

2016 Content Test Question Wording

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Note that there are multiple versions for CATI/CAPI wording in Round 1. The version that best resembles Round 2 wording appears in the tables below.

*The Retirement income topics is the only topic that includes a different series of questions for the Content Follow-up (CFU) than what is asked in the Content Test Interview. These questions are included in a separate table.

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TELEPHONE SERVICE

PAPER VERSION

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------|---------------|--------------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--|---|
| <p>8 Does this house, apartment, or mobile home have –</p> <table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. hot and cold running water?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. a flush toilet?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. a bathtub or shower?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. a sink with a faucet?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. a stove or range?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. a refrigerator?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>g. telephone service from which you can both make and receive calls? <i>Include cell phones.</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | | Yes | No | a. hot and cold running water? | <input type="checkbox"/> | <input type="checkbox"/> | b. a flush toilet? | <input type="checkbox"/> | <input type="checkbox"/> | c. a bathtub or shower? | <input type="checkbox"/> | <input type="checkbox"/> | d. a sink with a faucet? | <input type="checkbox"/> | <input type="checkbox"/> | e. a stove or range? | <input type="checkbox"/> | <input type="checkbox"/> | f. a refrigerator? | <input type="checkbox"/> | <input type="checkbox"/> | g. telephone service from which you can both make and receive calls? <i>Include cell phones.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <p><u>Version 1</u> At this house, apartment, or mobile home – do you or any member of this household have telephone service from which you can both make and receive calls? <i>Include service for regular telephones (land lines), cell phones, and other methods of communication such as voice over Internet.</i></p> <p>Yes No</p> <p><u>Version 2</u> At this house, apartment, or mobile home – do you or any member of this household have telephone service from which you can both make and receive calls? <i>Include voice service from the telephone company, cell phone provider, cable company or any other voice provider.</i></p> <p>Yes No</p> | <p>At this house, apartment, or mobile home – do you or any member of this household have telephone service from which you can both make and receive calls? <i>Include voice service from a telephone company, cell or mobile phone provider, cable company, or any other voice provider.</i></p> <p>Yes No</p> | <p><u>Version 1</u> Can you or any member of this household both make and receive phone calls when at this house, apartment or mobile home?</p> <p>Yes No</p> <p><u>Version 2</u> Can you or any member of this household both make and receive phone calls when at this house, apartment or mobile home? <i>Include calls using cell phones, land lines, or other phone devices.</i></p> <p>Yes No</p> |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. hot and cold running water? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. a flush toilet? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. a bathtub or shower? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. a sink with a faucet? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. a stove or range? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. a refrigerator? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. telephone service from which you can both make and receive calls? <i>Include cell phones.</i> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|---|--|---|---|
| <p><Fill 1: Does this [house/apartment/mobile home/unit] have telephone service, including cell phones, from which you can both make and receive calls?/ I have recorded that there is telephone service, or cell phone service, available at this [house/apartment/mobile home/unit] from which you can both make and receive calls. Is this correct?</p> <p>Yes No</p> | <p>At this [house/apartment/mobile home/unit] – do you or any member of this household have telephone service from which you can both make and receive calls?</p> <p>Include voice service from the telephone company, cell phone provider, cable company or any other voice provider.</p> <p>Yes No</p> | <p>At this [house/apartment/mobile home/unit] – do you or any member of this household have telephone service from which you can both make and receive calls?</p> <p>Include voice service from a telephone company, cell or mobile phone provider, cable company, or any other voice provider.</p> <p>Yes No</p> | <p><u>Version 1</u> Can you or any member of this household both make and receive phone calls when at this [house/apartment/mobile home/unit]?</p> <p>Yes No</p> <p><u>Version 2</u> Can you or any member of this household both make and receive phone calls when at this [house/apartment/mobile home/unit]?</p> <p>Include calls using cell phones, land lines, or other phone devices.</p> <p>Yes No</p> |

INTERNET VERSION

| 2014 CURRENT WORDING | FINAL WORDING |
|---|--|
| <p>Does this (house/apartment/mobile home/unit) have --</p> <ul style="list-style-type: none"> a. hot and cold running water? b. a flush toilet? c. a bathtub or shower? d. a sink with a faucet? e. a stove or range? f. a refrigerator? g. telephone service from which you can both make and receive calls? Include cell phones. | <p>Version 1 Can you or any member of this household both make and receive phone calls when at this house, apartment or mobile home?</p> <p>Version 2 Can you or any member of this household both make and receive phone calls when at this house, apartment or mobile home? <i>Include calls using cell phones, land lines, or other phone devices.</i></p> |

