

APPENDIX O
HOUSEHOLD INTERVIEW #2

CASE ID:_____

HOUSEHOLD INTERVIEW #2

INTRODUCTION

As you may remember, this study is designed to help the U.S. Department of Agriculture understand households’ food choices and America’s food needs. To understand households’ food choices, we need to gather detailed information about households’ financial situations. In this interview I’ll ask you about household expenses, income, and assets – which include things you own or money you may have saved.

Taking part in this study is voluntary - you can skip any question you do not want to answer or that makes you feel uncomfortable. Your decision will not affect any benefits or services you may receive from any other government agency, now or in the future. The information you give us is strictly confidential and will be used only for statistical purposes. It will take about 30 minutes to answer these questions.

I’d like to continue now unless you have any questions for me.

REMIND RESPONDENTS AS NEEDED: Your best guess is all that is needed. You don’t need to make precise calculations or look through your financial information.

SECTION A. NON-FOOD EXPENDITURES

We’re going to start with some questions about your household expenses.

A1. Are your living quarters ...

[SIPP]

- (1) Owned or being bought by you or someone in your household → SKIP TO A2
- (2) Rented, or
- (3) Occupied without paying rent? → SKIP TO A4
- (77) REFUSED → SKIP TO A1b
- (99) DON’T KNOW → SKIP TO A1b

A1a. How much did (you/your household) pay for rent last month?

\$|_|_|_|_|_|·|_|_|_|

(77) REFUSED

(99) DON’T KNOW

A1b. Is this **public housing** – that is, is it owned by a local public housing authority or other public agency? DO NOT INCLUDE MILITARY HOUSING [SIPP]

- (1) YES → SKIP TO A4
- (0) NO
- (77) REFUSED → SKIP TO A4
- (99) DON’T KNOW → SKIP TO A4

A1c. Is the rent here subsidized by the Federal, State, or Local government? By that I mean, is the government paying part of the cost? DO NOT INCLUDE MILITARY HOUSING

- (1) YES → SKIP TO A4
- (0) NO → SKIP TO A4
- (77) REFUSED → SKIP TO A4
- (99) DON’T KNOW → SKIP TO A4

A2. How much is (your/your household's) **monthly mortgage** payment?

INTERVIEWER: IF HOUSE IS PAID OFF, ENTER ZERO.

\$|_|_|_|_|_|_|_|_|_|_|

(77) REFUSED → SKIP TO A2b

(99) DON'T KNOW → SKIP TO A2b

A2a. Does that include your **Real Estate taxes** and **homeowner's insurance**?

(1) YES → SKIP TO A3

(0) NO

(77) REFUSED

(99) DON'T KNOW

A2b. How much do you pay for **real estate taxes**?

\$|_|_|_|_|_|_|_|_|_|_|

(77) REFUSED

(99) DON'T KNOW

ASK IF NECESSARY: Is that per month, per quarter, or per year?

(1) PER MONTH

(2) PER QUARTER

(3) PER YEAR

(4) TWICE PER YEAR

(5) OTHER

(77) REFUSED

(99) DON'T KNOW

A2c. How much do you pay for **homeowner's insurance**?

\$|_|_|_|_|_|_|_|_|_|_|

(77) REFUSED

(99) DON'T KNOW

ASK IF NECESSARY: Is that per month, per quarter, per year?

(1) PER MONTH

(2) PER QUARTER

(3) PER YEAR

(4) TWICE PER YEAR

(5) OTHER

(77) REFUSED

(99) DON'T KNOW

A3. (Are you/Is your household) required to pay **condominium** fees or Home Owner's Association fees for general maintenance or management services?

(1) YES

(0) NO → SKIP TO A4

(77) REFUSED → SKIP TO A4

(99) DON'T KNOW → SKIP TO A4

A3a. How much do you pay for **condominium** fees?

\$|_|_|_|_|_|_|_|_|_|_|

(77) REFUSED

(99) DON'T KNOW

ASK IF NECESSARY: Is that per month, per quarter, per year?

