

In Person / Telephone Baseline Survey

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Section B: Participant Information

B0

RespIntro

First, I will ask you some basic questions about yourself and the other members of your household.

ENTER (1) to continue

/"Respondent Intro"

B1

RespFirstName

What is your first name?

ENTER first name

/"Respondent First Name"

B2

RespMidName

What is your middle name?

ENTER middle name

/"Respondent Middle Name"

B3

RespLastName

What is your last name?

ENTER last name

/"Respondent Last Name"

B5

RespDOB

What is your date of birth?

ENTER Date of birth (mm/dd/yyyy)

/"Respondent Date of Birth"

B6

RespStrAddr

What is your street address?

ENTER the street address

/"Respondent Street Address"

B7

RespUnit

What is your Unit or Apartment number?

ENTER the Unit or Apartment number

/" Respondent Unit or Apt"

B8

RespCity

What is your City?

ENTER the City

/"Respondent City"

B9

RespState

What is your State?

ENTER the State

/"Respondent State"

B10

RespZip

What is your zip code?

ENTER the zip code

/"Respondent zip code"

B11

RespCellpho

What is your mobile phone number?

ENTER phone number (###) ###-####

/"Respondent Cell Phone"

B12a

RespOthrPho

Is there another phone number that you can be reached at, such as a work phone or home phone?

Yes	1
No	5

/"Respondent Other Phone"

B12b

OthrPhoNum

ENTER phone number (###) ###-####

/"Respondent Other Phone"

B12c

OthrPhoNumType

Is this a home number, work number, or other number?

Home	1
------	---

Work 2
Other 7

/"Other Phone Number Type"

B13

RespEmail

What is your primary e-mail address?

ENTER email

/"Respondent Email"

B15

RespondentSex

What is your gender?

Male	1	GOTO B16
Female	2	GOTO B16
Other	3	

/"Respondent Sex"

B15a

SexOtherSpecify

Enter the respondent's sex, if OTHER

/"Sex Other Specify"

B16

RespRace

What race or ethnicity do you consider yourself to be? Please select all options that apply:

White	1	GOTO B18
Hispanic, Latino/a, or Spanish	2	GOTO B18
Black or African American	3	GOTO B18
American Indian or Alaska Native	4	GOTO B18
Asian or Asian American	5	GOTO B18
Native Hawaiian or Other Pacific Islander	6	GOTO B18
Other – Please Specify	7	

B16a

RaceOtherSpecify

Enter the respondent's race, if OTHER

/"Race Other Specify"

B18

InSchool

Are you in school, a training program, or are you taking other steps to gain new skills now?

Yes	1	
No	5	GOTO B20

/"In School"

B19

SchoolPartFull

Are you doing so full time or part time?

Full time	1	
Part time	2	

/"School Part or Full time"

B19a

SchoolTrainType

What kind of school or training are you engaged in? Would you say it is...

High school completion/Working towards your GED	1	GOTO B20
2-year college	2	GOTO B20
4-year college	3	GOTO B20
Vocational/technical school	4	GOTO B19b
Graduate school	5	GOTO B20
Independent study	6	GOTO B19b
Something else	7	GOTO B19b

/"School Training Type"

B19b

SchoolTrainTypeDesc

Please describe this.

/"School Train Type Description"

B20

EducLev

What is the highest level of education you completed?

8th grade or less	1	GOTO B21
Some high school	2	GOTO B21
GED	3	GOTO B21
High school diploma (completed 12th grade)	4	GOTO B21
Some college	5	GOTO B20a
Associate's degree	6	GOTO B20a
Technical, vocational, or trade school	7	GOTO B20c
Bachelor's degree	8	GOTO B20a
Some graduate school	9	GOTO B20a
Graduate degree	10	GOTO B20a

/"Education Level"

B20a

StudyMajor

What was your major field of study? Please select from the options on pages 4 and 5.

If respondent has multiple degrees, choose the major they studied when they earned their highest degree. If they have two degrees at the same level (i.e., 2 bachelor's degrees), choose the most recent degree that they obtained.

ENTER field as lookup

/"Study major"

PROGRAMMING CHECKPOINT

IF B20a = 97 THEN GOTO B20b ELSE GOTO B21

B20b

StudyMajorSpec

Please specify your major field of study.

/"Study Major Specify"

B20c

TradeVocStudy

What trade, technical, or vocational skill did you study?

Business, office work	2	GOTO B20e
Nursing, health fields	3	GOTO B20e
Trades and crafts	4	GOTO B20e
Engineering, drafting, science technician	5	GOTO B20e
Agriculture, home economics	6	GOTO B20e
Other vocational field	7	GOTO B20d

/"Trade Vocational Study"

B20d

TradeVocStudySpec

Please specify your field of study.

/"Trade Vocation Study Spec"

B20e

OtherCertLicense

Do you have any additional vocational certificates or licenses that you have yet to list?

Yes	1	GOTO B20f
No	5	GOTO B21

/"Other certificates or licenses"

B20f

OtherCertLicSpec

Please specify any other certificates or licenses you hold.

/"Other certificate or license specify"

B21

WorkPartFull

Are you currently working full-time or part-time, or are you not working?

Full time	1
Part time	2
Not working	3

/"Working part or full time"

B22

MaritalStatus

What is your marital status? Never married, separated, divorced, widowed, or married?

Never married	1
Separated	2
Divorced	3
Widowed	4
Married	5

/"Marital status"

B23

Children

How many children do you have?

- Include step-children and adopted children in this count
- Include all children whether they live in household or not
- Enter number

/"Children"

B25

HHAdults18

Excluding yourself, how many other adults 18 years and older live in your household?

Please include your spouse or partner and any other adults 18 years or older else that live in your home with whom you share income. Do not include roommates unless you pool income with them.

Enter number

/"Household Adults 18 Over"

B26

HHChildren

How many children ages 5 to 17 live in your household?

- Enter number
- **QxQ:** Children who live in the household part-time (sharing custody with another parent, for example), may be included in household count, please make a note of that.

/"Household Children 5-17"

B27

HHUnder5

How many children under age 5 live in your household?

- Enter number
- **QxQ:** Children who live in the household part-time (sharing custody with another parent, for example), may be included in household count, please make a note of that.

/"Household Children Under 5"

B29

HHPregYesRange

On a scale of 1-10, how much do you want to become pregnant (**with a partner**) in the next year? 1 is I do not want to become pregnant at all and 10 is I definitely want to become pregnant.

Enter number

/"Household Pregnancy Yes Range"

FILL LOGIC

IF MALE then ^fill text should be "with a partner." IF FEMALE then no additional text.

GOTO C1

Section C: Household Roster for Adults 18 and Over, Children 5-17, and Children Under 5

PROGRAMMING CHECKPOINT

IF B25 = 0 AND B26 >0 THEN GOTO C6

IF B25 = 0 AND B26 = 0 AND B27 >0 THEN GOTO C11

IF B25 = 0 AND B26 = 0 AND B27 = 0 THEN GOTO SECTION E

C1

HHAdultInt

Now I am going to ask you about each of the other adults in your household.

ENTER [1] to continue

/"Household Roster Adult Intro"

PROGRAMMING NOTE

Start Loop to collect adult's information for up to 10 adults from C2 - C5a

C2

AdultFirstName

What is the first name of the (first/next) Adult?

ENTER name

/"Adult First Name"

FILL LOGIC

Text should be "first" on the first loop

IF number of adults (B25) is >= 2 then ^fill text should be "next"

C2a

AdultMidName

What is their middle name?

ENTER name

/"Adult Middle Name"

C2b

AdultLastName

What is their last name?

ENTER name

/"Adult1 Last Name"

C3

AdultReltoR

What is **(adult first name)**'s relationship to you?

Spouse	1	GOTO C4
Partner	2	GOTO C4
Boyfriend	3	GOTO C4
Girlfriend	4	GOTO C4
Child	5	GOTO C4
Stepchild	6	GOTO C4
Mother	7	GOTO C4
Father	8	GOTO C4
Sister	9	GOTO C4
Brother	10	GOTO C4
Friend	11	GOTO C4
Other - Specify	97	GOTO C3a

/"Relationship to Respondent"

C3a

AdultReltoRSpec

Please Specify

/"Relationship to Respondent - Specify"

C4

AdultDOB

What is **(adult first name)**'s date of birth?

ENTER MM/DD/YYYY
ENTER [Ctrl+D] if DK day, month, or year

/"Adult Date of Birth"

IF C4 = DK THEN GOTO C4a ELSE GOTO C5

C4a

AdultAge

How old is (adult first name)?

ENTER number

/"Adult Age in Years"

C5

AdultGenderQ768

What is (adult first name)'s gender?

Male	1
Female	2
Other-Specify	7

/"Adult Gender"

IF C5 = 1 OR 2 AND the loop is complete for all adults AND B26 > 0 THEN GOTO C6
ELSE GOTO C11

IF C5 = 7 THEN GOTO C5a

C5a

AdultGenderSpec

Please specify

/"Adult Gender - Specify"

IF B26 = 0 AND B27 >0 THEN GOTO C11
IF B26 = 0 AND B27 = 0 THEN GOTO D1

PROGRAMMING NOTE

END the loop here when all adults 18 and older are added.

C6

ChildInt

Now I would like to get some information about the children in your household. Let's start with ages 5 to 17.

- ENTER [1] to continue
- **QxQ:** Children who live in the household part-time (sharing custody with another parent, for example), may be included in household count, please make a note of that.

/"Household Children Roster Intro"

PROGRAMMING NOTE

Start loop to collect 'children 5-17' information, up to 10 children, from C7-C10a

C7

ChildFirstName

What is the first name of the **(first/next)** child age 5-17?

ENTER name

/"Child First Name 5-17"

FILL LOGIC

Text should be "first" on the first loop

IF number of children (B26) is ≥ 2 then ^fill text should be "next"

C7a

ChildMidName

What is their middle name?

ENTER name

/"Child Middle Name 5-17"

C7b

ChildLastName

What is their last name?

ENTER name

/"Child Last Name 5-17"

C8

ChildReltoR

What is **(child's first name)**'s relationship to you?

Birth child	1	GOTO C9
Adopted child	2	GOTO C9
Foster child	3	GOTO C9
Stepchild or partner's child	4	GOTO C9
Sibling	5	GOTO C9
Grandchild	6	GOTO C9
Other - Specify	7	GOTO C8a

/"Child Relationship to Respondent"

C8a

ChildReltoRSpec

Please specify

/"Child Relationship to Respondent Specify"

C9

ChildDOB

What is **(child's first name)**'s date of birth?

ENTER MM/DD/YYYY
ENTER [Ctrl+D] if DK day, month, or year

/"Child DOB"

IF C9 = DK THEN GOTO C9a ELSE GOTO C10

C9a

ChildAge

How old is **(child's first name)**?

ENTER number

/"Child Age in Years"

C10

ChildGender

What is (child's first name)'s gender?

Male	1
Female	2
Other - Specify	7

/"Child Gender"

PROGRAMMING CHECKPOINT

IF C10 = 1 OR 2 AND the loop is complete for all children age 5-17 AND B27 > 0 THEN GOTO C11 ELSE GOTO D1

IF C10 = 7 THEN GOTO C10a

C10a

ChildGenderSpecify

Please specify

/"Child Gender - Specify"

IF B27 = 0 THEN GOTO D1 ELSE GOTO C11

PROGRAMMING NOTE

END the loop here when all children 5 – 17 are added.

C11

Under5Intro

Now I would like to get some information about the children under 5.

- ENTER [1] to continue
- **QxQ:** Children who live in the household part-time (sharing custody with another parent, for example), may be included in household count, please make a note of that.

/"Under 5 Intro"

PROGRAMMING NOTE

Start loop to collect 'children under 5' information, up to 5 children, from C12 – C10a

C12

Under5FirstName

What is the first name of the **(first/next)** child who is under 5?

ENTER name

/"Under 5 first name"

FILL LOGIC

Text should be "first" on the first loop

IF number of children under 5 (B27) is ≥ 2 then ^fill text should be "next"

C12a

Under5MidName

What is their middle name?

ENTER name

/"Under 5 middle name"

C12b

Under5LastName

What is their last name?

ENTER name

/"Under 5 Last Name"

C13

U5ReltoR

What is **(under 5 first name)**'s relationship to you?

Birth child	1	GOTO C14
Adopted child	2	GOTO C14
Foster child	3	GOTO C14
Stepchild or partner's child	4	GOTO C14
Sibling	5	GOTO C14
Grandchild	6	GOTO C14
Other - Specify	7	GOTO C13a

/"Under 5 Rel to Resp"

C13a

U5ReltoRSpec

Please specify

/"Under 5 Rel to Resp Specify"

C14

Under5DOB

What is **(under 5 first name)**'s date of birth?

ENTER MM/DD/YYYY

ENTER [Ctrl+D] if DK day, month, or year

/"Child DOB"

IF C14 = DK THEN GOTO C14a ELSE GOTO C15

C14a

Under5Age

How old is **(under 5 first name)**?

ENTER number

/"Child Age in Years"

C15

U5Gender

What is **(under 5 first name)**'s gender?

Male	1	GOTO D1
Female	2	GOTO D1
Other-Specify	7	GOTO C15a

/"Under 5 Gender"

C15a

U5GenderSpecify

Please specify

/"Under 5 Gender Specify"

PROGRAMMING NOTE

END the loop here when all children under 5 are added.

Section D: Household Roster Follow Up Questions

D0

AdultFollowIntro

Now we'd like to ask some additional questions about the other members of your household. Let's start with the adults.

Enter (1) to continue

/"Adult Follow Up Intro"

D1

AdultRace

What race or ethnicity does **(adult first name)** consider **(himself/herself/themselves)**? Please select all options that apply.

White	1
Hispanic,Latino/a, or Spanish	2
Black or African American	3
American Indian or Alaska Native	4
Asian or Asian American	5
Native Hawaiian or Other Pacific Islander	6
Other - Please Specify	7

/"Adult Race"

FILL LOGIC

(adult first name) - Use the first name of each adult listed in the HH roster
(himself/herself)

IF gender listed in roster is male THEN use "himself"

IF gender listed in roster is female THEN use "herself"

IF gender listed in roster is other THEN use "themselves"

PROGRAMMING CHECKPOINTIF D1 = 1-6 THEN GOTO D3 ELSE GOTO D1a

D1a`AdultRaceSpec`

Enter the respondent's race, if OTHER

/"Adult Race Specify"

D3`AdultInSchool`Is **(adult first name)** in school or a training program now?

/"Adult in School"

Yes	1
No	5

FILL LOGIC(adult first name) - Use the first name of each adult listed in the HH roster

D4`AdultEducLevel`What is the highest level of education **(adult first name)** completed?

/"Adult Education Level"

8th grade or less	1
Some high school	2
GED	3
High school diploma (completed 12th grade)	4
Some college	5
Associate's degree	6
Technical, vocational, or trade school	7
Bachelor's degree	8
Some graduate school	9
Graduate degree	10

FILL LOGIC(adult first name) - Use the first name of each adult listed in the HH roster

D5*AdultWrkFullPart*

Is **(adult first name)** currently working full time, part time, or not working?

/"Adult Working Full or Part"

Full time	1	
Part time	2	
Not working	3	GOTO D8

D6*AdultWrkType*

How would you describe **(adult first name)**'s work arrangement? Please choose one description from these options that best **(his/her/their)** work arrangement.

/"Adult Work Type"

Works as an independent contractor, independent consultant, or freelance worker	1
Is on-call and works only when called to work	2
Is paid by a temporary agency	3
Works for a contractor who provides workers and services to others under contract	4
Is a regular, permanent employee (standard work arrangement)	5
Works in multiple jobs and has more than one of the work arrangements listed above	6

FILL LOGIC

(adult first name) - Use the first name of each adult listed in the HH roster

(his/her/their): IF C5 = 1 THEN use "his"
IF C5 = 2 THEN use "her"
IF C5 = 7 THEN use "their"

D7*AdultWrkHrs*

Over the last month, about how many hours a week on average has **(adult first name)** worked? If **(he/she/they has/have)** multiple jobs, please estimate the total number of hours worked at all jobs combined.

/"Adult Wrk Hrs Per Week"

D8*AdultMnthsWrk*

How many months did **(adult first name)** work in the past 12 months?

/"Adult Wrk Mnths in Year"

IF D8=0 GOTO D10 ELSE GOTO D9

D9*AdultWeekWrkHrs*

During the months when **(adult first name)** was working, about how many hours a week did **(he/she/they)** usually work? If **(he/she/they)** had multiple jobs, report the usual hours worked at all jobs combined.

/"Adult Weekly Work Hours"

FILL LOGIC

(adult first name) - Use the first name of each adult listed in the HH roster

(he/she): IF C5 = 1 THEN use "he"
 IF C5 = 2 THEN use "she"
 IF C5 = 7 THEN use "they"

PROGRAMMING CHECKPOINT

IF C3=1 for current loop THEN GOTO D11 ELSE GOTO D10

D10*AdultMaritalStus*

What is **(adult first name)**'s marital status?

/"Adult Marital Status"

Never married	1
Separated	2
Divorced	3
Widowed	4
Married	5

D11*AdultChildren*

How many children does **(adult first name)** have?

QxQ: Include stepchildren and adopted children in this count. Include all children, whether they live in the participant's household or not.

