

Well-Being and Basic Needs Survey

December 2018
Questionnaire

NOTE: The format of the questions in this document do not necessarily reflect the format used in the web-based survey.

This survey focuses on your well-being and the ability of you and your family to meet basic needs. Your participation is important in helping us understand how American families are doing. The survey contains questions on where you live and your health, employment, and family finances. As with all KnowledgePanel® surveys, your response to this survey, or any individual question on the survey, is completely voluntary, and your responses will be kept confidential.

Q1. The following questions ask about you and your household.

Are you now...

Married	1
Widowed	2
Divorced	3
Separated	4
Never married	5

[IF Q1=2-5 OR REFUSED]

Q2. Are you currently living with a partner to whom you are not married?

Yes	1
No	2

Q3. How many people under the age of 19 [IF AGE=18: , other than yourself,] are currently living in your household? Only include people under the age of 19 who are living with you at least 50% of the time.

____ Number of people under the age of 19 [IF AGE=18: other than yourself]

[IF Q3>0; Number of rows based on number in Q3]

Q4. Please tell us the age of each person under the age of 19 currently living in your household [IF AGE=18: (other than yourself)] and your relationship to each person.

	a. What is the person's age?	b. Are you this person's legal guardian?	c. What is your relationship to this person? Are you this person's...
Person 1 under age 19	Person is less than 1 year old 1 year 2 years ... 18 years	1. Yes 2. No	1. Parent (biological, adoptive, step, or foster) 2. Grandparent 3. Brother/Sister 4. Other relative

			5. Not related
Person 2 under age 19	Person is less than 1 year old 1 year 2 years ... 18 years	1. Yes 2. No	1. Parent (biological, adoptive, step, or foster) 2. Grandparent 3. Brother/Sister 4. Other relative 5. Not related

Q5. How many adults age 19 and older [IF AGE=19-64: , other than yourself,] are currently living in your household? Only include adults age 19 and older who are living in your household at least 50% of the time.

_____ Number of adults age 19 and older [IF AGE=19-64: (other than yourself)]

[IF (Q1=1 or Q2=1) and Q5=0]

Q5a. Earlier, you reported that you were [IF Q1=1: married] [IF Q2=1 living with a partner]. Is your [IF Q1=1: spouse] [IF Q2=1: partner] living in your household at least 50% of the time?

Yes 1
No 2

[IF AGE=18 AND Q1 NE 1 AND Q2 NE 1 AND Q4B NE 1 AND Q4C NE 1 AND Q5>0; Number of rows based on number in Q5]

Q6. Please tell us the age of each person age 19 and older currently living in your household and your relationship to each person.

	a. What is the person's age?	b. Is this person your legal guardian?	c. What is your relationship to this person? Are you this person's...
Person 1 age 19 and older	19 years 20 years ... 120 years	1. Yes 2. No	1. Child (biological, adoptive, step, or foster) 2. Grandchild 3. Brother/Sister 4. Other relative 5. Not related
Person 2 age 19 and older	19 years 20 years ... 120 years	1. Yes 2. No	1. Child (biological, adoptive, step, or foster) 2. Grandchild 3. Brother/Sister 4. Other relative 5. Not related

IF AGE = 19-64 OR Q1=1 OR Q2=1 OR Q4B=1 OR Q4C=1; DOV_BASEGROUP=1;
ELSE DOV_BASEGROUP=2

IF DOV_BASEGROUP=1:
DOV_FAMSIZE=RESPONDENT (1) + SPOUSE/PARTNER (1; IF Q1=1 OR Q2=1) + NUMBER OF OWN CHILDREN (IF Q4B=1 OR Q4C=1)

IF DOV_BASEGROUP =2:
DOV_FAMSIZE=RESPONDENT (1) + NUMBER OF SIBLINGS (IF Q4C=3) + NUMBER OF PARENTS (IF Q6B=1 OR Q6C=1)

IF AGE=19-64 THEN DOV_NUMCHILD_HH_0_18=NUMBER OF CHILDREN FROM Q3
IF AGE=18 THEN DOV_NUMCHILD_HH_0_18=1 + NUMBER OF CHILDREN FROM Q3

DOV_NUMCHILD_HH_0_6=NUMBER OF CHILDREN IN Q4 IF Q4A=0-6

IF AGE=19-64: DOV_NUMCHILD_HH_5_18=(NUMBER OF CHILDREN IN Q4 IF Q4A=5-18)
IF AGE=18: DOV_NUMCHILD_HH_5_18=RESPONDENT (1) + (NUMBER OF CHILDREN IN Q4
IF Q4A=5-18)

DOV_NUMPEOPLE_HH_18PL = RESPONDENT (1) + (NUMBER OF ADULTS IN Q5 +
SPOUSE/PARTNER IF Q5A=1) + (NUMBER OF CHILDREN IN Q4 IF Q4A=18)

IF AGE=19-64: DOV_NUMPEOPLE_HH_19PL = RESPONDENT (1) + (NUMBER OF ADULTS IN
Q5 + SPOUSE/PARTNER IF Q5A=1)
IF AGE=18: DOV_NUMPEOPLE_HH_19PL = (NUMBER OF ADULTS IN Q5 +
SPOUSE/PARTNER IF Q5A=1)

The following questions ask about the house, apartment, or other place where you live. For these questions, please think about your household, which would include you and anyone living with you at least 50% of the time.

Q8. Is the place where you live...