(1) PER MONTH

(2) PER QUARTER

(3) PER YEAR

(4) TWICE PER YEAR

(5) OTHER

(77) REFUSED

(99) DON'T KNOW

A4. The next questions are about utility bills, telephone bills, and internet expenses. Do you consider any portion of (your / your household's) utility, telephone, or internet expenses to be business expenses?

- (1) YES
- (0) NO
- (77) REFUSED
- (99) DON'T KNOW

A5. In [LAST MONTH], (did you / did you or any members of your household) receive any bills for any of the following **utilities, fuels, or services**? Please remember to include any bills you receive or pay online or have automatically deducted. Do not include bills for business properties.

READ EACH ITEM ON LIST. CHECK ALL THAT APPLY

- (1) Electricity
- (2) Natural or utility gas
- (3) Fuel oil
- (4) Bottled or tank gas
- (5) Other fuels including wood
- (6) Piped-in water
- (7) Sewerage maintenance
- (8) Trash/garbage collection
- (9) Water softening service
- (10)Septic tank cleaning
- (11)NONE
- (12)NO MORE ENTRIES

FOR EACH ITEM CHECKED ASK A5a – A5c

A5a. How much were you billed for [UTILITY] in [LAST MONTH]?

- \$|_|_|_|_|_|.|_|_|_|
- (77) REFUSED
- (99) DON'T KNOW

ENTER 'C' FOR A COMBINED EXPENSE

A5b. IF COMBINED EXPENSE (A5a=C), ASK: What was combined with [UTILITY]? CHECK ALL THAT APPLY

- (4) BOTTLED OR TANK GAS
- (1) ELECTRICITY
- (3) FUEL OIL
- (2) NATURAL OR UTILITY GAS
- (5) OTHER FUELS INCLUDING WOOD
- (6) PIPED-IN WATER
- (7) SEWERAGE MAINTENANCE
- (8) TRASH/GARBAGE COLLECTION
- (9) WATER SOFTENING SERVICE
- (10) SEPTIC TANK CLEANING
- (11) NONE
- (12) NO MORE ENTRIES

A5c. IF A4=1, ASK: Is any part of that deducted as a business expense?

- (1) YES
- (0) NO → SKIP TO A6
- (77) REFUSED → SKIP TO A6
- (99) DON'T KNOW → SKIP TO A6

A5d. What percentage is deducted as a business expense?

- |_|_|_|_| PERCENT OR \$|_|_|_|_|.|_|_|_| DOLLARS
- (77) REFUSED
- (99) DON'T KNOW

A6. What types of **telephone services** (did you / did you or other members of your household) have in [LAST MONTH]?

CHECK ALL THAT APPLY

- (1) Cell phone
- (2) Landline
- (3) Voice over Internet
- (4) Pre-paid long distance telephone cards
- (5) Pre-paid cell phone minutes
- (77) REFUSED → SKIP TO A11
- (99) DON'T KNOW → SKIP TO A11

A6a. ASK IF LANDLINE, ELSE SKIP TO A7: Does your bill for home telephone service include any of the following?

CHECK ALL THAT APPLY

- (1) Internet access (including broadband, DSL, and dial-up)
- (2) Cable or satellite television service
- (3) Non-telephone rentals or purchases such as a modem
- (4) ASK IF A6=1: Cell phone
- (5) MISC. COMBINED (UNABLE TO SPECIFY/DON'T KNOW)
- (6) NONE
- (77) REFUSED
- (99) DON'T KNOW

A6b. How much were you billed in [LAST MONTH] for your home phone (and cable/internet/cell phone/misc services)? Please remember to include any bills you receive or pay online or have automatically deducted. Do not include any unpaid charges from a previous billing period. PROBE: Your best guess is fine.

\$|_|_|_|_|_|·|_|_|_|_|_|
 (77) REFUSED
 (99) DON'T KNOW

A6c. IF A4=1, ASK: Is any of that deducted as a business expense?

