b023** Housing maintenance

|

| Module: boston_fed_loop

|

ENDIF

IF (Religious contributions >) THEN

|

| **b024** Religious contributions

|

| Module: boston_fed_loop

|

ENDIF

IF (Alimony/child support >) THEN

|

| **b025** Alimony/child support

|

| Module: boston_fed_loop

|

ENDIF

IF (Natural gas, propane, heating fuel, other energy >) THEN

|

| **b030** Natural gas, propane, heating fuel, other energy.

|

| Module: boston_fed_loop

|

ENDIF

IF (Water/sewer >) THEN

|

| **b031** Water/sewer
|
| Module: boston_fed_loop
|
ENDIF

IF (Medical or dental payments not covered by insurance >) THEN
|
| **b032** Medical or dental payments not covered by insurance
|
| Module: boston_fed_loop
|
ENDIF

IF (Parking (weekly, monthly, or annual pass) >) THEN
|
| **b033** Parking (weekly, monthly, or annual pass)
|
| Module: boston_fed_loop
|
ENDIF

IF (Public transportation >) THEN
|
| **b034** Public transportation (weekly or monthly pass for bus, subway, ferry, etc.)
|
| Module: boston_fed_loop
|
ENDIF

IF (Homeowner's association or condo fees >) THEN
|
| **b035** Homeowner's association or condo fees
|
| Module: boston_fed_loop
|
ENDIF

IF (Federal taxes >) THEN
|
| **b040** Federal taxes
|
| Module: boston_fed_loop
|
ENDIF

IF (State taxes >) THEN
|
| **b041** State taxes
|
| Module: boston_fed_loop
|
ENDIF

IF (Local taxes >) THEN
|

| **b042** Local taxes
|
| Module: boston_fed_loop
|
ENDIF

IF (Property taxes >) THEN
|
| **b043** Property taxes
|
| Module: boston_fed_loop
|
ENDIF

IF (Car taxes >) THEN
|
| **b044** Car taxes
|
| Module: boston_fed_loop
|
ENDIF

IF ((Credit card bill(s) = empty AND Credit card bill(s) spending not applicable = empty) OR (Home equity loan(s) or Home Equity Line(s) of Credit (HELOC) = empty AND Home equity loan(s) or Home Equity Line(s) of Credit (HELOC) spending not applicable = empty) OR (Student loan(s) = empty AND Student loan spending not applicable = empty) OR (Other types of loans = empty AND Other types of loans spending not applicable = empty) OR (Homeowner's or renter's insurance = empty AND Homeowner's or renter's insurance spending not applicable = empty) OR (Life insurance = empty AND Life insurance spending not applicable = empty) OR (Umbrella insurance = empty AND Umbrella insurance spending not applicable = empty) OR (Other types of insurance = empty AND Other types of insurance spending not applicable = empty) OR (Tuition, daycare, babysitting = empty AND Tuition, daycare, babysitting spending not applicable = empty) OR (Memberships or subscriptions = empty AND Memberships or subscriptions spending not applicable = empty) OR (Yard maintenance = empty AND Yard maintenance spending not applicable = empty) OR (Housing maintenance = empty AND Housing maintenance spending not applicable = empty) OR (Religious contributions = empty AND Religious contributions spending not applicable = empty) OR (Alimony child support = empty AND Alimony/child support spending not applicable = empty) OR (Natural gas, propane, heating fuel, other energy = empty AND Natural gas, propane, heating fuel, other energy spending not applicable = empty) OR (Water/sewer = empty AND Water/sewer spending not applicable = empty) OR (Medical or dental payments not covered by insurance = empty AND Medical or dental payments not covered by insurance spending not applicable = empty) OR (Parking (weekly, monthly, or annual pass) = empty AND Parking spending not applicable = empty) OR (Public transportation = empty AND Public transportation spending not applicable = empty) OR (Homeowner's association or condo fees = empty AND Homeowner's association or condo fees spending not applicable = empty) OR (Federal taxes = empty AND Federal taxes spending not applicable = empty) OR (State taxes = empty AND State taxes spending not applicable = empty) OR (Local taxes = empty AND Local taxes spending not applicable = empty) OR (Property taxes = empty AND Property taxes spending not applicable = empty) OR (Car taxes = empty AND Car taxes spending not applicable = empty)) THEN
|
| [The following questions are displayed as a table]
|
| **followupIntro** followupIntro
| Your responses indicate that you made no payments in these categories. It's important that we
| understand your answers correctly. You may have left one or more of the categories blank for
| some reason, such as: You didn't know the dollar amount. You were not sure whether or not

