

Well-Being and Basic Needs Survey

December 2020
Questionnaire

NOTE: The format of the questions in this document does 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
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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

IF PPAGE=19-64 THEN DOV_NUMCHILD_HH_0_18=NUMBER OF CHILDREN FROM Q3
 IF PPAGE=18 THEN DOV_NUMCHILD_HH_0_18=1 + NUMBER OF CHILDREN INSERTED IN Q3
 [IF Q3 IS REFUSED, TREAT Q3=0 IN THE CALCULATION]

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

DOV_NUMCHILD_HH_0_5 = NUMBER OF CHILDREN IN Q4 IF Q4A=0-5;

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 = RESPONDENT (1) + NUMBER OF ADULTS IN Q5 + SPOUSE/PARTNER
 IF (Q1=1 OR Q2=1) AND (Q5A=1 OR Q5=REFUSED) (1) + NUMBER OF CHILDREN IN Q4

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)

[IF DOV_NUMCHILD_HH_5-18>0 AND ANY Q4a=5-18]

Q95. Are the following children under 19 who are living with you enrolled in school or educated in a
 homeschool setting in **Kindergarten through 12th grade** or grade equivalent?

[List children from Q4 if Q4A=5-18]

	Enrolled in a public school	Enrolled in a private school	Homeschooled and not enrolled in a public or private school	Not enrolled in a public or private school and not homeschooled
Child age [fill from Q4A]	1	2	3	4

[IF ANY ITEM IN Q95=1 OR 2]

Q95A. Do the following children under 19 in Kindergarten through 12th grade currently receive instruction in-person, remotely, or a combination of in-person and remotely?

[List children for whom Q95=1 or 2]

	In-person only	Remotely/virtually only	A combination of in-person and remotely	Other way or not applicable
Child age [fill from Q4A]	1	2	3	4

[IF DOV_NUMCHILD_HH_0-5>0]

Q96. For this question, think about the people who provide care for the children under age 6 who are living with you. Think about who provided care for these children in **January 2020, before the coronavirus outbreak**.

Did the following children receive care from someone **other than** a parent or guardian on a **regular basis** in January 2020, before the coronavirus outbreak? This does not include occasional babysitting or backup care providers.

[List children from Q4 if Q4A=0-5]

	Yes, received care from someone other than a parent or guardian on a regular basis	No, did not receive care from someone other than a parent or guardian on a regular basis	Don't know	Not applicable
Child age [fill from Q4A]	1	2	3	4

[IF ANY ITEM IN Q96=1]

Q96A. Are these children **now** receiving care from someone **other than** a parent or guardian on a regular basis?

[List children for whom Q96=1]

	Yes, receiving care from someone other than a parent or guardian on a regular basis	No, not receiving care from someone other than a parent or guardian on a regular basis	Does not need care	Don't know
Child age [fill from Q4A]	1	2	3	4

[IF ANY ITEM IN Q96A=2]

Q96B. Are any of these children eating more meals at home because they are no longer receiving care from someone other than a parent or guardian on a regular basis?

Yes	1
No	2
Don't know	3

[IF Q3> 0]

Q97. Compared to January 2020, are you currently spending more time, about the same amount of time, or less time providing care for children who live with you?

More time	1
About the same amount of time	2
Less time	3
Not applicable	4

[IF Q97=1]

Q97A. Compared to January 2020, are you currently working fewer hours because you have to provide care for children who live with you?

Yes	1
No	2

[IF Q3>0 AND (Q1=1 OR Q2=1)]

Q98. Compared to January 2020, is your [if Q1=1: spouse] [if Q2=1: partner] currently spending more time, about the same amount of time, or less time providing care for children who live with you?

More time	1
About the same amount of time	2
Less time	3
Not applicable	4

[IF Q98=1]

Q98A. Compared to January 2020, is your [if Q1=1: spouse] [if Q2=1: partner] currently working fewer hours because they have to provide care for children who live with you?

Yes	1
No	2

[IF FEMALE AND AGE 18-49]

Q78. Are you currently pregnant?

Yes	1
No	2
Don't know	3

[IF PPGENDER=1 AND (Q1=1 OR Q2=1)]

Q78A. Is your [if Q1=1: spouse] [if Q2=1: partner] currently pregnant?

Yes	1
No	2
Don't know	3

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=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 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?

- 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

[IF Q8=2 or 3]

Q17A. In the past 12 months, have you received an eviction notice or been threatened with eviction? Check all that apply.