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COMPUTER AND INTERNET

PAPER VERSION

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING | | | | | | | | | | | | |
|---|--------------------------|--------------------------|---------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|---|---|---|
| <p>9 At this house, apartment, or mobile home – do you or any member of this household own or use any of the following computers?</p> <ul style="list-style-type: none"> EXCLUDE GPS devices, digital music players, and devices with only limited computing capabilities, for example: household appliances. <table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Desktop, laptop, netbook, or notebook computer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Handheld computer, smart mobile phone, or other handheld wireless computer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Some other type of computer Specify <input type="text"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | | Yes | No | a. Desktop, laptop, netbook, or notebook computer | <input type="checkbox"/> | <input type="checkbox"/> | b. Handheld computer, smart mobile phone, or other handheld wireless computer | <input type="checkbox"/> | <input type="checkbox"/> | c. Some other type of computer Specify <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p><u>Version 1</u></p> <p>At this house, apartment, or mobile home – do you or any member of this household own or use any of the following computing devices?</p> <p>Desktop, laptop, or tablet (Yes/No) Smartphone or other portable wireless computer (Yes/No) Some other type of computer (Yes/No) Specify _____</p> <p><u>Version 2</u></p> <p>At this house, apartment, or mobile home – do you or any member of this household own or use any of the following computing devices?</p> <p>Desktop, laptop, or notebook computer (Yes/No) Smartphone (Yes/No) Tablet or other portable wireless computer that is carried or worn (Yes/No) Some other type of computer (Yes/No) Specify _____</p> | <p>At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computers?</p> <p>Desktop or laptop (Yes/No) Smartphone (Yes/No) Tablet or other portable wireless computer (Yes/No) Some other type of computer (Yes/No) Specify _____</p> | <p>At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computers?</p> <p>Desktop or laptop (Yes/No) Smartphone (Yes/No) Tablet or other portable wireless computer (Yes/No) Some other type of computer (Yes/No) Specify _____</p> |
| | Yes | No | | | | | | | | | | | | | |
| a. Desktop, laptop, netbook, or notebook computer | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| b. Handheld computer, smart mobile phone, or other handheld wireless computer | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| c. Some other type of computer Specify <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---------------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|---|---|---|
| <p>10 At this house, apartment, or mobile home – do you or any member of this household access the Internet?</p> <p><input type="checkbox"/> Yes, with a subscription to an Internet service</p> <p><input type="checkbox"/> Yes, without a subscription to an Internet service → SKIP to question 12</p> <p><input type="checkbox"/> No Internet access at this house, apartment, or mobile home → SKIP to question 12</p> | <p><u>Version 1</u></p> <p>At this house, apartment, or mobile home – do you or any member of this household access the Internet?</p> <p>Yes, with a paid subscription to an Internet service</p> <p>Yes, without a paid subscription to an Internet service</p> <p>No Internet access at this house, apartment, or mobile home</p> <p><u>Version 2</u></p> <p>At this house, apartment, or mobile home – do you or any member of this household connect to the internet?</p> <p>Yes, with a plan purchased from an Internet service provider</p> <p>Yes, without a plan purchased from an Internet service provider</p> <p>No Internet access at this house, apartment, or mobile home</p> | <p>At this house, apartment, or mobile home – do you or any member of this household access the Internet?</p> <p>Yes, by paying a cell phone company or Internet service provider</p> <p>Yes, without paying a cell phone company or Internet service provider</p> <p>No Internet access at this house, apartment, or mobile home</p> | <p>At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?</p> <p>Yes, by paying a cell phone company or Internet service provider</p> <p>Yes, without paying a cell phone company or Internet service provider (SKIP next question)</p> <p>No access to the Internet at this house, apartment, or mobile home (SKIP next question)</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>11 At this house, apartment, or mobile home – do you or any member of this household subscribe to the Internet using –</p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a. Dial-up service?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. DSL service?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. Cable modem service?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. Fiber-optic service?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e. Mobile broadband plan for a computer or a cell phone?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>f. Satellite Internet service?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>g. Some other service? Specify service _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | Yes | No | a. Dial-up service? | <input type="checkbox"/> | <input type="checkbox"/> | b. DSL service? | <input type="checkbox"/> | <input type="checkbox"/> | c. Cable modem service? | <input type="checkbox"/> | <input type="checkbox"/> | d. Fiber-optic service? | <input type="checkbox"/> | <input type="checkbox"/> | e. Mobile broadband plan for a computer or a cell phone? | <input type="checkbox"/> | <input type="checkbox"/> | f. Satellite Internet service? | <input type="checkbox"/> | <input type="checkbox"/> | g. Some other service? Specify service _____ | <input type="checkbox"/> | <input type="checkbox"/> | <p><u>Version 1</u></p> <p>At this house, apartment, or mobile home – do you or any member of this household connect to the Internet using –</p> <p>Mobile broadband plan for a smartphone, computer or other device? (Yes/No)</p> <p>Dial-up Service? (Yes/No)</p> <p>Satellite Internet service? (Yes/No)</p> <p>Broadband (high speed) installed in the house, apartment, or mobile home? (Yes/No)</p> <p>Some other service? (Yes/No)</p> <p>Specify service _____</p> | <p>At this house, apartment, or mobile home – do you or any member of this household access the Internet using –</p> <p>Mobile broadband Internet service for a smartphone or other mobile device? (Yes/No)</p> <p>Broadband (high speed) Internet service installed in this house, apartment, or mobile home, such as cable, fiber optic, or DSL service? (Yes/No)</p> <p>Satellite Internet service? (Yes/No)</p> <p>Dial-up Internet service? (Yes/No)</p> <p>Some other service? (Yes/No)</p> <p>Specify service _____</p> | <p>Do you or any member of this household have access to the Internet using a –</p> <p>Cellular data plan for a smartphone or other mobile device? (Yes/No)</p> <p>Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household? (Yes/No)</p> <p>Satellite Internet service installed in this household? (Yes/No)</p> <p>Dial-up Internet service installed in this household? (Yes/No)</p> <p>Some other service? (Yes/No)</p> <p>Specify service _____</p> |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Dial-up service? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. DSL service? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Cable modem service? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Fiber-optic service? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Mobile broadband plan for a computer or a cell phone? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Satellite Internet service? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Some other service? Specify service _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|----------------------|--|-----------------|---------------|