- (1) YES
- (0) NO → SKIP TO A7, IF NO CELL (A6≠1) SKIP TO A8
- (77) REFUSED → SKIP TO A7, IF NO CELL (A6≠1) SKIP TO A8
- (99) DON'T KNOW → SKIP TO A7, IF NO CELL (A6≠1) SKIP TO A8

A6d. What percentage is deducted?

|_|_|_| PERCENT
 (77) REFUSED
 (99) DON'T KNOW

IF CELL PHONE (A6=1) AND NO LANDLINE (A6≠2) ASK A7 OR IF A6a≠4

A7. Is your bill for cell phone service combined with any of the following?

CHECK ALL THAT APPLY

- (1) Internet access (including broadband, DSL, and dial-up)
- (2) Cable or satellite television service
- (3) Non-telephone rentals or purchases such as a modem
- (4) DO NOT USE
- (5) MISC. COMBINED (UNABLE TO SPECIFY/DON'T KNOW)
- (6) NONE
- (77) REFUSED
- (99) DON'T KNOW

A7a. How much were you billed in [LAST MONTH] for your cell phone (and cable/internet/cell phone/misc services)? Please remember to include any bills you receive or pay online or have automatically deducted. Do not include any unpaid charges from a previous billing period. PROBE: Your best guess is fine.

\$|_|_|_|_|_|·|_|_|_|_|_|
 (77) REFUSED
 (99) DON'T KNOW

A7b. IF A4=1, ASK: Is any of that deducted as a business expense?

- (1) YES
- (0) NO → SKIP TO A8
- (77) REFUSED → SKIP TO A8
- (99) DON'T KNOW → SKIP TO A8

A7c. What percentage is deducted?

- |_|_| PERCENT
- (77) REFUSED
- (99) DON'T KNOW

A8. ASK IF PREPAID CARDS (A6=4), ELSE SKIP TO A9: In [LAST MONTH], how much did (you/your household) pay for pre-paid long distance telephone cards/minutes?

- \$|_|_|_|_|.|_|_|
- (77) REFUSED
- (99) DON'T KNOW

A9. ASK IF PREPAID CELL PHONE (A6=5), ELSE SKIP TO A10: In [LAST MONTH], how much did (you/your household) pay for pre-paid cell phone minutes, not already reported?

- \$|_|_|_|_|.|_|_|
- (77) REFUSED
- (99) DON'T KNOW

A10. In [LAST MONTH], (did you / did you or any members of your household) have any expenses for cable or satellite TV, not already reported?

- (1) YES
- (0) NO → SKIP TO A11
- (77) REFUSED → SKIP TO A11
- (99) DON'T KNOW → SKIP TO A11

A10a. How much were you billed in [LAST MONTH]? Do not include any unpaid charges from a previous billing period. PROBE: Your best guess is fine.

- \$|_|_|_|_|.|_|_|
- (77) REFUSED
- (99) DON'T KNOW

A10.1 In [LAST MONTH], (did you / did you or any members of your household) have any expenses for internet not already reported?

- (1) YES
- (0) NO → SKIP TO A11
- (77) REFUSED → SKIP TO A11
- (99) DON'T KNOW → SKIP TO A11

A10.1.a. How much were you billed in [LAST MONTH]? Do not include any unpaid charges from a previous billing period. PROBE: Your best guess is fine.

- \$|_|_|_|_|.|_|_|
- (77) REFUSED
- (99) DON'T KNOW

A11. Now I am going to ask you some questions about **health insurance** and **medical expenses**.

(Do you/Does anyone in your household) pay for health insurance? This includes health insurance that you buy on your own and health insurance deducted from your paycheck. By health insurance, we mean insurance that pays for a doctor's services, hospital care, or any other type of medical service.

- (1) YES
- (0) NO → SKIP TO A12
- (77) REFUSED → SKIP TO A12

(99) DON'T KNOW → SKIP TO A12

A11a. How much is paid for health insurance?

\$|_|_|_|_|_|_|_|_|_|_|

(77) REFUSED

(99) DON'T KNOW

A11b. ASK IF NECESSARY: Is that weekly, every other week, two times per month, once per month, annually or once per year?

