

Well-Being and Basic Needs Survey

December 2022
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

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

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

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

Q5A. Earlier, you reported that you were [IF Q1=1: married] [IF Q2=1: living with a partner]. Is your [IF Q1=1: spouse] [IF Q2=1: partner] living in your household at least 50% of the time?

Yes	1
No	2

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

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

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

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

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

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

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

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

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)

QA. What state do you live in?

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York

North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

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

Q8. Is the place where you live...

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

[IF Q8=1]

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

Monthly amount: \$_____

or

No regular payment required

[IF Q8=2]

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

Monthly amount: \$_____

[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

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

Typical month's cost: \$_____

or

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

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

Past 12 months' cost: \$_____

or

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

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

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

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

Q28E. The next questions ask about difficulties you may have doing certain activities because of a health problem.

	Yes	No
1. Are you deaf or do you have serious difficulty hearing?	1	2
2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1	2
3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	1	2
4. Do you have serious difficulty walking or climbing stairs?	1	2
5. Do you have difficulty dressing or bathing?	1	2

6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	1	2
7. Using your usual language, do you have difficulty communicating (for example, understanding or being understood)?	1	2

[IF Q1=1 OR Q2=1 OR Q5>0]

Q28F. Now thinking about the **other adults age 19 and older** who are living in your household...

	Yes	No
1. Are any of these adults deaf or do they have serious difficulty hearing?	1	2
2. Are any of these adults blind or do they serious difficulty seeing, even when wearing glasses?	1	2
3. Because of a physical, mental, or emotional condition, do any of these adults have serious difficulty concentrating, remembering, or making decisions?	1	2
4. Do any of these adults have serious difficulty walking or climbing stairs?	1	2
5. Do any of these adults have difficulty dressing or bathing?	1	2
6. Because of a physical, mental, or emotional condition, do any of these adults have difficulty doing errands alone such as visiting a doctor's office or shopping?	1	2
7. Using their usual language, do any of these adults have difficulty communicating (for example, understanding or being understood)?	1	2

[IF Q3>0]

Q28G. Now thinking about the **children under age 19** who are living in your household...

	Yes	No
1. Are any of these children deaf or do they have serious difficulty hearing?	1	2
2. Are any of these children blind or do they serious difficulty seeing, even when wearing glasses?	1	2

[IF Q4A>4]

Q28H. Now thinking about the **children ages 5 to 18** who are living in your household...

	Yes	No
1. Because of a physical, mental, or emotional condition, do any of these children have serious difficulty concentrating, remembering, or making decisions?	1	2
2. Do any of these children have serious difficulty walking or climbing stairs?	1	2
3. Do any of these children have difficulty dressing or bathing?	1	2
4. Using their usual language, do any of these children have difficulty communicating (for example, understanding or being understood)?	1	2

[IF Q4A>14]

Q28I. Now thinking about the **children ages 15 to 18** who are living in your household...

	Yes	No
1. Because of a physical, mental, or emotional condition, do any of these children have difficulty doing errands alone such as visiting a doctor's office or shopping?	1	2

Q29B. The next questions are about coronavirus or COVID-19.

Have you ever taken a test that showed you had COVID-19 or been told by a doctor or other health professional that you had COVID-19?

Yes	1
No	2

[IF Q29B=2 OR REFUSED]

Q29C. Do you think you have ever had COVID-19?

Yes	1
No	2

[IF Q29B=1 OR Q29C=1]

Q29D. Are you experiencing symptoms more than four weeks after having COVID-19 that are not explained by something else? This is often referred to as “long COVID.”

Some examples of symptoms include tiredness or fatigue; difficulty thinking, concentrating, or remembering (sometimes referred to as “brain fog”); difficulty breathing or shortness of breath; joint or muscle pain; fast-beating or pounding heart (also known as heart palpitations); chest pain; dizziness on standing; menstrual changes; changes to taste or smell; or inability to exercise.

Yes	1
No	2

[IF Q29D=1]

Q29E. How long have you been experiencing these symptoms since having COVID-19?