Owned or being bought by you or someone in your household?	1
Rented?	2
Occupied without payment of rent?	3

[IF Q8=1]

Q9. Do you or any member of your household have a mortgage, deed of trust, contract to purchase, or similar debt on this property?

Yes, mortgage, deed of trust, or similar debt	1
Yes, contract to purchase	2
No	3

[IF Q8=1]

Q10A. How much is the regular monthly payment on this property, including mortgage payments, second mortgage or home equity loan payments, real estate taxes, insurance, and condominium fees? Your best guess is fine.

Monthly amount: \$_____

or

No regular payment required

[IF Q8=2]

Q10B. What is the monthly rent for the place where you live? Your best guess is fine.

Monthly amount: \$_____

Q10C. **Last month**, what was the total cost of electricity, gas, and any other fuel used in the place where you live? Your best guess is fine.

Last month's cost: \$ _____

or

All costs are included in the rent or condominium fee
 No charge, or electricity, gas, and other fuel not used

Q10D. **In the past 12 months**, what was the cost of water and sewer for the place where you live? If you have lived here less than 12 months, estimate the cost. Your best guess is fine.

Past 12 months' cost: \$ _____

or

All costs are included in the rent or condominium fee
 No charge

[IF Q8=2 OR 3]

Q11. Is your household paying lower rent because the federal, state, or local government is paying part of the cost?

Yes 1
 No 2
 Don't know 3

Q12. Was there any time in the past 12 months, that is, since [CURRENT MONTH] [CURRENT YEAR-1], when:

	Yes	No
a. Your household did not pay the full amount of the rent or mortgage or was late with a payment because your household could not afford to pay?	1	2
b. Your household was not able to pay the full amount of the gas, oil, or electricity bills?	1	2
c. The gas or electric company turned off service, or the oil company would not deliver oil?	1	2

Q16. Have you moved within the past 12 months?

Yes, moved once 1
 Yes, moved two or more times 2
 No, have not moved 3

[IF Q3 NE 0 (UNLESS (ALL Q4B=2 AND ALL Q4C=2-5) OR DOV_BASEGROUP=2)]

Q16c. Did any of your children change schools more than once in the past 12 months?

Yes 1
 No 2

[IF Q16=1 OR 2]

Q17. In the past 12 months, have you been forced to move by a landlord, by a bank or other financial institution, by the government, or because of a disaster or fire? Check all that apply.

- | | |
|---|---|
| Yes, by a landlord | 1 |
| Yes, by a bank or other financial institution | 2 |
| Yes, by the government | 3 |
| Yes, because of a disaster or fire | 4 |
| No, did not move for any of these reasons | 5 |

Q17A. At any time in the past 12 months, have you **not** had a place of your own to stay?

- | | |
|-----|---|
| Yes | 1 |
| No | 2 |

[IF Q17A =1]

Q17B. In the past 12 months when you have not had a place of your own to stay, where else have you stayed? Check all that apply.

- | | |
|----------------------------------|---|
| With friends or relatives | 1 |
| On the street | 2 |
| In a shelter or homeless program | 3 |
| In an abandoned building | 4 |
| In a vehicle | 5 |
| In a hotel or motel | 6 |
| Other (please specify): _____ | 7 |

Q17C. Is anyone temporarily staying in your current home because of financial difficulties? (Include yourself.)

- | | |
|------------|---|
| Yes | 1 |
| No | 2 |
| Don't know | 3 |

The next questions are about the food eaten in your household in the last 12 months, since [CURRENT MONTH] of last year, and whether you were able to afford the food you need.

Q20. The following are statements that people have made about their food situation. For these statements, please indicate whether the statement was often true, sometimes true, or never true for [IF NUMPEOPLE_HH_18PL=1: you; IF NUMPEOPLE_HH_18PL>1: your household] in the last 12 months, that is, since [CURRENT MONTH] of last year.

“The food that [IF NUMPEOPLE_HH_18PL=1: I; IF NUMPEOPLE_HH_18PL>1: we] bought just didn't last, and [IF NUMPEOPLE_HH_18PL=1: I; IF NUMPEOPLE_HH_18PL>1: we] didn't have money to get more.”

Was that often, sometimes, or never true for [IF NUMPEOPLE_HH_18PL=1: you; IF NUMPEOPLE_HH_18PL>1: your household] in the last 12 months?

- | | |
|----------------|---|
| Often true | 1 |
| Sometimes true | 2 |
| Never true | 3 |
| Don't know | 4 |

Q21. “[IF NUMPEOPLE_HH_18PL=1: I; IF NUMPEOPLE_HH_18PL>1: We] couldn’t afford to eat balanced meals.”

Was that often, sometimes, or never true for [IF NUMPEOPLE_HH_18PL=1: you; IF NUMPEOPLE_HH_18PL>1: your household] in the last 12 months?

Often true	1
Sometimes true	2
Never true	3
Don’t know	4

Q22. In the last 12 months, since last [CURRENT MONTH], did [IF NUMPEOPLE_HH_18PL=1: you; IF NUMPEOPLE_HH_18PL>1: you or other adults in your household] ever cut the size of your meals or skip meals because there wasn't enough money for food?

Yes	1
No	2
Don’t know	3

[IF Q22=1]

Q22a. How often did this happen: almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month	1
Some months but not every month	2
Only 1 or 2 months	3
Don’t know	4

Q23. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

Yes	1
No	2
Don’t know	3

Q24. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

Yes	1
No	2
Don’t know	3

Q25. Sometimes people need help getting food for their household. There are many programs in the community that can help.