/"Adult Number of Children"

End of loop for adults D1-D11

D11a

ChildFollowIntro

Now we will ask about the children 5-17 in your household.

Enter (1) to continue

/"Child Follow Up Intro"

D12

ChildRace

What is **(child first name)**'s race or ethnicity? Please choose all that apply.

/"Child Race"

White	1	GOTO D13
Hispanic, Latino/a, or Spanish	2	GOTO D13
Black or African American	3	GOTO D13
American Indian or Alaska Native	4	GOTO D13
Asian or Asian American	5	GOTO D13
Other – please specify	7	GOTO D12a

FILL LOGIC

(child first name) – Use the first name of each child 5-17 listed in the HH roster

D12a

ChildRaceSpecify

Enter the respondent's race, if OTHER

/"Child Race Specify"

D13

ChildHealth

In general, would you say **(child first name)**'s health is...

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

/"Child Health"

D14

ChildDisability

Does **(child first name)** have a physical, learning, or mental health condition that keeps **[him/her/them]** from doing the usual kinds of things that most children **[his/her/their]** age do?

/"Child Disability"

Yes	1	GOTO D15
No	5	GOTO D16

FILL LOGIC

(child first name) – Use the first name of each child 5-17 listed in the HH roster
 (him/her/them): IF C10 = 1 THEN use "him"
 IF C10 = 2 THEN use "her"
 IF C10 = 7 THEN use "them"

D15

ChildDisabilityLimit

Would you say this condition limits **(child first name)**'s ability...

/"Child Disability Limit"

A lot	1
Some	2
Only a little	3
Not at all	4

D16

ChildInSchool

Is **(child first name)** currently enrolled in school?

/"Child in School"

Yes	1	GOTO D17
-----	---	----------

D17

ChildSchoolType

What type of school is it? Is it a...

"/Child Type of School"

Public	1	GOTO D18
Private	2	GOTO D19
Charter	3	GOTO D18
Homeschool	4	GOTO D19
Other - please specify	7	GOTO D17a

D17a

SchoolTypeSpecify

Please specify what type of school.

/"School Type Specify"

D18

ChildSchoolName

What is the name of the school?

PROBE for full name of school, not abbreviation

/"Child School Name"

D19

ChildGradeLev

What grade did (child first name) complete last school year?

/"Child Grade Level"

Kindergarten	0
Grade 1	1
Grade 2	2
Grade 3	3
Grade 4	4
Grade 5	5
Grade 6	6

Grade 7	7
Grade 8	8
Grade 9	9
Grade 10	10
Grade 11	11
Grade 12	12
Not graded	13
Not in school last year	14

PROGRAMMING CHECKPOINT

IF D19 = 14 THEN GOTO D19a ELSE GOTO D20

D19a

ChildSchool2Years

Has **(child first name)** been in school at any point in the last two years?

/"Child School 2 Years"

Yes	1	GOTO D20
No	5	GOTO D28

D20

ChildAbsences

How many days was **(child first name)** absent from school in the school year that most recently ended? Your best estimate is fine.

/"Child School Absences"

PROGRAMMING CHECKPOINT

IF D16 = 5 THEN GOTO D22

D21

ChildHomeWrk

How often do you or another adult in the household usually spend time working on homework together with **(child first name)**? Would you say never, a few times a month, once a week, 2-3 times a week, or every day?

/"Child Homework Help"

Never	1
A few times a month	2
Once a week	3

2-3 times a week
Daily

4
5

D22

ChildLearningHelp

During the past 2 years, has **(child first name)** gone to a special class or school or gotten special help in school for learning problems?

Yes	1
No	5

D22a

ChildBehaviorHelp

During the past 2 years, has **(child first name)** gone to a special class or school or gotten special help in school for behavioral or emotional problems?

Yes	1
No	5

D23

ChildSuspExpel

During the past 2 years, has **(child first name)** been suspended or expelled from school, even for one day?

/"Child Suspended Expelled"

Yes	1
No	5

D24

ChildConference

During the past 2 years, has anyone from **(child first name)**'s school asked someone to come in and talk about problems **(child first name)** was having with schoolwork or behavior?

/"Child Conferences"

Yes	1
No	5

D25**ChildGrades**

Thinking about **(child first name)**, which best describes the grades **(he/she/they)** is getting in school? If not currently in school, which best describes the grades **(child first name)** got when **(he/she/they)** was in school?

/"Child Grades"

All As	1
Mostly As and Bs	2
Mostly Bs and Cs	3
Mostly Cs and Ds	4
Mostly Ds and Fs	5
School doesn't give grades	6
Other grading system	7

D26**ChildRepeatGrade**

Has **(child first name)** ever repeated a grade?

/"Child Repeat Grade"

Yes	1
No	5

D27**ChildEducQuality**

How would you describe the education **(child first name)** is getting? Would you say it is...

/"Child Education Quality"

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5
Not in school	6

D28**ChildAfterSchLoc**

Where does **(child first name)** usually go **(after school/during the day when not in school)**? Do they go...

/"Child After School Location"

Home	1
Somewhere else	2

FILL LOGIC

(child first name) - Use the first name of each child 5-17 listed in the HH roster

(after school/when not in school): IF D16 = 1 THEN use "after school"

IF D16 = 5 THEN use "during the day when not in school"

D29

ChildAftSchSpvs

Who usually supervises (child first name)? Please select all that apply.

/"Child Afterschool Supervisor"

Child's mother	1
Child's father	2
Child's brother or sister	3
Child's grandparent	4
Other relative of the child	5
A friend	6
Trade with neighbor	7
Child is usually alone	8
Hired babysitter who is not a relative	9
Day care center	10
Child is in school extended-day or "after school" program	11
Child is in activities or sports	12
Child works	13

D30

ChildEveningLoc

Where is (child first name) usually in the evenings? Are they...

/"Child Evening Location"

Home	1
Somewhere else	2

D31

ChildEveningSpvs

Who usually supervises (child first name)? Please select all that apply.

/"Child Evening Supervisor"

Child's mother	1
Child's father	2
Child's brother or sister	3
Child's grandparent	4
Other relative of the child	5
A friend	6
Trade with neighbor	7
Child is usually alone	8
Hired babysitter who is not a relative	9
Day care center	10
Child is in activities or sports	11
Child works in the evening (supervised job)	12

D32

ChildVaccines

Is **(child first name)** current on all required vaccinations?

/"Child Vaccines Current"

Yes	1
No	5

D33

ChildDocVisit

About how long has it been since you last saw or talked to a doctor or other health care professional about **(child first name)**'s health?

/"Child Doctor Visit"

Never	1
6 months or less	2
More than 6 months but no more than 1 year ago	3
More than 1 year but not more than 2 years ago	4
More than 2 years but not more than 5 years ago	5
More than 5 years ago	6

D34

ChildDentVisit

About how long has it been since **(child first name)** last saw a dentist?

/"Child Dentist Visit"

Never	1
6 months or less	2
More than 6 months but no more than 1 year ago	3
More than 1 year but not more than 2 years ago	4
More than 2 years but not more than 5 years ago	5
More than 5 years ago	6

END loop for children ages 5-17 (questions D12-34)

D34a

Under5FollowIntro

Now we'd like to ask about the children under 5.

ENTER (1) to continue

QxQ: Children who live in the household part-time (sharing custody with another parent, for example), may be included in household count, please make a note of that.

/"Under 5 Follow Up Intro"

D35

Under5Race

What is (**Under 5 first name**)'s race? Please select all options that apply.

/"Under 5 Race"

White	1	GOTO D36
Hispanic, Latino/a, or Spanish	2	GOTO D36
Black or African American	3	GOTO D36
American Indian or Alaska Native	4	GOTO D36
Asian or Asian American	5	GOTO D36
Native Hawaiian or Pacific Islander	6	GOTO D36
Other – Please Specify	7	

FILL LOGIC

(Under 5 first name) – Use the first name of all children listed in the Under 5 HH Roster

D35a

Under5RaceSpecify

Enter the respondent's race, if OTHER

/"Under 5 Child Race Specify"

D36**Under5health**

In general, would you say **(Under 5 first name)**'s health is excellent, very good, good, fair or poor?

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

/"Under 5 health"

D37**Under5Disability**

Does **(Under 5 first name)** have a physical, learning, or mental health condition that keeps **(him/her/them)** from doing the usual kinds of things that most children their age do?

Yes	1	GOTO D38
No	5	GOTO D39

FILL LOGIC

(Under 5 first name) – Use the first name of all children listed in the Under 5 HH Roster **(him/her/them)**: IF C15 = 1 THEN use "him"
IF C15 = 2 THEN use "her"
IF C15 = 7 THEN use "them"

D38**DisabilityLimit**

Would you say this condition limits **(Under 5 first name)**'s ability a lot, some, only a little or not at all?

A lot	1
Some	2
Only a little	3
Not at all	4

D39**Under5RegCare**

Is any child under 5 in your household currently being cared for by someone other than you or

another parent on a regular basis? By regular, I mean at least once a week during a normal month.

Yes	1
No	5

/"Under 5 Regular Care"

PROGRAMMING CHECKPOINT

```
IF B27 >1 AND D39 = 1 THEN GOTO D39a  
IF B27 = 1 AND D39 = 1 THEN GOTO D40_  
ELSE GOTO D40f
```

D39a

Under5SameCare

Do you normally use the same child care arrangements for all of the children under 5?

Yes	1
No	5

/"Under 5 Same Child Care"

PROGRAMMING CHECKPOINT

```
IF D39a = 1 THEN ASK D40_1 THROUGH D40d once  
ELSE ASK D40_1 THROUGH D40d FOR ALL CHILDREN UNDER 5
```

D40_1

How many different childcare providers, including relatives and babysitters, for **(Under 5 first name/the children)** in a normal month?

/"Under 5 Care Number"

FILL LOGIC

(Under 5 first name) – Use the first name of all children listed in the Under 5 HH Roster
IF D39a = 1 THEN use "the children"

D40

Under5Childcare

What types of child care do you use for **(Under 5 first name/ the children)**?

/"Under 5 Child Care"

Prekindergarten	1
Head Start	2
Preschool/nursery school	3
Daycare or group care center (not Head Start)	4
Babysitter who is a relative (grandparent, sibling, etc.)	5
Babysitter who is not a relative	6
Other	7
I do not use childcare	8

D40a

Under5CareLoc

Where **(does (Under 5 first name)/do they)** go for care? Please select all that apply.

Child's home	1
Other relative's home	2
Other private home	3
Child care center	4
School	5
Church, synagogue, or other religious institution	6
Parent's workplace	7
Community center	8
Other	97

/"Under 5 care location"

FILL LOGIC

(Under 5 first name) – Use the first name of all children listed in the Under 5 HH Roster
 IF D39a = 1 THEN use "do they"

D40d

Under5CareHours

How many hours a week is **(Under 5 first name)** in care, including all the different arrangements that you use?

Enter number of hours

/"Under 5 care hours"

END mini-loop from D40_1

D40e

Under5CareSat

If you had the means and opportunity, would you move **(Under 5 first name/the children)** to a different childcare provider or are you satisfied with your current arrangements?

I'm satisfied with the current arrangements	1
I would change arrangements	2

/"Under 5 care satisfaction"

D40f

Under5CareChange

How many times have you changed your child care arrangements for **(Under 5 first name)** in the past 3 years? By changes I mean, for example, that your child got a new babysitter, or started going to a new child care program or day care center. If the child is under 3, how many times have you changed arrangements since they were born?

Enter number

/"Under 5 care changes"

D42

Under5Outing

How often do you or someone in your household have a chance to take **(Under 5 first name)** on an outing to a park, out shopping, or to visit with friends or relatives? Would you say..

/"Under 5 Outings"

Never	1
A few times a month	2
Once a week	3
2-3 times a week	4
Daily	5

D42b

Under5Play

How often do you or someone in your household have a chance to play with blocks or dolls, do a puzzle, or play a game with **(Under 5 first name)**? Would you say...

/"Under 5 Play"

Never	1
-------	---

A few times a month	2
Once a week	3
2-3 times a week	4
Daily	5

D43

Under5Books

How often do you or someone in your household have a chance to read a book or story to **(Under 5 first name)**? Would you say...

/"Under 5 Books"

Never	1
A few times a month	2
Once a week	3
2-3 times a week	4
Daily	5

D44

Under5Vaccines

Is **(Under 5 first name)** current on all required vaccinations?

/"Under5 Vaccines"

Yes	1
No	5

D45

Under5DocVisit

About how long has it been since you last saw or talked to a doctor or other health care professional about **(Under 5 first name)**'s health?

/"Under 5 Doctor Visit"

Never	1
6 months or less	2
More than 6 months but no more than 1 year ago	3
More than 1 year but not more than 2 years ago	4
More than 2 years but not more than 5 years ago	5
More than 5 years ago	6

D46**Under5DentVisit**

About how long has it been since **(Under 5 first name)** last saw a dentist?

/"Under 5 Dentist Visit"

Never	1
6 months or less	2
More than 6 months but no more than 1 year ago	3
More than 1 year but not more than 2 years ago	4
More than 2 years but not more than 5 years ago	5
More than 5 years ago	6

Section E: Consumption and Expenditures

E1**ExpIntro**

The next set of questions has to do with consumption and expenditures. Remember, how you spend your money does not affect the amount of money you will receive as part of this program, and any information that you provide will be kept strictly confidential.

/"Expenditures Intro1"

ENTER (1) to continue

E1a**ExpIntro1a**

First, I will ask you about your housing expenses.

/"Expenditures Intro1a"

ENTER (1) to continue

E1b**HousingStatus**

Do you **(or members of your household)** own or rent your apartment or house, or are you just staying there?

/"Housing Status"

Own	1	GOTO E1c
Rent	2	GOTO E1j
Just staying there	3	GOTO E2

FILL LOGIC

IF A13 >1 THEN use "or members of your household" ELSE leave blank

E1c

HousingDebt

Is there a mortgage, home equity, or similar debt on this home or apartment?

/"Housing Debt"

Yes	1	GOTO E1c0
No	5	GOTO E2

E1c0

MortgageName

Is your name on the mortgage or other debt?

/"Name on Mortgage"

Yes	1	GOTO E1c1
No	2	GOTO E1d

E1c1

MortOwn

Besides yourself, how many people are on the mortgage or formally share this debt?

Enter number

/"Mortgage Owners"

E1d

MortPayAmt

How much is the total mortgage payment each month?

This is the TOTAL mortgage payment that needs to be paid, not just what the R pays, or what the R's household members pay.

/"Mortgage Payment Amount"

E1f

MortCont

How many people in your household, including yourself, contribute to mortgage payments?

/"Mortgage Contributors"

Soft Consistency Check: IF E1f > (B25+1):

"This is higher than the number of adults you reported in your household. We are asking only about people IN your household, including yourself, who contribute to mortgage payments. Remember, when calculating the number of people in your household, please include your spouse or partner, children and anyone else that lives in your home with whom you share income. Do not include roommates unless you pool income with them."

E1f1

MortRespCont

How much do you individually contribute to the mortgage payment each month?

Enter dollar amount

/"Mortgage Respondent Contribution"

E1g

OutsideMortCont

Does anyone outside your household contribute to the mortgage payments?

/"Outside Mortgage Contributors"

Yes	1	GOTO E1h
No	5	GOTO E2

E1h

WhoContMort

Who outside of your household contributes? Select all that apply.

/"Who Contributes to Mortgage"

Boarders, lodgers, roommates	1
Family/friends outside household	2

Other people outside household	3
A government agency	4

PROGRAMMING NOTE

Start one question loop E1i based on the categories selected in E1h

E1i

ContMortAmt

How much is contributed by (category label from E1h)?

/"Contributing Amounts"

END loop

E1j

RentAmt

How much is the total rent payment each month?

This is the TOTAL rent payment that needs to be paid, not just what the R pays, or what the R's household pays. We will ask about roommate contributions to this total in a few questions.

/"Rent Amount"

E1k1

RentCont

How many people in your household, including yourself, contribute to rent payments?

Enter number

/"Rent contributors"

E1k2

RentRespCont

How much do you individually contribute to the rent payment each month?

Enter amount

/"Rent respondent contribution"

E1l

OutsideRentCont

Does anyone outside your household contribute to the rent payments?

/"Outside Rent Contributors"

Yes	1	GOTO E1m
No	5	GOTO E2

E1m

WhoContRent

Who outside of the household contributes? Select all that apply.

/"Who Contributes to Rent"

Boarders, Lodgers, Roommates	1
Family/Friends outside Household	2
Other People outside household	3
A Government Agency	4

PROGRAMMING NOTE

Start one question loop E1n based on the categories selected in E1m

E1n

ContMortAmt

How much is contributed by (category label from E1m)?

/"Contributing Amounts"

END loop**E2**

ExpIntro2

Now I'm going to list some other things that people usually spend money on. Please tell me how much your household typically spends on the following items. If you live alone, or live only with roommates with whom you do NOT pool income, please just tell us about ***your*** typical spending. Your best estimate is fine.

/"Expenditures Intro 2"

ENTER (1) to continue

E3

WeeklyIntro

First, I will ask you about expenses that many people have each week. If it is easier to estimate how much you spend each month or year, you can answer per week, month, or year.

