

Well-Being and Basic Needs Survey

Quarter 4 2017
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.

Q7. Which of the following best describes the place where you live?

- | | |
|---|---|
| A one-family house detached from any other house | 1 |
| A one-family house attached to one or more houses | 2 |
| A building with 2 or more apartments | 3 |
| A mobile home | 4 |
| Boat, RV, or van | 5 |
| Something else (please specify): _____ | 6 |

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 |

Q10. For this question, please think about your housing costs, which would include the money that your household spends on utility bills, [IF Q8=2 OR 3: rent] [IF Q8=1: mortgage] [IF Q8=REFUSED: rent or mortgage] payments, [IF Q7=1,2,3,5,6 AND Q8=1: condo or homeowner association fees,] [IF Q7=4 AND Q8=1: mobile home fees,] [IF Q8=1: home equity loans, property insurance,] and property taxes. Your household would include you and anyone living with you at least 50% of the time.

In a typical month, about what percentage of your household's total monthly income would you say your household spends on these housing costs? Your best guess is fine.

- Less than 30 percent 1
- Between 30 and 50 percent 2
- More than 50 percent 3

[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 could not deliver oil? | 1 | 2 |

Q16. Have you moved within the past 12 months?

- Yes 1
- No 2

[IF Q16=1]

Q16a. How many times have you moved within the past 12 months?

- One time 1
- Two times 2
- Three times 3
- Four or more times 4

[IF Q16=1]

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

[ORDER OF RESPONSE ITEMS A-I IS RANDOMIZED]

Q18. How would you rate the following characteristics of your neighborhood?

| | Excellent | Very Good | Good | Fair | Poor |
|---|-----------|-----------|------|------|------|
| a. Availability of places to get medical care | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---|---|---|---|---|---|
| b. Availability of parks and playgrounds | 1 | 2 | 3 | 4 | 5 |
| c. Access to public transportation | 1 | 2 | 3 | 4 | 5 |
| d. Availability of places to buy healthy food | 1 | 2 | 3 | 4 | 5 |
| e. Availability of affordable housing | 1 | 2 | 3 | 4 | 5 |
| f. Quality of schools | 1 | 2 | 3 | 4 | 5 |
| g. Safety from crime and violence | 1 | 2 | 3 | 4 | 5 |
| h. [IF DOV_NUMCHILD_0_6>0]: Quality of child care and early education options | 1 | 2 | 3 | 4 | 5 |
| i. As a place where neighbors help each other | 1 | 2 | 3 | 4 | 5 |

Q19. If you had a problem with which you needed help (for example, sickness or moving), how much help would you expect to get...

| | All of the help needed | Most of the help needed | Very little of the help needed | No help |
|--|------------------------|-------------------------|--------------------------------|---------|
| a. From family? (Including any of your relatives or your spouse/partner's relatives if applicable, whether or not they are living with you.) | 1 | 2 | 3 | 4 |
| b. From friends? | 1 | 2 | 3 | 4 |
| c. From other people in the community besides family and friends, such as a social agency or church? | 1 | 2 | 3 | 4 |

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

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]

Q38. Are you employed by government, by a private company, by a nonprofit organization, or self-employed?

| | Yes | No |
|---|-----|----|
| a. Employed by government | 1 | 2 |
| b. Employed by a private company | 1 | 2 |
| c. Employed by a nonprofit organization | 1 | 2 |
| d. Self-employed | 1 | 2 |

[IF Q37=1]

Q39. Do you have more than one job [IF Q38D=1: or business], including part time, evening, or weekend work? Do not include unpaid or volunteer work.

Yes, more than one job [IF Q38D=1: or business] 1
No, I have one job [IF Q38D=1: or business] 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=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 Q43A=1]

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 |
| Family responsibilities | 3 |
| In school or other training | 4 |
| Ill health or disability | 5 |
| Transportation problems | 6 |
| Other (specify): _____ | 7 |

[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 Q38A-C=1 OR (Q37A=1 AND Q37B=1): Employer's restrictions on how many hours you work] | 1 | 2 | 3 | 4 |
| f. [IF Q38A-C=1 OR (Q37A=1 AND Q37B=1): Employer sets or schedules the times or shifts that you work] | 1 | 2 | 3 | 4 |

[IF Q38A-C=1]

Q48. [IF Q39=1: Thinking about your main job, does] [IF Q39=2 OR REFUSED: Does] your employer offer you each of the following benefits, even if you do not personally use the benefit?

| | Yes | No | Don't Know |
|--|-----|----|------------|
| a. Paid sick leave | 1 | 2 | 3 |
| b. Paid vacation/personal leave | 1 | 2 | 3 |
| c. Paid family and medical leave (such as maternity/paternity leave or leave to care for a sick family member) | 1 | 2 | 3 |
| d. Health insurance | 1 | 2 | 3 |
| e. Retirement benefits | 1 | 2 | 3 |

[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

Q50. [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.]