During the past 30 days, have you or anyone in your household gotten **free groceries** from a food pantry, food bank, church, or other place that helps with free food? Include any free food you plan to receive today.

Yes	1
No	2

Q26. During the past 30 days, have you or anyone in your household received a **free meal** from a church, shelter, home-delivered meal service like Meals on Wheels, or other place that helps with free meals? Include any free food you plan to receive today.

Yes	1
No	2

The next questions focus on your health status and health care experiences.

Q27. In general, would you say your health is:

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

Q28. Do you have a physical or mental condition, impairment, or disability that affects your daily activities OR that requires you to use special equipment or devices, such as a wheelchair, TDD or communication device?

Yes	1
No	2

[If Q28=1]

Q28A. Because of a physical or mental condition, impairment, or disability, do you have difficulty doing any of the following activities by yourself:

	Yes	No
a. Managing your money, such as keeping track of expenses or paying bills	1	2
b. Preparing meals	1	2
c. Doing errands alone such as visiting a doctor's office or shopping	1	2
d. Eating	1	2
e. Bathing or dressing	1	2
f. Walking	1	2
g. Getting in and out of bed or a chair	1	2
h. Doing light housework such as washing dishes or sweeping a floor	1	2
i. Visiting friends or participating in social activities	1	2

[IF ANY ITEM IN Q28A=1]

Q28B. Do you need help from another person with any of the following activities:

	Yes	No
a. [if Q28A_a=1] Managing your money, such as keeping track of expenses or paying bills	1	2
b. [if Q28A_b=1] Preparing meals	1	2
c. [if Q28A_c=1] Doing errands alone such as visiting a doctor's office or shopping	1	2
d. [if Q28A_d=1] Eating	1	2
e. [if Q28A_e=1] Bathing or dressing	1	2
f. [if Q28A_f=1] Walking	1	2
g. [if Q28A_g=1] Getting in and out of bed or a chair	1	2

h. [if Q28A_h=1] Doing light housework such as washing dishes or sweeping a floor	1	2
i. [if Q28A_i=1] Visiting friends or participating in social activities	1	2

[IF ANY ITEM IN Q28B=1; SHOW ONLY SELECTED ITEMS]

Q28C. Who generally helps with these activities? Check all that apply.

	A family member	A friend or neighbor	Other volunteer	Paid help	I do not receive any help
a. [if Q28B_a=1] Managing your money, such as keeping track of expenses or paying bills	1	2	3	4	5
b. [if Q28B_b=1] Preparing meals	1	2	3	4	5
c. [if Q28B_c=1] Doing errands alone such as visiting a doctor's office or shopping	1	2	3	4	5
d. [if Q28B_d=1] Eating	1	2	3	4	5
e. [if Q28B_e=1] Bathing or dressing	1	2	3	4	5
f. [if Q28B_f=1] Walking	1	2	3	4	5
g. [if Q28B_g=1] Getting in and out of bed or a chair	1	2	3	4	5
h. [if Q28B_h=1] Doing light housework such as washing dishes or sweeping a floor	1	2	3	4	5
i. [if Q28B_i=1] Visiting friends or participating in social activities	1	2	3	4	5

Q28D. Do any of the following people in your household have a physical or mental condition, impairment, or disability that affects their daily activities or that requires them to use special equipment or devices such as a wheelchair, TDD, or communication device?

	Yes	No
1. [if Q1=1 or Q2=1]: Your [if Q1=1: spouse] [if Q2=1: partner]	1	2
2. [if Q3 NE 0, (unless (all Q4B=2 and all Q4C=2-5) or DOV_BASEGROUP=2)]: Your children	1	2
3. [if Q1=1 or Q2=1 or Q4B=1 or refused or Q4C=1 or refused: Other relatives] [else: Relatives] who are living with you	1	2
4. Nonrelatives who are living with you	1	2

Q29. Do you currently have a health condition that has lasted for a year or more or is expected to last for a year or more?

This could be a physical health condition (such as arthritis, asthma, cancer, diabetes, heart disease, high cholesterol, hypertension or stroke), a behavioral health or mental health condition, or a developmental disability.

- | | |
|------------------------------|---|
| Yes, one condition | 1 |
| Yes, more than one condition | 2 |
| No | 3 |

Q30. During the past 30 days, about how often did you feel:

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. nervous?	0	1	2	3	4
b. hopeless?	0	1	2	3	4
c. restless or fidgety?	0	1	2	3	4
d. so sad that nothing could cheer you up?	0	1	2	3	4
e. that everything was an effort?	0	1	2	3	4
f. worthless?	0	1	2	3	4

Q31. The next question asks about your health insurance or health coverage plans. In answering this question, please **exclude** plans that pay for only one type of service (such as nursing home care, accidents, family planning, vision or dental care) and plans that only provide extra cash when hospitalized.

Are you **currently** covered by any of the following types of health insurance or health coverage plans?

	Covered	Not Covered	Not Sure
a. Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage	1	2	3
b. Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as Healthcare.gov [IF RESPONDENT LIVES IN STATE WITH SPECIFIC NAME: or (PROGRAM NAME)]	1	2	3
c. Medicare, for people 65 and older, or people with certain disabilities	1	2	3
d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability. [IF RESPONDENT LIVES IN STATE WITH SPECIFIC NAME: You may know this type of coverage as (PROGRAM NAME).]	1	2	3
e. TRICARE or other military health care, including VA health care	1	2	3
f. Indian Health Service	1	2	3
g. Any other type of health insurance coverage or health coverage plan	1	2	3

[IF "COVERED" NOT SELECTED FOR ANY ITEM IN Q31]

Q32. Does this mean you currently have **no** health insurance or health coverage plan?