Less than 3 months	1
3 months to less than a year	2
1 year or more	3

[IF Q29D=1]

Q29F. Do these symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

Yes, a lot	1
Yes, a little	2
Not at all	3

[IF Q29D=1]

Q29G. Have you stopped working because of these symptoms? That is, you were working before having these symptoms and you are no longer working now?

Yes	1
No	2

[IF Q29G=2 OR REFUSED]

Q29H. Because of these symptoms, which we’ll refer to as “long COVID” symptoms, have you done each of the following:

	Yes	No
1. Requested a change at your current employer to help you do your job (such as a reasonable accommodation)	1	2
2. Reduced your work hours at your current employer	1	2
3. Changed employers to accommodate your illness	1	2
4. Limited your activities outside of work (such as social activities, errands, or chores at home) in order to keep working	1	2

[IF Q29H_1=1]

Q29I. Was your request for a change at your current employer (such as a reasonable accommodation) approved or denied?

Approved	1
Denied	2
No decision has been made yet	3

[Q29D=1]

Q29J. Because of [if Q29G=2 or refused: long COVID symptoms] [if Q29G=1: these symptoms, which we'll refer to as "long COVID" symptoms], have you done each of the following:

	Yes	No
1. Applied for disability benefits from your employer (either short-term or long-term)	1	2
2. Applied for disability benefits from the government, such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)	1	2

[IF Q29J_1=1]

Q29K. Was your application for disability benefits from your employer approved or denied?

Approved	1
Denied	2
No decision has been made yet	3

[IF Q29J_2=1]

Q29L. Was your application for disability benefits from the government approved or denied?

Approved	1
Denied	2
No decision has been made yet	3

[IF Q29D=1]

Q29M. Was there ever a time when you needed health care for long COVID symptoms but did not get it?

Yes	1
No	2

[Q29M=1]

[ORDER OF RESPONSES 1-7 IS RANDOMIZED]

Q29N. When you did not get health care you needed for long COVID symptoms, was it for any of the following reasons?

	Yes	No
1. You could not afford care	1	2
2. You could not find a doctor or health care provider accepting new patients	1	2
3. You could not find a doctor or health care provider who would accept your type of health insurance coverage	1	2
4. You could not get an appointment at a doctor's office or clinic as soon as you needed one	1	2
5. You had difficulty getting authorization from your health insurance plan for health care or prescription drugs	1	2
6. Your doctor or health care provider did not know how to treat you	1	2
7. Your doctor or health care provider dismissed your concerns	1	2

8. Some other reason (please specify): _____	1	2
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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 DOV_FAMSIZE>1]

Q32I. Are any of your family members [if Q31D=1 OR Q31G=1 OR Q32=2: (other than yourself)] covered by 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 disability? [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES, INSERT: You may know this type of coverage as [state program name].] [IF DOV_BASEGROUP=1: This would include a spouse or partner (if applicable) and any of your children or stepchildren under 19 who live with you.] [IF DOV_BASEGROUP=2: This would include any of your parents who are living with you and any of your siblings under 19 who are living with you.]

Yes, covered	1
No, not covered	2
Not sure	3

[IF Q31D=1 OR Q31G=1 OR Q32=2 OR Q32I=1]

Q32J. Since March 2020, states have been required to keep Medicaid enrollees continuously covered unless enrollees choose to cancel their coverage or move out of state. How much have you heard about this requirement?

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

[IF Q31D=1 OR Q31G=1 OR Q32=2 OR Q32I=1]

Q32K. When the regular Medicaid renewal process starts up again, some people with Medicaid will have to renew their coverage. How much have you heard that your state may be returning to the regular Medicaid renewal process next year?

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

Q35E. In the past 12 months, about how much have you and your family spent out-of-pocket for health care costs that were not covered by your health insurance or health coverage plan? Your best estimate is fine.

This would not include any premiums you pay for your health insurance or any health care costs that you will be reimbursed for.

No out-of-pocket costs	1
\$1 to \$999	2
\$1,000 to \$1,999	3
\$2,000 to \$4,999	4
\$5,000 or more	5

Q36A. Was there any time in the past 12 months when you needed medical care but did **not** get it because of difficulty taking time off work?