| | <p>Version 2 At this house, apartment, or mobile home – do you or any member of this household access the Internet using – Mobile broadband or data plan for a computer, a smartphone or other device? (Yes/No) Broadband (high speed) installed in the house, apartment, or mobile home? (Yes/No) Satellite Internet service? (Yes/No) Dial-up Service? (Yes/No) Some other service? (Yes/No) Specify service _____</p> | | |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|---|---|---|---|
| <p>For the next few questions about computers, EXCLUDE GPS devices, digital music players, and devices with only limited computing capabilities, for example: household appliances.</p> | <p>At this <house/apartment/mobile home/unit>, do you or any member of this household own or use a desktop, laptop, or notebook computer? Yes No</p> | <p>At this <house/apartment/mobile home/unit>, do you or any member of this household own or use a desktop or laptop computer? Yes No</p> | <p>At this <house/apartment/mobile home/unit>, do you or any member of this household own or use a desktop or laptop computer? Yes No</p> |
| <p>At this <house/apartment/mobile home/unit>, do you or any member of this household own or use a desktop, laptop, netbook, or notebook computer? Yes No</p> | <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use a smartphone? Yes No</p> | <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use a tablet or other portable wireless computer? Yes No</p> | <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use a smartphone? Yes No</p> |
| <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use a handheld computer, smart mobile phone, or other handheld wireless computer? Yes No</p> | <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use a tablet or other portable wireless computer that is carried or worn? Yes No</p> | <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use some other type of computer? Yes No</p> | <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use a tablet or other portable wireless computer? Yes No</p> |
| <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use some other type of computer? Yes No</p> | <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use some other type of computer? Yes No</p> | <p>What is this other type of computer? _____</p> | <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use some other type of computer? Yes No</p> |
| <p>What is this other type of computer? _____</p> | <p>What is this other type of computer? _____</p> | <p>_____</p> | <p>What is this other type of computer? _____</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|--|---|---|--|
| <p>At this <house/apartment/mobile home/unit>, do you or any member of this household access the Internet? Yes No</p> | <p>At this <house/apartment/mobile home/unit>, do you or any member of this household connect to the Internet? Yes No</p> | <p>At this <house/apartment/mobile home/unit>, do you or any member of this household pay for a plan for a smartphone or mobile device to access the Internet and make phone calls? Yes (Skip to Internet Access) No</p> | <p>At this <house/apartment/mobile home/unit>, do you or any member of this household have access to the Internet? Yes No (Skip to vehicle question)</p> |
| <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet with or without a subscription to an Internet service? With a subscription to an Internet service Without a subscription to an Internet service</p> | <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household connect to the Internet with or without a plan purchased from an Internet service provider? With a plan purchased from an Internet service provider Without a plan purchased from an Internet service provider</p> | <p><Telephone Service question here></p> <p>At this <house/apartment/mobile home/unit>, do you or any member of this household access the Internet? Yes No (Skip next question)</p> | <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household pay a cell phone company or Internet service provider to access the Internet? Yes No (Skip to vehicle question)</p> |
| <p>At this <house/apartment/mobile home/unit>, do you or any member of this household subscribe to the Internet using a dial-up service? Yes No</p> | <p>Without a plan purchased from an Internet service provider</p> | <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household pay a cell phone company or Internet service provider to access the Internet? Yes No</p> | <p>-----</p> |
| <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household subscribe to the Internet using a DSL service? Yes No</p> | <p>-----</p> <p>At this <house/apartment/mobile home/unit>, do you or any member of this household access the Internet using a mobile broadband or data plan for a computer, a smartphone or other device? Yes No</p> | <p>-----</p> <p>At this <house/apartment/mobile home/unit>, do you or any member of this household access the Internet using mobile broadband Internet service for a smartphone or other mobile device? Yes No</p> | <p>-----</p> <p>Do you or any member of this household access the Internet using a cellular data plan for a smartphone or other mobile device? Yes No</p> |
| <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household subscribe to the Internet using a cable-modem service? Yes No</p> | <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet using a broadband or high speed connection installed in this</p> | <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet using broadband or high speed Internet service installed in this</p> | <p>Do you or any member of this household access the Internet using a broadband or high speed Internet service such as cable, fiber optic, or DSL service installed in this <house/apartment/mobile home/unit>?</p> |
| <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household subscribe to the Internet using a fiber-optic service?</p> | <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet using a broadband or high speed connection installed in this</p> | <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet using broadband or high speed Internet service installed in this</p> | <p>Do you or any member of this household access the Internet using a broadband or high speed Internet service such as cable, fiber optic, or DSL service installed in this <house/apartment/mobile home/unit>?</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|---|---|--|---|
| <p>Yes No</p> <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household subscribe to the Internet using a mobile broadband plan for a computer or a cell phone?</p> <p>Yes No</p> <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household subscribe to the Internet using a satellite Internet service?</p> <p>Yes No</p> <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household subscribe to the Internet using some other service?</p> <p>Yes No</p> <p>What is this other type of Internet service? _____</p> | <p><house/apartment/mobile home/unit>?</p> <p>Yes No</p> <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet using a satellite Internet service?</p> <p>Yes No</p> <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet using a dial-up service?</p> <p>Yes No</p> <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet using some other service?</p> <p>Yes No</p> <p>What is this other type of Internet service? _____</p> | <p><house/apartment/mobile home/unit>, such as cable, fiber optic, or DSL service?</p> <p>Yes No</p> <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet using a satellite Internet service?</p> <p>Yes No</p> <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet using a dial-up Internet service?</p> <p>Yes No</p> <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet using some other service?</p> <p>Yes No</p> <p>What is this other type of Internet service? _____</p> | <p>Yes No</p> <p>Do you or any member of this household access the Internet using a satellite Internet service installed in this <house/apartment/mobile home/unit>?</p> <p>Yes No</p> <p>Do you or any member of this household access the Internet using a dial-up Internet service installed in this <house/apartment/mobile home/unit>?</p> <p>Yes No</p> <p>Do you or any member of this household access the Internet using some other service?</p> <p>Yes No</p> <p>What is this other type of Internet service? _____</p> |