/"Weekly Exp Intro"

ENTER (1) to continue

E4

FoodBevHomeExp

1 of 2

How much does your household usually spend on food and beverages that you consume at home, including food purchased from stores? Please include food that you have delivered to your home. Do not include alcoholic beverages.

/"Food and Beverages Exp at Home"

E4a

FoodBevHomeExpUnit

2 of 2

Is this weekly, monthly, or yearly?

/"Food Beverages Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E5

FoodOutExp

1 of 2

How much does your household usually spend on food that you eat away from home, including eating out in restaurants or buying snacks and drinks? Please do not include alcoholic beverages.

/"Food Out Exp"

E5a

FoodOutExpUnit

2 of 2

Is this weekly, monthly, or yearly?

/"Food Out Expenditure Unit"

Weekly	1
Monthly	2
Yearly	3

E6

AlcBevOutExp

1 of 2

How much does your household usually spend on alcoholic beverages, such as beer, wine or liquor, that you drink at home, restaurants, bars, or elsewhere?

/"Alcohol Beverages Out Exp"

E6a

AlcBevOutExpUnit

2 of 2

Is this weekly, monthly, or yearly?

/"Alcoholic Beverages Out Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E7

SmokeExp

1 of 2

How much does your household usually spend on cigarettes, tobacco, and smoking supplies, including e-cigarettes?

/"Smoking Exp"

E7a

SmokeExpUnit

2 of 2

Is this weekly, monthly, or yearly?

/"Smoking Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E7b

MarjExp

1 of 2

How much does your household usually spend on marijuana?

/"Marijuana Exp"

E7c

MarjExpUnit

2 of 2

Is this weekly, monthly, or yearly?

/"Marijuana Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E8

PublicTransExp

1 of 2

How much does your household usually spend on public transportation, for example buses, subway, etc.?

/"Public Transportation Expenditure"

E8a

PublicTransExpUnit

2 of 2

Is this weekly, monthly, or yearly?

/"Public Transportation Expenditure Unit"

Weekly	1
Monthly	2
Yearly	3

E9

MonthlyExpIntro

Next, I will ask you about expenses that many people have each month. Again, please feel free to estimate per week or year if that is easier.

/"Monthly Exp Intro"

ENTER (1) to continue

E10

ClothingSvcExp

1 of 2

How much does your household usually spend on clothing services such as laundry, dry cleaning, or shoe repair?

/"Clothing Services Exp"

E10a

ClothingSvcExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/"Clothing Services Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E11

PersonalCareExp

1 of 2

How much does your household usually spend on personal care products and services, such as toothpaste, shampoo, hand soap, haircuts and styling, manicures, shaving supplies, or cosmetics?

/"Personal Care Exp"

E11a

PersonalCareExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/"Personal Care Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E12

ElectricityExp

1 of 2

How much does your household usually spend on electricity and/or gas bills?

If this is already included in the rent payment that the R gave earlier, the answer should be \$0.

/"Electricity Exp"

E12a

ElectricityExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/"Electricity Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E13

PhoneExp

1 of 2

How much does your household usually spend on phone bills, including cell phones?

/"Phone Exp"

E13a

PhoneExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/"Phone Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E14

CableInternetExp

1 of 2

How much does your household usually spend on cable and/or internet bills?

If this is already included in the rent payment that the R gave earlier, the answer should be \$0.

/"Cable Internet Exp"

E14a

CableInternetExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/"Cable Internet Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E15

UtilitiesExp

1 of 2

How much does your household usually spend on any other utility bills, such as water or trash collection?

If this is already included in the rent payment that the R gave earlier, the answer should be \$0.

/"Utilities Exp"

E15a

UtilitiesExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/"Utilities Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E16

HousekeepingExp

1 of 2

How much does your household usually spend on housekeeping supplies and services, such as cleaning detergents, paper towels, sponges, or a cleaning service?

/"Housekeeping Exp"

E16a

HousekeepingExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/"Housekeeping Exp Unit"

Weekly	1
Monthly	2
Yearly	3

PROGRAMMING CHECKPOINT

If B27 > 0 THEN GOTO E17 ELSE GOTO E19

E17

BabyExp

1 of 2

How much does your household usually spend on baby items such as diapers and formula?

/“Baby Exp”

E17a

BabyExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/“Baby Exp Unit”

Weekly	1
Monthly	2
Yearly	3

E18

ChildCareUnder5Exp

How much does your household usually spend on expenses for child care for children under age 5, for example, babysitting, daycare, preschool, etc.?

/“Child Care Under 5 Exp”

E18a

ChildCareUnder5ExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/“Child Care Exp Unit”

Weekly	1
Monthly	2
Yearly	3

PROGRAMMING CHECKPOINT

If B26 > 0 THEN GOTO E19 ELSE GOTO E20

E19

ChildCareExp

1 of 2

How much does your household usually spend on expenses for child care or school for children ages 5-18, for example, tuition, books, computers, tutoring, after school care, summer camp, etc.?

/"Child Care Exp"

E19a

ChildCareExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/"Child Care Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E20

ChildSupAlimonyExp

1 of 2

How much does your household spend on child support or alimony payments?

/"Child Support Alimony Exp"

E20a

ChildSupAlimonyExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/"Child Support Alimony Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E21

RecEntFitExp

1 of 2

Please remember your best estimate is fine. How much does your household usually spend on

recreation, entertainment, or fitness, for example, movie tickets, toys, books and magazines, gym memberships, sports equipment, Netflix, etc.? Do not include vacations or trips.

/"Recreat Entertain Fitness Exp"

E21a

RecEntFitExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/"Recreat Entertain Fitness Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E22

TaxisExp

1 of 2

How much does your household spend on taxis or car services, including Uber, Lyft, etc.?

/"Taxis Exp"

E22a

TaxisExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/"Taxis Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E23

HealthInsPremExp

1 of 2

How much does your household spend on health insurance premiums? Please exclude co-pays for office visits or hospitalizations and just count the fees you pay to your insurer for coverage.

If insurance premiums are paid directly by employer, then R should answer \$0

/"Health Insurance Premiums Exp"

E23a

HealthInsPremExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/"Health Insurance Prem Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E24

MedSuppliesExp

1 of 2

How much does your household spend on prescription drugs, medical equipment or supplies, over-the-counter medications, vitamins, inhalers for asthma, etc.?

/"Medical Supplies Exp"

E24a

MedSuppliesExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/"Medical Supplies Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E25

Vehicle

1 of 2

Do you or someone in your household own or lease a vehicle, such as a car, truck, SUV, or motorcycle?

/"Vehicle"

Yes	1	GOTO E25a
No	5	GOTO E29

E25a

Vehicle

2 of 2

Do you or someone in your household own a vehicle, lease a vehicle, or both?

/"Own Lease Vehicle"

Own	1	GOTO E26
Lease	2	GOTO E26a
Both	3	GOTO E26

E26

NumVehicle

How many vehicles does your household own?

/"Number of Vehicles"

1	1
2	2
3	3
4	4
5	5
More than 5	6

PROGRAMMING CHECKPOINT

IF E25a = 1 THEN GOTO E27, ELSE GOTO E26a

E26a

VehicleLease

How many vehicles does your household lease?

1	1
2	2
3	3
4	4
5	5
More than 5	6

/"Number of Vehicles"

E27

CarBaseExp

1 of 2

How much does your household spend on car payments, insurance costs, and maintenance?

/"Car Base Exp"

E27a

CarBaseExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/"Car Base Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E28

CarOtherExp

1 of 2

How much does your household spend on gasoline, parking, and tolls?

/"Car Other Exp"

E28a

CarOtherExpUnit

2 of 2

Is this monthly, weekly, or yearly?

/"Car Other Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E29

YearlyExpIntro

Now I will ask you about expenses many people have each year. If it is easier to estimate how much you spend each month or week on these expenses, feel free to do so.

/"Yearly Expenditures Intro"

E30

ClothingExp

1 of 2

Over the last year, how much has your household spent on clothing and shoes, including watches and jewelry?

/"Clothing Exp"

E30a

ClothingExpUnit

2 of 2

Is this yearly, monthly, or weekly?

/"Clothing Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E31

HHFurnishExp

1 of 2

Over the last year, how much has your household spent on household furnishings and equipment, including furniture, bed linens, appliances, dishes, or other housewares?

/"Household Furnishing Exp"

E31a

HHFurnishExpUnit

2 of 2

Is this yearly, monthly, or weekly?

/"Household Furnishing Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E32

HHDevicesExp

1 of 2

Over the last year, how much has your household spent on TVs, computers, phones, or devices to play games, watch shows, or connect to the internet? Please do not include regular bills for services related to these devices.

/"Household Devices Exp"

E32a

HHDevicesExpUnit

2 of 2

Is this yearly, monthly, or weekly?

/"Household Devices Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E33

MoveStoreExp

1 of 2

Over the last year, how much has your household spent on moving or storage for any of your belongings?

/"Moving Storing Exp"

E33a

MoveStoreExpUnit

2 of 2

Is this yearly, monthly, or weekly?

/"Moving Storing Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E34

HealthProvExp

1 of 2

In the last year, how much has your household spent on health care, specifically payments to providers for visits to the doctor or dentist, hospital stays, therapy, or other services? Please don't count medicines and equipment or health insurance premiums.

/"Health Provider Exp"

E34a

HealthProvExpUnit

2 of 2

Is this yearly, monthly, or weekly?

/"Health Provider Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E35

TrainingExp

1 of 2

In the last year, how much has your household spent on college or professional or job training for any members of the household, for example, tuition, books, computers, supplies, etc.?

QxQ: This also includes less formal training – any skill building activity

/"Training Exp"

E35a

TrainingExpUnit

2 of 2

Is this yearly, monthly, or weekly?

/"Training Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E36

VacationExp

1 of 2

In the last year, how much has your household spent on trips and vacations, including transportation, accommodations, and recreational expenses on trips?

/"Vacation Exp"

E36a

VacationExpUnit

2 of 2

Is this yearly, monthly, or weekly?

/"Vacation Exp Unit"

Weekly	1
Monthly	2
Yearly	3

E36b

CharityExp

1 of 2

In the last year, how much money has your household donated to charity?

/"Charity Expense"

E36c

CharityExpUnit

Is this yearly, monthly, or weekly?

Weekly	1
Monthly	2
Yearly	3

/"Charity Exp Unit"

E37

OtherExp

Are there any other expenses that you (or someone in your household) pay on a regular basis that you haven't already mentioned? For instance, student loan payments, gifts, pet care, lottery tickets, or anything else not already covered.

/"Other Expenses"

Yes	1	GOTO E38
No	5	GOTO F1

PROGRAMMING NOTE

Start loop of up to 5 extra expenses from E38-E41

E38

OtherExpDesc

Please describe the expense.

/"Other Expenditure Description"

E39

OtherExpSpend

How much does your household spend on **(name of other expense)**?

/"Other Expense Spending"

FILL LOGIC

(name of other expense) – Use value entered in E38

E40

OtherExpUnit

Is that weekly, monthly, or yearly?

/"Other Expense Unit"

Weekly	1
Monthly	2

Yearly

3

E41

AnyOtherExp

Any other expenses?

/"Any other expenses"

Yes

1

GOTO E38

No

5

GOTO F1

PROGRAMMING NOTE

End loop E38-E41

Section F: Abbreviated Time Use

F1

TimeUseWeek

Now I'm going to ask about how you spend your time.

For each of the following activities, please specify how many hours you actually spent doing the activity **LAST WEEK**.

ENTER (1) to continue

/"Time Use by Week"

F2

TimeSleepNapHours

1 of 2

How many hours did you spend sleeping and napping, including at night?

ENTER hours

ENTER 0 if respondent did not spend any time doing this activity

/"Sleeping and Napping Hours"

F2a

TimeSleepNapMins

2 of 2

ENTER minutes

/"Sleeping and Napping Mins"

F3

TimeFriendsHours

1 of 2

How many hours did you spend with friends, in person?

ENTER hours

ENTER 0 if respondent did not spend any time doing this activity

/"Time Friends In Person Hours"

F3a

TimeFriendsmins

2 of 2

ENTER minutes

/"Time Friends Mins"

F4

TimeFamilyHours

1 of 2

How many hours did you spend with family, awake, in person?

ENTER hours

ENTER 0 if respondent did not spend any time doing this activity

/"Time Family In Person Hours"

F4a

TimeFamilymins

2 of 2

ENTER minutes

/"Time Family Mins"

F5

TimeCommunicateHours

1 of 2

How many hours did you spend communicating with friends and family by telephone, e-mail, Skype, Facebook, or other social media?

ENTER hours

ENTER 0 if respondent did not spend any time doing this activity

/"Time Communicating Hours"

F5a

TimeCommunicateMins

2 of 2

ENTER minutes

/"Time Communicating Mins"

F6

TimeEntertainHours

1 of 2

How many hours did you spend on entertainment, like watching TV or movies, playing video games, etc.?

ENTER hours

ENTER 0 if respondent did not spend any time doing this activity

/"Time Entertainment Hours"

F6a

TimeEntertainMins

2 of 2

ENTER minutes

/"Time Entertainment Mins"

F7

TimeReadingHours

1 of 2

How many hours did you spend reading books, news, magazines, etc.?

ENTER hours

ENTER 0 if respondent did not spend any time doing this activity

QxQ: This includes reading online or using an app.

/"Time Reading Hours"

F7a

TimeReadingMins

2 of 2

ENTER minutes

/"Time Reading Mins"

F8

TimeRecreateHours

1 of 2

How many hours did you spend on recreation/physical activity, like exercising, walking, playing sports, etc.?

ENTER hours

ENTER 0 if respondent did not spend any time doing this activity

/"Time Recreation Hours"

F8a

TimeRecreateMins

2 of 2

ENTER minutes

/"Time Recreation Mins"

F9

TimeElderCareHours

1 of 2

How many hours did you spend taking care of elders?

ENTER hours

ENTER 0 if respondent did not spend any time doing this activity

/"Time Elders Care Hours"

F9a

TimeElderCareMins

2 of 2

ENTER minutes

/"Time Elders Care Mins"

PROGRAMMING CHECKPOINT:

IF B26 OR B27 >0 THEN GOTO F9b ELSE GOTO F10

F9b

TimeChildCareHours

1 of 2

How many hours did you spend taking care of children?

ENTER hours

ENTER 0 if respondent did not spend any time doing this activity

/"Time Children Care Hours"

F9c

TimeChildCareMins

2 of 2

ENTER minutes

/"Time Children Care Mins"

F10

TimeWorkingHours

1 of 2

How many hours did you spend working to earn money?

ENTER hours

ENTER 0 if respondent did not spend any time doing this activity

/"Time Working Hours"

F10a

TimeWorkingMins

2 of 2

ENTER minutes

/"Time Working Mins"

F11

TimeHouseholdHours

1 of 2

How many hours did you spend on household chores and errands, like shopping, cleaning, cooking, laundry, yard work, etc.?

ENTER hours

ENTER 0 if respondent did not spend any time doing this activity

/"Time Household Hours"

F11a

TimeHouseholdMins

2 of 2

ENTER minutes

/"Time Household Mins"

F12

TimeCreativeHours

1 of 2

How many hours did you spend on creative activities or hobbies, like art, crafts, music, woodworking, etc.?

ENTER hours

ENTER 0 if respondent did not spend any time doing this activity

/"Time Creative Activities Hours"

F12a

TimeCreativeMins

2 of 2

ENTER minutes

/"Time Creative Mins"

F13

TimeEducationTrainHours

1 of 2

How many hours did you spend on education or training, like going to school, job training, studying independently, developing new skills, etc.?

ENTER hours

ENTER 0 if respondent did not spend any time doing this activity

/"Time Education Training Hours"

F13a

TimeEducationTrainMins

2 of 2

ENTER minutes

/"Time Education Training Mins"

F14

TimeCommutingHours

1 of 2

How many hours did you spend commuting to and from work?

ENTER hours

ENTER 0 if respondent did not spend any time doing this activity

/"Time Commuting Hours"

F14a

TimeCommutingMins

2 of 2

ENTER minutes

/"Time Commuting Mins"

F15

TimeUseMonth

Now think about the **LAST MONTH**. For each of the following activities, please specify how many hours you actually spent doing the activity **last month**.

ENTER (1) to continue

/"Time Use by Month"

F16

TimeHelpOthersHours

1 of 2

How many hours did you spend helping friends, neighbors, or relatives who did not live with you and did not pay you for the help?

ENTER 0 if respondent did not spend any time doing this activity

/"Time Helping Others Hours"

F16a

TimeHelpOthersMin

2 of 2

ENTER minutes

/"Time Help Others Mins"

F17

TimeVolunteerHours

1 of 2

How many hours did you spend doing volunteer work for religious, educational, health-related, or other charitable organizations?

ENTER 0 if respondent did not spend any time doing this activity

/"Time Volunteering Hours"

F17a

TimeVolunteerMin

2 of 2

ENTER minutes

/"Time Volunteer Mins"

F18

TimeReligionHours

1 of 2

How many hours did you spend attending religious services?

ENTER 0 if respondent did not spend any time doing this activity

/"Time Religion Hours"

F18a

TimeReligionMin

2 of 2

ENTER minutes

/"Time Religion Mins"

F19

TimeMeetingsHours

1 of 2

How many hours did you spend attending meetings of clubs, religious groups, community organizations, etc.?