Yes	1
No	2

[if Q36A=1]

Q36B. Thinking of the times you did not get medical care you needed because of difficulty taking time off work, was it for any of the following reasons?

	Yes	No
1. You thought you might lose your job if you took time off work	1	2
2. You could not afford to take unpaid time off work	1	2

Q36C. In the past 12 months, was there a time when you delayed getting or did not get any of the following types of equipment, supplies, or services you needed?

	Yes	No
1. Medical equipment, devices, or aids (including getting new equipment, devices, or aids or repairing existing equipment, devices, or aids)	1	2
2. Disposable medical supplies	1	2
3. Physical therapy, occupational therapy, speech therapy, or respiratory therapy	1	2
4. Care at home from a nurse or other health professional	1	2
5. Personal assistance services (such as help with bathing, dressing, eating, or shopping)	1	2

[IF Q1=1 OR Q2=1 OR Q3>0 OR Q5>0]

Q36D. In the past 12 months, was there a time when **someone else living with you** delayed getting or did not get any of the following types of equipment, supplies, or services they needed?

	Yes	No
1. Medical equipment, devices, or aids (including getting new equipment, devices, or aids or repairing existing equipment, devices, or aids)	1	2
2. Disposable medical supplies	1	2
3. Physical therapy, occupational therapy, speech therapy, or respiratory therapy	1	2
4. Care at home from a nurse or other health professional	1	2
5. Personal assistance services (such as help with bathing, dressing, eating, or shopping)	1	2

[IF ANY ITEM IN Q36D=1; ONLY SHOW ITEMS SELECTED IN Q36D]

Q36E. Who in your household (other than yourself) delayed getting or was unable to get the following types of equipment, supplies, or services? Check all that apply.

	[if Q1=1: Your spouse]	[if Q2=1: Your partner]	[if Q3>0: Your children or stepchildren under 19]	Your children ages 19 or older	A parent or grandparent	Someone else (please specify):
1. Medical equipment, devices, or aids	1	2	3	4	5	6
2. Disposable medical supplies	1	2	3	4	5	6
3. Physical therapy, occupational therapy, speech therapy, or respiratory therapy	1	2	3	4	5	6
4. Care at home from a nurse or other health professional	1	2	3	4	5	6
5. Personal assistance services (such as help with bathing, dressing, eating, or shopping)	1	2	3	4	5	6

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 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 Q41=MISSING/REFUSED) AND (Q40<35 OR Q40=MISSING/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 or cannot find work	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 Q1=1 OR Q2=1]

Q45. Is your [IF Q1=1: spouse] [IF Q2=1: partner] currently working for pay or self-employed?

- Yes, [IF Q1=1: spouse] [IF Q2=1: partner] is working for pay or self-employed 1
 No, [IF Q1=1: spouse] [IF Q2=1: partner] is not working 2

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

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

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

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

	50% FPL	100% FPL	150% FPL	200% FPL	250% FPL	300% FPL	400% FPL	500% FPL	600% FPL
1 person	6,800	13,600	20,400	27,200	34,000	40,800	54,400	68,000	81,600
2	9,200	18,400	27,500	36,700	45,800	55,000	73,300	91,600	109,900
3	11,600	23,100	34,600	46,100	57,600	69,100	92,200	115,200	138,200
4	13,900	27,800	41,700	55,500	69,400	83,300	111,000	138,800	166,500
5	16,300	32,500	48,800	65,000	81,200	97,500	129,900	162,400	194,900
6	18,600	37,200	55,800	74,400	93,000	111,600	148,800	186,000	223,200
7	21,000	42,000	62,900	83,900	104,800	125,800	167,700	209,600	251,500
8	23,400	46,700	70,000	93,300	116,600	139,900	186,600	233,200	279,800
9	25,700	51,400	77,100	102,700	128,400	154,100	205,400	256,800	308,100
10 or more people	28,100	56,100	84,200	112,200	140,200	168,300	224,300	280,400	336,500

[IF RESPONDENT ANSWERED Q51]

Q51A. You told us your family's total income over the last year before taxes and other deductions was [fill from Q51].