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|--|--|
| <p>At this <house/apartment/mobile home/unit> – do you or any member of this household own or use any of the following computers? <i>Exclude GPS devices, digital music players, and devices with only limited computer capabilities, for example: household appliances.</i></p> <p>Desktop, laptop, netbook, or notebook computer (Yes/No)</p> <p>Handheld computer, smart mobile phone, or other handheld wireless computer (Yes/No)</p> <p>Some other type of computer (Yes/No)</p> <p><i>Specify</i> _____</p> <p>At this <house/apartment/mobile home/unit> – do you or any member of this household access the Internet? Yes, with a subscription to an Internet service Yes, without a subscription to an internet service No Internet access at this <house/apartment/mobile home/unit></p> <p>At this <house/apartment/mobile home/unit> – do you or any member of this household subscribe to the Internet using – Dial-up Service? (Yes/No) DSL service? (Yes/No) Cable modem service? (Yes/No) Fiber-optic service? (Yes/No) Mobile broadband plan for a computer or a cell phone? (Yes/No) Satellite Internet service? (Yes/No) Some other service? (Yes/No) <i>Specify service</i> _____</p> | <p>At this <house/apartment/mobile home/unit> – do you or any member of this household own or use any of the following types of computers?</p> <p>Desktop or laptop (Yes/No)</p> <p>Smartphone (Yes/No)</p> <p>Tablet or other portable wireless computer (Yes/No)</p> <p>Some other type of computer (Yes/No) <i>Specify</i> _____</p> <p>At this <house/apartment/mobile home/unit> – do you or any member of this household have access to the Internet? Yes, by paying a cell phone company or Internet service provider Yes, without paying a cell phone company or Internet service provider (SKIP next question) No access to the Internet at this house, apartment, or mobile home (SKIP next question)</p> <p>Do you or any member of this household have access to the Internet using a – Cellular data plan for a smartphone or other mobile device? (Yes/No)</p> <p>Broadband (high speed) Internet service, such as cable, fiber optic, or DSL service installed in this <house/apartment/mobile home/unit>? (Yes/No)</p> |

