

Well-Being and Basic Needs Survey

December 2021
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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Q4D. Do you have any other children under the age of 18 living outside of your household?

Yes 1
No 2

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

Q4E. Does your [if Q1=1: spouse] [if Q2=1: partner] have any other children under the age of 18 living outside of your household?

Yes 1
No 2

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
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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
Child age [fill from Q4A]	1	2	3	4

[IF ANY ITEM IN Q95=1 OR 2]

Q95B. Since the start of the 2021-2022 school year, have one or more of the children who are living with you had to miss in-person school due to COVID-19 related incidents?

Yes 1
No 2

[IF Q95B=1]

Q95C. Thinking of the child who missed the most in-person school, about how many days were missed?

1 day 1
2-5 days 2
6-10 days 3
11-15 days 4
More than 15 days 5

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

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

[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

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?

[IF (Q31B, C, D, OR G=1 OR Q32=2) AND Q31A=2, 3, OR REFUSED AND Q31E=2, 3, OR REFUSED]

Q32B. State and federal health insurance marketplaces can be used to shop for health insurance and compare prices and benefits. You may know the marketplace as Healthcare.gov [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES: or (PROGRAM NAME)]. Is your current coverage a health insurance plan through the marketplace?

Yes 1
 No 2

[IF Q32B=1]

Q32D. Is there a premium for your health insurance plan? A premium is a fixed amount of money people pay to have health coverage. It is often a monthly payment. It does not include copays or other expenses such as prescription costs.

Yes	1
No	2

[IF Q32D=2]

Q32E. Some people have a plan that charges a premium but they do not have to pay it. Does that describe your situation?

Yes	1
No	2

[IF Q32D=1 OR Q32E=1]

Q32F. Is the cost of the premium for your health insurance plan subsidized based on your family income?

Yes	1
No	2
Don't know	3

[IF Q32D=1 OR Q32E=1]

Q32G. In March 2021, Congress passed a law that increased subsidies for premiums in the health insurance marketplaces? How much have you heard about the increased subsidies?

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

[IF Q32D=1 OR Q32E=1]

Q32H. As a result of the law Congress passed in March 2021, did the increased subsidies lower the premiums you pay for health insurance?

Yes	1
No	2
Don't know	3

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

[IF Q33=1 AND (Q32D=1 OR Q32E=1)]

Q33A. Have you had the same type of health insurance or health coverage plan for all of the past 12 months? That is, since [CURRENT MONTH] [CURRENT YEAR-1]?

Yes	1
No	2

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

Q70F. Was there a time in the past 12 months when you felt you were treated or judged unfairly at a doctor's office, clinic, or hospital because of any of the following reasons?

	Yes	No
1. Your racial or ethnic background	1	2
2. Your gender or gender identity	1	2
3. Your sexual orientation	1	2
4. Your country of origin	1	2
5. Your primary language	1	2
6. Your health insurance coverage type	1	2
7. A disability	1	2
8. A health condition	1	2
9. Your income level	1	2
10. Other reason (specify): _____	1	2

[IF ANY ITEM IN Q70F=1]

Q70G. Thinking of the last time you were treated or judged unfairly at a doctor's office, clinic, or hospital, did you take any of the following actions?

	Yes	No
1. Looked for a new health care provider	1	2
2. Delayed getting care you needed	1	2
3. Did not get care you needed	1	2
4. Spoke to the doctor or provider about the way you were treated	1	2
5. Filed a complaint	1	2

6. Did not follow the doctor or provider's recommendations	1	2
7. Other (specify): _____	1	2

The next few questions ask about your employment.

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

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

[IF Q37=2]

Q37A. Are you on temporary layoff from a job?

Yes 1
No 2

[IF Q37A=1]

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

Yes 1
No 2

[IF Q37=1]

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

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

[IF Q39=1]

Q39C. Altogether, how many jobs do you have?