- Yes, received an eviction notice 1
- Yes, threatened with eviction 2
- No 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

[IF Q3> 0; NOT ASKED IF ALL Q4A="LESS THAN A YEAR OLD"; NOT ASKED IF DOV_BASEGROUP=2]

Q24A. For this question, think of your [if Q3=1: child's] [if Q3>1: children's] overall diet 12 months ago, that is, in [CURRENT MONTH] [CURRENT YEAR-1], before the coronavirus outbreak began.

In general, how healthy was your [if Q3=1: child's] [if Q3>1: children's] overall diet in [CURRENT MONTH] [CURRENT YEAR-1]?

Poor	1
Fair	2
Good	3
Very good	4
Excellent	5

[IF Q3>0; NOT ASKED IF DOV_BASEGROUP=2]

Q24B. In general, how healthy is your [if Q3=1: child's] [if Q3>1: children's] overall diet [if not skipped out of Q24A: **now**]?

Poor	1
Fair	2
Good	3
Very good	4
Excellent	5

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

[IF Q25=2 OR REFUSED]

Q25A. During the **past 12 months**, 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?

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

[IF Q26=2 OR REFUSED]

Q26A. During the **past 12 months**, 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?

Yes	1
No	2

[IF Q25A=2 OR REFUSED AND Q26A=2 OR REFUSED]

Q26B. If you needed help getting food for your household, do you know a place in your community where you could get free groceries or meals?

Yes	1
No	2

[IF Q25A=2 OR REFUSED AND Q26A=2 OR REFUSED]

Q26C. If you needed help getting food for your household, how comfortable would you feel getting free groceries or meals from a food pantry or other place in your community that helps with free food?

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

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

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

Q29A. Do any of the following people in your household have a health condition that has lasted for a year or more or is expected to last for a year or more?

	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

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?	1	2	3	4	5
b. hopeless?	1	2	3	4	5
c. restless or fidgety?	1	2	3	4	5
d. so sad that nothing could cheer you up?	1	2	3	4	5
e. that everything was an effort?	1	2	3	4	5
f. worthless?	1	2	3	4	5

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

[IF DOV_FAMSIZE>1]

Q34A. Was there any time in the past 12 months when someone else in your family needed medical care but did **not** get it because your family couldn't afford it? Your family 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

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

[IF DOV_FAMSIZE>1]

Q35A. Are all of the other people in your family currently covered by health insurance or a health coverage plan? That is, [IF DOV_BASEGROUP=1: your spouse or partner (if present) and any of your children or stepchildren under 19 who live with you.] [IF DOV_BASEGROUP=2: your parents who are living with you, and any of your siblings under 19 who are living with you.]

Yes	1
No	2

[IF Q35A=2 and DOV_NUMCHILD_HH_0-5>0 and DOV_BASEGROUP=1]

Q35B. Are all of your children or stepchildren under 6 who live with you currently covered by health insurance or a health coverage plan?

Yes 1
 No 2

Q103. Is there a place that you **usually** go to when you are sick or need advice about your health?

I have one place I usually go 1
 I have more than one place I usually go 2
 I do NOT have a place I usually go 3

[IF Q103=1 or 2]

Q103A. What kind of place do you usually go to [if Q103=2: most often]?

Clinic or health center 1
 Doctor's office or HMO 2
 Hospital emergency room 3
 Hospital outpatient department 4
 Urgent care clinic 5
 Retail store clinic 6
 Some other place 7

[IF DOV_NUMCHILD_HH_0-5>0 and DOV_BASEGROUP=1]

Q35C. Since the coronavirus outbreak began, have any of the children under 6 who are living with you **missed** a well-child check-up, that is, a general check-up when they were not sick or injured?

Yes 1
 No 2

[IF Q35C=1]

Q35D. Which of the following are reasons a child under 6 who is living with you missed a well-child check-up since the coronavirus outbreak began? Check all that apply.

Cost 1
 Worry about exposure to coronavirus 2
 Lack of transportation 3
 Some other reason 4

Q102. The next questions ask about vaccines for the coronavirus.

If a vaccine that protected you from the coronavirus was available for free to everyone who wanted it, how likely would you be to get it?

Would definitely get the vaccine 1
 Would probably get the vaccine 2
 Would probably NOT get the vaccine 3
 Would definitely NOT get the vaccine 4

[IF Q102=3 or 4]

[order of response items is randomized]

Q102A. How important are each of the following reasons for why you would [if Q102=3: probably] [if Q102=4: definitely] NOT get a coronavirus vaccine?