To help us understand affordability challenges American families may be facing, within this range can you please provide your best estimate of your family's total income over the last year before taxes and other deductions?

\$ _____

[ASKED 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 AND Q32I=2,3,REFUSED,SKIPPED] 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: , which you may know as [PROGRAM NAME] in your state.]	1	2	3
h. Unemployment insurance benefits	1	2	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

[RESPONDENTS ARE RANDOMLY ASSIGNED TO ORDER 1-5 (INCREASED A LOT...DECREASED A LOT) OR 5-1 (DECREASED A LOT...INCREASED A LOT)]

Q65A. How have the costs you [if DOV_FAMSIZE>1: and your family] pay for the following expenses changed in the past 12 months, that is, since [CURRENT MONTH][CURRENT YEAR-1]?

	Increased a lot	Increased a little	Stayed about the same	Decreased a little	Decreased a lot	Don't know	Not applicable
1. Rent or mortgage	1	2	3	4	5	6	7
2. Groceries	1	2	3	4	5	6	7
3. Home heating	1	2	3	4	5	6	7

4. Gasoline	1	2	3	4	5	6	7
5. [IF Q3>0: Child care]	1	2	3	4	5	6	7
6. Health insurance premiums	1	2	3	4	5	6	7

Q65B. Because of recent price increases, have you [if DOV_FAMSIZE>1: and your family] done each of the following?

	Yes	No
1. Reduced the amount of food you buy	1	2
2. Did not buy the kinds of food you [IF DOV_FAMSIZE>1: and your family] wanted to eat	1	2
3. Withdrew money from your savings	1	2
4. Increased your credit card debt	1	2
5. Borrowed money from family or friends	1	2

Q65C. Do you [IF Q1=1 OR Q2=1 OR Q3>0 OR Q5>0: or anyone living in your household] have a student loan?

Yes 1
No 2

[if Q65C=1 AND (Q1=1 OR Q2=1 OR Q3>0 OR Q5>0)]

Q65D. How many people in your household have a student loan?

One person has a student loan 1
More than one person has a student loan 2

[IF Q65C=1]

Q65E. How much is still owed on all of your [IF Q1=1 OR Q2=1 OR Q3>0 OR Q5>0: household's] student loans?

Less than \$10,000 1
\$10,000 to \$19,999 2
\$20,000 to \$29,999 3
\$30,000 to \$49,999 4
\$50,000 to \$99,999 5
\$100,000 or more 6
Don't know 7

[IF Q65C=1]

Q65F. Have you [IF Q1=1 OR Q2=1 OR Q3>0 OR Q5>0: or anyone in your household] applied for the government's plan to forgive up to \$10,000 (\$20,000 for Pell Grant recipients) in federal student loans?

Yes 1
No 2

[IF Q65F=2]

Q65G. Do you [IF Q1=1 OR Q2=1 OR Q3>0 OR Q5>0: or anyone in your household] have a federal student loan (for example Stafford, Direct, PLUS, U.S. Department of Education)?

Yes 1
No 2
Not sure 3

[Q65F=2 AND Q65G=1, 3, OR REFUSED]

Q65H. Please select the reasons you [IF Q1=1 OR Q2=1 OR Q3>0 OR Q5>0: or other members of your household] have not applied for the government's plan to forgive federal student loans.

	Yes	No
1. You were not aware of the federal student loan forgiveness plan	1	2
2. Your income is too high to qualify for student loan forgiveness	1	2
3. Your loan does not qualify for student loan forgiveness	1	2
4. You have not applied but plan to apply	1	2
5. You believe student loan forgiveness will occur automatically	1	2
6. Other reason (specify): _____	1	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 race	1	2
2. Your ethnicity	1	2
3. Your gender	1	2
4. Your gender identity or sexual orientation	1	2
5. Your country of origin or primary language	1	2
6. Your health insurance coverage type	1	2
7. A disability or health condition	1	2
8. Your weight	1	2
9. Your income or education	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. Wrote a review or shared on social media	1	2
8. Other (specify): _____	1	2

Q70H. Was there a time in the past 12 months when you felt you were treated or judged unfairly **at work** because of any of the following reasons?