2 jobs 1
3 or more jobs 2

[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 Q37=1 AND Q39A=1]

Q48A. We're interested in whether you can take paid leave from your [IF Q39=1: main] job if you had to miss work for the following reasons. [IF Q39=1: Thinking about your main job, can] [IF Q39 NE 1: Can] you take paid leave for ...

	Yes	No	Don't know
1. Your own illness or medical care	1	2	3
2. The illness or medical care of another family member (such as a spouse, child, or parent)	1	2	3
3. The birth or adoption of a child, including caring for a new child	1	2	3

[IF ANY ITEM IN Q48A=1; show selected items]

Q48B. How many weeks of paid leave can you take [IF Q39=1: from your main job] for each of the following reasons? Your best guess is fine.

	2 weeks or less	More than 2 weeks to 8 weeks	More than 8 weeks to 12 weeks	More than 12 weeks	Don't know
1. [IF Q48A_1=1: Your own illness or medical care]	1	2	3	4	5
2. [IF Q48A_2=1: The illness or medical care of another family member (such as a spouse, child, or parent)]	1	2	3	4	5
3. [IF Q48A_3=1: The birth or adoption of a child, including caring for a new child]	1	2	3	4	5

[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 Q44=2 OR Q47A=3 OR 4]

[order of response items is randomized]

Q47G. Which of the following are reasons [IF Q44=2: you cannot arrange child care] [IF Q44=2 AND Q47A=3 OR 4: or] [IF Q47A=3 OR 4: child care responsibilities impact your ability to work]?

	Yes	No
1. Child care is not available	1	2
2. Child care is too expensive	1	2
3. You are concerned about health and safety	1	2
4. Child care or schools are not open consistently during the pandemic	1	2
5. Other reason (please specify): _____	1	2

[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 |

Q45D. For this question, think about how your current employment situation compares to one year ago, that is, in [CURRENT MONTH] [CURRENT YEAR-1].

Compared to [CURRENT MONTH] [CURRENT YEAR-1], are you currently working more hours, about the same number of hours, or fewer hours?

- | | |
|--------------------------------------------------|---|
| Currently working more hours | 1 |
| Currently working about the same number of hours | 2 |
| Currently working fewer hours | 3 |

[IF Q1=1 OR Q2=1]

Q45E. For this question, think about how your [IF Q1=1: spouse's] [IF Q2=1: partner's] current employment situation compares to one year ago, that is, in [CURRENT MONTH] [CURRENT YEAR-1].

Compared to [CURRENT MONTH] [CURRENT YEAR-1], is your [IFQ1=1: spouse] [IF Q2=1: partner] currently working more hours, about the same number of hours, or fewer hours?

- | | |
|--------------------------------------------------|---|
| Currently working more hours | 1 |
| Currently working about the same number of hours | 2 |
| Currently working fewer hours | 3 |

[IF (Q45D=1 AND Q45E=3) OR (Q45D=3 AND Q45E=1)]

Q45F. You told us you are currently working [IF Q45D=1: more] [IF Q45D=3: fewer] hours and your [IF Q1=1: spouse] [IF Q2=1: partner] is working [IF Q45D=1: fewer] [IF Q45D=3: more] hours compared to one year ago.

Would you say that, in total, you and your [IF Q1=1: spouse] [IF Q2=1: partner] are currently working more hours, about the same number of hours, or fewer hours compared to one year ago?

- | | |
|--------------------------------------------------|---|
| Currently working more hours | 1 |
| Currently working about the same number of hours | 2 |
| Currently working fewer hours | 3 |

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	6,500	12,900	19,400	25,800	32,200	38,700	51,600	64,400	77,300
2	8,800	17,500	26,200	34,900	43,600	52,300	69,700	87,100	104,600
3	11,000	22,000	33,000	44,000	54,900	65,900	87,900	109,800	131,800
4	13,300	26,500	39,800	53,000	66,300	79,500	106,000	132,500	159,000
5	15,600	31,100	46,600	62,100	77,600	93,200	124,200	155,200	186,300
6	17,800	35,600	53,400	71,200	89,000	106,800	142,400	177,900	213,500
7	20,100	40,200	60,200	80,300	100,300	120,400	160,500	200,600	240,800
8	22,400	44,700	67,000	89,400	111,700	134,000	178,700	223,300	268,000
9	24,600	49,200	73,800	98,400	123,000	147,600	196,800	246,000	295,200
10 or more people	26,900	53,800	80,700	107,500	134,400	161,300	215,000	268,700	322,500

Q103. To address the impact of the COVID-19 pandemic on the economy, the federal government sent “stimulus payments” to many US households. Did your household receive any stimulus payments from the federal government in the last two years?