In answering this question, please **exclude** plans that pay for only one type of service (such as, nursing home care, accidents, family planning, or vision or dental care) and plans that only provide extra cash when hospitalized.

I do NOT have health insurance 1
 I HAVE some kind of health insurance 2

[IF Q31G=1 OR Q32=2]

Q32a. What type of health insurance do you have?

Q33. Thinking about your health insurance coverage over the **past 12 months**, how many months were you insured since [CURRENT MONTH] [CURRENT YEAR-1]? Your best estimate is fine.

I was insured all 12 months	1
I was insured 6 to 11 months	2
I was insured 1 to 5 months	3
I did not have health insurance at all over the past 12 months	4

Q34. Thinking about your health care experiences over the **past 12 months**, that is, since [CURRENT MONTH] [CURRENT YEAR-1], was there any time when you needed medical care but did **not** get it because you couldn't afford it?

This would include general doctor care, specialist care, prescription drugs, medical tests, treatment or follow-up care, dental care, mental health care or counseling, or treatment or counseling for alcohol or drug use.

Yes	1
No	2

Q35. In the past 12 months, did you or anyone in your family have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home, or home care.

For this question, we're interested in your immediate family, which would include you, [IF DOV_BASEGROUP=1: your spouse or partner (if applicable), and any of your children or stepchildren under 19 who are living with you.] [IF DOV_BASEGROUP=2: any of your parents who are living with you, and any of your siblings under 19 who are living with you.]

Yes	1
No	2

The next few questions ask about your employment.

Q37. Are you currently working for pay or self-employed?

Yes, working for pay or self-employed	1
No, not working	2

[IF Q37=2]

Q37A. Are you on temporary layoff from a job?

Yes	1
No	2

[IF Q37A=1]

Q37B. Has your employer either given you a date to return to work or indicated you will be recalled to work within the next 6 months?

Yes	1
No	2

[IF Q37=1]

Q39. Do you have more than one job, including part time, evening, or weekend work? Do not include unpaid or volunteer work.

Yes, more than one job	1
No, I have one job	2

[IF Q37=1]

Q39A. [if Q39=1: Thinking about your **main job**, are] [if Q39 NE 1: Are] you working for an employer or are you self-employed?

Working for an employer [if Q39=1: at main job]	1
Self-employed [if Q39=1: at main job]	2

[IF Q37=1]

Q40. How many hours per week do you usually work at your [IF Q39=1: **main**] job?

____ hours each week
Hours vary each week

[IF Q39=1]

Q41. How many hours per week do you usually work at all of your **other** jobs?

____ hours each week
Hours vary each week

[Q40="HOURS VARY" OR Q41= "HOURS VARY") AND (Q41< 35 OR REFUSED) AND (Q40<35 OR REFUSED]

Q42. Do you usually work 35 hours or more per week at [IF Q39=2 OR REFUSED: your job] [IF Q39=1: all your jobs combined]?

Yes	1
No	2

[if Q37=1 and Q39A=1]

Q42A. In the last month, what is the **greatest number of hours** you've worked in a week at your [IF Q39=1: main] job? Please consider all hours, including any extra hours, overtime, or work you did at home.

____hours

[IF Q37=1 and Q39A=1]

Q42B. In the last month, what is the **fewest number of hours** you've worked in a week at your [IF Q39=1: main] job? Please do not include weeks in which you missed work because of illness or vacation.

___hours

[IF Q37=1 and Q39A=1]

Q42C. [IF Q39=1: Thinking about your **main job**, which] [IF Q39 NE 1: Which] of the following best describes your work schedule?

- Regular daytime schedule (anytime between 6 AM to 6 PM) 1
- Regular evening shift (anytime between 2 PM and midnight) 2
- Regular night shift (anytime between 9 PM to 8 AM) 3
- A rotating shift – one that changes regularly from days to evenings or nights 4
- A split shift – one consisting of two distinct periods each day 5
- An irregular schedule – one that changes from day to day 6
- Some other shift 7

[IF Q37=1 and Q39A=1]

Q42D. [IF Q39=1: Thinking about your **main job**, how] [IF Q39 NE 1: How] far in advance do you usually know what days and hours you will need to work?

- One day or less in advance 1
- 2 to 3 days in advance 2
- 4 to 7 days in advance 3
- Between 1 and 2 weeks in advance 4
- Between 3 and 4 weeks in advance 5
- 4 or more weeks in advance 6
- My schedule never changes 7

[IF Q37=1 and Q39A=1]

Q42E. Please tell us how much input you have into your work schedule [IF Q39=1: at your **main job**]. How much input do you feel you have into the following?

	A lot of input	Some input	A little input	No input at all
a. The days you have off each week	1	2	3	4
b. The days you work each week	1	2	3	4
c. When you begin and end each workday	1	2	3	4
d. The total number of hours you work each week	1	2	3	4

[IF Q37=1 and Q39A=1]

Q42F. [IF Q39=1: Thinking about your **main job**, are] [IF Q39 NE 1: Are] you salaried, paid by the hour, or paid some other way?