	Very important	Somewhat important	Not too important	Not at all important
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1. You are concerned about the side effects	1	2	3	4
2. You want to know more about how well the vaccine works	1	2	3	4
3. You do not think you need the vaccine	1	2	3	4

[IF Q102=3 or 4]

Q102B. Are there any other reasons for why you would [if Q102=3: probably] [if Q102=4: definitely] NOT get a coronavirus vaccine?

Yes (please specify) _____ 1
 No 2

[order of response items is randomized]

Q102C. How much would you **trust** each of the following for information about a coronavirus vaccine?

	Strongly trust	Somewhat trust	Neither trust or distrust	Somewhat distrust	Strongly distrust
1. Scientists working to create and test the vaccine	1	2	3	4	5
2. Dr. Anthony Fauci of the National Institute of Allergy and Infectious Diseases	1	2	3	4	5
3. The U.S. Food and Drug Administration (FDA)	1	2	3	4	5
4. Your usual doctor or health care provider	1	2	3	4	5
5. Pharmacies or walk-in clinics where people can get vaccinated	1	2	3	4	5
6. Your state's public health officials	1	2	3	4	5
7. Your local public health officials (e.g., city, town, or county)	1	2	3	4	5
8. Religious leaders in your community	1	2	3	4	5
9. Elected officials in your community	1	2	3	4	5

[IF Q102=3 or 4]

Q102D. Is there anyone else you would **trust** for information about a coronavirus vaccine?

Yes (please specify) _____ 1
 No 2

[IF Q102=3 or 4]

[retain order from Q102C]

Q102E. If you heard the following people or organizations say a coronavirus vaccine was safe and effective, would that make you more likely to get the vaccine or would it make no difference to you?

	Would make you more likely to get the vaccine	Would make no difference to you
1. Scientists working to create and test the vaccine	1	2
2. Dr. Anthony Fauci of the National Institute of Allergy and Infectious Diseases	1	2
3. The U.S. Food and Drug Administration (FDA)	1	2
4. Your usual doctor or health care provider	1	2
5. Pharmacies or walk-in clinics where people can get vaccinated	1	2
6. Your state's public health officials	1	2
7. Your local public health officials (e.g., city, town, or county)	1	2
8. Religious leaders in your community	1	2
9. Elected officials in your community	1	2

Q102F. How worried are you that you or someone in your household will be exposed to coronavirus?

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

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 Q39=1]

Q39C. Altogether, how many jobs do you have?

2 jobs	1
3 or more jobs	2

Base: if Q37=1

Q39D. [if Q39=1: Thinking about your **main job** (i.e., the job for which you usually work the most hours), do] [if Q39 NE 1: Do] you have the ability to do at least part of your job from home?

Yes	1
No	2

[IF Q39D=1]

Q39E. How often do you work from home [if Q39=1: for your main job]?

All of the time	1
Most of the time	2
Some of the time	3
None of the time	4

[IF Q39=1]

Q39F. How often do you work from home for your other jobs?

All of the time	1
Most of the time	2
Some of the time	3
None of the time	4

[IF Q37=1]

Q39G. How worried are you that you will be exposed to coronavirus at your [if Q39=1: main] job?

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

[IF Q37=1 and Q39=1]

Q39H. How worried are you that you will be exposed to coronavirus at your other jobs?

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

[IF Q37=1]

Q39A. [if Q39=1: Thinking about your **main job** (i.e., the job for which you usually work the most hours), 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 Q39=1]

Q39B. Now thinking about your **second job** (i.e., the job for which you usually work the second most hours), are you working for an employer or are you self-employed?

Working for an employer at second job	1
Self-employed at second 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

[IF (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]

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 Q39A=1 OR (Q39A=REFUSED AND Q39B NE 2)]

Q42G. Some people are in temporary jobs that last only for a limited time or until the completion of a project. Is your [IF Q39=1: **main job**] [IF Q39 NE 1: current job] temporary?

Yes 1
No 2
Don't know 3

[IF Q42G=2, 3, OR REFUSED]

Q42H. Provided the economy does not change and your job performance is adequate, can you continue to work for your current employer [IF Q39=1: at your **main job**] as long as you wish?

Yes 1
No 2
Don't know 3

[IF Q42G=1 OR Q42H=2, 3, OR REFUSED]

Q42I. For your [IF Q39=1: main] [IF Q39 NE 1: current] job...

	Yes	No	Don't know
a. Are you working only until a specific project is completed?	1	2	3
b. Were you hired to temporarily replace another worker?	1	2	3
c. Were you hired for a fixed period of time?	1	2	3

[IF ALL ITEMS IN Q42I_A-C=2, 3, OR REFUSED]

Q42J. Is your [IF Q39=1: main] [IF Q39 NE 1: current] job a year-round job or is it only available during certain times of the year?