ENTER 0 if respondent did not spend any time doing this activity

/"Time Attending Meetings Hours"

F19a

TimeMeetingsMin

2 of 2

ENTER minutes

/"Time Meetings Mins"

F20

TimeFinanceHours

1 of 2

How many hours did you spend taking care of finances or investments, such as banking, paying bills, balancing the checkbook, doing taxes, etc.?

ENTER 0 if respondent did not spend any time doing this activity

/"Time with Finances Hours"

F20a

TimeFinancesMin

2 of 2

ENTER minutes

/"Time with Finances Mins"

F21

TimeOwnMedicalHours

1 of 2

How many hours did you spend treating or managing an existing medical condition of your own?

ENTER 0 if respondent did not spend any time doing this activity

/"Time on Own Medical Hours"

F21a

TimeOwnMedicalMin

2 of 2

ENTER minutes

/"Time on Own Medical Mins"

F24

TimeDaysVacation

In total, how many days were you on vacation over the past 12 months?

/"Time in Days on Vacation"

Section G: Current Employment

G1

CurrentEmployIntro

Now, I'm going to ask you several questions about your work and income.

ENTER (1) to continue

/"Current Employment Intro"

G2

EmploySituation

Which of the following best describes your current situation? Are you working for pay, unemployed and looking for work, or unemployed and not looking for work?

/"Employment Situation"

Working for pay	1	GOTO G3
Unemployed and looking for work	2	GOTO G14
Unemployed and not looking for work	3	GOTO G14

G3

OtherJobs

Do you have more than one job? This does not just mean formal jobs, but also work you do for a family business and informal or casual activities that you do to earn money.

/"Other Jobs"

Yes	1	GOTO G4
No, only one job	5	GOTO G6

G4

NumOtherJobs

Besides your main job, how many other jobs do you have?

/"Number of Other Jobs"

G5

OtherJobReason

What is the **main reason** you work at more than one job? Please choose from these options.

/"Other Job Reason"

To meet regular household expenses	1	GOTO G6
Unable to find a full-time job	2	GOTO G6
To pay off debts	3	GOTO G6
To buy something special	4	GOTO G6
To save for the future	5	GOTO G6
To gain experience	6	GOTO G6
You enjoy the work of a second job	7	GOTO G6
Other - please specify	97	GOTO G5a

G5a

OtherJobReasonOthSpec

Please specify.

/"Other Job Reason Other Specify"

G6

JobTrain

Do you plan to start or are you now in a job training program, like a program that teaches job search skills, typing, cosmetology, nursing, carpentry, business or other courses?

/"Job Training"

I am in a job training program	1	GOTO G6a
I plan to start a job training program	2	GOTO G6a
I am not in a job training program	4	GOTO G7

G6a

JobTrainSpecify

Enter the job training program

/"Job Training Specify"

G7

NewJobSeek

Are you looking to leave your current job for a new job?

/"New Job Seeking"

Yes	1
No	2

G7a

AddJobSeek

Are you looking for a new job that you would work at while also keeping your current job?

/"Additional Job Seeking"

Yes	1
No	2

PROGRAMMING CHECKPOINT

IF G7 OR G7a = 1 THEN GOTO G7b ELSE GOTO G8

G7b

LookNewWork

How many jobs, if any, have you applied for in the LAST 4 WEEKS?

/"Jobs applied for"

G8

MissWorkSick

In the last month, did you miss any work because you were sick or dealing with mental health concerns?

/"Miss Work Sickness"

Yes	1
No	5

G9**MissWorkTransport**

In the last month, did you miss any work because you couldn't get transportation to work?

/"Missed Work Transportation"

Yes	1
No	5

PROGRAMMING CHECKPOINT

IF B26>0 OR B27>0 THEN GOTO G10 ELSE GOTO G11

G10**MissWorkChildCare**

In the last month, did you miss any work because you couldn't find child care?

/"Missed Work Childcare"

Yes	1
No	5

G11**MostHoursWorkWeek**

In the last month, what is the greatest number of hours you've worked in a week at your job(s)?

QxQ: If respondent has multiple jobs, ask total number of hours for all jobs combined

/"Most Hours Worked in Week"

G12**LeastHoursWorkWeek**

In the last month, what is the fewest number of hours you've worked in a week at your job(s)?
Please do not include weeks in which you missed work because of illness or vacation.

QxQ: If respondent has multiple jobs, ask total number of hours for all jobs combined

/"Least Hours Worked in Week"

G13**CancelledShift**

In the last month, was one of your scheduled shifts cancelled with less than 24 hours notice?

QxQ: If the person doesn't work shifts or sets his/her own schedule, please select "not applicable"

/"Cancelled Shift"

Yes	1
No	2
Not applicable	3

G14**CareerProspect**

When you think of your career path up to this point in your life, would you say your career prospects have:

/"Career Prospects"

Greatly improved over time	1
Somewhat improved over time	2
Stayed the same	3
Somewhat worsened over time	4
Greatly worsened over time	5

G15**Job10Years**

If all goes well, what job title do you hope to have 10 years from now?

NOTE: Allow respondent to see the list displayed and select from drop-down menu. Please assist respondent in choosing which entry best describes the job title that they hope to have in 10 years.

/"Job in 10 Years"

PROGRAMMING CHECKPOINT

If G2 = 2 or G2 = 3 THEN GOTO H1 ELSE GOTO I1

Section H: Unemployment

H1

EverWorked

Have you ever worked for pay? This does not just mean formal jobs, but also work you've done for a family business and informal or casual activities that you've done to earn money.

/"Ever Worked"

Yes	1	GOTO H1a
No	5	GOTO H1b

H1a

LengthUnemploy

How long have you been unemployed?

/"Length of Unemployment"

Less than 6 months	1
6 months to a year	2
More than 1 year but not more than 2 years	3
More than 2 years but not more than 3 years	4
More than 3 years	5

H1b

WorkPreference

Would you prefer to be working, or are you not working by choice?

/"Work Preference"

Prefer to be working	1
Not working by choice	5

H2

WhyNotWorking

Why are you not working for pay? Please select a maximum of 3 reasons.

/"Why Not Working"

Suitable work is unavailable or hard to find	1
Lack necessary skills or qualifications	2
Lack transportation to or from work	3
Own illness or disability	4
Unable to find good childcare	5

Caring for elderly relative(s)	6	
Attending school	7	
Prefer to stay at home with children	8	
Personal or family responsibilities	9	
Gave up looking for work	10	
Other – please specify	97	GOTO H2_a

H2_a

Other Specify

Please specify why you are not working.

/"Not Working Specify"

H3

LookWork

Have you done anything in the LAST 4 WEEKS to look for new work?

/"Look For Work"

Yes	1
No	5

PROGRAMMING CHECKPOINT

IF G2 = 3 AND H3 = 5 THEN GOTO H5 ELSE GOTO H4

H4

FullPart

Are you mainly looking for:

Full-time work	1
Part-time work	2
Either	3
I'm not looking for work	4

H5

ConditionsWork

Suppose you had a job offer. Which conditions would the job need to meet in order for you to decide to work for pay, if any? Please select only those conditions which would be essential and rank them in order of importance.

/"Conditions for Work"

High income potential	1	GOTO H6
Secure, regular earnings	2	GOTO H6
Convenient location	3	GOTO H6
Flexible hours	4	GOTO H6
Chances for advancement	5	GOTO H6
Consistent, predictable schedule	6	GOTO H6
Interesting or meaningful work	7	GOTO H6
Comfortable workstation or physical environment	8	GOTO H6
I would take any job regardless of the conditions, hours, or pay	9	GOTO H6
I will not work for pay under any circumstances	10	GOTO END SECT
Other – please specify	97	GOTO H5a

H5a

ConditionsOtherSpec

If other, please specify

/"Conditions Other Specify"

H6

JobSearchLength

1 of 2

Before taking whatever job is offered to you, regardless of whether or not it is a good fit, how long would you be willing to search to find a job that was a good fit?

Enter the number

/"Job Search Length"

H6a

JobSearchLengthUnit

2 of 2

Enter the unit, either weeks, months or years

/"Job Search Length Unit"

Weeks	1
Months	2
Years	3

H7**TakePayCut**

In order to find a new job, would you be willing to take a job that pays significantly less than your last job?

/"Take a Pay Cut"

Yes	1
No	5

H8**MoveStates**

Would you be willing to move to a different state?

/"Move States"

Yes	1
No	5

H9**TakeEntryNewField**

Would you be willing to take an entry-level job in a different field than you've worked in previously?

/"Take Entry Level in New Field"

Yes	1
No	5

H10**LongCommute**

Would you be willing to take a job that requires you to commute more than an hour away from your home each way?

/"Long Commute"

Yes	1
No	5

H11

NonTradHours

Would you be willing to work non-traditional hours, such as night or weekend shifts?

/"Non-Traditional Hours"

Yes	1
No	5

PROGRAMMING CHECKPOINT

IF H4=4 AND H1 = 5 THEN GOTO M0 ELSE GOTO H12

H12

JobChances

What do you think the chances are that you will find a job in the next 6 months? Would you say...

/"Job Chances"

Very likely	1
Somewhat likely	2
Somewhat unlikely	3
Very unlikely	4

PROGRAMMING CHECKPOINT

If H1 = 1 AND H1a = 1 or 2 GOTO K1_
If H1 = 1 AND H1a = 3 or 4 GOTO K4
If H1 = 1 AND H1a = 5 GOTO M0
If H1 = 5 THEN GOTO M0

Section I: Current Main Job

PROGRAMMING CHECKPOINT

IF G3 = 1 THEN GOTO I1 ELSE GOTO I2

I1

CurrentMainIntro

I'm going to ask you about all of your jobs, but I'd like to start with what you consider to be your main job, which is the job you spend the most time doing or earns you the most money.

ENTER (1) to continue

/"Current Main Job Intro"

I2

EmployOrgType

At your current job, are you employed by the government, by a private for-profit company, or by a non-profit organization?

NOTE: For this question, being self-employed is considered working for a private for-profit company. Religious organizations (e.g., churches, synagogues, mosques, etc.) are considered non-profit organizations.

/"Employer Org Type"

Government	1
Private for-profit company	2
Non-profit organization, including tax exempt and charitable organizations	3

I3

EmployBusiness

What kind of business or industry is this? Please choose one from this list.

/"Employers Business"

Agriculture, forestry, fishing or hunting	1	GOTO I4
Utilities	2	GOTO I4
Construction	3	GOTO I4
Manufacturing	4	GOTO I4
Retail trade	5	GOTO I4
Transportation or warehousing	6	GOTO I4
Information services including publishing or media	7	GOTO I4
Banking, finance, or insurance	8	GOTO I4
Real estate or rental & leasing services	9	GOTO I4
Professional, technical, or business services	10	GOTO I4
Education	11	GOTO I4
Health care or social assistance	12	GOTO I4
Arts, entertainment, or recreation	13	GOTO I4
Hotel, accommodation, restaurant, or food services	14	GOTO I4
Other services (except government)	15	GOTO I4
Government, including military	16	GOTO I4
Wholesale trade	17	GOTO I4
Mining, quarrying, or oil and gas extraction	18	GOTO I4
Other (specify)	97	GOTO I3a

I3a

EmployBusOtherSpec

ENTER the specified business/industry type

/"Employers Business Specify"

I4

EmployerName

What is the name of the company or organization that you work for in this job?

NOTE: If respondent's employer does not have a registered name (for example if they nanny for a family, or if they are self-employed but do not have a registered business that they run, please enter "Not Registered"

"Employer Name"

I5

JobType

NOTE: Allow respondent to see and select title from drop-down menu. Please assist respondent in choosing which entry best describes their job title.

What is your job title? For example: Truck driver, electrician, janitor, secretary, registered nurse, etc.

/"Job Type"

I6

SelfEmployed

In your main job, are you self-employed as an independent contractor, an independent consultant, or a freelance worker?

/"Self Employed"

Yes	1
No	5

I7

HoursPerWeek

How many hours a week do you usually work at this job?

/"Hours Per Week"

I8

PrefFull

Would you prefer to be working more hours at this job, fewer hours, or no change in hours?

/"Prefer Full or Part Time"

More hours	1
Fewer hours	2
No change in hours	3

I9

EmployLengthYear

1 of 2

How long have you worked in this job for your current employer?

ENTER the number of years

/"Employed Length Years"

I9a

EmployLengthMonth

2 of 2

ENTER the number of months

/"Employed Length Months"

I10

Payment

Are you salaried, paid by the hour, paid by the task, including commission, paid tips, paid a combination of more than one of these, or are you paid some other way? Select all that apply.

/"Payment"

Salaried	1
Hourly	2
By task, including commission	3
Tips	4

PROGRAMMING CHECKPOINT

For each response option selected in I10 ask the following questions:

- IF I10 = 1 THEN ASK I11
 - IF I10 = 2 THEN ASK I12
 - IF I10 = 3 THEN ASK I13
 - IF I10 = 4 THEN ASK I15
 - IF I10 = 7 THEN ASK I10_a
-

I10_a

PaymentOtherSpec

Please specify how much and how you are paid in this job.

Enter currency AND unit

/"Payment Other Specify"

I11

AnnualSalary

In this job, what is your annual salary, before taxes?

/"Annual Salary"

I12

HourlyWage

In this job, what is your hourly wage?

/"Hourly Wage"

I13

PaidTask

In this job, how much are you paid by the task, on average, before taxes?

PROBE for average if given a range or other type of information

/"Paid per Task"

I14

PaidTaskTime

1 of 2

How long does it usually take you to complete the task, on average?

PROBE for average if given a range or other type of information

/"Paid Task Time"

I14a

PaidTaskTimeUnit

2 of 2

/"Paid Task Time Unit"

Hours	1
Days	2
Weeks	3
Months	4
Years	5

I15

PaymentTips

1 of 2

On average, how much do you usually make in tips either per hour or per shift?

/"Payment Tips"

I15a

PaymentTipsUnit

2 of 2

/"Payment Tips Unit"

Per hour	1	GOTO I16
Per shift	2	GOTO I15b

I15b

ShiftHours

What is the average number of hours per shift?

/"Hours per Shift"

I16

NonWageBenefits

Do you receive any non-wage benefits with this job? Please select all of the benefits that you get from these options.

/"NonWage Benefits"

Health insurance (100% of premium covered by employer)	1
Health insurance (Less than 100% of premium covered by employer)	2
Dental and/or vision insurance	3
Traditional pension plan (defined benefit plan)	4
Retirement account (401(k), IRA, etc.) without employer contribution	5
Employer contribution to a retirement account (401(k), 403(b) or IRA account)	6
Health care or dependent care Flexible Spending Account	7
Housing or housing subsidy	8
Life or disability insurance	9
Commuter benefits	10
Childcare assistance	11
Paid vacation	12
Tuition reimbursement	13
No Benefits	14
Other – please specify	97 GOTO I16a

Soft consistency check:

IF I16_ = 1 AND 2; "Is 100% of your premium covered by your employer or less than 100%?"

IF I16_ = 5 AND 6; "Do you have a retirement account without an employer contribution or with an employer contribution?"

Hard consistency check:

IF I16_ = 14, then no other options can be selected

I16a

NonWageBenefitsOther

Please specify.

/"NonWage Benefits Other Specify"

I17

ProfDev

Does your employer offer you job training, continuing education, or other professional development opportunities?

/"Professional Development"

Yes	1	GOTO I17a
No	5	GOTO I18

I17a

ProfDevPart

Indicate each type of training program that you participated in. Select all that apply.

/"Professional Development Participation"

None	1
Short initial orientation of less than one week	2
A formal, registered apprenticeship	3
Employer provided job-training at work during work hours	4
Informal on-the-job training	5
Employer-provided education or training during work hours, but away from job site	6
Employer-provided financial assistance for attending educational institutions after working hours	7
Other	97

I18

JobSatisfaction

How satisfied would you say you are with your level of compensation at your job? Would you say you are...

/"Job Satisfaction"

Very dissatisfied	1
Somewhat dissatisfied	2
Neither satisfied nor dissatisfied	3
Somewhat satisfied	4
Very satisfied	5

I19

BenefitSatis

How satisfied would you say you are with other aspects of the job, such as benefits, maternity/paternity leaves, flexibility in work hours, etc.? Would you say you are...

/"Benefits Satisfaction"

Very dissatisfied	1
Somewhat dissatisfied	2
Neither satisfied nor dissatisfied	3

Somewhat satisfied	4
Very satisfied	5

I19a

OverallSat

Taking everything into consideration, how satisfied would you say you are, overall, in your current main job? Would you say you are...

/"Overall Satisfaction"

Very dissatisfied	1
Somewhat dissatisfied	2
Neither satisfied nor dissatisfied	3
Somewhat satisfied	4
Very satisfied	5

I20

JobTemporary

Some people are in temporary jobs that last only for a limited time or until the completion of a project. Is your job temporary?

"Job Temporary"

Yes	1	GOTO I21
No	5	GOTO I22

I21

JobLengthExpect

How much longer do you expect to remain in your job?

/"Job Length Expectation"

Less than one month	1
1-5 months	2
6-12 months	3
One year or more	4

I22

WorkSchedule

Which of the following best describes your usual work schedule? Please select one of these options.