(1) WEEKLY

(2) EVERY OTHER WEEK OR BI-WEEKLY

(3) TWO TIMES PER MONTH

(4) ONCE PER MONTH

(5) QUARTERLY

(6) TWICE PER YEAR

(7) ANNUALLY OR ONCE PER YEAR

(77) REFUSED

(99) DON'T KNOW

A12. In [LAST MONTH], (did you / did you or any members of your household) make any payments for the following **medical expenses**? We are asking about your out-of-pocket costs including insurance co-pays and deductibles. Do not include expenses paid for or reimbursed by insurance. CHECK ALL THAT APPLY.

- (1) Eye examinations, treatment, surgery, or purchase of eye glasses or contact lenses
- (2) Dental care
- (3) Hospital room or hospital services
- (4) Physician services or services by medical professionals other than physicians
- (5) Lab tests or x-rays
- (6) Care in convalescent or nursing homes, or care for invalids, convalescents, handicapped, or elderly persons in the home
- (7) Adult day care centers
- (8) Hearing aids
- (9) Prescription drugs
- (10) Rental or purchase of supportive or convalescent equipment
- (11) Rental or purchase of medical or surgical equipment for general use
- (12) Other medical care and services
- (0) NONE → SKIP TO A15

FOR EACH CHECKED ITEM:

A12a. What was the total amount that (you / your household) paid for [CARE/SERVICE/ITEM] in [LAST MONTH]? PROBE: Your best guess is fine.

\$|_|_|_|_|_|_|_|_|_|_|

(77) REFUSED

(99) DON'T KNOW

ASK A13 IF HOUSEHOLD CONTAINS A CHILD UNDER AGE 12, ELSE GO TO A14

A13. (Do you/Does anyone in your household) pay for **child care**? This includes child care centers, family day care homes, and after-school programs.

- (1) YES
- (0) NO → SKIP TO A14
- (77) REFUSED → SKIP TO A14
- (99) DON'T KNOW → SKIP TO A14

A13a. How much is paid for child care?

\$|_|_|_|_|_|·|_|_|_|_|_|

(77) REFUSED

(99) DON'T KNOW

A13b. ASK IF NECESSARY: Is that weekly, every other week, two times per month, once per month, annually or once per year?

- (1) WEEKLY
- (2) EVERY OTHER WEEK OR BI-WEEKLY
- (3) TWO TIMES PER MONTH
- (4) ONCE PER MONTH
- (5) QUARTERLY
- (6) TWICE PER YEAR
- (7) ANNUALLY OR ONCE PER YEAR
- (77) REFUSED
- (99) DON'T KNOW

A13c. (Do you/Does anyone in your household) pay for child care so that someone in your household can work, look for work, or attend a training program?

- (1) YES
- (0) NO → SKIP TO A14
- (77) REFUSED → SKIP TO A14
- (99) DON'T KNOW → SKIP TO A14

A14. (Do you/Does anyone in your household) **pay court ordered Child Support**?

- (1) YES
- (0) NO → SKIP TO A15
- (77) REFUSED → SKIP TO A15
- (99) DON'T KNOW → SKIP TO A15

A14a. How much is paid for child support?

\$|_|_|_|_|_|·|_|_|_|_|_|

(77) REFUSED → SKIP TO A15

(99) DON'T KNOW → SKIP TO A15

A14b. ASK IF NECESSARY: Is that weekly, every other week, two times per month, once per month, annually or once per year?

- (1) WEEKLY
- (2) EVERY OTHER WEEK OR BI-WEEKLY
- (3) TWO TIMES PER MONTH
- (4) ONCE PER MONTH
- (5) QUARTERLY
- (6) TWICE PER YEAR
- (7) ANNUALLY OR ONCE PER YEAR
- (8) WHEN I CAN
- (77) REFUSED
- (99) DON'T KNOW

Now I am going to ask about **education expenses**. Please include any payments made by you or a member of your household. Include payments you made online or had automatically deducted.