Year-round job	1
Only available during certain times of the year	2
Don't know	3

[IF Q37=1]

For the next questions, think about all of the work you currently do for pay.

[IF Q39A=1 OR (Q39A=REFUSED AND Q39B NE 2)]

Q42K. Are you currently working as an independent contractor, an independent consultant, or a freelance worker?

Yes	1
No	2
Don't know	3

[IF Q39A=2 OR (Q39A NE 1 AND Q39B=2)]

Q42L. Are you currently self-employed as an independent contractor, an independent consultant, or a freelance worker, or something else?

Independent contractor, independent consultant, or freelance worker	1
Something else	2

[IF Q42G=1, 3, OR REFUSED OR (Q39B=1 AND Q42G=NOT ASKED) OR ((Q42K=1 OR Q42L=1) AND Q42G=NOT ASKED)]

Q42M_1. Are you paid by a temporary help or staffing agency?

Yes	1
No	2
Don't know	3

[IF Q42G=2]

Q42M_2. Even though your [IF Q39=1: main] job is not temporary, are you paid by a temporary help or staffing agency?

Yes	1
No	2
Don't know	3

[IF Q39A=1 OR (Q39A=REFUSED AND Q39B NE 2) OR (Q39B=1 AND Q42G NOT ASKED) OR ((Q42K=1 OR Q42L=1) AND Q42G NOT ASKED)]

Q42N. Are you an on-call worker? On-call means you have certain days or hours during which you are not at work but on standby until called to work.

Yes	1
No	2
Don't know	3

[IF Q42N=1]

Q42O. Some on-call workers have regularly scheduled hours, but in addition must work when called (for example, doctors, nurses, and managers). Other on-call workers work only when called (for example, substitute teachers). Which type of on-call worker are you?

Work regular hours, but must be available	1
Only work when called	2
Other (Specify)	3

[Q39A=1 OR (Q39A=REFUSED AND Q39B NE 2) OR (Q39B=1 AND Q42G NOT ASKED) OR ((Q42K=1 OR Q42L=1) AND Q42G NOT ASKED)]

Q42P. Some companies provide employees or their services to others under contract. A few examples of services that can be contracted out include security, landscaping, or computer programming. Do you work for a company that contracts out you or your services?

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

[IF Q42P=1]

Q42Q. For your work for a company that contracts out you or your services...

	Yes	No	Don't know
a. Are you usually assigned to more than one customer at a time?	1	2	3
b. Do you usually work at the customer's worksite?	1	2	3

[IF Q39=1 AND (Q42K=1 OR Q42L=1 OR Q42M_1=1 OR Q42M_2=1 OR Q42N=1 OR Q42P=1)]

Q42R. For which of the following jobs [if Q42K=1 or Q42L=1: do you work as an independent contractor, consultant, or freelance worker] [if Q42M_1=1 or Q42M_2=1: are you paid by a temporary help or staffing agency] [if Q42N=1: are you an on-call worker] [if Q42P=1: do you work for a company that contracts out you or your services]? Check all that apply.

- Main job 1
- Second job 2
- Other jobs 3

Q42S. In the past month, **have you been paid** for any of the following activities? [if Q37=1: Include activities even if you already told us about them.]

	Yes	No
a. Child or elder care services	1	2
b. Dog walking, feeding pets, or house sitting	1	2
c. House cleaning, yard work, or other property maintenance work	1	2
d. Using your own car to drive people from one place to another, including work for ride-sharing companies such as Uber or Lyft	1	2
e. Paid tasks online, such as posting YouTube videos (do not include Ipsos surveys)	1	2
f. Other personal tasks, such as deliveries, running errands, or helping people move	1	2

[IF Q37=1 AND ANY ITEM IN Q42S=1]

Q42T. Were any of these activities for...

	Yes	No
a. Your main job	1	2
b. [if Q39=1: Your second job]	1	2
c. Additional work for pay (including work not previously reported)	1	2

[IF ANY ITEM IN Q42S=1]

Q42U. How many hours per week do you usually spend doing these activities?

___ hours per week

[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. Think about the number of hours you work for pay [if Q39=1: at all jobs]. Which of the following statements is most correct?