/"Work Schedule"

Day shift	1	GOTO I24
Afternoon shift	2	GOTO I24
Night shift	3	GOTO I24
Split shift (when a shift is interrupted by unpaid, non-working hours)	4	GOTO I24
Irregular shifts	5	GOTO I24
On-call (with or without regular shifts)	6	GOTO I23
Rotating shifts	7	GOTO I24
Flexible	8	GOTO I24
Other – Please Specify	97	GOTO I22a

I22a

WorkScheduleOtherSpec

Please specify.

/"Work Schedule Other Specify"

I23

IrregularShiftType

Some ON-CALL workers have regularly scheduled hours, but IN ADDITION must work when called. Other ON-CALL workers work ONLY when called. Which type of ON-CALL worker are you?

/"Irregular Shift Type"

Work regular hours, but must be available other times	1
Work ONLY when called	2

PROGRAMMING CHECKPOINT

IF I20 = 1 OR I6 = 1 OR I7 < 35 THEN GOTO I24 ELSE GOTO I25

I24

PreferFullSalary

Would you prefer a full-time, permanent, salaried position?

/"Prefer FullTime Salaried"

Yes	1
No	5

I27**AdvanceWorkNotice**

How far in advance do you usually know what days and hours you will need to work?

/"Advance Work Notice

One week or less	1
Between 1 and 2 weeks	2
Between 3 and 4 weeks	3
More than 4 weeks	4

I28**DiffTakeTimeOff**

How hard is it to take time off during your work to take care of personal or family matters?
Would you say...

/"Difficulty Taking Time Off"

Not at all hard	1
Not too hard	2
Somewhat hard	3
Very hard	4
I've never tried	5

I28a**AllowChangeStartQuit**

How are your working hours are decided? By working hours we mean the time you start and finish work, and not the total hours you work per week or month. Do you decide these start and finish times or does your employer?

/"Allowed Change Start Quit"

Starting and finishing times are decided by my employer and I cannot change them on my own	1
Starting and finishing times are decided by my employer but with my input	2
I can decide the time I start and finish work, within certain limits	3
I am entirely free to decide when I start and finish work	4
When I start and finish work depends on things outside of my control and outside of my employer's control	5

I29**JobInterfereFam**

How often do the demands of your job interfere with your family life? Would you say...

/"Job Interferes with Family"

Often	1
Sometimes	2
Rarely	3
Never	4

I30

JobDecisionsOthers

In your job, how often do you take part with others in making decisions that affect you? Would you say...

/"Making Job Decisions with Others"

Often	1
Sometimes	2
Rarely	3
Never	4

I31

JobFit

On a scale from 1 to 5, where 1 is "very poor fit" and 5 is "very good fit", how well do you think this job fits your experience and skills?

/"Job Fit"

- 1 (Very poor fit)
 - 2
 - 3
 - 4
 - 5 (Very good fit)
-

I32

OpportProg

On a scale from 1 to 5, where 1 is "very poor opportunities" and 5 is "very good opportunities", how would you rate the opportunities for a promotion or other career progression with your current employer, over the next three years?

/"Opportunities to Progress"

- 1 (Very poor opportunities)

2
3
4
5 (Very good opportunities)

I34

LikelyJobSearch

Taking everything into consideration, how likely is it you will make a genuine effort to find a new job with another employer within the next year? Is it...

/"Likely Job Search"

Very likely	1
Somewhat likely	2
Not at all likely	3

Section J: Current Other Jobs

PROGRAMMING CHECKPOINT

```
If G3 = 5 THEN GOTO K1  
IF G4 = 1 THEN GOTO J1  
IF G4 >1 THEN GOTO J2
```

J1

CurrentOtherIntro1

Now I'd like to learn about the other job you currently have.

ENTER (1) to continue

/"Current Other Jobs Intro 1"

GOTO J5

J2

CurrentOtherIntro2

Now I'd like to learn about the other jobs you currently have. We'll go through each one individually, in order of the number of hours you usually work at the job.

ENTER (1) to continue

/"Current Other Jobs Intro 2"

IF G4 <= 5 THEN GOTO J4 ELSE GOTO J3

J3

CurrentOtherIntro3

Since you have more than 5 other jobs, I will just ask you about the 5 where you work the most.

ENTER (1) to continue

/"Current Other Jobs Intro3"

PROGRAMMING NOTE

Start of loop for up to 5 total other jobs, from J4-J18a. If G4 = 1 then loop starts at J5 and is only completed through J18a once.

J4

CurrentOtherIntro4

Now let's talk about job number (**number**).

ENTER (1) to continue

/"Current Other Jobs Intro 4"

FILL LOGIC

(number) – Use sequential numbers, starting with '1', and going up to the value in G4.

J5

OtherEmployOrgType

Are you employed by the government, by a private for-profit company, or by a nonprofit organization?

NOTE: For this question, being self-employed is considered working for a private for-profit company.

/"Other Employer Org Type"

Government	1
Private for-profit company	2
Non-profit organization, including tax exempt and charitable organizations	3

J5a

OtherEmployerName

What is the name of the company or organization that you work for in this job?

NOTE: If respondent's employer does not have a registered name (for example if they nanny for a family, or if they are self-employed but do not have a registered business that they run, please enter "Not Registered"

/ "Other Employer Name"

J5b

OtherJobType

What is your job title? (For example: Truck driver, electrician, janitor, secretary, registered nurse, etc.)

/ "Other Job Type"

J8

OtherSelfEmployed

For this job, are you self-employed as an independent contractor, an independent consultant, or a freelance worker?

/ "Other Self Employed"

Yes	1
No	5

J9

OtherHoursPerWeek

How many hours a week do you usually work at this job?

/ "Other Hours Per Week"

J10

OtherEmployLength

1 of 2

How long have you worked in this job for your current employer?

ENTER the number

/"Other Employed Length"

J10a

OtherEmployLengthUnit

2 of 2

ENTER the unit

/"Other Employed Length Unit"

Weeks	1
Months	2
Years	3

J11

OtherPayment

In this job are you salaried, paid by the hour, paid by the task (including commission), paid tips, paid a combination of more than one of these, or are you paid some other way? Please select all that apply.

/"Other Payment"

Salaried	1
Hourly	2
By task incl. commission	3
Tips	4
Other – Please specify	7

PROGRAMMING CHECKPOINT

For each response option selected in J11 ask the following questions:

IF J11 = 1 THEN ASK J12
IF J11 = 2 THEN ASK J13
IF J11 = 3 THEN ASK J14
IF J11 = 4 THEN ASK J16
IF J11 = 7 THEN ASK J11_a

J11_a

OtherPaySpec

Please explain how much and how you are paid in this job.

/"Other Pay Specify"

J12

OtherAnnualSalary

What is your annual salary before taxes?

/"Other Annual Salary"

J13

OtherHourlyWage

In this job, what is your hourly wage?

/"Other Hourly Wage"

J14

OtherPaidTask

How much are you paid by the task, on average?

PROBE for average if given a range or other type of information

/"Other Paid per Task"

J15

OtherPaidTaskTime

1 of 2

How long does it usually take you to complete the task on average?

PROBE for average if given a range or other type of information

/"Other Paid Task Time"

J15a

OtherPaidTaskTimeUnit

2 of 2

ENTER the unit

/"Other Paid Task Time Unit

Hours 1

Days	2
Weeks	3
Months	4
Years	5

J16

PaymentTips

1 of 2

On average, how much do you usually make in tips either per hour or per shift?

/"Payment Tips"

J16a

PaymentTipsUnit

2 of 2

/"Payment Tips Unit"

Per hour	1	GOTO J17
Per shift	2	GOTO J16b

J16b

ShiftHours

What is the average number of hours per shift?

/"Hours per Shift"

J17

OtherNonWageBen

Do you receive any non-wage benefits with this job? Please select all of the benefits that you get from these options.

/"Other NonWage Benefits"

Health insurance (100% of premium covered by employer)	1
Health insurance (Less than 100% of premium covered by employer)	2
Dental and/or vision insurance	3
Traditional pension plan (defined benefit plan)	4
Retirement account (401(k), IRA, etc.) without employer contribution	5
Employer contribution to a retirement account (401(k), 403(b) or IRA account)	6
Health care or dependent care Flexible Spending Account	7
Housing or housing subsidy	8

Life or disability insurance	9
Commuter benefits	10
Childcare assistance	11
Paid vacation	12
Tuition reimbursement	13
No Benefits	14
Other – Please specify	97GOTO J17a

Soft consistency check:

IF J17 = 1 AND 2; “Is 100% of your premium covered by your employer or less than 100%?”

IF J17 = 5 AND 6; “Do you have a retirement account without an employer contribution or with an employer contribution?”

Hard consistency check:

IF J17 = 14, then no other options can be selected

J17a

NonWageBenefitsOther

Please specify.

/"NonWage Benefits Other Specify"

J18

WorkSchedule

Which of the following best describes your usual work schedule? Please select one of these options.

/"Work Schedule"

Day shift	1	GOTO K1
Afternoon shift	2	GOTO K1
Night shift	3	GOTO K1
Split shift (when a shift is interrupted by unpaid, non-working hours)	4	GOTO K1
Irregular shifts	5	GOTO K1
On-call (with or without regular shifts)	6	GOTO K1
Rotating shifts	7	GOTO K1
Flexible	8	GOTO K1
Other – Please Specify	97	GOTO J18a

J18a

OtherWorkScheduleOtherSpec

Please specify.

/"Other Work Schedule Other Specify"

PROGRAMMING NOTE

This is the end of the loop from J4 - J18a or J5 - J18a

Section K: Employment History 1 Year

K1

EmpMonths

In the last 12 months, which months were you employed? Mark all that apply.

/"Employed Months"

Employed all months	13
January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	10
November	11
December	12
Not employed in the last 12 months	14

K2

PastJobs

Have you had any jobs in the past 12 months that you no longer have? Any jobs that we didn't discuss during the previous questions related to your current employment? This does not just mean formal jobs, but also informal or casual activities that you have done to earn any money.

/"Past Jobs"

Yes	1	GOTO K3
No	5	GOTO K4

K3

NumPastJobs

How many other jobs have you had in the past 12 months? Please do not include current jobs documented in the previous set of questions.

/"Number of Past Jobs"

K4

NumJobs3Years

Altogether, how many jobs have you had during the past 3 years?

/"Number of Jobs Past 3 Years"

PROGRAMMING CHECKPOINT

IF K2 = 1 THEN GOTO L1

OR IF H1 = 1 AND H1a = 1-4 THEN GOTO L1

ELSE GOTO M0

Section L: Past Job Roster

L1

PastJobRosterIntro

Now I am going to ask about the most recent job that you had that you are not doing anymore.

ENTER (1) to continue

/"Past Job Roster Intro"

L1a

PastJobType

What was your job title? (For example: Truck driver, electrician, janitor, secretary, registered nurse, etc.)

/"Past Job Type"

L2

PastJobWorkArrange

How would you describe your work arrangement?

/"Past Job Work Arrangement"

- | | |
|--|---|
| I worked as an independent contractor, independent consultant, or freelance worker | 1 |
| I was on-call, and worked only when called to work | 2 |
| I was paid by a temporary agency | 3 |
| I worked for a contractor who provides workers and services to others under contract | 4 |
| I was a regular, permanent employee (standard work arrangement) | 5 |
-

L3

PastJobEmployedLength

1 of 2

How long did you have this job?

ENTER the number

/"Past Job Employed Length"

L3a

PastJobEmployLengthUnit

2 of 2

/"Past Job Employed Length Unit"

- | | |
|--------|---|
| Weeks | 1 |
| Months | 2 |
| Years | 3 |
-

L3b

PastHoursPerWeek

How many hours a week did you usually work at this job?

/"Past Hours Per Week"

L5

PastJobEarnings

1 of 2

How much did you usually earn? You can answer by week, month, or year.

ENTER the dollar amount

/"Past Job Earnings"

L5a

PastJobEarningsUnit

2 of 2

/"Past Job Earnings Unit"

Weekly	1
Monthly	2
Yearly	3

L6

PastJobNonWageBen

Did you receive any non-wage benefits with this job? Please select all of the benefits that you got from these options.

/"Past Job NonWage Benefits"

Health insurance (100% of premium covered by employer)	1	GOTO L7
Health insurance (Less than 100% of premium covered by employer)	2	GOTO L7
Dental and/or vision insurance	3	GOTO L7
Traditional pension plan (defined benefit plan)	4	GOTO L7
Retirement account (401(k), IRA, etc.) without employer contribution	5	GOTO L7
Employer contribution to a retirement account (401(k), 403(b) or IRA account)	6	GOTO L7
Health care or dependent care Flexible Spending Account	7	GOTO L7
Housing or housing subsidy	8	GOTO L7
Life or disability insurance	9	GOTO L7
Commuter benefits	10	GOTO L7
Childcare assistance	11	GOTO L7
Paid vacation	12	GOTO L7
Tuition reimbursement	13	GOTO L7
No Benefits	14	GOTO L7

L6a

PastJobNonWageBenOther

Please specify.

/"Past Job NonWage Benefits Other Specify"

L7

PastJobReasonLeft

Why did you leave the job? Select a maximum of 3 reasons from this list.

/"Past Job Reason Left"

Laid off by employer	1	GOTO L8
Job was temporary	2	GOTO L8
Found a job that you enjoyed more	3	GOTO L8
Found a job that was a better fit with your skills and experience	4	GOTO L8
Found a higher-paying job	5	GOTO L8
Enrolled in school or training	6	GOTO L8
Decided to stop working	7	GOTO L8
Family responsibilities (e.g., childcare)	8	GOTO L8
Other – please Specify	97	GOTO L7a

L7a

PastJobReasonLeftSpec

Please specify

/"Past Job Reason Left Specify"

Section M: Income

M0

IncomeVariation

In the past year, which one of the following best describes how your income changes from month to month, if at all? This question is just about your income, not the income earned by others in your household. Would you say your income...

/"IncomeVariation"

Stays roughly the same amount each month	1
Stays roughly the same most months, but has some unusually high or low months during the year	2
Often varies quite a bit from one month to the next	3

PROGRAMMING CHECKPOINT

IF M0 = 1 AND B25 > 0 THEN GOTO M1
 IF M0 = 1 AND B25 = 0 THEN GOTO M3
 IF M0 = 2 OR 3 THEN GOTO M0a

M0a

IncomeVariationReason

Please indicate which of the options on this page is a reason that your income changed from month to month in the past year. Select all that apply.

/"Income Variation Reason"

Bonuses	1
Commissions	2
Seasonal employment	3
Irregular work schedule (i.e., your work hours change from week to week)	4
Periods of unemployment	5
Investment Income	6
Other – please specify	7

PROGRAMMING CHECKPOINT

IF M0a = 1 OR 2 OR 3 OR 4 OR 5 OR 6 AND B25>0 THEN GOTO M1 ELSE GOTO M3
 IF M0a = 7 THEN GOTO M0b

M0b

IncomeVariationReasonSpecify

Please specify.

/"Income Variation Reason Specify"

PROGRAMMING CHECKPOINT

IF B25>0 THEN GOTO M1 ELSE GOTO M3

M1

IncomeVariation

In the past year, which one of the following best describes how the income of others in your household changes from month to month, if at all? Would you say their income...

/"IncomeVariation

Stays roughly the same amount each month	1
Stays roughly the same most months, but has some unusually high or low months during the year	2
Often varies quite a bit from one month to the next	3

PROGRAMMING CHECKPOINT

IF M1 = 1 THEN GOTO M3
 IF M1 = 2 OR M1 = 3 THEN GOTO M3

M2**IncomeVariationReason**

Please indicate which of the options on this page is a reason that the income of others in your household changed from month to month in the past year. Select all that apply.

/"Income Variation Reason"

Bonuses	1
Commissions	2
Seasonal employment	3
Irregular work schedule (i.e., work hours change from week to week)	4
Periods of unemployment	5
Investment Income	6
Other – please specify	7

PROGRAMMING CHECKPOINT

IF M2 = 7 THEN GOTO M2a ELSE GOTO M3

M2a**IncomeVariationReasonSpecify**

Please specify.

/"Income Variation Reason Specify"

PROGRAMMING CHECKPOINT

IF H1 = 5 THEN GOTO M9 ELSE GOTO M3

M3**NumW2Statements**

From how many different employers did you receive a W2 statement last year?

/"Number of W2 Statements"

One	1
Two	2
Three	3
Four or more	4
Did not receive a W2	5

M4
1099

For the year that ended in December (calendar year 2018), did you receive one or more 1099 statements of miscellaneous income? A 1099 statement is a tax form that you would receive from someone who hired you to do work or a project but is not your employer.

/"1099s"

Yes	1	GOTO M5
No	5	GOTO M6

M5
Num1099

How many 1099 statements did you receive in 2018?

/"Number of 1099s"

M6
TotalIncome12Months

How much income did you earn over the past 12 months? Report the amount from all jobs before any deductions for taxes. Please only include income that you earned, not the income of others in your household.

/"Total Income 12 Months"

M7
SelfEmployIncome

Did any of that total income come from self-employment?

/"Self-Employment Income"

Yes	1	GOTO M8
No	5	GOTO M9

M8
SelfEmployIncomeAmt

What was the amount?

/"Self Employment Income Amount"

M9**OtherIncomeSources**

In the past 12 months, did you earn any money from the following sources? We're looking for income sources that you haven't talked about yet. Please do not select an option if we have already talked about that source of income.