A15. Did (you / anyone in your household) have educational expenses in the past 12 months?

- (1) YES
- (0) NO → SKIP TO A17
- (77) REFUSED → SKIP TO A17
- (99) DON'T KNOW → SKIP TO A17

A16. Thinking about these education expenses,

in the past 12 months, (did you / did you or any members of your household) pay for any of these expenses:

CHECK ALL THAT APPLY.

- (1) Tuition for elementary through high school, college, or vocational school?
- (2) Housing while attending school?
- (3) Food or board while attending school?
- (4) Private school bus service?
- (5) Test preparation or tutoring services?
- (6) Purchase of school books, supplies, or equipment?
- (7) Other school related expenses?
- (0) NONE OF THESE → SKIP TO A17
- (77) REFUSED → SKIP TO A17
- (99) DON'T KNOW → SKIP TO A17

FOR EACH CHECKED ITEM IN A16 ASK:

A16a. How much was paid for [EDUCATION EXPENSE] in the past 12 months? Do not include expenses that will be reimbursed.

\$|_|_|_|_|_|_|_|_|_|_|

(77) REFUSED

(99) DON'T KNOW

ENTER 'C' FOR A COMBINED EXPENSE

A16b. IF COMBINED EXPENSE (A16a = C), ASK: What was combined with that education expense? CHECK ALL THAT APPLY

- (3) FOOD OR BOARD WHILE ATTENDING SCHOOL
- (2) HOUSING WHILE ATTENDING SCHOOL
- (7) OTHER SCHOOL RELATED EXPENSES NOT ALREADY REPORTED
- (4) PRIVATE SCHOOL BUS SERVICE
- (6) PURCHASE OF SCHOOL BOOKS, SUPPLIES, OR EQUIPMENT WHICH HAS NOT (ALREADY BEEN REPORTED
- (5) TEST PREPARATION OR TUTORING SERVICES
- (1) TUITION
- (0) NO MORE ENTRIES
- (66) MISC COMBINED (UNABLE TO SPECIFY/DON'T KNOW)
- (77) REFUSED
- (99) DON'T KNOW

A17. In the past 12 months, did (you/any member of your household) pay for season passes or membership in ...CHECK ALL THAT APPLY.

- (1) Health clubs, fitness centers, or gyms?
- (2) Swimming pools?
- (3) Golf courses or tennis clubs?
- (4) Ski areas?
- (5) Weight loss centers?
- (6) Little League, Pop Warner, or other youth sports teams?
- (7) Other sports and recreational organizations?
- (0) NONE → SKIP TO A18
- (77) REFUSED → SKIP TO A18
- (99) DON'T KNOW → SKIP TO A18

FOR EACH ITEM CHECKED IN A17:

A17a. What was the total cost for [MEMBERSHIP] in the past 12 months?

\$|_|_|_|_|_|_|_|_|_|_|

(77) REFUSED

(99) DON'T KNOW

A18. How many cars, trucks, minivans, vans or SUVs (do you/ does your household) have? Do not include vehicles used entirely for business.

|_|_| NUMBER

- (0) NONE → SKIP TO A26
- (77) REFUSED → SKIP TO A26
- (99) DON'T KNOW → SKIP TO A26

A18a. What are the years, makes, and models of each vehicle?

#	Year	Make	Model
1			
2			
3			

- (77) REFUSED
- (99) DON'T KNOW

FOR EACH VEHICLE ASK:

A19. (Do you/Does your household) own or lease the [YEAR] [MAKE] [MODEL]?

- (1) OWN
- (2) LEASE → SKIP TO A20
- (77) REFUSED
- (99) DON'T KNOW

A19a. How much is owed on [YEAR] [MAKE] [MODEL]?

\$|_|_|_|_|. |_|_|_|

- (0) NOTHING → SKIP TO A22
- (77) REFUSED
- (99) DON'T KNOW

A20. How much (do you/does your household) pay in car/truck payments for [YEAR] [MAKE] [MODEL]?