	Yes	No
1. Your race	1	2
2. Your ethnicity	1	2
3. Your gender	1	2
4. Your gender identity or sexual orientation	1	2
5. Your country of origin or primary language	1	2
6. A disability or health condition	1	2
7. Your weight	1	2
8. Your income or education	1	2
9. Other reason (specify): _____	1	2

[IF ANY ITEM IN Q70H=1]

Q70I. Thinking of the last time you were treated or judged unfairly at work, did you take any of the following actions?

	Yes	No
1. Looked for a new job	1	2
2. Spoke to a manager or supervisor about the way you were treated	1	2
3. Filed a complaint	1	2
4. Other (specify): _____	1	2

Q70J. Was there a time in the past 12 months when you felt you were treated or judged unfairly **when applying for public benefits** because of any of the following reasons?

	Yes	No
1. Your race	1	2
2. Your ethnicity	1	2
3. Your gender	1	2
4. Your gender identity or sexual orientation	1	2
5. Your country of origin or primary language	1	2
6. A disability or health condition	1	2
7. Your weight	1	2
8. Your income or education	1	2
9. Other reason (specify): _____	1	2

[IF ANY ITEM IN Q70J=1]

Q70K. Thinking of the last time you were treated or judged unfairly when applying for public benefits, did you take any of the following actions?

	Yes	No
1. Looked for other ways to apply for benefits	1	2
2. Delayed getting benefits	1	2
3. Did not get needed benefits	1	2
4. Spoke to the benefits provider about the way you were treated	1	2
5. Filed a complaint	1	2
6. Other (specify): [text box]	1	2

Q70L. 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)?

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 North African (such as Lebanese or Egyptian)	7
Native Hawaiian or other Pacific Islander	8
Some other race (please specify): _____	9

[RESPONDENTS ARE RANDOMLY ASSIGNED TO ORDER 1-10 OR 10-1]

Q70M. As you know, people have a wide variety of skin colors, and some people say their skin color shapes their experiences. The goal of this question is to understand the ways in which your appearance affects your daily life experiences and the way other people perceive you.

Which of these most closely matches your own skin color, even if none of them is exactly right? (If this question makes you uncomfortable, you may skip it.)



1 2 3 4 5 6 7 8 9 10

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 Q71=1 AND QA NE REFUSED]

QB. Were you born in [fill state from QA]?

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

[IF QB=2]

QC. Where were you born?

Alabama
Alaska
Arizona
Arkansas
California

Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

[IF QB=2]

QD. When did you move to [fill state from QA]?

2022

2021

2020

...

1958

[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 Q74=1 OR Q75=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?

	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

[ASKED IF Q75E_1=1 AND Q3>0, (NOT SHOWN 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?

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

[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

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

Q94A. Was there any time in the past 12 months when you [IF Q1=1 OR Q2=1: or [IF Q1=1: your spouse] [IF Q2=1: your partner] gave or sent money to support relatives who are **living outside the United States**? This would include children, a spouse, parents, siblings, or any of your [IF Q1=1 OR Q2=1: or [IF Q1=1: your spouse's] [IF Q2=1: your partner's]] other relatives.

Yes	1
No	2

[IF Q71=1]

Q104A. Were both of your parents born in the United States?

Yes	1
No	2

Q104B. What is the highest level of education that your mother completed?

Less than a high school degree	1
High school degree or GED	2
Some college but no degree	3
Certificate or technical degree	4
Associate degree	5
Bachelor's degree	6
Graduate degree	7
Don't know	8

Q104C. What is the highest level of education that your father completed?

Less than a high school degree	1
High school degree or GED	2
Some college but no degree	3
Certificate or technical degree	4
Associate degree	5
Bachelor's degree	6
Graduate degree	7
Don't know	8

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 Q73C_1=1 OR Q73_2=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.