Babysitting	1	GOTO M10
Housesitting	2	GOTO M10
Dog walking	3	GOTO M10
Yard/lawn care	4	GOTO M10
House cleaning	5	GOTO M10
House painting	6	GOTO M10
Eldercare services	7	GOTO M10
Personal services	8	GOTO M10
Tasks/Handywork	9	GOTO M10
Online tasks (MTurk, Upwork, etc.)	10	GOTO M10
Selling goods online (Ebay, Etsy, etc.)	11	GOTO M10
Renting property (including Airbnb)	12	GOTO M10
Food Delivery (including DoorDash, Instacart, etc.)	13	GOTO M10
Driving (Uber, Lyft, etc.)	14	GOTO M10
None of the above	15	GOTO M11
Other - please specify	97	GOTO M9a

M9a**OtherIncSourceSpec**

Please specify.

/"Other Income Source Specify"

PROGRAMMING NOTE

Start M10 one-question loop for any category checked in M9

M10**OtherIncomeSourceAmt**

How much income did you earn from (**source label**) in the past 12 months? Remember, if you already included income from this source when answering previous questions, you don't need to specify the amount.

/"Other Income Source Amount"

FILL LOGIC

(source label) – Use the category labels from M9

M11

FreelanceHobbyIncome

Over the past 12 months, did you receive any income from freelance work or hobbies that we haven't already discussed?

/"Freelance or Hobby Income"

Yes	1	GOTO M12
No	5	GOTO M13

M12

FreelanceHobbyIncAmt

What was the amount?

/"Freelance or Hobby Income Amount"

M13

InterestIncome

Over the past 12 months, did you receive interest from savings, money market funds, IRAs, CDs, or other interest-bearing accounts?

- **QxQ:** A money market fund is a kind of mutual fund which invests in short-term debt securities, such as US Treasury bills. Money market funds earn interest and can be an alternative to standard savings accounts.
- **QxQ:** IRA stands for Individual Retirement Account. An IRA is a government sponsored, tax-deferred personal retirement plan.
- **QxQ:** A Certificate of Deposit (CD) is a savings certificate that can be purchased at a bank or credit union with a fixed interest rate and a fixed date at which the funds can be accessed again by the purchaser.

/"Interest Income"

Yes	1	GOTO M14
No	5	GOTO M15

M14

InterestIncomeAmount

What was the amount?

/"Interest Income Amount"

M15

DividendIncome

Over the past 12 months, did you receive dividends from stocks?

/"Dividend Income"

Yes	1	GOTO M16
No	5	GOTO M17

M16

DividendIncomeAmount

What was the amount?

/"DividendIncomeAmount"

M17

CashBenefitIncome

Did you receive any cash benefits from the government over the past 12 months? Examples include TANF, unemployment insurance benefits, energy assistance, etc.

/"Cash Benefit Income"

Yes	1	GOTO M18
No	5	GOTO M19

M18

CashBenefitIncAmt

What was the amount?

/"Cash Benefit Income Amount"

M18a

AlimChildSupp

Over the past 12 months, did you receive any alimony or child support payments?

Yes	1	GOTO M18b
-----	---	---------------------------

No

5

/"Alimony child support Income"

M18b

AlimChildSuppAmt

What was the amount?

/"Alimony child support income amount"

M19

MoneyGiftsIncome

Did you receive any other income or monetary gifts from family or friends over the past 12 months?

/"Money Gifts Income"

Yes

1

GOTO M20

No

5

GOTO M21

M20

MoneyGiftsIncAmt

What was the amount?

/"Money Gifts Income Amount"

M21

AllOtherIncome

Did you receive any other income from sources that I haven't mentioned over the past 12 months? This could be money withdrawn from a pension, 401k, etc.

Yes

1

GOTO M22

No

5

GOTO M23

M22

AllOtherIncAmt

What was the amount?

/"All Other Income Amount"

PROGRAMMING CHECKPOINT

IF B25 >0 OR B26 >0 THEN GOTO M23 ELSE GOTO M24

M23

HHIncomeEarners

How many other persons in your household (excluding yourself) earned any money in the last 12 months from any job or employment?

/"Household Income Earners"

M24

TotalHHIncome

(The next question has to do with your total *household* income. Please remember that your reported household size is [A13]. Please think about all income earned by yourself and these other household members over the last 12 months.)

What was (the total income earned by yourself and the other members of your household/your total individual income) before taxes, from all sources, over the last 12 months? Total income includes interest or dividends, rent, Social Security, other pensions, alimony or child support, unemployment compensation, public assistance (welfare), armed forces or veteran's allotment.

/"Household Total Income"

FILL LOGIC

IF A13 > 1 use "The next question has to do with your total *household* income. Please remember that your reported household size is [A13]. Please think about all income earned by yourself and these other household members over the last 12 months." And "the total income earned by yourself and the other members of your household"

IF A13 = 1 use "your total individual income"

PROGRAMMING CHECKPOINT

IF A13 > 1 AND M24 < (M6 + M10* + M12 + M14 + M16 + M18 + M18b + M20 + M22) THEN
GOTO M24a1

IF M24 = DK THEN GOTO M25

ELSE GOTO N1

M24a1

The total amount of individual income you said you earned over the last 12 months across all of

the categories above is less than your reported total **household** income. Can you please clarify your total household income? I'll ask the complete question once more.

Enter 1 to continue

/" HH Total Income Disc Warning"

M24a2

Please remember that your reported household size is [A13]. Please think about all income earned by yourself and these other household members over the last 12 months.

What was the total income earned by yourself and the other members of your household before taxes, from all sources, over the last 12 months? Total income includes interest or dividends, rent, Social Security, other pensions, alimony or child support, unemployment compensation, public assistance (welfare), armed forces or veteran's allotment.

/"Household Total Income Disc"

IF M24 = DK THEN GOTO M25 ELSE GOTO N1

M25

IncBranch75

Was your total household income \$75,000 or more?

/"Income Branch 75"

Yes	1	GOTO M25a
No	5	GOTO M25d

M25a

IncBranch85

Was it \$85,000 or more?

/"Income Branch 85"

Yes	1	GOTO M25b
No	5	GOTO N1

M25b

IncBranch95

Was it \$95,000 or more?

/"Income Branch 95"

Yes	1	GOTO M25c
No	5	GOTO N1

M25c

IncBranch110

Was it \$110,000 or more?

/"Income Branch 110"

Yes	1	GOTO N1
No	5	GOTO N1

M25d

IncBranch45

Was it \$45,000 or more?

/"Income Branch 45"

Yes	1	GOTO M25e
No	5	GOTO M25g

M25e

IncBranch55

Was it \$55,000 or more?

/"Income Branch 55"

Yes	1	GOTO M25f
No	5	GOTO N1

M25f

IncBranch65

Was it \$65,000 or more?

/"Income Branch 65"

Yes	1	GOTO N1
No	5	GOTO N1

M25g

IncBranch15

Was it \$15,000 or more?

/"Income Branch 15"

Yes	1	GOTO M25h
No	5	GOTO N1

M25h

IncBranch25

Was it \$25,000 or more?

/"Income Branch 25"

Yes	1	GOTO M25i
No	5	GOTO N1

M25i

IncBranch35

Was it \$35,000 or more?

/"Income Branch 35"

Yes	1	GOTO N1
No	5	GOTO N1

Section N: Program Participation and Assistance

N1

PPAIntro

Now I will ask you about some benefits that you and/or other members of your household may receive or have received in the past.

ENTER (1) to continue

/"PPA Intro"

N2
EITC

Did you receive the Earned Income Tax Credit in 2019?

Read if necessary: The Earned Income Tax Credit is a tax credit for working individuals and couples. To receive it you must meet the eligibility criteria (including household size, income, and age) and you must have filled out a 1040 (or 1040A or 1040EZ) form.

/"Earned Income Credit"

Yes	1
No	5

PROGRAMMING CHECKPOINT
IF N2 = 5 AND B26>0 OR B27>0 THEN GOTO N3_1
ELSE GOTO N3

N3
EICAmount

How much was the Earned Income Tax Credit that you received in 2019?

/"EIC Amount"

PROGRAMMING CHECKPOINT
IF B26>0 OR B27>0 THEN GOTO N3_1
ELSE GOTO N3a

N3_1
ChildTaxCredit

Did you receive the Child Tax Credit in 2019?

Read if necessary: The Child Tax Credit is a tax credit for parents or guardians of children or other dependents. To receive it you must meet the eligibility criteria (including household size, income, and age) and you must have filled out a 1040 (or 1040A or 1040EZ) form.

/"Child Tax Credit"

Yes	1	GOTO N3_2
No	5	GOTO N3a

N3_2

ChildTaxCreditAmt

How much was the Child Tax Credit that you received in 2019?

/"Child Tax Credit Amount"

N3a

IntroStatement

I will now read a list of benefits that you may or may not receive. As I read each benefit, use the response options on page 30 to let me know if you or someone else in your household is currently receiving this benefit or if you have received it in the past.

ENTER (1) to continue

/"IntroStatement"

N4

FoodStampsBenefits

Do you now or have you ever gotten SNAP or food stamps? If you don't get them, does someone else in your household? Select all that apply.

/"Food Stamps Benefits"

Yes, me, currently	1
Yes, someone else in household currently	2
Yes, me, in the past, not currently	3
No	5

IF N4 = 1 OR 2 THEN GOTO N5 ELSE GOTO N6

N5

FoodStampsAmt

On average, how much does your household receive in food stamps each month?

/"Food Stamps Amount"

N6

TANFBenefits

Do you now or have you ever gotten TANF benefits? If you don't get them, does someone else in your household? Select all that apply.

/"TANF Benefits"

Yes, me, currently	1
Yes, someone else in household currently	2
Yes, me, in the past, not currently	3
No	5

IF N6 = 1 OR 2 THEN GOTO N7 ELSE GOTO N12

N7

TANFAmt

On average, how much does your household receive in TANF benefits each month?

/"TANF Amount"

N12

MedicaidBenefits

Do you now or have you ever gotten Medicaid, CHIP, or other healthcare assistance from the government? If you don't get these benefits, does someone else in your household? Select all that apply.

/"Medicaid Benefits"

Yes, me, currently	1
Yes, someone else in household currently	2
Yes, me, in the past, not currently	3
No	5

N13

FinAidBenefits

Do you now or have you ever gotten educational assistance in the form of state or federal grants? If you don't get any government grants, does someone else in your household? Select all that apply.

QxQ: Examples of federal education grants include Pell Grants, Federal Supplemental Educational Opportunity Grants (FSEOG), Teacher Education Assistance for College and Higher Education (TEACH) Grants, or Iraq and Afghanistan Service Grants.) Do not count student loans or privately funded scholarships or grants.

/"Financial Aid Benefits"

Yes, me, currently	1
Yes, someone else in household currently	2
Yes, me, in the past, not currently	3
No	5

N14**WICBenefits**

Do you now or have you ever gotten WIC (Women, Infants and Children) benefits? If you don't get them, does someone else in your household? Select all that apply.

/"WIC Benefits"

Yes, me, currently	1
Yes, someone else in household currently	2
Yes, me, in the past, not currently	3
No	5

IF N14 = 1 OR 2 THEN GOTO N15 ELSE GOTO N16

N15**WICAmount**

On average, how much does your household receive in WIC each month?

/"WIC Amount"

N16**UnemployBenefits**

Do you now or have you ever gotten unemployment compensation benefits? If you don't get them, does someone else in your household? Select all that apply.

/"Unemploy Benefits"

Yes, me, currently	1
Yes, someone else in household currently	2
Yes, me, in the past, not currently	3
No	5

IF N16 = 1 OR 2 THEN GOTO N17 ELSE GOTO N18

N17**UnemployAmount**

On average, how much does your household receive in unemployment compensation each month?

/"Unemployment Amount"

N18

ChildcareAssistBenefits

Do you now or have you ever gotten child care assistance benefits? If you don't get them, does someone else in your household? Select all that apply.

QxQ: Assistance could be in the form of a subsidy, voucher, or any form of assistance that reduces the amount they pay for child care.

/"Childcare Benefits"

Yes, me, currently	1
Yes, someone else in household currently	2
Yes, me, in the past, not currently	3
No	5

IF N18 = 1 OR 2 THEN GOTO N19 ELSE GOTO N20

N19

ChildcareAssistAmount

On average, how much does your household receive in child care assistance each month?

/"Childcare Assistance Amount"

N20

SSIBenefits

At the beginning of this survey, you said that you do not currently receive SSI (Supplemental Security Income benefits). Please let me know if someone in your household is currently receiving the benefit or if you have received the benefit in the past. Select all that apply.

/"SSI Benefits"

Yes, someone else in household currently	2
Yes, me, in the past, not currently	3
No	5

IF N20 = 2 THEN GOTO N20a ELSE GOTO N21

N20a

SSIAmount

On average, how much does your household receive in SSI each month?

/"SSI Amount"

N21

SSDBenefits

At the beginning of this survey, you said that you do not currently receive SSDI, Social Security Disability Insurance, benefits. Please let me know if someone in your household is currently receiving the benefit OR if you have received the benefit in the past. Select all that apply.

/"SSD Benefits"

Yes, someone else in household currently	2
Yes, me, in the past, not currently	3
No	5

IF N21 = 2 THEN GOTO N21a ELSE GOTO N22

N21a

SSDAmount

On average, how much does your household receive in Social Security Disability benefits each month?

/"SSD Amount"

N22

SurvivorBen

Do you now or have you ever gotten Social Security Survivor's benefits? If you don't get them, does someone else in your household? Select all that apply.

/"Survivor's Benefits"

Yes, me, currently	1
Yes, someone else in household currently	2
Yes, me, in the past, not currently	3
No	5

IF N22 = 1 OR 2 THEN GOTO N22a ELSE GOTO O1

N22a

SurvivorBenAmt

On average, how much does your household receive in Social Security Survivor's benefits each month?

/"Survivor's Benefits Amount"

Section O: Assets, Savings, and Investments

01

ASIIIntro

Now I'd like to ask you some questions about your household's finances. I want to start by asking about accounts at a bank, savings and loan, or credit union. Please think about any accounts which you own, including joint accounts.

ENTER (1) to continue

/"Assets Savings Investments Intro"

02

CheckingAcct

Do you currently have a checking account at a bank, credit union, or other financial institution? Please include any joint accounts.

/"Checking Account"

Yes	1
No	5

03

SavingsAcct

Do you currently have a savings account at a bank, credit union, or other financial institution? Please include any joint accounts.

/"Savings Account"

Yes	1
No	5

04**CDMoneyMktAcct**

Do you currently have a CD (Certificate of Deposit) or money market fund at a bank, credit union, or other financial institution? Please include any joint accounts.

/"CD Money Market Account"

Yes	1
No	5

05**Coverdell529Acct**

Do you currently have a Coverdell or 529 account at a bank, credit union, or other financial institution? Please include any joint accounts.

QxQ: Coverdell and 529 accounts are savings accounts that are tax free when used to pay for college.

/"Coverdell 529 Account"

Yes	1
No	5

06**OtherAcct**

Do you currently have any other account at a bank, credit union, or other financial institution? Please include any joint accounts.

/"Other Account"

Yes	1	GOTO 06a
No	5	GOTO 07

06a**OtherAcctSpec**

Please specify.

/"Other Account Specify"

PROGRAMMING CHECKPOINT

IF O2 = 1 OR O3 = 1 OR O4 = 1 OR O5 = 1 OR O6 = 1 THEN GOTO O7 ELSE GOTO O8

07

TotalMoneyAccts

About how much money is in these accounts all together?

/"Total Money in Accounts"

IF O7 = DK THEN GOTO O7a ELSE GOTO O7c

07a

TotalMoneyAcctsEst

What is your best estimate of the total amount of money in all checking or savings accounts?

/"Total Money in Accounts Estimate"

Less than \$1,000	1
\$1,000-\$5,000	2
\$5,000-\$15,000	3
\$15,000-\$25,000	4
\$25,000-\$50,000	5
\$50,000-\$100,000	6
\$100,000-\$400,000	7
Over \$400,000	8

07c

IndivJointAccts

Are these accounts jointly shared with others or are they your own individual accounts?

/"Individual or Joint Accounts"

All accounts are individual	1	GOTO O8b
All accounts are shared jointly	2	GOTO O8b
A mix of independent and joint accounts	3	GOTO O7d

07d

JointAccEstimate

What is your best estimate of the total amount of money in the checking or savings accounts you share jointly with someone else?

/"Joint Accounts Estimate"

Less than \$1,000	1
\$1,000-\$5,000	2
\$5,000-\$15,000	3
\$15,000-\$25,000	4
\$25,000-\$50,000	5
\$50,000-\$100,000	6
\$100,000-\$400,000	7
Over \$400,000	8

08b

InvestmentIntro

Now I'd like to ask you some questions about your investments. Please think about any investments which you own or share with others. For example, if you share investments with a partner, spouse, or other person, please account for those in your answers.

[Enter to continue](#)

/"Investment Intro"

09

Investments

For this question, please think about any individual or jointly owned investments you have that are not part of a 401k, IRA, or other retirement fund. Do you have any shares of stock, stock mutual funds, treasury bills, corporate, municipal, government or foreign bonds, or bond funds?