- Salaried 1
- Paid by the hour 2
- Paid some other way (please specify):_____ 3

[IF Q37=2 AND ((Q37A=2 OR REFUSED) OR (Q37B=2 OR REFUSED))]

Q43. Have you actively looked for work in the last 4 weeks? Some examples of actively looking for work would include applying for jobs, sending out resumes, or going to job interviews.

Yes 1
No 2

[IF Q43=2]

Q43A. Do you currently want a job, either full or part time?

Yes 1
No 2

[IF Q43=2]

Q44. What is the main reason you did not actively look for work in the last 4 weeks?

No work is available 1
Cannot arrange child care 2
Other family responsibilities 3
In school or other training 4
Health problem or disability 5
Transportation problems 6
Retired 7
Other (specify): _____ 8

[IF Q37=1 OR (Q37A=1 AND Q37B=1)]

Q46. Do you work for pay for as many hours as you would like?

Yes, I work for pay for as many hours as I would like 1
No, I would prefer to work more hours 2
No, I would prefer to work fewer hours 3

[IF Q46=2 OR Q43=1 OR Q43A=1]

Q47. How much do each of the following impact your ability to work for pay or work as much as you would like?

	No impact	Minor impact	Moderate impact	Severe impact
a. Child care responsibilities	1	2	3	4
b. Caretaking responsibilities for someone other than a child (such as a parent, spouse or partner, or other adult family member or friend)	1	2	3	4
c. Health problems of your own	1	2	3	4
d. Difficulty arranging transportation to or from work	1	2	3	4
e. [IF (Q37=1 OR (Q37A=1 AND Q37B=1)) UNLESS Q39=2 AND Q39A=2] Employer's restrictions on how many hours you work	1	2	3	4
f. [IF (Q37=1 OR (Q37A=1 AND Q37B=1)) UNLESS Q39=2 AND Q39A=2] Employer sets or schedules the times or shifts that you work	1	2	3	4

[IF Q1=1 OR Q2=1]

Q45. Is your spouse or partner currently working for pay or self-employed?

- Yes, spouse or partner is working for pay or self-employed 1
- No, spouse or partner is not working 2

Q51. [IF DOV_BASEGROUP=1: We're interested in your family's income, which would include your income **PLUS** the income of your spouse or partner (if applicable) and any of your children or stepchildren under 19 who are living with you. [IF NUMPEOPLE_HH_19PL>2]: Do not include the income of other adults in your household who are not you or your spouse or partner.]

[IF DOV_BASEGROUP=2: We're interested in your family's income, which would include your income **PLUS** the income of any of your parents who are living with you, and any of your siblings under 19 who are living with you. [IF NUMPEOPLE_HH_19PL>2]: Do not include the income of adults age 19 and older in your household who are not you or your parents.]

Please mark the category that best describes your **family's** total income over the last year before taxes and other deductions. Your best estimate is fine.

1. [<50% FPL] Below \$[fill from table]
2. [50% to <100% FPL] At or above \$[fill from table] and less than \$[fill from table]
3. [100% to <150% FPL] At or above \$[fill from table] and less than \$[fill from table]
4. [150% to <200% FPL] At or above \$[fill from table] and less than \$[fill from table]
5. [200% to <250% FPL] At or above \$[fill from table] and less than \$[fill from table]
6. [250% to <300% FPL] At or above \$[fill from table] and less than \$[fill from table]
7. [300% to <400% FPL] At or above \$[fill from table] and less than \$[fill from table]
8. [400% to <500% FPL] At or above \$[fill from table] and less than \$[fill from table]
9. [500% to <600% FPL] At or above \$[fill from table] and less than \$[fill from table]
10. [600% FPL or more] At or above \$[fill from table]

	50% FPL	100% FPL	150% FPL	200% FPL	250% FPL	300% FPL	400% FPL	500% FPL	600% FPL
1 person	6,100	12,200	18,300	24,300	30,400	36,500	48,600	60,700	72,900
2	8,300	16,500	24,700	33,000	41,200	49,400	65,900	82,300	98,800
3	10,400	20,800	31,200	41,600	52,000	62,400	83,200	103,900	124,700
4	12,600	25,100	37,700	50,200	62,800	75,300	100,400	125,500	150,600
5	14,800	29,500	44,200	58,900	73,600	88,300	117,500	147,100	176,600
6	16,900	33,800	50,700	67,500	84,400	101,300	135,000	168,700	202,500
7	19,100	38,100	57,100	76,200	95,200	114,200	152,300	190,300	228,400
8	21,200	42,400	63,600	84,800	106,000	127,200	169,600	211,900	254,300
9	23,400	46,700	70,100	93,400	116,800	140,100	186,800	233,500	280,200
10 or more people	25,600	51,100	76,600	102,100	127,600	153,100	204,100	255,100	306,200

Q52. In the past 12 months, which of the following best describes how your family's income changed from month to month, if at all?

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

[ASK UNLESS (Q51=8-10 AND NO ITEMS REFUSED IN Q1-Q6)]

Q53. The next question asks about public benefits you or your family may have received in the past 12 months. Did you or anyone in your family receive the following benefits at any time since [CURRENT MONTH] [CURRENT YEAR-1]? [IF DOV_BASEGROUP=1: Please include benefits received by you, your spouse or partner (if applicable) and any of your children or stepchildren under 19 who are living with you.] [IF DOV_BASEGROUP=2: Please include benefits received by you, any of your parents who are living with you, and any of your siblings under 19 who are living with you.]