I would prefer to work more hours 1
I would prefer to work fewer hours 2
I work for as many hours as I prefer 3

[IF Q46=1 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)) (NOT ASKED IF Q39=2 AND Q39A=2)] Employer restrictions on how many hours you work	1	2	3	4
f. [IF (Q37=1 OR (Q37A=1 AND Q37B=1)) (NOT ASKED IF 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

[IF Q45=1]

Q45A. Thinking about your [if Q1=1: spouse's] [if Q2=1: partner's] main job, does your [if Q1=1: spouse] [if Q2=1: partner] have the ability to do at least part of their job from home?

- Yes 1
- No 2

[IF Q45A=1]

Q45B. How often does your [if Q1=1: spouse] [if Q2=1: partner] work from home at their main job?

- All of the time 1
- Most of the time 2
- Some of the time 3
- None of the time 4

[IF Q45=1]

Q45C. How worried are you that your [if Q1=1: spouse] [if Q2=1: partner] will be exposed to coronavirus at their main job?

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

Q99. The next question focuses on the impact of the coronavirus outbreak on the economy and on your work or the work of someone in your family. For this question, we're interested in your immediate family, which would include you, [IF DOV_BASEGROUP=1: your spouse or partner, 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.]

Thinking about the impact of the coronavirus outbreak on the economy, since the beginning of March 2020, has your work or the work of someone in your family ever been affected in any of the following ways?

	Yes	No
1. Lost a job or was laid off from a job	1	2
2. Furloughed or reduced hours at work	1	2
3. Lost earnings or income from a job or business	1	2

[IF DOV_FAMSIZE>1 AND Q99_1=1]

Q99A. Who in your family lost or was laid off from a job because of the coronavirus outbreak? Check all that apply.

1. Yourself
2. [if Q1=1 or Q2=1: Your [if Q1=1: spouse] [if Q2=1: partner]]
3. [if Q3 NE 0, (do not show if (all Q4B=2 and all Q4C=2-5) or DOV_BASEGROUP=2)]: Your children or stepchildren under 19 who live with you]
4. [if DOV_BASEGROUP=2 and (any Q6B=1 or any Q6C=1)]: Your parent or guardian who lives with you
5. [if DOV_BASEGROUP=2 and any Q4C=3]: Your sibling under 19 who lives with you

[IF Q99A=1 OR (DOV_FAMSIZE=1 AND Q99_1=1)]

Q99B. Thinking about the most recent time you lost or were laid off from a job because of the coronavirus outbreak, was this layoff temporary or permanent?

- | | |
|------------|---|
| Temporary | 1 |
| Permanent | 2 |
| Don't know | 3 |

[IF Q99A=1 OR (DOV_FAMSIZE=1 AND Q99_1=1)]

Q99C. Thinking about the most recent time you lost or were laid off from a job because of the coronavirus outbreak, in what month was this job lost?

- | | |
|-----------|----|
| January | 1 |
| February | 2 |
| March | 3 |
| April | 4 |
| May | 5 |
| June | 6 |
| July | 7 |
| August | 8 |
| September | 9 |
| October | 10 |
| November | 11 |
| December | 12 |

[IF Q99A=1 OR (DOV_FAMSIZE=1 AND Q99_1=1)]

Q99D. Since the most recent time you lost or were laid off from a job, did you do any of the following?

	Yes	No
1. Got rehired at the job that was lost	1	2
2. Got a new job somewhere else	1	2

[IF Q99A=2]

Q99E. Thinking about the most recent time your [if Q1=1: spouse] [if Q2=1: partner] lost or was laid off from a job because of the coronavirus outbreak, was this layoff temporary or permanent?

- | | |
|------------|---|
| Temporary | 1 |
| Permanent | 2 |
| Don't know | 3 |

[IF Q99A=2]

Q99F. Thinking about the most recent time your [if Q1=1: spouse] [if Q2=1: partner] lost or was laid off from a job because of the coronavirus outbreak, in what month was this job lost?

- | | |
|---------|---|
| January | 1 |
|---------|---|

February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	10
November	11
December	12

[IF Q99A=2]

Q99G. Since the most recent time your [if Q1=1: spouse] [if Q2=1: partner] lost or was laid off from a job, did your [if Q1=1: spouse] [if Q2=1: partner] do any of the following?