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|----------------------|---|
| | <p>Satellite Internet service installed in this <house/apartment/mobile home/unit>? (Yes/No)</p> <p>Dial-up Internet service installed in this <house/apartment/mobile home/unit>? (Yes/No)</p> <p>Some other service? (Yes/No) <i>Specify service _____</i></p> |

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RELATIONSHIP

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|--|--|--|---|---|--|--|--|--|--|--|---|---------------------------------------|-------------------------------------|--|--|--|--|--|---|
| <p>2 How is this person related to Person 1? Mark (X) ONE box.</p> <table border="0"> <tr> <td><input type="checkbox"/> Husband or wife</td> <td><input type="checkbox"/> Son-in-law or daughter-in-law</td> </tr> <tr> <td><input type="checkbox"/> Biological son or daughter</td> <td><input type="checkbox"/> Other relative</td> </tr> <tr> <td><input type="checkbox"/> Adopted son or daughter</td> <td><input type="checkbox"/> Roomer or boarder</td> </tr> <tr> <td><input type="checkbox"/> Stepson or stepdaughter</td> <td><input type="checkbox"/> Housemate or roommate</td> </tr> <tr> <td><input type="checkbox"/> Brother or sister</td> <td><input type="checkbox"/> Unmarried partner</td> </tr> <tr> <td><input type="checkbox"/> Father or mother</td> <td><input type="checkbox"/> Foster child</td> </tr> <tr> <td><input type="checkbox"/> Grandchild</td> <td><input type="checkbox"/> Other nonrelative</td> </tr> <tr> <td><input type="checkbox"/> Parent-in-law</td> <td></td> </tr> </table> | <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Son-in-law or daughter-in-law | <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative | <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roomer or boarder | <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate | <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner | <input type="checkbox"/> Father or mother | <input type="checkbox"/> Foster child | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative | <input type="checkbox"/> Parent-in-law | | <p>Not in cognitive testing. This item was field tested in the 2013 questionnaire design test.</p> | <p>Not in cognitive testing. This item was field tested in the 2013 questionnaire design test.</p> | <p>How is this person related to Person 1? Mark (X) ONE box.</p> <p>Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Foster child Other nonrelative</p> |
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Son-in-law or daughter-in-law | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roomer or boarder | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Foster child | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Parent-in-law | | | | | | | | | | | | | | | | | | | |

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| <p>CAPI: <Using Card A in this packet,></p> <p>How <is (Name)/are you> related to <(reference person)/you>?</p> <p>Husband or wife Son or daughter (CATI ONLY) Biological son or daughter (CAPI ONLY) Adopted son or daughter (CAPI ONLY) Stepson or stepdaughter (CAPI ONLY) Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Foster child Other nonrelative</p> <p>CATI: <Is (Name)/Are you> <your/(reference person)'s> biological son or daughter, adopted son or daughter, stepson or stepdaughter, OR foster son or daughter? Biological son or daughter Adopted son or daughter Stepson or stepdaughter Foster son or daughter</p> | <p>Not in cognitive testing. This item was field tested in the 2013 questionnaire design test.</p> | <p>Not in cognitive testing. This item was field tested in the 2013 questionnaire design test.</p> | <p>CAPI: <Using Card A in this packet,></p> <p>How <is (Name)/are you> related to <(reference person)/you>?</p> <p>Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Son or daughter (CATI ONLY) Biological son or daughter (CAPI ONLY) Adopted son or daughter (CAPI ONLY) Stepson or stepdaughter (CAPI ONLY) Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Foster child Other nonrelative</p> <p>CATI: <Is (Name)/Are you> <your/(reference person)'s> biological son or daughter, adopted son or daughter, OR stepson or stepdaughter? Biological son or daughter Adopted son or daughter Stepson or stepdaughter Foster son or daughter</p> |