	Yes	No	Don't know
a. The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program. [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES: You may know this program as [PROGRAM NAME]].	1	2	3
b. [IF Q31D=2,3,OR REFUSED] Medicaid, Medical Assistance, the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability. [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES: You may know this program as [PROGRAM NAME]].	1	2	3
c. [IF NUMCHILD_HH_0-6>0] Help paying for child care from a government agency	1	2	3
d. [IF NUMCHILD_HH_5-18>0] Free or reduced price school lunches through the Federal School Lunch Program	1	2	3
e. [IF NUMCHILD_HH_0-6>0] Women, Infants, and Children (WIC) nutrition program	1	2	3
f. [IF Q11 NE 1] A federal, state, or local government housing program that lowers your rent, such as a housing voucher or public housing	1	2	3
g. The Low Income Home Energy Assistance Program (LIHEAP), which helps pay heating and cooling costs	1	2	3
h. Cash assistance from a state or county welfare program, including Temporary Assistance for Needy Families (TANF) [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: , which you may know as [INSERT PROGRAM NAME] in your state.]	1	2	3
i. Supplemental Security Income (SSI), which provides cash assistance to low-income aged, blind and disabled persons	1	2	3
j. Social Security Disability Income (SSDI), which provides cash assistance to disabled adults with longer work histories	1	2	3

[IF Q53_i=1]

Q53_1. Who in your family received Supplemental Security Income (SSI)? Check all that apply.

- Yourself 1
- Another family member 2

[IF Q53_J=1]

Q53_2. Who in your family received Social Security Disability Income (SSDI)? Check all that apply.

- Yourself 1
- Another family member 2

[IF Q53a, b, or f=1 or Q31D=1 or Q11=1, UNLESS (Q51=8-10 AND NO ITEMS REFUSED IN Q1-Q6)]
 Q54. In the past 12 months, have any of the following public benefits that you or your family received been stopped or interrupted, even for a few months?

	Yes	No
a. [IF Q53A=1] The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program. [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES: You may know this program as [PROGRAM NAME]].	1	2
b. [IF Q53B=1 OR Q31D=1] Medicaid, Medical Assistance, the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability. [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES: You may know this program as [PROGRAM NAME]].	1	2
g. [IF Q53F=1 OR Q11=1] A federal, state, or local government housing program that lowers your rent, such as a housing voucher or public housing	1	2

[IF Q54A=1]

Q55A. Which of the following are reasons why the Supplemental Nutrition Assistance Program (SNAP) benefits that you or your family received in the past 12 months were stopped or interrupted? Check all that apply.

- No longer eligible because of increase in income 1
- Did not meet other program requirements 2
- Had problems submitting paperwork 3
- Too much hassle to stay enrolled 4
- Other reason (please specify) 5

[IF Q54B=1]

Q55B. Which of the following are reasons why the Medicaid, Medical Assistance, CHIP or other health insurance that you or your family received in the past 12 months was stopped or interrupted? Check all that apply.

- Enrolled in other coverage 1
- No longer eligible because of increase in income 2
- Did not meet other program requirements 3
- Had problems submitting paperwork 4
- Too much hassle to stay enrolled 5
- Other reason (please specify) 6

[IF Q3 NE 0 AND ANY ITEM IN Q4A=less than one year to 12 years old, (UNLESS (ALL Q4B=2 AND ALL Q4C=2-5) OR DOV_BASEGROUP=2)]

Q56A. How much of the time during the past month have you:

	All of the time	Most of the time	Some of the time	None of the time
a. Felt your children are much harder to care for than most?	1	2	3	4
b. Felt your children do things that really bother you a lot?	1	2	3	4
c. Felt you are giving up more of your life to meet your children's needs than you ever expected?	1	2	3	4
d. Felt angry with your children?	1	2	3	4

[Randomly assign to 50% of sample]

Q70. Have you ever personally experienced discrimination in any of the following situations?

	Yes	No
1. At a doctor's office, clinic, or hospital	1	2
2. At work	1	2
3. When applying for jobs	1	2
4. When trying to rent a room or apartment or buy a house	1	2
5. When interacting with police or law enforcement	1	2
6. When applying for social services or public assistance	1	2
7. At a restaurant or store	1	2

[IF Q70_2=1 or Q70_3=1]

Q70A. Which of these are reasons why you experienced discrimination [if Q70=2 and Q70 NE 3: at work] [if Q70=3 and Q70 NE 2: when applying for jobs] [if Q70=2 and Q70=3: at work or when applying for jobs]? Check all that apply.

Your race or ethnicity	1
Your nationality	2
Your ability to speak English	3
Your personal or religious beliefs	4
Your gender	5
Your sexual orientation or gender identity	6
Some other reason	7

[IF Q70_4=1]

Q70B. Which of these are reasons why you experienced discrimination when trying to rent a room or apartment or buy a house? Check all that apply.

Your race or ethnicity	1
Your nationality	2
Your ability to speak English	3
Your personal or religious beliefs	4
Your gender	5
Your sexual orientation or gender identity	6
Some other reason	7

[Randomly assign to 50% of sample]

Q57. The next question is about financial services you or anyone in your family may have used. [IF DOV_BASEGROUP=1: Your family would include you, your spouse or partner (if applicable) and any of your children or stepchildren under 19 who are living with you.] [IF DOV_BASEGROUP=2: Your family would include you, any of your parents who are living with you, and any of your siblings under 19 who are living with you.]