	Yes	No
1. Got rehired at the job that was lost	1	2
2. Got a new job somewhere else	1	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	6,400	12,800	19,200	25,600	31,900	38,300	51,100	63,800	76,600
2	8,700	17,300	25,900	34,500	43,100	51,800	69,000	86,200	103,500
3	10,900	21,800	32,600	43,500	54,300	65,200	86,900	108,600	130,400
4	13,100	26,200	39,300	52,400	65,500	78,600	104,800	131,000	157,200
5	15,400	30,700	46,100	61,400	76,700	92,100	122,800	153,400	184,100
6	17,600	35,200	52,800	70,400	87,900	105,500	140,700	175,800	211,000
7	19,900	39,700	59,500	79,300	99,100	119,000	158,600	198,200	237,900
8	22,100	44,200	66,200	88,300	110,300	132,400	176,500	220,600	264,800
9	24,300	48,600	72,900	97,200	121,500	145,800	194,400	243,000	291,600

10 or more people	26,600	53,100	79,700	106,200	132,700	159,300	212,400	265,400	318,500
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Q51A. For this question, think of your current family size, which includes you, [if DOV_BASEGROUP=1: your spouse or partner, 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]. You told us your current family size is [DOV_FAMSIZE]. Was this also your family size 12 months ago, that is, in [CURRENT MONTH] [CURRENT YEAR-1]?

Yes 1
No 2

[IF Q51A=2]

Q51B. What was your family size in [CURRENT MONTH] [CURRENT YEAR-1]? This would include you, [if DOV_BASEGROUP=1: your spouse or partner, and any of your children or stepchildren under 19 who were living with you] [if DOV_BASEGROUP=2: any of your parents who were living with you, and any of your siblings under 19 who were living with you].

Family size in [INSERT CURRENT MONTH] [INSERT CURRENT YEAR-1]:_____

Q51C. The economic downturn caused by the coronavirus outbreak has affected incomes for many people in 2020.

We're interested in your family's income in 2019, that is, the year **before** the coronavirus outbreak. [IF DOV_BASEGROUP=1: This would include your income **PLUS** the income of your spouse or partner (if applicable) and any of your children or stepchildren under 19 who were living with you.] [IF DOV_BASEGROUP=2: This would include your income **PLUS** the income of any of your parents who were living with you, and any of your siblings under 19 who were living with you.]

Please mark the category that best describes your **family's** total income in **2019** before taxes and other deductions. Your best estimate is fine.

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

	50% FPL	100% FPL	150% FPL	200% FPL	250% FPL	300% FPL	400% FPL	500% FPL	600% FPL
1 person	6,300	12,500	18,800	25,000	31,300	37,500	50,000	62,500	75,000

2	8,500	17,000	25,400	33,900	42,300	50,800	67,700	84,600	101,500
3	10,700	21,400	32,000	42,700	53,400	64,000	85,400	106,700	128,000
4	12,900	25,800	38,700	51,500	64,400	77,300	103,000	128,800	154,500
5	15,100	30,200	45,300	60,400	75,500	90,600	120,700	150,900	181,100
6	17,300	34,600	51,900	69,200	86,500	103,800	138,400	173,000	207,600
7	19,600	39,100	58,600	78,100	97,600	117,100	156,100	195,100	234,100
8	21,800	43,500	65,200	86,900	108,600	130,300	173,800	217,200	260,600
9	24,000	47,900	71,800	95,700	119,700	143,600	191,400	239,300	287,100
10 or more people	26,200	52,300	78,500	104,600	130,700	156,900	209,100	261,400	313,700

Q100. Are you currently receiving unemployment insurance benefits? [IF DOV_FAMSIZE>1: For this question, please exclude benefits received by another family member.]

Yes 1
No 2

[IF Q100=2 OR REFUSED]

Q100A. Did you receive unemployment insurance benefits at any time in the last 12 months, since [CURRENT MONTH] [CURRENT YEAR-1]? [IF DOV_FAMSIZE>1: For this question, please exclude benefits received by another family member.]

Yes 1
No 2

[IF Q100=1 OR Q100A=1]

Q100B. In the last 12 months, when did you first **begin** receiving unemployment insurance benefits? Your best guess is fine.

January 1
February 2
March 3
April 4
May 5
June 6
July 7
August 8
September 9
October 10
November 11
December 12

[IF Q100A=1]

Q100C. In the last 12 months, when did you **stop** receiving unemployment insurance benefits? Your best guess is fine.

January 1
February 2
March 3
April 4
May 5
June 6
July 7
August 8
September 9

October	10
November	11
December	12

[IF Q1=1 OR Q2=1]

Q100E. Is your [if Q1=1: spouse] [if Q2=1: partner] currently receiving unemployment insurance benefits?

Yes	1
No	2

[IF Q100E=2 OR REFUSED]

Q100F. Did your [if Q1=1: spouse] [if Q2=1: partner] receive unemployment insurance benefits at any time in the last 12 months, since [CURRENT MONTH] [CURRENT YEAR-1]?