| your household made a payment. You didn't want to tell us the dollar amount. Some other valid
| reason. Did your household make a payment in any of these categories?
|
| IF (Credit card bill(s) = empty AND Credit card bill(s) spending not applicable = empty) THEN
| |
| | **BP10_no_pay** BP10_no_pay
| | Credit card bill(s)
| | 1 Not applicable
| |
| | **BP10_no_remember** BP10_no_remember
| | Credit card bill(s)
| | 1 Not applicable
| |
| ENDIF
|
| IF (Home equity loan(s) or Home Equity Line(s) of Credit (HELOC) = empty AND Home equity
| loan(s) or Home Equity Line(s) of Credit (HELOC) spending not applicable = empty) THEN
| |
| | **BP11_no_pay** BP11_no_pay
| | Home equity loan(s) or Home Equity Line(s) of Credit (HELOC)
| | 1 Not applicable
| |
| | **BP11_no_remember** BP11_no_remember
| | Home equity loan(s) or Home Equity Line(s) of Credit (HELOC)
| | 1 Not applicable
| |
| ENDIF
|
| IF (Student loan(s) = empty AND Student loan spending not applicable = empty) THEN
| |
| | **BP12_no_pay** BP12_no_pay
| | Student loan
| | 1 Not applicable
| |
| | **BP12_no_remember** BP12_no_remember
| | Student loan
| | 1 Not applicable
| |
| ENDIF
|
| IF (Other types of loans = empty AND Other types of loans spending not applicable = empty) THEN
| |
| | **BP13_no_pay** BP13_no_pay
| | Other types of loans
| | 1 Not applicable
| |
| | **BP13_no_remember** BP13_no_remember
| | Other types of loans
| | 1 Not applicable
| |
| ENDIF
|
| IF (Homeowner's or renter's insurance = empty AND Homeowner's or renter's insurance spending not
| applicable = empty) THEN
| |
| | **BP14_no_pay** BP14_no_pay

| | Homeowner's or renter's insurance
| | 1 Not applicable
| |
| | **BP14_no_remember** BP14_no_remember
| | Homeowner's or renter's insurance
| | 1 Not applicable
| |
| ENDIF
|
| IF (Life insurance = empty AND Life insurance spending not applicable = empty) THEN
| |
| | **BP15_no_pay** BP15_no_pay
| | Life insurance
| | 1 Not applicable
| |
| | **BP15_no_remember** BP15_no_remember
| | Life insurance
| | 1 Not applicable
| |
| ENDIF
|
| IF (Umbrella insurance = empty AND Umbrella insurance spending not applicable = empty) THEN
| |
| | **BP16_no_pay** BP16_no_pay
| | Umbrella insurance
| | 1 Not applicable
| |
| | **BP16_no_remember** BP16_no_remember
| | Umbrella insurance
| | 1 Not applicable
| |
| ENDIF
|
| IF (Other types of insurance = empty AND Other types of insurance spending not applicable =
| empty) THEN
| |
| | **BP17_no_pay** BP17_no_pay
| | Other types of insurance
| | 1 Not applicable
| |
| | **BP17_no_remember** BP17_no_remember
| | Other types of insurance
| | 1 Not applicable
| |
| ENDIF
|
| IF (Tuition, daycare, babysitting = empty AND Tuition, daycare, babysitting spending not
| applicable = empty) THEN
| |
| | **BP20_no_pay** BP20_no_pay
| | Tuition, daycare, babysitting
| | 1 Not applicable
| |
| | **BP20_no_remember** BP20_no_remember
| | Tuition, daycare, babysitting
| | 1 Not applicable

| |
| ENDIF
|
| IF (Memberships or subscriptions = empty AND Memberships or subscriptions spending not applicable
| = empty) THEN
| |
| | **BP21_no_pay** BP21_no_pay
| | Memberships or subscriptions
| | 1 Not applicable
| |
| | **BP21_no_remember** BP21_no_remember
| | Memberships or subscriptions
| | 1 Not applicable
| |
| ENDIF
|
| IF (Yard maintenance = empty AND Yard maintenance spending not applicable = empty) THEN
| |
| | **BP22_no_pay** BP22_no_pay
| | Yard maintenance
| | 1 Not applicable
| |
| | **BP22_no_remember** BP22_no_remember
| | Yard maintenance
| | 1 Not applicable
| |
| ENDIF
|
| IF (Housing maintenance = empty AND Housing maintenance spending not applicable = empty) THEN
| |
| | **BP23_no_pay** BP23_no_pay
| | Housing maintenance
| | 1 Not applicable
| |
| | **BP23_no_remember** BP23_no_remember
| | Housing maintenance
| | 1 Not applicable
| |
| ENDIF
|
| IF (Religious contributions = empty AND Religious contributions spending not applicable = empty
|) THEN
| |
| | **BP24_no_pay** BP24_no_pay
| | Religious contributions
| | 1 Not applicable
| |
| | **BP24_no_remember** BP24_no_remember
| | Religious contributions
| | 1 Not applicable
| |
| ENDIF
|
| IF (Alimony/child support = empty AND Alimony/child support spending not applicable = empty)
| THEN
| |