\$|_|_|_|_|. |_|_|_|

- (77) REFUSED
- (99) DON'T KNOW

A20a. ASK IF NECESSARY: What period is covered by each payment?

- (0) WEEK
- (1) 2 WEEKS
- (2) MONTH
- (3) QUARTER
- (4) SEMIANNUALLY
- (5) ANNUALLY
- (6) ONE TIME PAYMENT
- (7) OTHER, SPECIFY: _____
- (77) REFUSED
- (99) DON'T KNOW

ASK IF A17 = 0, 77, 99

A21. (Do you / Does your household) have any automobile expenses?

- (1) YES
- (0) NO → SKIP TO A26
- (77) REFUSED → SKIP TO A26
- (99) DON'T KNOW → SKIP TO A26

A22. What is (your / your household's) average monthly expense for gasoline and other fuels (including gasohol) for all vehicles?

\$|_|_|_|_|. |_|_|_|

- (77) REFUSED
- (99) DON'T KNOW

A22a. If A4 = 1, ASK, What percentage of that is counted as a business expense?

|_|_|_| PERCENT
(77) REFUSED
(99) DON'T KNOW

A23. What is (your / your household's) average monthly expense for automobile insurance? Do not include insurance paid on vehicles used for a business.

\$|_|_|_|_|_|.|_|_|_|
(77) REFUSED
(99) DON'T KNOW

A24. In [LAST MONTH], did (you/you or any member of your household) have expenses for **parking, such as parking meters, garage rental or parking lot fees**? Do not include expenses that are part of your home ownership or rental costs, or business expenses that will be reimbursed or deducted.

(1) YES
(0) NO → SKIP TO A25
(77) REFUSED → SKIP TO A25
(99) DON'T KNOW → SKIP TO A25

A24a. How much was paid for parking in [LAST MONTH]?

\$|_|_|_|_|_|.|_|_|_|
(77) REFUSED
(99) DON'T KNOW

A25. In [LAST MONTH], did (you/you or any member of your household) have expenses for **local tolls or electronic toll passes**? Do not include tolls incurred on a vacation trip, or business expenses that will be reimbursed or deducted.

(1) YES
(0) NO → SKIP TO B1
(77) REFUSED → SKIP TO B1
(99) DON'T KNOW → SKIP TO B1

A25a. How much was paid for tolls in [LAST MONTH]?

\$|_|_|_|_|_|.|_|_|_|
(77) REFUSED
(99) DON'T KNOW

A26. What is (your / your household's) average monthly expense for public transportation?

\$|_|_|_|_|_|.|_|_|_|
(77) REFUSED
(99) DON'T KNOW

SECTION B. EARNED INCOME

IF HH SIZE = 1
The next questions are about the types of income you receive. [SIPP]CONFIRM LIST OF HH MEMBERS WORKING FOR PAY, IF NONE, SKIP TO B5.

IF HH SIZE > 1
The next questions are about the types of income received by all members of your household. Earlier this week you told us who in your

B5. For the following types of income, just tell me yes or no, did (you / anyone in your household) receive income from any of the following in [LAST MONTH]? CHECK ALL THAT APPLY.

- (1) Rental properties?
- (2) Roomers or boarders?
- (3) Job training, work study, or internship?
- (4) Strike benefits?
- (5) Workers' compensation?
- (6) Unemployment compensation?
- (0) NONE
- (77) REFUSED
- (99) DON'T KNOW

FOR EACH INCOME REPORTED IN B5, ASK:

B5a. How much was received from [INCOME] in [LAST MONTH]?

\$|_|_|_|_|_|_|_|_|_|_|

- (77) REFUSED → SKIP TO B6
- (99) DON'T KNOW → SKIP TO B6

B5b. ASK IF NECESSARY: Was that weekly, every other week, two times per month, or monthly?