Yes	1
No	2

[IF Q100E=1 OR Q100F=1]

Q100G. In the last 12 months, when did your [if Q1=1: spouse] [if Q2=1: partner] first **begin** receiving unemployment insurance benefits? Your best guess is fine.

January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	10
November	11
December	12

[IF Q100F=1]

Q100H. In the last 12 months, when did your [if Q1=1: spouse] [if Q2=1: partner] **stop** receiving unemployment insurance benefits? Your best guess is fine.

January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	10
November	11
December	12

[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,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 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
d. Supplemental Security Income (SSI), which provides cash assistance to low-income aged, blind and disabled persons	1	2	3
e. Social Security Disability Income (SSDI), which provides cash assistance to disabled adults with longer work histories	1	2	3

[IF a or b selected in Q53]

[only show items a or b if selected in Q53]

Q53A. Are you or your family still receiving benefits from the following programs now?

	Yes	No
a. The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program.	1	2
b. Medicaid, Medical Assistance, the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored health plan based on income or a disability.	1	2

[IF NUMCHILD_HH_5-18>0]

Q53B. During the coronavirus outbreak, school-based meal programs have been operating differently. [if Q3=1 and DOV_BASEGROUP=1: Has your child] [if Q3>1 and DOV_BASEGROUP=1: Have your children] [if Q3>=1 and any Q4C=Brother/Sister and DOV_BASEGROUP=2: Have you or your siblings] [if (Q3>=0 or Q3=refused) and no Q4C=Brother/Sister and DOV_BASEGROUP=2: Have you] received any of the following school meal supports for the 2020-2021 school year?

	Yes	No
1. School-provided free or reduced price school lunches	1	2
2. Any school-provided replacement for school meals (meal delivery, grab-and-go meals, or any combination of these)	1	2
3. Pandemic-EBT , a new program that provides additional money to purchase food for your children on an electronic benefit card to replace	1	2

free and reduced price meals they would have otherwise received at school during the 2020-2021 school year		
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[IF Q78=1 OR Q78A=1 OR NUMCHILD_HH_0-5>0, UNLESS (Q51=8-10 AND NO ITEMS REFUSED IN Q1-Q6)]

Q86. The Women, Infants, and Children (WIC) nutrition program provides supplemental foods, nutrition education, and health care referrals to pregnant women, new mothers, infants, and children up to age 5.

Did you or anyone in your family receive WIC 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	1
No	2
Don't know	3

[if Q86=2]

Q86A. Did you or anyone in your family **apply for** WIC benefits at any time since [CURRENT MONTH] [CURRENT YEAR-1]?

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

Q101. Thinking about the **next month**, how worried are you that you and your family will have difficulty with each of the following?

	Not at all worried	Not too worried	Somewhat worried	Very worried
1. Having enough to eat	1	2	3	4
2. Being able to work as many hours as you want	1	2	3	4
3. Being able to pay your rent or mortgage	1	2	3	4
4. Being able to pay your gas, oil, or electricity bills	1	2	3	4
5. Being able to pay your debts	1	2	3	4
6. Being able to pay for medical costs	1	2	3	4

[RANDOMLY ASSIGN ALL RESPONDENTS TO DOV_DISC=1 OR DOV_DISC=2]

Q70. Was there a time in the past 12 months when you felt you were [if dov_disc=1: treated] [if dov_disc=2: judged] unfairly in the following places or situations **because of your racial or ethnic background?**

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

[IF Q70_1=1]

Q70C. Did you do any of the following because you were [if dov_disc=1: treated] [if dov_disc=2: judged] unfairly at a doctor's office, clinic, or hospital? Check all that apply.

Looked for a new health care provider	1
Delayed getting care you needed	2
Didn't get care you needed	3
Spoke to the doctor or provider about the way you were treated	4
Filed a complaint	5
Didn't follow the doctor or provider's recommendations	6
Other (specify): [text box]	7

[IF Q70_5=1]

Q70D. Did you do any of the following because you were [if dov_disc=1: treated] [if dov_disc=2: judged] unfairly when applying for social services or public assistance? Check all that apply.

Looked for other ways to apply for social services or public assistance	1
Delayed getting social services or public assistance	2
Didn't get needed social services or public assistance	3
Spoke to the social services or public assistance provider about the way you were treated	4
Filed a complaint	5
Other (specify): [text box]	6

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

[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. Thinking of the relatives [if Q1=1 or Q2=1: other than your [if Q1=1: spouse] [if Q2=1: partner]] who were born outside of the United States, are all of these relatives citizens of the United States?