- Yes 1
 No 2
 Don't know 3

Q103A. Did you or someone in your household file a federal income tax return in the last two years?

- Yes 1
 No 2
 Don't know 3

[IF Q103A=1 AND (Q3>0 OR Q4D=1 OR Q4E=1)]

Q103B. Did you or someone in your household claim the Child Tax Credit when you filed your last tax return?

- Yes 1
 No 2
 Don't know 3

[IF Q103B=1]

Q103C. For how many children under the age of 18 did your household claim the Child Tax Credit when you filed your last tax return?

Number of children: _____

[IF Q3>0 OR Q4D=1 OR Q4E=1]

Q103D. In the last 6 months, that is, since July 2021, did you or someone in your household receive one or more monthly Child Tax Credit payments? You may have received the payments as a paper check or as a direct deposit to your bank account.

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

[IF Q103D=1]

Q103E. Would you prefer to get Child Tax Credit payments monthly or as one payment as a tax refund?

- Monthly 1
- As one payment as a tax refund 2
- I do not have a preference 3

[IF Q103D=1]

Q103F. Have the following increased, stayed the same, or decreased because of the monthly Child Tax Credit payments?

	Increased	Stayed the same	Decreased
1. The number of hours you work	1	2	3
2. [IF Q1=1 OR Q2=1]: The number of hours your [if Q1=1: spouse] [if Q2=1: partner] works	1	2	3
3. [IF Q4B=1 OR REFUSED OR Q4C=1 OR REFUSED]: The amount of time you spend caring for your children	1	2	3
4. [IF (Q4B=1 OR REFUSED OR Q4C=1 OR REFUSED) and (Q1=1 OR Q2=1)]: The amount of time your [IF Q1=1: spouse] [IF Q2=1: partner] spends caring for your children	1	2	3
5. [IF Q4B=1 OR REFUSED OR Q4C=1 OR REFUSED]: The amount of time your children receive care outside the home	1	2	3
6. Your ability to pay for essential expenses such as food, the rent or mortgage, utilities, and medical bills	1	2	3

[IF Q103D=2]

Q103G. What is the main reason you or someone in your household did not receive a Child Tax Credit payment in the last 6 months?

- Have not heard about the credit 1
- Did not think my household was eligible for the credit 2
- Did not know how to claim the credit 3
- Could not find help filing tax forms or signing up for the credit 4
- Tried to claim the credit but have not received payment 5
- [IF Q3>0]: Someone outside my household claimed the credit for the children who live with me 6
- [IF Q4D=1 OR Q4E=1]: Someone outside my household claimed the credit for the children who do not live with me 7
- Other reason (please specify):_____ 8

Q103H. Do you or someone in your household plan to file a federal income tax return in 2022?

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

Q100. The next questions ask about unemployment insurance.

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 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

[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
f. [IF NUMCHILD_HH_0-6>0] Help paying for child care from a government agency	1	2	3

g. Cash assistance from a state or county welfare program, including Temporary Assistance for Needy Families (TANF) [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: , which you may know as [INSERT PROGRAM NAME] in your state.]	1	2	3
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[ASK UNLESS (Q51=8-10 AND NO ITEMS REFUSED IN Q1-Q6)]

Q54I. Did you or anyone in your family apply for the following benefits at any time since [CURRENT MONTH] [CURRENT YEAR-1]?