In the past 12 months, that is, since [CURRENT MONTH] [CURRENT YEAR-1], have you or anyone in your family:

	Yes	No
a. Taken out a payday loan or used payday advance services?	1	2
b. 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.	1	2
c. Sold items at a pawn shop?	1	2
d. Gone to a check cashing store to cash checks?	1	2

e. Made an early withdrawal of funds from a retirement savings plan?	1	2
f. Missed a payment on a credit card?	1	2
g. Missed a payment on a loan (do not include missed payments on a mortgage)?	1	2
h. Overdrawn a checking account?	1	2
i. Been contacted by a debt collection agency?	1	2

[IF Q57G=1]

Q59. Which types of loans did you or a member of your family miss a payment on? Check all that apply.

- Student loan 1
- Car/auto loan 2
- Personal loan from a bank 3
- Business loan 4
- Other (please specify): _____ 5

Q61. In the past 12 months, have you and your family experienced a large drop in income which you did not expect?

- Yes 1
- No 2
- Don't know 3

Q62. In the past 12 months, have you and your family experienced a large expense which you did not expect?

- Yes 1
- No 2
- Don't know 3

Q65. How confident are you that you could come up with \$400 if an unexpected expense arose within the next month?

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

In the next section, we will ask whether an addiction or substance use disorder has affected you or someone you know. We know that this information is personal, and your responses to these questions are completely voluntary. Please remember your answers will be kept confidential. The answers that people give us about addiction or substance use disorder are important to this study's success.

Q67. Have you, a family member, or a close friend **ever**...

	Yes	No
a. Taken a prescription painkiller (such as Oxycontin, Percocet or Vicodin) without a prescription	1	2
b. Been addicted to prescription painkillers or heroin	1	2
c. Been addicted to alcohol or drugs other than prescription painkillers or heroin	1	2

d. Even once taken any drugs by injection with a needle like heroin, cocaine, amphetamines, or steroids. Do not include anything taken under a doctor's orders.	1	2
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[IF Q67B=1]

Q68A. Who do you know who has ever been addicted to prescription painkillers or heroin?

	Yes	No
a. Yourself	1	2
b. A family member	1	2
c. A close friend	1	2

[IF Q67C=1]

Q68B. Who do you know who has ever been addicted to alcohol or drugs other than prescription painkillers or heroin?

	Yes	No
a. Yourself	1	2
b. A family member	1	2
c. A close friend	1	2

[IF Q68A_A=1 or Q68B_A=1]

[ORDER OF RESPONSE ITEMS IS RANDOMIZED]

Q69. Has your addiction or substance use disorder had a negative impact on any of the following?

	Yes	No
a. Your mental health	1	2
b. Your physical health	1	2
c. Your physical safety	1	2
d. Children in your family	1	2
e. Your education or school achievement	1	2
f. Your job or finances	1	2
g. Your housing	1	2
h. Your personal relationships	1	2
i. Your involvement with the criminal justice system	1	2

The next questions ask about citizenship and immigration. Your responses to these questions are completely voluntary. Please remember your answers will be kept confidential. The answers that people give us to these questions are important to this study's success.

Q71. Are you a citizen of the United States?

- Yes, born in the United States 1
- Yes, born in Puerto Rico, Guam, the US Virgin Islands, or Northern Marianas 2
- Yes, born abroad of US citizen parent or parents 3
- Yes, US citizen by naturalization 4
- No, not a US citizen 5

[IF Q71=4 or 5]

Q71A. On which continent were you born?

- North America (including Central America and the Caribbean) 1
- South America 2
- Europe 3

Africa	4
Asia (including the Middle East)	5
Australia and Oceania	6

[IF Q71=4 or 5]

Q71B. In which country or territory were you born?

Show if Q71A=1:

Anguilla (UK)
 Antigua and Barbuda
 Bahamas
 Barbados
 Belize
 Bermuda (UK)
 British Virgin Islands (UK)
 Canada
 Cayman Islands (UK)
 Costa Rica
 Cuba
 Dominica
 Dominican Republic
 El Salvador
 Grenada
 Guatemala
 Haiti
 Honduras
 Jamaica
 Mexico
 Montserrat (UK)
 Nicaragua
 Panama
 Saint Kitts and Nevis
 Saint Lucia
 Saint Vincent and the Grenadines
 Trinidad and Tobago
 Turks and Caicos Islands (UK)

Show if Q71A=2:

Argentina
 Bolivia
 Brazil
 Chile
 Colombia
 Ecuador
 French Guiana
 Guyana
 Paraguay
 Peru
 Suriname
 Uruguay
 Venezuela

Show if Q71A=3:

Albania
 Andorra
 Armenia
 Austria
 Azerbaijan

Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Italy
Kazakhstan
Kosovo
Latvia
Liechtenstein
Lithuania
Luxembourg
Macedonia (FYROM)
Malta
Moldova
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Romania
Russia
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Turkey
Ukraine
United Kingdom (UK)
Vatican City

Show if Q71A=4:

Algeria
Angola
Benin
Botswana
Burkina Faso
Burundi
Cabo Verde
Cameroon
Central African Republic (CAR)
Chad

Comoros
Democratic Republic of the Congo
Republic of the Congo
Cote d'Ivoire
Djibouti
Egypt
Equatorial Guinea
Eritrea
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Libya
Madagascar
Malawi
Mali
Mauritania
Mauritius
Morocco
Mozambique
Namibia
Niger
Nigeria
Rwanda
Sao Tome and Principe
Senegal
Seychelles
Sierra Leone
Somalia
South Africa
South Sudan
Sudan
Swaziland
Tanzania
Togo
Tunisia
Uganda
Zambia
Zimbabwe