- (1) DAILY
- (2) WEEKLY
- (3) EVERY OTHER WEEK OR BI-WEEKLY
- (4) TWO TIMES PER MONTH
- (5) MONTHLY
- (77) REFUSED
- (99) DON'T KNOW

SECTION C. UNEARNED INCOME

C1. I have another list of income sources. Again, just tell me yes or no, did (you / anyone in your household) receive income from any of the following in [LAST MONTH]? CHECK ALL THAT APPLY

- (1) Social Security Retirement Benefits (SSA)
- (2) Social Security Disability Benefits also known as SSDI
- (3) Supplemental Security Income or SSI
- (4) Temporary Assistance for Needy Families (TANF/STATE NAME)
- (5) General Assistance, General Relief, or the GA program
- (6) Veteran's benefits or military allotments
- (7) Black Lung Benefits
- (8) Child support
- (9) Alimony
- (10) Foster Care
- (11) Pensions, civil service annuities, retirement benefits, survivor's benefits, or Railroad Retirement Benefits
- (12) Interest, dividends, or capital gains income
- (13) Money from a person who is not in your household (not alimony or child support)
- (14) Educational grants, loans, or stipends
- (0) NONE → SKIP TO C2
- (77) REFUSED → SKIP TO C2
- (99) DON'T KNOW → SKIP TO C2

C1a. FOR EACH INCOME REPORTED IN C1, ASK: How much was received from [INCOME] in [LAST MONTH]?

\$|_|_|_|_|_|_|_|_|_|_|

- (77) REFUSED
- (99) DON'T KNOW
- ENTER 'C' FOR A COMBINED INCOME

C1b. ASK IF NECESSARY: Was that weekly, every other week, two times per month, or monthly?

- (1) WEEKLY
- (2) EVERY OTHER WEEK OR BI-WEEKLY
- (3) TWO TIMES PER MONTH
- (4) MONTHLY
- (5) QUARTERLY
- (77) REFUSED
- (99) DON'T KNOW

C1c. IF COMBINED INCOME (C1a=C), ASK: What was combined with that source of income? CHECK ALL THAT APPLY

- (1) SOCIAL SECURITY RETIREMENT BENEFITS (SSA)
- (2) SOCIAL SECURITY DISABILITY BENEFITS ALSO KNOWN AS SSDI
- (3) SUPPLEMENTAL SECURITY INCOME OR SSI
- (4) TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF/STATE NAME)
- (5) GENERAL ASSISTANCE, GENERAL RELIEF, OR THE GA PROGRAM
- (6) VETERAN'S BENEFITS OR MILITARY ALLOTMENTS
- (7) BLACK LUNG BENEFITS
- (8) CHILD SUPPORT
- (9) ALIMONY
- (10) FOSTER CARE
- (11) PENSIONS, CIVIL SERVICE ANNUITIES, RETIREMENT BENEFITS, SURVIVOR'S BENEFITS, OR RAILROAD RETIREMENT BENEFITS
- (12) INTEREST, DIVIDENDS, OR CAPITAL GAINS INCOME
- (13) MONEY FROM A PERSON WHO IS NOT IN YOUR HOUSEHOLD (NOT ALIMONY OR CHILD SUPPORT)
- (14) EDUCATIONAL GRANTS, LOANS, OR STIPENDS
- (0) NONE → SKIP TO C2
- (77) REFUSED → SKIP TO C2
- (99) DON'T KNOW → SKIP TO C2

C2. (Did you/Did anyone in your household) receive fuel assistance in the past 12 months such as LIHEAP?

- (1) YES
- (0) NO → SKIP TO C3
- (77) REFUSED → SKIP TO C3
- (99) DON'T KNOW → SKIP TO C3

C2a. How much was received in fuel assistance in the past 12 months?

\$|_|_|_|, |_|_|_|.|_|_|_|
(77) REFUSED
(99) DON'T KNOW

C3. In the past 12 months, did (you/anyone in your household) receive money from... CHECK ALL THAT APPLY

- (1) an insurance settlement
- (2) refund of security deposit
- (3) lottery winning
- (4) trust fund payment
- (5) bonus
- (0) NONE → SKIP TO C4
- (77) REFUSED → SKIP TO C4
- (99) DON'T KNOW → SKIP TO C4

SECTION D. ASSETS

The next set of questions is about (your / your household's) resources or assets. These include things (you / you or other people in your household) may own, as well as money you may have saved. This information will help us better understand the experiences of different groups of people across the country.