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| <p>How is (Name) related to (Reference person)? Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Foster child Other nonrelative</p> | <p>How is (Name) related to (Reference person)? Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Foster child Other nonrelative</p> <p>Conditions under which a follow-up screen should appear: The sex reported for this person and the reference person do not match the relationship category chosen. There are 4 relationship categories to which this applies:</p> <ol style="list-style-type: none"> 1. Opposite sex husband/wife/spouse 2. Same sex husband/wife/spouse 3. Opposite sex unmarried partner 4. Same sex unmarried partner <p>So if this person is reported as the 1st or 3rd category above, but the reference person and this person are reported to have the <i>same</i> sex value (both=1 or both=2), then the check should come up. Conversely, if this person is reported to have the 2nd or 4th category above, but the reference person and this person are reported as <i>different</i> sex values (one=1 and the other=2) then the check should come up.</p> <p>Edit check wording: Please confirm that your answers are correct. [NAME] is recorded as [REFERENCE PERSON]'s [RELATIONSHIP CATEGORY]. Is that correct? <Reference Person> is recorded as <male/female>. Is that correct? <Roster name> is recorded as <male/female>. Is that correct?</p> |

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HISPANIC ORIGIN/RACE

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| <p>→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.</p> <p>5 Is Person 1 of Hispanic, Latino, or Spanish origin?</p> <p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin – <i>Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i> _____</p> <p>6 What is Person 1’s race? Mark (X) one or more boxes.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African Am.</p> <p><input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe.</i> _____</p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> _____</p> <p><input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> _____</p> <p><input type="checkbox"/> Some other race – <i>Print race.</i> _____</p> | <p><u>Version 1</u></p> <p>→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.</p> <p>Is Person 1 of Hispanic, Latino, or Spanish origin? Mark (X) one or more boxes.</p> <p>No, not of Hispanic, Latino, or Spanish origin</p> <p>Yes, Mexican, Mexican Am., Chicano</p> <p>Yes, Puerto Rican</p> <p>Yes, Cuban</p> <p>Yes, another Hispanic, Latino, or Spanish origin – <i>Print origin(s), for example, Salvadoran, Dominican, Colombian, and so on.</i> _____</p> <p>-----</p> <p>What is Person 1’s race? Mark (X) one or more boxes.</p> <p>White – <i>Print origin(s), for example, German, Lebanese, Egyptian, and so on.</i> _____</p> <p>Black or African Am. – <i>Print origin(s), for example, African American, Jamaican, Nigerian, and so on.</i> _____</p> <p>American Indian or Alaska Native – <i>Print name of enrolled or principal tribe(s), for example, Navajo Nation, Mayan, Chevak Native Village, and so on.</i> _____</p> | | <p><u>Version 1</u></p> <p>→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.</p> <p>Is Person 1 of Hispanic, Latino, or Spanish origin? Mark all boxes that apply AND print origins. Note, you may report more than one group.</p> <p>No, not of Hispanic, Latino, or Spanish origin</p> <p>Yes, Mexican, Mexican Am., Chicano</p> <p>Yes, Puerto Rican</p> <p>Yes, Cuban</p> <p>Yes, another Hispanic, Latino, or Spanish origin – <i>Print details, for example, Salvadoran, Dominican, Colombian, etc.</i></p> <p>-----</p> <p>What is Person 1’s race? Mark all boxes that apply AND print origins in the spaces below. Note, you may report more than one group.</p> <p>White – <i>Print details, for example, German, Lebanese, Egyptian, etc.</i></p> <p>-----</p> <p>Black or African Am. – <i>Print details, for example, African American, Jamaican,</i></p> |