|| **BP25_no_pay** BP25_no_pay
|| Alimony/child support
|| 1 Not applicable
||
|| **BP25_no_remember** BP25_no_remember
|| Alimony/child support
|| 1 Not applicable
||
| ENDIF
|
| IF (Natural gas, propane, heating fuel, other energy = empty AND Natural gas, propane, heating
| fuel, other energy spending not applicable = empty) THEN
||
|| **BP30_no_pay** BP30_no_pay
|| Natural gas, propane, heating fuel, other energy
|| 1 Not applicable
||
|| **BP30_no_remember** BP30_no_remember
|| Natural gas, propane, heating fuel, other energy
|| 1 Not applicable
||
| ENDIF
|
| IF (Water/sewer = empty AND Water/sewer spending not applicable = empty) THEN
||
|| **BP31_no_pay** BP31_no_pay
|| Water/sewer
|| 1 Not applicable
||
|| **BP31_no_remember** BP31_no_remember
|| Water/sewer
|| 1 Not applicable
||
| ENDIF
|
| IF (Medical or dental payments not covered by insurance = empty AND Medical or dental payments
| not covered by insurance spending not applicable = empty) THEN
||
|| **BP32_no_pay** BP32_no_pay
|| Medical or dental payments not covered by insurance
|| 1 Not applicable
||
|| **BP32_no_remember** BP32_no_remember
|| Medical or dental payments not covered by insurance
|| 1 Not applicable
||
| ENDIF
|
| IF (Parking (weekly, monthly, or annual pass) = empty AND Parking spending not applicable =
| empty) THEN
||
|| **BP33_no_pay** BP33_no_pay
|| Parking
|| 1 Not applicable
||
|| **BP33_no_remember** BP33_no_remember

| | Parking
| | 1 Not applicable
| |
| ENDIF
|
| IF (Public transportation = empty AND Public transportation spending not applicable = empty)
| THEN
| |
| | **BP34_no_pay** BP34_no_pay
| | Public transportation
| | 1 Not applicable
| |
| | **BP34_no_remember** BP34_no_remember
| | Public transportation
| | 1 Not applicable
| |
| ENDIF
|
| IF (Homeowner's association or condo fees = empty AND Homeowner's association or condo fees
| spending not applicable = empty) THEN
| |
| | **BP35_no_pay** BP35_no_pay
| | Homeowner's association or condo fees
| | 1 Not applicable
| |
| | **BP35_no_remember** BP35_no_remember
| | Homeowner's association or condo fees
| | 1 Not applicable
| |
| ENDIF
|
| IF (Federal taxes = empty AND Federal taxes spending not applicable = empty) THEN
| |
| | **BP40_no_pay** BP40_no_pay
| | Federal taxes
| | 1 Not applicable
| |
| | **BP40_no_remember** BP40_no_remember
| | Federal taxes
| | 1 Not applicable
| |
| ENDIF
|
| IF (State taxes = empty AND State taxes spending not applicable = empty) THEN
| |
| | **BP41_no_pay** BP41_no_pay
| | State taxes
| | 1 Not applicable
| |
| | **BP41_no_remember** BP41_no_remember
| | State taxes
| | 1 Not applicable
| |
| ENDIF
|
| IF (Local taxes = empty AND Local taxes spending not applicable = empty) THEN

||
|| **BP42_no_pay** BP42_no_pay
|| Local taxes
|| 1 Not applicable
||
|| **BP42_no_remember** BP42_no_remember
|| Local taxes
|| 1 Not applicable
||
| ENDIF
|
| IF (Property taxes = empty AND Property taxes spending not applicable = empty) THEN
||
|| **BP43_no_pay** BP43_no_pay
|| Property taxes
|| 1 Not applicable
||
|| **BP43_no_remember** BP43_no_remember
|| Property taxes
|| 1 Not applicable
||
| ENDIF
|
| IF (Car taxes = empty AND Car taxes spending not applicable = empty) THEN
||
|| **BP44_no_pay** BP44_no_pay
|| Car taxes
|| 1 Not applicable
||
|| **BP44_no_remember** BP44_no_remember
|| Car taxes
|| 1 Not applicable
||
| ENDIF
|
| [End of table display]
ENDIF

CS_001 HOW PLEASANT INTERVIEW
Could you tell us how interesting or uninteresting you found the questions in this interview?
1 Very interesting
2 Interesting
3 Neither interesting nor uninteresting
4 Uninteresting
5 Very uninteresting