In the last 12 months, which of the following sources of income have you and your family received?

| | Yes | No | Don't know |
|--|-----|----|------------|
| a. Wages or salaries | 1 | 2 | 3 |
| b. Self-employment | 1 | 2 | 3 |
| c. Interest, dividends, or rental income | 1 | 2 | 3 |
| d. Social Security | 1 | 2 | 3 |

| | | | |
|--|---|---|---|
| e. Supplemental Security Income (SSI) | 1 | 2 | 3 |
| f. 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: , which you may know as [PROGRAM NAME] in your state.] | 1 | 2 | 3 |
| g. Unemployment compensation | 1 | 2 | 3 |
| h. Workers' compensation | 1 | 2 | 3 |
| i. Pension, annuity, or retirement account income | 1 | 2 | 3 |
| j. Veterans' (VA) payments | 1 | 2 | 3 |
| k. Child support or alimony | 1 | 2 | 3 |
| l. Any other income (do not include income from participating in surveys) | 1 | 2 | 3 |

Q51. Please mark the category that best describes your **family's** total income over the last year before taxes and other deductions. [IF DOV_BASEGROUP=1: Please remember to 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: Please remember to 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.]

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 | 12,100 | 18,100 | 24,200 | 30,200 | 36,200 | 48,300 | 60,300 | 72,400 |
| 2 | 8,200 | 16,300 | 24,400 | 32,500 | 40,600 | 48,800 | 65,000 | 81,200 | 97,500 |
| 3 | 10,300 | 20,500 | 30,700 | 40,900 | 51,100 | 61,300 | 81,700 | 102,100 | 122,600 |
| 4 | 12,300 | 24,600 | 36,900 | 49,200 | 61,500 | 73,800 | 98,400 | 123,000 | 147,600 |
| 5 | 14,400 | 28,800 | 43,200 | 57,600 | 72,000 | 86,400 | 115,200 | 143,900 | 172,700 |
| 6 | 16,500 | 33,000 | 49,500 | 66,000 | 82,400 | 98,900 | 131,900 | 164,800 | 197,800 |
| 7 | 18,600 | 37,200 | 55,800 | 74,300 | 92,900 | 111,500 | 148,600 | 185,700 | 222,900 |
| 8 | 20,700 | 41,400 | 62,000 | 82,700 | 103,300 | 124,000 | 165,300 | 206,600 | 248,000 |
| 9 | 22,800 | 45,500 | 68,300 | 91,000 | 113,800 | 136,500 | 182,000 | 227,500 | 273,000 |
| 10 or more people | 24,900 | 49,700 | 74,600 | 99,400 | 124,200 | 149,100 | 198,800 | 248,400 | 298,100 |

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 |

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 |

[IF Q53=1 FOR ANY OR Q50F=1 OR Q31D=1 OR Q11=1]

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 Q50F=1] 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: , which you may know as [PROGRAM NAME] in your state.] | 1 | 2 |
| c. [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 |
| d. [IF Q53C=1] Help paying for child care from a government agency | 1 | 2 |

| | | |
|---|---|---|
| e. [IF Q53D=1] Free or reduced price school lunches through the Federal School Lunch Program (do not include expected interruptions that occur during the summer) | 1 | 2 |
| f. [IF Q53E=1] Women, Infants, and Children (WIC) nutrition program | 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 |
| h. [IF Q53G=1] The Low Income Home Energy Assistance Program (LIHEAP), which helps pay heating and cooling costs | 1 | 2 |

Q55. The Earned Income Tax Credit (EITC) is a refundable tax credit that reduces the amount of income tax that low- to moderate-income working people are required to pay.

In the past 12 months, did you or anyone in your family receive the Earned Income Tax Credit?

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

Q56. The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate how often you felt or thought a certain way.

In the last month, how often have you felt...

| | Never | Almost never | Sometimes | Fairly often | Very often |
|--|-------|--------------|-----------|--------------|------------|
| a. That you were unable to control the important things in your life? | 0 | 1 | 2 | 3 | 4 |
| b. Confident about your ability to handle your personal problems? | 0 | 1 | 2 | 3 | 4 |
| c. That things were going your way? | 0 | 1 | 2 | 3 | 4 |
| d. Difficulties were piling up so high that you could not overcome them? | 0 | 1 | 2 | 3 | 4 |

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. [IF Q50I=1] 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 |

[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 |

Q60. On a scale of 1 to 10, how often do you worry about being able to meet normal monthly living expenses? (1 means "never", 10 means "all the time")

- | | |
|-------------------|----|
| 1 (Never) | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |
| 10 (All the time) | 10 |

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 |

Q63. In the past 12 months, have you been contacted by a debt collection agency?

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

[ORDER OF Q65 AND Q66 IS RANDOMIZED]

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

Q66. How confident are you that you could come up with \$2,000 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. Do you personally know anyone who has ever had an addiction or substance use disorder involving prescription pain relievers (such as Vicodin, OxyContin, or Percocet), heroin, or fentanyl?

Yes 1
 No 2
 Don't know 3

[IF Q67=1]

Q68. Who do you know who has ever had an addiction or substance use disorder involving prescription pain relievers, heroin, or fentanyl?

| | Yes | No |
|--------------------|-----|----|
| a. Yourself | 1 | 2 |
| b. A family member | 1 | 2 |
| c. A close friend | 1 | 2 |
| d. An acquaintance | 1 | 2 |

[IF Q68A=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 |