	Yes	No	Don't know
1. [if Q53_A=2, 3, or refused]: The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program.	1	2	3
2. [if Q53_B=2, 3, or refused]: 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	3
3. [if Q53_C=2, 3, or refused]: A federal, state, or local government housing program that lowers your rent, such as a housing voucher or public housing	1	2	3
4. [if Q53_D=2, 3, or refused]: Supplemental Security Income (SSI)	1	2	3
5. [if Q53_E=2, 3, or refused]: Social Security Disability Income (SSDI)	1	2	3
6. [if Q53_G=2, 3, or refused]: Cash assistance from a state or county welfare program, including Temporary Assistance for Needy Families (TANF)	1	2	3
7. [if Q100A=2 or refused and (Q100E=skipped or Q100F=2 or refused)]: Unemployment insurance benefits	1	2	3

[IF Q31D=1 OR Q11=1 OR ANY ITEM IN Q53=1 OR ANY ITEM IN Q54I=1 OR Q100=1 OR Q100A=1 OR Q100E=1 OR Q100F=1]

[Loop through Q54J and Q54K for each program selected]

1. [IF Q53_A=1 OR Q54I_A=1]: the Supplemental Nutrition Assistance Program (SNAP)
2. [IF Q31D=1 OR Q53_B=1 OR Q54I_B=1]: Medicaid, Medical Assistance, or CHIP
3. [IF Q11=1 OR Q53_C=1 OR Q54I_C=1]: the federal, state, or local government housing program that lowers your rent
4. [IF Q53_D=1 OR Q54I_D=1]: Supplemental Security Income (SSI)
5. [IF Q53_E=1 OR Q54I_E=1]: Social Security Disability Income (SSDI)
6. [IF Q53_G=1 OR Q54I_G=1]: cash assistance from a state or county welfare program, including Temporary Assistance for Needy Families (TANF),
7. [IF Q100=1 OR Q100A=1 OR Q100E=1 OR Q100F=1 OR Q54I_H=1]: unemployment insurance

Q54J. Thinking about your and your family's experiences with [program] in the past 12 months, how often:

	Always	Sometimes	Usually	Always	Did not communicate with program staff
1. did the program staff treat you with courtesy and respect?	1	2	3	4	5

2. did the program staff give you the information or help you needed?	1	2	3	4	5
3. [if speaks Spanish or bilingual: were you able to find information about the program in your preferred language]?	1	2	3	4	

Q54K. Thinking about your and your family's experiences with [program] in the past 12 months, was there ever a time when

	Yes	No
1. you had trouble figuring out if you or your family member were eligible for the program?	1	2
2. you had trouble providing required documentation or completing other paperwork?	1	2
3. someone from a community organization (e.g., a navigator or benefit assister) helped you or your family apply for the program?	1	2
4. you did not get benefits as soon as you needed them?	1	2
5. you felt treated or judged unfairly because of your racial or ethnic background?	1	2

Q54L. A recent change to the National School Lunch Program makes free school lunches available to all students for the 2021-2022 school year. Have you heard about this change?

Yes 1
No 2

[respondents are randomly assigned to see response items ordered 1-5 or 5-1, and order of support or oppose is randomized in question stem]

Q54M. Would you support or oppose a permanent change making free school lunches available to all students?

Strongly support 1
Somewhat support 2
Neither support or oppose 3
Somewhat oppose 4
Strongly oppose 5

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

[respondents are randomly assigned to version A or B]

Q70E. This question is about **how others see your race**, not how you identify yourself. If you were out in public, what race do you think other people who do not know you personally would assume you were based on what you look like (for example, your skin color, facial features, and hair)?

Version A

White	1
Black or African American	2
Brown (not Black or African American)	3
East or Southeast Asian (such as Chinese, Japanese, Korean, Filipino, or Vietnamese)	4
South Asian (such as Indian or Pakistani)	5
American Indian or Alaska Native	6
Some other race (please specify):____	7

Version B

White	1
Black or African American	2
East or Southeast Asian (such as Chinese, Japanese, Korean, Filipino, or Vietnamese)	3
South Asian (such as Indian or Pakistani)	4
American Indian or Alaska Native	5
Hispanic or Latino	6
Middle Eastern or Arab	7
Some other race (please specify):____	8

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

Q71. Are you a citizen of the United States?