/"Investments"

Yes	1	GOTO O10
No	5	GOTO O13

010

InvestmentVal

What is your best estimate of the total current value of these investments?

/"Investment Value"

[IF O10 = DK THEN GOTO O10a ELSE GOTO O10b](#)

010a

StockMutualFundValEst

Your best guess is fine. What is the total current value of these investments?

/"Stock Mutual Fund Value Estimate"

Less than \$1,000	1
\$1,000-\$5,000	2
\$5,000-\$15,000	3
\$15,000-\$25,000	4
\$25,000-\$50,000	5
\$50,000-\$100,000	6
\$100,000-\$400,000	7
Over \$400,000	8

010b

StockJointShare

Are these investments yours alone? Or do you share them jointly with others?

QxQ: By shared jointly with others, we mean that these investments were made using shared funds and/or you have an understanding with another person or person(s) that these investments are not just for the benefit of the legal owner of the shares, but for more than one person, including yourself

/"Stocks Jointly Shared"

Individual	1	GOTO O13
Joint	2	GOTO O10c

010c

StockJointShareVal

What is your best estimate of the total current value of any of these investments that you share jointly with someone else?

/"Stock Joint Shared Value"

IF O10c = DK THEN GOTO O10d ELSE GOTO O13

010d

StockJointValEst

Your best guess is fine. What is the total current value of these investments that you share jointly with someone else?

/"Stock Joint Value Estimate"

Less than \$1,000	1
\$1,000-\$5,000	2
\$5,000-\$15,000	3
\$15,000-\$25,000	4
\$25,000-\$50,000	5
\$50,000-\$100,000	6
\$100,000-\$400,000	7
Over \$400,000	8

013**RetireAcct**

Do you have any retirement accounts, such as IRAs, KEOGH accounts, 401(k)s, or 403(b)s?

/"Retirement Accounts"

Yes	1
No	5

014**PensionPlan**

Do you have any pension plans?

/"Pension Plans"

Yes	1
No	5

PROGRAMMING CHECKPOINT

IF 013 OR 014 = 1 THEN GOTO 015 ELSE GOTO 016

015**RetirePensionCashOut**

What is your best estimate of the total amount of money you would get if you cashed in all of your individual retirement accounts (such as IRAs, KEOGH accounts, 401(k)s, or 403(b)s), assets in an annuity, or any pension or retirement plans connected with a job)?

/"Retirement Pension Plan Cash Out"

IF 015 = DK THEN GOTO 015a ELSE GOTO 016

015a**RetirePensionCashEst**

Your best guess is fine. What is the total amount of money you would get if you cashed in all of the retirement accounts?

/"Retirement Pension Cash Estimate"

Less than \$1,000	1
\$1,000-\$5,000	2
\$5,000-\$15,000	3
\$15,000-\$25,000	4
\$25,000-\$50,000	5
\$50,000-\$100,000	6
\$100,000-\$400,000	7
Over \$400,000	8

016**RetirePensionShare**

Sometimes people contribute to retirement accounts using shared funds or have an understanding with another person that these retirement accounts are not just for the benefit of the legal account owner, but for more than one person. Does anyone else hold any retirement accounts or pension that you understand would be shared with you?

/"Retire Pension Share"

Yes	1	GOTO O16a
No	2	GOTO O17

016a**RetirePensionShareAmt**

What is your best estimate of the total amount of money held in these shared retirement accounts?

/"Retirement Pension Share Amount"

[IF O16a = DK THEN GOTO O16b ELSE GOTO O17](#)

016b**RetirePensionShareEst**

Your best guess is fine. What is the total amount of money held in these shared retirement accounts?

/"Retirement Pension Share Estimate"

Less than \$1,000	1
\$1,000-\$5,000	2
\$5,000-\$15,000	3
\$15,000-\$25,000	4
\$25,000-\$50,000	5
\$50,000-\$100,000	6
\$100,000-\$400,000	7
Over \$400,000	8

017

OtherInvAccts

Do you have any other types of individual or shared investment accounts that I have not already recorded?

/"Other Investment Accounts"

Yes	1	GOTO 018
No	5	GOTO 019

018

OtherInvAcctsAmt

How much money is in these accounts or investments?

/"Other Investment Accounts Amount"

[IF 018 = DK THEN GOTO 018a ELSE GOTO 018b](#)

018a

OtherInvAcctsEst

Your best guess is fine. What is the total amount of your other investments?

/"Other Investments Amount Estimate"

Less than \$1,000	1
\$1,000-\$5,000	2
\$5,000-\$15,000	3
\$15,000-\$25,000	4
\$25,000-\$50,000	5
\$50,000-\$100,000	6
\$100,000-\$400,000	7
Over \$400,000	8

018b

OtherInvShare

Are these accounts jointly shared with others or are they your own individual accounts?

QxQ: By shared jointly with others, we mean that these accounts are contributed to using shared funds and/or you have an understanding with another person or person(s) that these account(s) are not just for the benefit of the legal owner of the account(s), but for more than one person, including yourself.

/"Other Investments Shared"

All accounts are individual	1	GOTO 019
All accounts are shared jointly	2	GOTO 019
A mix of independent and joint accounts	3	GOTO 018c

018c

OtherInvShareAmt

What is your best estimate of the total value of these accounts you share jointly with someone else?

/"Other Investments Shared Amount"

IF 018c = DK THEN GOTO 018d ELSE GOTO 019

018d

OtherInvShareEst

Your best guess is fine. What is the total value of these accounts you share jointly with someone else?

/"Other Investments Shared Estimate"

Less than \$1,000	1
\$1,000-\$5,000	2
\$5,000-\$15,000	3
\$15,000-\$25,000	4
\$25,000-\$50,000	5
\$50,000-\$100,000	6
\$100,000-\$400,000	7
Over \$400,000	8

PROGRAMMING CHECKPOINT

IF E25 = 5 GOTO GOTO O21
IF E25a = 1 or E25a = 3 GOTO O19
IF E25a = 2 GOTO O20

PROGRAMMING NOTE

Start loop O19-O19d up to the number of vehicles listed in E26

019

VehicleMake

1 of 3

What is the make, model, and year of the **(blank, first/second/third, etc.)** vehicle that your household owns?

Enter the Make of the Vehicle

/"Vehicle Make"

FILL LOGIC

(blank) - use if E26 = 1

(first/second/third) - use in sequential order if E26 >= 2

019a

VehicleModel

2 of 3

Enter the Model of the Vehicle

/"Vehicle Model"

019b

VehicleYear

3 of 3

Enter the Year of the Vehicle

/"Vehicle Year"

019c

VehiclePersonalOwn

Do you personally own or share ownership of this vehicle?

/"Vehicle Personally Own"

Share ownership	1	GOTO O19d
Personally own	5	GOTO O20
Neither own nor share ownership	7	GOTO O20

19d

VehicleOwnShare

How many other people do you personally share *ownership* of this vehicle with?

ENTER number

/"Vehicle Ownership Share"

PROGRAMMING CHECKPOINT:

IF E25a = 3 THEN GOTO O20 ELSE GOTO O21

PROGRAMMING NOTE

Start loop O20-O21b up to the number of vehicles listed in E26a

020

VehicleMakeLease

1 of 3

What is the make, model, and year of the (**blank, first/second/third, etc.**) vehicle that your household leases?

Enter the Make of the Vehicle

/"Vehicle Make Lease"

FILL LOGIC

(blank) - use if E26a = 1

(first/second/third) - use in sequential order if E26a >= 2

020a

VehicleModelLease

2 of 3

Enter the Model of the Vehicle

/"Vehicle Model Lease"

020b

VehicleYearLease

3 of 3

Enter the Year of the Vehicle

/"Vehicle Year Lease"

PROGRAMMING CHECKPOINT

IF E1b = 1 THEN GOTO O21 ELSE GOTO O27

021

YearPurchasedHouseApt

What year did you or another member of your household first acquire your house or apartment?

/"Year Purchased House or Apartment"

022

HouseAptCost

What was the value of your home/apartment when you or another member of your household originally acquired it?

/"House or Apartment Cost"

IF O22 = DK THEN GOTO O22a ELSE GOTO O23

022a

HouseAptCostEst

What is your best estimate of the original value of your house or apartment?

Less than \$50,000	1
\$50,000-\$100,000	2
\$100,000-\$200,000	3
\$200,000-\$300,000	4
\$300,000-\$500,000	5
\$500,000-\$750,000	6
\$750,000-\$1,000,000	7
Over \$1,000,000	8

023

HouseAptRemodel

Have you ever made any major additions or done extensive remodeling to your house or apartment?

/"House or Apartment Remodel"

Yes	1	GOTO O24
No	5	GOTO O24b

024

HouseAptRemodelCost

Roughly what was the total cost of all remodeling or additions to your house or apartment?

/"House or Apartment Remodel Cost"

IF O24 = DK THEN GOTO O24a ELSE GOTO Programming Checkpoint pre-O26

024a

HouseAptRemodelEst

What is your best estimate of the total cost of all remodeling or additions made to your house or apartment?

/"House or Apartment Remodel Estimate"

Less than \$1,000	1
\$1,000-\$5,000	2
\$5,000-\$15,000	3
\$15,000-\$25,000	4
\$25,000-\$50,000	5
\$50,000-\$100,000	6
\$100,000-\$400,000	7
Over \$400,000	8

024b

HouseAptOwnership

Do you personally own or share ownership of this house or apartment?

/"House or Apartment Ownership"

Share	1	GOTO O24c
-------	---	-----------

Personally own 5 GOTO O26
 Neither own nor share ownership 7 GOTO O20

024c

HouseAptOwnershipShare

How many other people do you personally share *ownership* of this house or apartment with?

ENTER number

/"House or Apartment Ownership Share"

PROGRAMMING CHECKPOINT

IF E1c = 1 THEN GOTO O26 ELSE GOTO O27

026

MortHomeDebtAmt

How much is still owed on the mortgage, home equity loan, or similar debt that you or another member of your household has for this home/apartment?

/"Mortgage or Home Debt Amount"

IF O26 = DK THEN GOTO O26a ELSE GOTO O27

026a

MortHomeDebtAmtEst

What is your best estimate of the amount still owed on your mortgage, home equity loan, or similar debt on your home?

/"Mortgage or Home Debt Estimate"

Less than \$50,000	1
\$50,000-\$100,000	2
\$100,000-\$200,000	3
\$200,000-\$300,000	4
\$300,000-\$500,000	5
\$500,000-\$750,000	6
\$750,000-\$1,000,000	7
Over \$1,000,000	8

027

OwnFarmBusiness

Do you and/or another member of your household own part or all of a farm or business?

Yes	1	GOTO O27a
No	5	GOTO O29

027a

FarmBusinessOwnership

Do you personally own or share ownership of this farm or business?

/"Farm Business Ownership"

Own	1	GOTO O28
Share ownership	5	GOTO O27b
Neither own nor share ownership	7	GOTO O28

027b

FarmBusinessOwnershipShare

How many other people do you personally share *ownership* of this farm or business with?

ENTER number

/"Farm Business Ownership Share"

028

SellFarmBusProfit

If you sold this business and any business assets that you or anyone in your household own, and paid off any debts on it, how much profit would you make from the sale?

/"Sell Farm or Business Profit"

[IF O28 = DK THEN GOTO O28a ELSE GOTO O29](#)

028a

SellFarmBusProfEst

What is your best estimate of the total amount you would earn if you sold your farm or business?

/"Sell Farm or Business Profit Estimate"

Less than \$1,000	1
\$1,000-\$5,000	2
\$5,000-\$15,000	3
\$15,000-\$25,000	4
\$25,000-\$50,000	5
\$50,000-\$100,000	6
\$100,000-\$400,000	7
Over \$400,000	8

029

MiscAssets

Do you or anyone else in your household have any other savings or assets that you haven't told me about already – for example tools or equipment, jewelry, artwork, antiques, or anything else you haven't already mentioned?

Yes	1	GOTO O30
No	5	GOTO P1

030

MiscAssetsDesc

What kind of assets are these?

/"Miscellaneous Assets Description"

031

MiscAssetsValue

If you sold all these assets and then paid off any debts on them, about how much money would you get?

/"Miscellaneous Assets Value"

IF O31 = DK THEN GOTO O31a ELSE GOTO P1

031a

MiscAssetsValueEst

What is your best estimate of the amount of other savings or assets you have?

/"Misc Assets Value Estimate"

Less than \$1,000	1
-------------------	---

\$1,000-\$5,000	2
\$5,000-\$15,000	3
\$15,000-\$25,000	4
\$25,000-\$50,000	5
\$50,000-\$100,000	6
\$100,000-\$400,000	7
Over \$400,000	8

Section P: Debt, Credit, and Alternative Financial Services

P1

DebtCredIntro

The next questions are about loans and borrowing.

ENTER (1) to continue

/"Debt Credit Intro"

P2

NumCCardsResp

How many credit cards, charge cards, or store cards do you have? Please do not include debit cards.

/"Number of Credit Cards Respondent"

PROGRAMMING CHECKPOINT

IF P2 >= 1 THEN GOTO P3 ELSE GOTO P9

P3

CCBalancePayFreq

In general, do you almost always, sometimes, or hardly ever pay off the total balance owed on the account(s) each month?

/"Credit Card Balance Payment Frequency"

Always or almost always	1
Sometimes	2
Hardly ever	3

P4**CCBalanceCarryResp**

Last month, did you pay off all your credit card debt or was there an unpaid balance that you carried over to this month?

/"Credit Card Balance Carried Respondent"

Paid off full statement	1
Carried a balance	2

PROGRAMMING CHECKPOINT

IF (CV2 = 1 AND P4 = 1) THEN GOTO P9

IF (CV2 = 1 AND P4 = 2) THEN GOTO P5

IF consent to link to admin data is YES THEN GOTO P21

P5**CCTotalBalResp**

After the last payments were made on the card(s) in your name, roughly what was the total balance still owed on these accounts? Please estimate the total credit card debt from all cards in your name.

NOTE: Credit card "debt" is only the unpaid credit card balance from previous months. It does not include credit card spending during the current payment period.

/"Credit Card Total Balance Resp"

PROGRAMMING CHECKPOINT

IF P5 = DK THEN GOTO P5a ELSE GOTO P9

P5a**CCTotalBalRespEst**

What is your best estimate of the amount of credit card debt on all cards in your name?

/"Credit Card Total Balance Resp Est"

Less than \$1,000	1
\$1,000-\$5,000	2
\$5,000-\$10,000	3
\$10,000-\$15,000	4
\$15,000-\$25,000	5
\$25,000-\$50,000	6

Over \$50,000

P9

VehicleLoan

Do you have a vehicle loan or financing?

/"Vehicle Loans"

Yes	1	GOTO P10
No	5	GOTO P13

P10

NumVehicleLoan

How many vehicle loans do you have? In other words, how many vehicles are you still paying off?

/"Number of Vehicle Loans"

P11

VehicleLoanAmt

In total, how much do you still owe on the loan(s)?

/"Vehicle Loan Amount"

P12

VehicleLoanMinPay

What is your monthly minimum payment? If you have more than one, what is the combined total?

/"Vehicle Loan Minimum Payments"

P13

StudentLoan

Do you have a student loan?

/"Student Loans"

Yes	1	GOTO P14
-----	---	--------------------------

No

5

P14

StudentLoanAmt

In total, how much do you still owe on the student loan(s)?

/“Student Loan Amount”

P15

StudentLoanMinPay

What is your monthly minimum payment? If you have more than one, what is the combined total?

/“Student Loan Minimum Payments”

P16

BankCULoan

Do you have a loan from a bank, credit union, savings and loan, etc.? Please do not include any mortgages, auto loans, or student loans.

/“Bank Credit Union Loans”

Yes

1

GOTOP17

No

5

GOTOP21

P17

NumBankCULoan

How many loans do you have from banks, credit unions, or savings and loan associations?

QxQ: If necessary, remind respondents to exclude mortgages, auto loans, and student loans from this number.

/“Number of Bank Credit Union Loans”

P18

BankCULoanType

What type(s) of loans are they (personal loans, small business or working capital lines of credit loans, commercial loans, etc.)?

/"Type of Bank Credit Union Loans"

P19

BankCULoanAmt

In total, how much do you still owe on the loans(s)?

/"Bank Credit Union Loans Amount"

P20

BankCuLoanMinPay

What is your monthly minimum payment? If you have more than one, what is the combined total?

/"Bank Credit Union Loans Minimum Payment"

P21

FamFriendLoans

Do you have any loans from family, friends, or other informal lenders?

/"Family Friends Loan"

Yes	1	GOTOP22
No	5	GOTOP31

P22

NumFamFriendLoan

How many loans do you currently have from family, friends, or other informal lenders?

/"Number of Family Friends Loans"

P23

FamFriendLoanAmt

In total, how much do you still owe on the loan(s)?

/"Family Friends Loan Amount"

P24

FamFriendLoanPay

How do you repay the loan(s) you have from family, friends, or other informal lenders?

/"Family Friends Loan Payment Method"

Monthly	1	GOTO P25
Whenever I can	2	GOTO P31
I will eventually pay the loan(s) off, but there is no formal repayment structure or agreement	3	GOTO P31
Other – please Specify	7	GOTO P24a

P24a

FamFriendLoanPaySpec

Please specify.