Yes, all are citizens	1
No, all are noncitizens	2
Some are citizens and some are noncitizens	3

[IF Q73A=2 OR 3]

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 Q3>0, (DO NOT SHOW IF ALL (Q4B=2 AND ALL Q4C=2-5) OR (Q73=2) OR (Q73A=1))]

Q73C. Thinking of your **children or stepchildren under 19** who live with you, are all of these children citizens of the United States?

Yes, all are citizens	1
No, all are noncitizens	2
Some are citizens and some are noncitizens	3

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

Q75C. Was there a time in the past 12 months when you or your family did not apply or participate in non-cash government benefits because of other worries about immigration status or enforcement?

Yes 1
No 2

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

Q75D [S]

Was there a time in the past 12 months when you or your family did not get **other help** with basic needs like rent, food, or medical care because of either worries about obtaining a green card or other worries about immigration status or enforcement?

Yes 1
No 2

[IF Q74=1 or Q75=1 or Q75C=1 or Q75D=1]

[order of response items is randomized]

Q75E. In the last 12 months, did you or your family decide not to apply for or stop participating in the following benefits because of worries about obtaining a green card or other worries about immigration status or enforcement?

	Yes	No
1. Medicaid (which you may know as [state program name]) or CHIP	1	2
2. SNAP or food stamps (which you may know as [state program name])	1	2
3. Housing subsidies	1	2
4. Unemployment insurance	1	2

[IF Q75E=1 AND Q3>0, (DO NOT SHOW IF (ALL Q4B=2 AND ALL Q4C=2-5) OR DOV_BASEGROUP=2)]

Q74B. Did your family decide not to apply for or stop participating in Medicaid or CHIP for **your children** or for someone else in your family because of worries about obtaining a green card or other worries about immigration status or enforcement?

Children 1
Someone else in family 2
Both children and someone else in family 3

[IF Q74=1 or Q75=1 or Q75C=1 or Q75D=1]

[order of response items is randomized]

Q75F. In the last 12 months, did you or your family decide not to apply for or stop participating in the following benefits because of worries about obtaining a green card or other worries about immigration status or enforcement?

	Yes	No
1. Women, Infants, and Children (WIC) nutrition program	1	2
2. [if DOV_NumChild_HH_5_18>0]: Free or reduced price school lunches	1	2
3. [if DOV_NumChild_HH_5_18>0]: Any school-provided replacement for school meals (meal delivery, grab-and-go meals, or any combination of these)	1	2
4. [if DOV_NumChild_HH_5_18>0]: Pandemic EBT, a new program that provides additional money to purchase food for your children on an electronic benefit card to replace free and reduced price meals they would have otherwise received at school	1	2

[IF Q74=1 or Q75=1 or Q75C=1 or Q75D=1]

[order of response items is randomized]

Q75G. In the last 12 months, was there a time when you or your family **did not** get the following kinds of help because of worries about obtaining a green card or other worries about immigration status or enforcement?

	Yes	No
1. Free or low-cost medical care to people without health insurance through a local health clinic or health center	1	2
2. Emergency rental assistance from a local government or community organization	1	2
3. Emergency cash assistance from a local government or community organization	1	2
4. Emergency food assistance from a food pantry, food bank, church, or other place that helps with free food	1	2

[IF Q74=1 or Q75=1 or Q75C=1 or Q75D=1]

Q75H.

Were there any other benefits or assistance you or someone in your family did not get in the past 12 months because of worries about obtaining a green card or other worries about immigration status or enforcement?

Yes (please specify): _____ 1
 No 2

QFollowup. Based on your responses to the survey, you may be eligible to participate in a 20-minute follow-up telephone interview about the ability of you and your family to meet basic needs. If you are selected for a follow-up interview, your first name, phone number, some survey responses, and some of your characteristics (such as age, gender, and race/ethnicity) will be shared with the Urban Institute, a research organization that will be conducting these interviews. Responding yes to this question does not guarantee you will be contacted, and if you are, you will have the opportunity to decide whether or not you want to participate. Would you be interested in being contacted to hear more about the follow-up interviews?

Yes 1
 No 2

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

If you would like more information about your rights to access different programs, whether participation could affect immigration, and the status of recent policy changes, please visit the following websites:

<https://protectingimmigrantfamilies.org/>

<https://keepyourbenefits.org/en/na/>

If you need free or low-cost legal assistance, find a legal services organization near you:

<https://www.immigrationadvocates.org/legaldirectory/>. Please note that these resources are educational only and should not be considered legal advice. If you still have questions about your specific circumstances, please consult a legal professional to get personalized help.