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| | <p>Chinese Filipino Asian Indian Vietnamese Korean Japanese Other Asian – <i>Print origin(s), for example, Pakistani, Cambodian, Hmong, and so on.</i></p> <hr/> <p>Native Hawaiian Samoan Guamanian or Chamorro Other Pacific Islander – <i>Print origin(s), for example Tongan, Fijian, Marshallese, and so on.</i></p> <hr/> <p>Some other race – <i>Print race(s) or origin(s).</i></p> <hr/> | | <p><i>Nigerian, etc.</i></p> <hr/> <p>American Indian or Alaska Native – <i>Print name of enrolled or principal tribe(s), for example, Navajo Nation, Mayan, Native Village of Barrow Inupiat Traditional Government, etc.</i></p> <hr/> <p>Chinese Filipino Asian Indian Vietnamese Korean Japanese Other Asian – <i>Print details, for example, Pakistani, Cambodian, Hmong, etc.</i></p> <hr/> <p>Native Hawaiian Samoan Chamorro Other Pacific Islander – <i>Print details, for example, Tongan, Fijian, Marshallese, etc.</i></p> <hr/> <p>Some other race – <i>Print race(s) or origin(s).</i></p> <hr/> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
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| | <p><u>Version 2</u> What is Person 1’s race or origin? <i>Mark (X) one or more boxes AND print the specific race(s) and/or origin(s).</i></p> <p>White – <i>Print origin(s), for example, German, Irish, English, and so on.</i> _____</p> <p>Hispanic, Latino, or Spanish origin – <i>Print origin(s), for example, Mexican or Mexican American, Puerto Rican, Colombian, and so on.</i> _____</p> <p>Black or African Am. – <i>Print origin(s), for example, African American, Jamaican, Nigerian, and so on.</i> _____</p> <p>Asian – <i>Print origin(s), for example, Chinese, Asian Indian, Vietnamese, and so on.</i> _____</p> <p>American Indian or Alaska Native – <i>Print name of enrolled or principal tribe(s), for example, Navajo Nation, Mayan, Chevak Native Village, and so on.</i> _____</p> <p>Middle Eastern or North African – <i>Print origin(s), for example, Lebanese, Iranian, Egyptian, and so on.</i> _____</p> <p>Native Hawaiian or Other Pacific Islander – <i>Print origin(s), for example, Native Hawaiian, Guamanian or Chamorro, Fijian, and so on.</i> _____</p> <p>Some other race or origin – <i>Print race(s) and/or origin(s).</i> _____</p> | <p>Which categories describe Person 1? <i>Mark all boxes that apply AND print details in the spaces below.</i></p> <p>White – <i>Print details, for example, German, Irish, English.</i> _____</p> <p>Hispanic, Latino, or Spanish origin – <i>Print details, for example, Mexican or Mexican American, Puerto Rican, Colombian.</i> _____</p> <p>Black or African Am. – <i>Print details, for example, African American, Jamaican, Nigerian.</i> _____</p> <p>Asian – <i>Print details, for example, Chinese, Asian Indian, Vietnamese.</i> _____</p> <p>American Indian or Alaska Native – <i>Print details, for example, Navajo Nation, Mayan, Chevak Native Village.</i> _____</p> <p>Middle Eastern or North African – <i>Print details, for example, Lebanese, Iranian, Egyptian.</i> _____</p> <p>Native Hawaiian or Other Pacific Islander – <i>Print details, for example, Native Hawaiian, Guamanian or Chamorro, Fijian.</i> _____</p> <p>Some other race or origin – <i>Print details.</i> _____</p> | <p><u>Version 2</u> Which categories describe Person 1? <i>Mark all boxes that apply AND print details in the spaces below.</i></p> <p>White – <i>Print details, for example, German, Irish, English, etc.</i> _____</p> <p>Hispanic, Latino, or Spanish origin – <i>Print details, for example, Mexican or Mexican American, Puerto Rican, Colombian, etc.</i> _____</p> <p>Black or African Am. – <i>Print details, for example, African American, Jamaican, Nigerian, etc.</i> _____</p> <p>Asian – <i>Print details, for example, Chinese, Asian Indian, Vietnamese, etc.</i> _____</p> <p>American Indian or Alaska Native – <i>Print name(s) of enrolled or principal tribe(s), for example, Navajo Nation, Mayan, Native Village of Barrow Inupiat Traditional Government, etc.</i> _____</p> <p>Middle Eastern or North African – <i>Print details, for example, Lebanese, Iranian, Egyptian, etc.</i> _____</p> <p>Native Hawaiian or Other Pacific Islander – <i>Print details, for example, Native Hawaiian, Chamorro, Fijian, etc.</i> _____</p> <p>Some other race, ethnicity, or origin – <i>Print details.</i> _____</p> |