/"Family Friends Loan Payment Specify"

[GOTO P26](#)

P25

FamFriendLoanMinPay

Do you have a monthly minimum payment for loan(s) from family, friends, or other informal lenders?

/"FamFriendLoanMinPay"

Yes	1	GOTO P25a
No	5	GOTO P31

P25a

FamFriendLoanMinAmt

What is the monthly minimum payment?

/"Family Friends Loan Min Pay Amount"

P31

MedicalBills

Do you have any unpaid medical bills? This includes money for visits to the doctor and dentist,

prescription medication, hospital visits, and insurance premiums or co-pays.

/"Medical Bills"

Yes	1	GOTOP32
No	5	GOTOP33

P32

MedicalBillsAmt

About how much do you still owe on all medical debts combined?

/"Medical Bills Amount"

IF P32 = DK THEN GOTO P32a ELSE GOTO P33

P32a

MedBillsAmtEst

What is your best estimate of the total amount of all medical debts combined?

/"Medical Bills Amount Estimate"

Less than \$1,000	1
\$1,000-\$5,000	2
\$5,000-\$10,000	3
\$10,000-\$15,000	4
\$15,000-\$25,000	5
\$25,000-\$50,000	6
Over \$50,000	7

P33

PaydayLoan

During the past 3 years, how many times have you taken out a "payday loan," that is, borrowed money that was supposed to be repaid in full out of your next paycheck? Please do not include personal loans from family members or friends.

/"Payday Loans"

Never	7
1 time	1
2 times	2
3 times	3
4 times	4
5 or more times	5

P34**AutoTitleLoan**

In the past 3 years, how many times have you taken out an auto title loan? Auto title loans are loans where a car title is used to borrow money for a short period of time. They are NOT loans used to purchase an automobile.

Never	7
1 time	1
2 times	2
3 times	3
4 times	4
5 or more times	5

P35**PawnShop**

During the past 3 years, how many times have you sold items at a pawn shop to make ends meet or taken a loan from a pawnbroker using items as collateral?

/"Pawn Shop Loans"

Never	7
1 time	1
2 times	2
3 times	3
4 times	4
5 or more times	5

P36**RefundAnticipation**

During the past 3 years, how many times have you taken out a "refund anticipation loan" on your expected tax refund or gotten an advance on your tax refund from a tax preparer?

Never	7
1 time	1
2 times	2
3 times or more	3

PROGRAMMING CHECKPOINT

IF P33, P34, P35 OR P36 <>7 THEN GOTO P37 ELSE GOTO P38

P37**LoanReason**

If you used a payday loan, title loan, pawn shop, and/or refund anticipation loan, why did you choose this type of loan? Did you choose it to do any of the following...

/"Loan Reasons"

Buy food	1
Buy gas	2
Buy medicine/medical payments	3
Pay utilities	4
Pay rent	5
Pay childcare or other expenses for children	6
Pay vehicle expenses other than gas	7
Pay other bills/loans	8
Pay for a holiday	9
Help family	10
It was an emergency/needed quick money	11
It was convenient	12
It was your only option	13

P38**NonBankFinSvc**

During the past 3 years, how often have you used the services of a check casher or other non-bank financial service provider? Would you say....

/"Non-Bank Financial Service Provider"

Never	7
Once or twice	1
A few times a year	2
Every couple of months	3
About once a month	4
Several times a month	5
Every week (or more)	6

P40**RentToOwn**

During the past 3 years, how many times have you bought anything from a rent-to-own (RTO) business? These places usually sell items such as furniture, computers, appliances, and electronics—under rental-purchase agreements that allow consumers to own the goods at the end of the agreement.

/"Rent to Own"

Never	7
1 time	1
2 times	2
3 times	3
4 times	4
5 or more times	5

P41

OnTimePay

Now thinking of all the various loan, credit card, or bill payments you made during the last year, were all the payments made the way they were scheduled, or were payments on any of your accounts sometimes made later or missed?

/"OnTime Payments"

All paid as scheduled or ahead of schedule	1	GOTO S1
Sometimes got behind or missed payments	2	GOTO P42

P42

TwoMonthsBehind

Were you ever behind in your payments by two months or more?

/"Two Months Behind"

Yes	1
No	5

Section S: Financial Resilience

S1

FinResIntro

Now I will ask you a few more questions about any savings that you might currently have.

[ENTER \(1\) to continue](#)

/"Financial Resilience Intro"

S3**SavingsLast**

Using any savings you have that are not in a retirement account, how long could you make ends meet if your household lost your main source of income due to sickness, job loss, economic downturn, or other emergencies? Please consider the amount of money you would need to cover basic monthly expenses, such as housing, food, taxes, and healthcare.

/"Savings Last"

6 months or more	1
Between 5 and 6 months	2
Between 4 and 5 months	3
Between 3 and 4 months	4
Between 2 and 3 months	5
Between 1 and 2 months	6
Between 2 weeks and 1 month	7
2 weeks or less	8

S4**OtherMoneySrcLast**

Now, if you consider not only your savings but money you get from selling assets or borrowing from a financial institution or friends and family, how long could you make ends meet?

/"Other Money Source Last"

6 months or more	1
Between 5 and 6 months	2
Between 4 and 5 months	3
Between 3 and 4 months	4
Between 2 and 3 months	5
Between 1 and 2 months	6
Between 2 weeks and 1 month	7
2 weeks or less	8

S6**EmerExpPayMeth**

Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, how would you pay for this expense?

/"Emergency Expense Pay Method"

Credit card – pay off next statement	1
Credit card – pay off over time	2
Money in checking/savings or cash	3

Bank loan or line of credit	4
Borrow from a friend or family member	5
Payday loan, deposit advance, overdraft	6
Sell something	7
Couldn't pay	8
Other (please specify)	97

IF S6 = 97 THEN GOTO S6a ELSE GOTO S7

S6a

EmerExpPayMethSpec

Please specify how you would pay for this expense.

/"Emergency Expense Pay Method Specify"

S7

LargeEmerExpAmt

Based on your current financial situation, what is the largest emergency expense that you could pay right now using cash or money in your checking/savings account, while also being able to keep up with your normal expenses and bills? Please give an estimated dollar amount.

/"Largest Emergency Expense Amount"

IF S7 = DK THEN GOTO S7a ELSE GOTO S8

S7a

LargeEmerExpEst

What is your best estimate of the largest emergency expense that you could pay right now using cash or money in your checking/savings account, while also being able to keep up with your normal expenses and bills?

/"Largest Emergency Expense Estimate"

Under \$100	1
\$100 to \$199	2
\$200 to \$299	3
\$300 to \$399	4
\$400-\$699	5
\$700-\$999	6
\$1,000-\$1,499	7
\$1,500-\$1,999	8
\$2,000-\$4,999	9
\$5,000-\$9,999	10

S8

RetireFinConf

How confident are you that your household will have enough money saved for retirement and other long-term opportunities? Are you...

/"Retirement Financial Confidence"

Not at all confident	1
Not too confident	2
Somewhat confident	3
Very confident	4

Section T: Health Insurance

T1

HealthInsIntro

Now I'm going to ask you a few questions about your health and your health insurance. These questions are just about you, and not about anyone else in your household.

ENTER (1) to continue

/"Health Insurance Intro"

T2

HealthInsCover

Are you covered by any kind of health insurance or some other kind of health care plan?

/"Health Insurance Coverage"

Yes	1	GOTO T3
No	5	GOTO U1

T3

HealthInsType

What kind of health insurance or health care coverage do you have? Please select all that apply.

/"Health Insurance Type"

Private health insurance through my employer	1
Private health insurance through my spouse's employer	2
Private health insurance through the Health Insurance Exchanges (e.g. healthcare.gov)	3
Medicaid	4
Military or veterans plan	5
State-sponsored health plan or other government health plan	6
Health insurance through my college or university	7
Another type of health insurance	8

Section U: Last 30 Days Health

U1

GenHealth

In general, would you say your health is...

/"General Health"

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

U2

DaysPhysHlthNotGd

Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health *not* good?

/"Days Physical Health Not Good"

U3

DaysMntlHlthNotGd

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health *not* good?

/"Days Mental Health Not Good"

U4

30DaysIntro

The following questions are about how you have been feeling during the **past 30 days**. The options are all of the time, most of the time, some of the time, a little of the time, or none of the time.

ENTER (1) to continue

/"30 Days Intro"

U5

30DaysNervous

During the past 30 days, how often did you feel nervous?

/"30 Days Nervous"

All of the time	1
Most of the time	2
Some of the time	3
A Little of the time	4
None of the time	5

U6

30DaysHopeless

During the past 30 days, how often did you feel hopeless?

/"30 Days Hopeless"

All of the time	1
Most of the time	2
Some of the time	3
A Little of the time	4
None of the time	5

U7

30DaysRestless

During the past 30 days, how often did you feel restless or fidgety?

/"30 Days Restless Fidgety"

All of the time	1
Most of the time	2
Some of the time	3
A Little of the time	4
None of the time	5

U8

30DaysDepressed

During the past 30 days, how often did you feel so depressed that nothing could cheer you up?

/"30 Days Depressed"

All of the time	1
Most of the time	2
Some of the time	3
A Little of the time	4
None of the time	5

U9

30DaysEffort

During the past 30 days, how often did you feel that everything was an effort?

/"30 Days Effort"

All of the time	1
Most of the time	2
Some of the time	3
A Little of the time	4
None of the time	5

U10

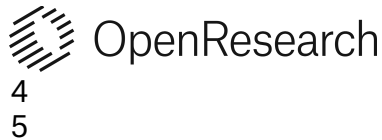
30DaysWorthless

During the past 30 days, how often did you feel worthless?

/"30 Days Worthless"

All of the time	1
Most of the time	2
Some of the time	3

A Little of the time
None of the time



4
5

Section V: Healthcare Utilization and Access

V1

HealthAccessIntro

Now I am going to ask you several questions about your access to healthcare.

ENTER (1) to continue

/"Healthcare Access Intro"

V2

Past12GPVisit

During the past 12 months, have you seen or talked to a general doctor who treats a variety of illnesses such as a primary care doctor, or a doctor in general practice, family medicine, or internal medicine, for your own health?

/"Past 12 Months GP Visit"

Yes	1
No	5

V3

Past12SpecVisit

During the past 12 months, have you seen or talked to a specialist (a physician who specializes in one area of medicine) for your own health?

/"Past 12 Months Specialist Visit"

Yes	1
No	5

V4

Past12OfficeFreq

During the past 12 months, how many times have you seen a doctor or other health care professional about your own health at a doctor's office or clinic? Do not include times you were

hospitalized overnight, visits to hospital emergency rooms, or dental visits.

/"Past 12 Months Office Frequency"

V6

Past12HospFreq

During the past 12 months, how many different times have you been hospitalized overnight or longer? Do not include overnight stays in the emergency room.

/"Past 12 Months Hospital Frequency"

V8

Past12ERFreq

During the past 12 months, how many different times have you gone to the emergency room because of a health problem you had?

/"Past 12 Months ER Frequency"

V11

Past12Surgery

During the past 12 months, have you had surgery or other surgical procedures either as an inpatient or outpatient? This includes both major surgery and minor procedures such as setting bones or removing growths.

/"Past 12 Months Surgery"

Yes	1
No	5

V12

Past12FluVacc

During the past 12 months, have you had a flu shot or nasal spray flu vaccine?

/"Past 12 Months Flu Vaccine"

Yes	1
No	5

IF B15 = 2 THEN GOTO V14 ELSE GOTO V15

V14**Past12PapSmear**

Have you had a Pap smear or Pap test during the past 12 months?

/"Past 12 Months Pap Smear"

Yes	1
No	5

V15**Cholesterol**

Have you ever had your cholesterol checked?

/"Cholesterol Checked"

Yes, within the last year	1
Yes, but it's been more than a year	2
Never	3

V17**MedCostWorry**

How worried are you right now about not being able to pay medical costs for normal health care? Are you...

/"Medical Costs Worry Level"

Very worried	1
Somewhat worried	2
Not too worried	3
Not worried at all	4

V18**Past12ForgoMedCare**

During the past 12 months, was there any time when you needed medical care, but did not get it because you couldn't afford it?

/"Past 12 Months Forgo Medical Care"

Yes	1
No	5

V19

Past12ForgoDentCare

During the past 12 months, was there any time when you needed dental care, but did not get it because you couldn't afford it?

/"Past 12 Months Forgo Dental Care"

Yes	1
No	5

PROGRAMMING CHECKPOINT

IF B25 >= 1 OR B26 >=1 OR B27 >=1 THEN GOTO V20 ELSE GOTO V20a

V20

Past12ForgoDoctor

In the past 12 months, was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost?

/"Past 12 Months Forgo Doctor"

Yes	1
No	5

V20a

Past12TookMeds

During the past 12 months, were there any times when you took prescription medicine or felt as though you needed prescription medicine?

/"Past 12 Month Took Medication"

Yes	1	GOTO V21
No	5	GOTO V27

V21

Past12SkipMeds

During the past 12 months, did you skip medication doses or take less medicine than directed in order to save money?

/"Past 12 Months Skip Medication"

Yes	1
No	5

V23

Past12DelayPrescrp

During the past 12 months, did you delay filling a prescription to save money?

/"Past 12 Months Delay Prescription"

Yes	1
No	5

V24

Past12LowCostMeds

During the past 12 months, did you ask your doctor for a lower cost medication to save money?

/"Past 12 Months Lower Cost Meds"

Yes	1
No	5

V26

Past12AltTherapy

During the past 12 months, did you use alternative therapies such as aromatherapy, essential oils, or other homeopathic remedies to save money?

/"Past 12 Months Alternative Therapy"

Yes	1
No	5

V27

UsualMedCareLoc

Where do you usually go to receive medical care? Please mark only one from this list of options.

/"Usual Medical Care Location"

A private doctor's office or clinic	1
A public health clinic, community health center, or tribal clinic	2

A hospital-based clinic	3
A hospital emergency room	4
An urgent care clinic	5
A VA hospital or clinic	6
I don't have a usual place	7
Campus student health center	8
Some other place not listed here	97

IF V27 = 97 THEN GOTO V27a ELSE GOTO V28

V27a

UsualMedCareLocSpec

Please specify where.

/"Usual Medical Care Location Specify"

V28

PersonalDoctor

Do you have one person you think of as your personal doctor or health care provider?

/"Personal Doctor"

Yes	1
No	5

V29

Past6BorrowSkipPay

In the last 12 months, have you had to borrow money, skip paying other bills, or paid other bills late in order to pay health care bills?

/"Past 6 Months Borrow Skip Pay"

Yes	1
No	5

PROGRAMMING CHECKPOINT

IF B26 OR B27 > 0 THEN GOTO V30 ELSE GOTO Y1

V30

Past12ForgoChildMed

During the past 12 months, was there any time when a child in your household needed medical care, but did not get it because you couldn't afford it or take time off from work?

/"Past 12 Months Forgo Child Medical Care"

Yes	1
No	5

Section Y: Help Given and Received

Y1

HelpIntro

The next questions are about how much help you give to and receive from others.

ENTER (1) to continue

/"Help Intro"

Y2

GiveHelp

Sometimes people give financial help, either to other people they live with or to friends and family outside their household. Did you give any financial help like this in the last 12 months, including loans that have not been paid back? Please do not count financial help to children in your household under the age of 18.

/"Give Help"

Yes	1	GOTO Y3
No	5	GOTO Y5

Y3

GiveHelpNumPpl

How many people did you give financial help to in the past 12 months? If you're not sure please give your best estimate.

/"Give Help Number of People"

Y4**GiveHelpAmt**

What was the total dollar value of all of the financial help that you gave in the past 12 months? If you're not sure please give your best estimate.

/"Give Help Amount"

Y5**GetHelp**

Sometimes people **get** financial help, either from other people they live with or from friends and family outside the household. Did you get any help like this in the last 12 months? Please do not count loans that you will repay.

Yes	1	GOTO Y6
No	5	GOTO Z1

Y6**GetHelpNumPpl**

How many people gave you financial help in the past 12 months? If you're not sure, please give your best estimate.

/"Get Help Number of People"

Y7**GetHelpAmt**

What was the total dollar value of all of the financial help that you received in the past 12 months? If you're not sure, please give your best estimate.

/"Get Help Amount"

Y8**GetHelpRely**

How much do you rely on financial help from others to make ends meet? Would you say...

Completely	1
A great deal	2
A moderate amount	3
A little	4
Not at all	5

Section Z: Risk Preference

Z1

RiskPreference

Each gamble listed on the page pays one amount if a tossed coin comes up heads and a different amount if it comes up tails. For example, if you selected Gamble #3, you would receive \$20 if the coin toss came up heads and \$44 if the coin toss came up “tails.”

Please choose the gamble that you would like to play from the options on the page. Please choose carefully! All participants will be entered into a “lottery” in which randomly selected participants will receive a payment based on their choice. If you are among the winners, your payment will be deposited into your account within the next few days.

/“Risk Preference”

GAMBLE #1:	Heads \$28	Tails \$28	1
GAMBLE #2:	Heads \$24	Tails \$36	2
GAMBLE #3:	Heads \$20	Tails \$44	3
GAMBLE #4:	Heads \$16	Tails \$52	4
GAMBLE #5:	Heads \$12	Tails \$60	5
GAMBLE #6:	Heads \$2	Tails \$70	6