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

[IF Q71=4 or 5]

Q71A. On which continent were you born?

North America (including Central America and the Caribbean)	1
South America	2
Europe	3
Africa	4
Asia (including the Middle East)	5
Australia and Oceania	6

[IF Q71=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

[IF Q3>0, (NOT SHOWN IF ALL RESPONSES IN Q4B=2 AND ALL RESPONSES IN Q4C=2-5)]

Q73C_1. Thinking of **your children or stepchildren under 19** who live with you, were any of these children born outside the United States?

Yes	1
No	2

[IF Q73C_1=1]

Q73D. Thinking of your children or stepchildren under 19 who live with you who were born outside of the United States, 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 Q73D = 2 OR 3]

Q73E. Thinking of your children or stepchildren under 19 who live with you who are not citizens, are all of these children permanent residents with green cards?

Yes, all are permanent residents	1
No, all are not permanent residents	2
Some are permanent residents and some are not permanent residents	3

Q73_1. [IF Q1=1 OR Q2=1 OR Q73C_1=1, 2, OR REFUSED: Other than [IF Q1=1: your spouse] [IF Q2=1: your partner], [IF (Q1=1 OR Q2=1) AND Q73C_1=1, 2, OR REFUSED: and] [IF Q73C_1=1, 2, OR REFUSED: your children] are] [IF Q1 NE 1 AND Q2 NE 1 AND Q73C_1=SKIPPED: Are] you currently living with any other relatives?

Yes	1
No	2

[IF Q73_1 = 1]

Q73_2. Were any of these other relatives who live with you born outside the United States?

Yes	1
No	2

[IF Q73_2=1]

Q73A. Thinking of the relatives who live with you 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 these other relatives who live with you who are not citizens, are all of these relatives permanent residents with green cards?

- Yes, all are permanent residents 1
- No, all are not permanent residents 2
- Some are permanent residents and some are not permanent residents 3

[IF Q71=4 OR 5 OR Q72=4 OR 5 OR Q73C_1=1 OR Q73_2=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 Q73C_1=1 OR Q73_2=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 Q73C_1=1 OR Q73_2=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 Q73C_1=1 OR Q73_2=1]

Q75D. 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 Q71=4 OR 5 OR Q72=4 OR 5 OR Q73C_1=1 OR Q73_2=1]

Q75I. 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 because you weren't sure if you were eligible because of your or a family member's immigration status?

- Yes 1
- No 2

[IF Q71=4 OR 5 OR Q72=4 OR 5 OR Q73C_1=1 OR Q73_2 =1]

Q75J. 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 because you were asked to provide your Social Security Number or proof of your citizenship or immigration status when you tried to apply for a family member?

Yes	1
No	2

[IF Q71C=2]

Q71D. Are you currently here on a student visa, a work visa or permit, Deferred Action for Childhood Arrivals (DACA), Temporary Protected Status (TPS), asylum or refugee status, or another document which permits you to stay in the U.S. for a limited time?

Yes	1
No	2

[IF Q72A=2]

Q72B. Is your [IF Q1=1: spouse] [IF Q2=1: partner] currently here on a student visa, a work visa or permit, Deferred Action for Childhood Arrivals (DACA), Temporary Protected Status (TPS), asylum or refugee status, or another document which permits them to stay in the U.S. for a limited time?

Yes	1
No	2

[IF Q73E=2 OR 3 OR Q73B =2 OR 3]

Q73F. Thinking of your [IF Q73E=2 OR 3: children] [IF Q73E=2 OR 3 AND Q73B=2 OR 3: and] [IF Q73B=2 OR 3: other relatives] who live with you and are not permanent residents, are all of them currently here on a student visa, a work visa or permit, Deferred Action for Childhood Arrivals (DACA), Temporary Protected Status (TPS), asylum or refugee status, or another document which permits them to stay in the U.S. for a limited time?

Yes	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.