Show if Q71A=5:

Afghanistan
Armenia
Azerbaijan
Bahrain
Bangladesh
Bhutan
Brunei
Cambodia
China
Cyprus
Georgia
India

Indonesia
Iran
Iraq
Israel
Japan
Jordan
Kazakhstan
Kuwait
Kyrgyzstan
Laos
Lebanon
Malaysia
Maldives
Mongolia
Myanmar (Burma)
Nepal
North Korea
Oman
Pakistan
Palestine
Philippines
Qatar
Russia
Saudi Arabia
Singapore
South Korea
Sri Lanka
Syria
Taiwan
Tajikistan
Thailand
Timor-Leste
Turkey
Turkmenistan
United Arab Emirates (UAE)
Uzbekistan
Vietnam
Yemen

Show if Q71A=6:

Australia
Fiji
Kiribati
Marshall Islands
Micronesia
Nauru
New Zealand
Palau
Papua New Guinea
Samoa
Solomon Islands
Tonga
Tuvalu
Vanuatu

Show all:

Other, please specify_____

[IF Q71=5]

Q71C. Are you a permanent resident with a green card?

Yes	1
No	2

[IF Q1=1 or Q2=1]

Q72. Is your [if Q1=1: spouse] [if Q2=1: partner] a citizen of the United States?

Yes, born in the United States	1
Yes, born in Puerto Rico, Guam, the US Virgin Islands, or Northern Marianas	2
Yes, born abroad of US citizen parent or parents	3
Yes, US citizen by naturalization	4
No, not a US citizen	5

[IF Q72=5]

Q72A. Is your [if Q1=1: spouse] [if Q2=1: partner] a permanent resident with a green card?

Yes	1
No	2

Q73. [if Q1=1 or Q2=1: Other than your [if Q1=1: spouse] [if Q2=1: partner], are] [if Q1 NE 1 and Q2 NE 1: Are] you currently living with any relatives who were born outside of the United States?

Yes	1
No	2

[IF Q73=1]

Q73A. Are all of these relatives citizens of the United States?

Yes, all are citizens	1
No, one or more are not citizens	2

[IF Q73A=2]

Q73B. Thinking of the relatives who are not citizens, are all of these relatives permanent residents with green cards?

Yes, all are permanent residents	1
No, one or more is not a permanent resident	2

[IF Q71=4 or 5 or Q72=4 or 5 or Q73=1]

Q74. Was there a time in the past 12 months when you or someone in your family **decided not to apply for** one or more non-cash government benefits, such as Medicaid or CHIP, SNAP (formerly known as food stamps), or housing subsidies, because you were worried it would disqualify you or a family member or relative from obtaining a green card?

Yes	1
No	2

[IF Q74=1]

Q74A. Which benefits did you or someone in your family decide not to apply for because you were worried it would disqualify you or a family member or relative from obtaining a green card? Check all that apply.

Medicaid or CHIP	1
SNAP (formerly known as food stamps)	2
Housing subsidies	3
Other (please specify) _____	4

[IF Q74A=1 AND Q3 NE 0, (UNLESS (ALL Q4B=2 AND ALL Q4C=2-5) OR DOV_BASEGROUP=2)]

Q74B. Did you decide not to apply for Medicaid or CHIP for **your children** because you were worried it would disqualify you or a family member or relative from obtaining a green card?

Yes	1
No	2

[IF Q71=4 or 5 or Q72=4 or 5 or Q73=1]

Q75. Was there a time in the past 12 months when you or someone in your family **stopped participating in** any non-cash government benefits, such as Medicaid or CHIP, SNAP (formerly known as food stamps), or housing subsidies, because you were worried it would disqualify you or a family member or relative from obtaining a green card?

Yes	1
No	2

[IF Q75=1]

Q75A. Which benefits did you or someone in your family stop participating in because you were worried it would disqualify you or a family member or relative from obtaining a green card? Check all that apply.

Medicaid or CHIP	1
SNAP (formerly known as food stamps)	2
Housing subsidies	3
Other (please specify)	4

[IF Q75A=1 AND Q3 NE 0, (UNLESS (ALL Q4B=2 AND ALL Q4C=2-5) OR DOV_BASEGROUP=2)]

Q75B. Did **your children** stop participating in Medicaid or CHIP because you were worried it would disqualify you or a family member or relative from obtaining a green card?

Yes	1
No	2

[IF (Q71=4 or 5 or Q72=4 or 5 or Q73=1)]

Q76. We hear a lot these days about people getting questions about their immigration status just because of how they look or how they talk. For some people, this has changed how they go about their daily life.

In the past 12 months, have you or anyone in your family ever avoided doing any of the following because you did not want to be bothered or asked about your citizenship status?

	Yes	No
1. Visiting a doctor or clinic	1	2
2. Talking with school teachers or school officials	1	2
3. Talking to police or reporting crime	1	2
4. Renewing or applying for a driver's license	1	2
5. Driving a car	1	2
6. Using public transportation	1	2
7. Going to public places such as parks, libraries, or stores	1	2

Q77. A proposed rule would make it harder for immigrants to enter the United States or become permanent residents of the United States if they have low income or use public benefits such as Medicaid, the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), or housing subsidies. How much have you heard about this proposed rule?

A lot	1
Some	2
Only a little	3
Nothing at all	4