D1. Do (you/you or anyone in your household) own any of the following assets? Do you own any . . . (CHECK ALL THAT APPLY)

- (1) Stocks
- (2) Bonds
- (3) Mutual Funds
- (4) Trust Funds
- (5) Real Estate other than your primary home
- (6) Annuities
- (7) Certificates of Deposit (CD)
- (8) Other asset worth more than \$1,000
- (0) NONE → SKIP TO D2
- (77) REFUSED
- (99) DON'T KNOW

ASK IF HH SIZE > 1, ELSE SKIP D1b.

D1a. FOR EACH TYPE OF ASSET CHECKED IN D3: Who owns [TYPE OF ASSET]?
CHECK NAME ON ROSTER

D1b. What is the dollar value of [TYPE OF ASSET] owned by [you / NAME]?

PROBE: Your best guess is fine.

\$|_|_|,|_|_|||_|_|,|_|_|_|_|.|_|_|_|_|

- (77) REFUSED
- (99) DON'T KNOW

D2. ASK FOR EACH HOUSEHOLD MEMBER AGE 16 AND OLDER, THEN SKIP TO CLOSE: (Do you / Does [NAME]) have money in a **checking or savings account**?

- (1) YES
- (2) YES, JOINT ACCOUNT ALREADY REPORTED → SKIP TO NEXT PERSON
- (0) NO → SKIP TO NEXT PERSON
- (77) REFUSED → SKIP TO NEXT PERSON
- (99) DON'T KNOW → SKIP TO NEXT PERSON

D2a. What is the **total amount** that (you / [NAME]) has in checking and savings accounts?

\$|_|_|_|_|,|_|_|_|_|.|_|_|_|_|

- (77) REFUSED
- (99) DON'T KNOW

SECTION E. LIFE EVENTS

My final questions are about major life events.

E1. Has there been a change in the number of people living in your household over the past 12 months?

- (1) YES
- (0) NO → SKIP TO E2
- (77) REFUSED → SKIP TO E2
- (99) DON'T KNOW → SKIP TO E2

E1a. What caused that change? CHECK ALL THAT APPLY.

- (1) BIRTH OF CHILD
- (2) NEW STEP, FOSTER OR ADOPTED CHILD
- (3) SEPARATION OR DIVORCE
- (4) DEATH OF HOUSEHOLD MEMBER
- (5) MARRIAGE
- (6) NEW PARTNER
- (7) OTHER, SPECIFY
- (77) REFUSED
- (99) DON'T KNOW

E2. (Have you or anyone in your / Has anyone in your household or) family been diagnosed with a major illness or disability in the past 12 months?

- (1) YES
- (0) NO → SKIP TO E3
- (77) REFUSED → SKIP TO E3
- (99) DON'T KNOW → SKIP TO E3

SKIP IF HH SIZE = 1

E2a. Was that someone in your household or someone outside your household?

- (1) HOUSEHOLD MEMBER
- (2) OUTSIDE HOUSEHOLD
- (77) REFUSED
- (99) DON'T KNOW

E3. (Have you / Has anyone in your household) changed jobs in the past 12 months?

- (1) YES
- (0) NO → SKIP TO END
- (77) REFUSED → SKIP TO END
- (99) DON'T KNOW → SKIP TO END

SKIP IF HH SIZE = 1

E3a. Who was that?

CHECK NAME(S) ON ROSTER. IF ANY NAMES ARE CURRENTLY EMPLOYED, ASK E3b. ELSE SKIP TO END.

E3b. (Do you/Does NAME) now earn more, less, or about the same as before changing jobs?

- (1) MORE
- (2) LESS
- (3) ABOUT THE SAME
- (77) REFUSED
- (99) DON'T KNOW

<CLOSE> Those are all the questions for this interview. Thank you for the time you spent answering them.