CATI/CAPI VERSION

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|---|--|--|---|
| <p>(First time question asked) CAPI: Please look at Card B. <Is (Name)/ Are you> of Hispanic, Latino, or Spanish origin? Yes No</p> <p>(Subsequent persons) <How about <(Name)/you?> <Is (Name)/Are you> of Hispanic, Latino, or Spanish origin? Yes No</p> <p><Is (Name)/ Are you> Mexican, Mexican American, or Chicano; Puerto Rican; Cuban; or of another Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?</p> <p>Mexican, Mexican American, or Chicano Puerto Rican Cuban Another Hispanic, Latino, or Spanish origin (For example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on)</p> <p>What is that origin? (For example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.) _____</p> | <p>CATI: I'm going to read a list of races and origins. You may choose one or more.</p> <p>CAPI: Please look at Card C and choose one or more races or origins.</p> <p><Is (Name)/Are you> White; Hispanic, Latino, or Spanish origin; Black or African American; Asian; American Indian or Alaska Native; Middle Eastern or North African; Native Hawaiian or Other Pacific Islander; or Some other race or origin?</p> <p>CAPI: (Card C shows what is listed below)</p> <p><i>Choose one or more races or origins.</i></p> <p>White – For example, German, Irish, English, and so on. Hispanic, Latino, or Spanish origin – For example, Mexican or Mexican American, Puerto Rican, Colombian, and so on. Black or African American – For example, African American, Jamaican, Nigerian, and so on. Asian – For example, Chinese, Asian Indian, Vietnamese, and so on. American Indian or Alaska Native – For example, Navajo Nation, Mayan, Chevak Native Village, and so on. Middle Eastern or North African – For example, Lebanese, Iranian, Egyptian, and so on. Native Hawaiian or Other Pacific Islander –</p> | <p>CATI: I'm going to read a list of categories. You may choose all that apply.</p> <p><Is (Name)/Are you> White; Hispanic, Latino, or Spanish origin; Black or African American; Asian; American Indian or Alaska Native; Middle Eastern or North African; Native Hawaiian or Other Pacific Islander; or Some other race or origin?</p> <p>CAPI: Please look at Card B and choose all categories that apply.</p> <p>CAPI: (Card B shows what is listed below)</p> <p>Choose all categories that apply.</p> <p>White – For example, German, Irish, English. Hispanic, Latino, or Spanish origin – For example, Mexican or Mexican American, Puerto Rican, Colombian. Black or African American – For example, African American, Jamaican, Nigerian. Asian – For example, Chinese, Asian Indian, Vietnamese. American Indian or Alaska Native – For example, Navajo Nation, Mayan, Chevak Native Village. Middle Eastern or North African – For example, Lebanese, Iranian, Egyptian. Native Hawaiian or Other Pacific Islander – For example Native Hawaiian, Guamanian or Chamorro, Fijian.</p> | <p>VERSION 1 <Is (Name)/ Are you> of Hispanic, Latino, or Spanish origin? Yes No</p> <p>CATI: You may choose one or more origins. <Are you/Is (Name)> Mexican, Mexican American, Chicano; Puerto Rican; Cuban; or of some other Hispanic, Latino, or Spanish origin?</p> <p>Mexican, Mexican American, or Chicano Puerto Rican Cuban Another Hispanic, Latino, or Spanish origin</p> <p>What is that origin or origins? (For example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.) _____</p> <p>CAPI: Please look at Card B and choose one or more origins.</p> <p><Are you/Is (Name)> Mexican, Mexican American, Chicano; Puerto Rican; Cuban; or of some other Hispanic, Latino, or Spanish origin?</p> <p>(Card B shows what is listed below) Mexican, Mexican American, or Chicano Puerto Rican Cuban Another Hispanic, Latino, or Spanish origin (For example, Salvadoran, Dominican,</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|--|--|--|---|
| <p>-----</p> <p>CAI: I'm going to read a list of race categories. You may choose one or more races.</p> <p>CAPI: Please look at Card C and choose one or more races.</p> <p><For this survey, Hispanic origin is not a race.></p> <p><Is (Name)/ Are you> White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; or Some other race?</p> <p>White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Some other race</p> <p>What is <(Name)'s/your> race? (<Is (Name)/Are you> White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; or Some other race?)</p> <p>How about <(Name)/you?></p> <p>You may list one or more tribes. What is <(Name)'s/ your> enrolled or principal tribe?</p> <p>You may choose one or more Asian groups.</p> | <p><i>For example Native Hawaiian, Guamanian or Chamorro, Fijian, and so on.</i></p> <p>Some other race or origin</p> <p>You said that <(Name) is/you are>:</p> <p>WHITE HISPANIC, LATINO, OR SPANISH BLACK OR AFRICAN AMERICAN ASIAN AMERICAN INDIAN OR ALASKA NATIVE MIDDLE EASTERN OR NORTH AFRICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER SOME OTHER RACE</p> <p>Now, I'm going to collect detailed information for each race or origin you provided. You may give one or more origins.</p> <p>What is <(Name)'s/your> WHITE origin or origins? For example, German, Irish, English, and so on. _____</p> <p>What is <(Name)'s/your> HISPANIC, LATINO, OR SPANISH origin or origins? For example, Mexican or Mexican American, Puerto Rican, Colombian, and so on. _____</p> <p>What is <(Name)'s/your> BLACK OR AFRICAN AMERICAN origin or origins? For example, African American, Jamaican, Nigerian, and so on. _____</p> <p>What is <(Name)'s/your> ASIAN origin or origins? For example, Chinese, Asian Indian, Vietnamese, and so on. _____</p> | <p>Some other race or origin</p> <p>You said that <(Name) is/you are>:</p> <p>WHITE HISPANIC, LATINO, OR SPANISH BLACK OR AFRICAN AMERICAN ASIAN AMERICAN INDIAN OR ALASKA NATIVE MIDDLE EASTERN OR NORTH AFRICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER SOME OTHER RACE</p> <p>Now, I'm going to collect detailed information. You may give more than one response.</p> <p>What are <(Name)'s/your> specific categories for WHITE? For example, German, Irish, English. _____</p> <p>What are <(Name)'s/your> specific categories for HISPANIC, LATINO, OR SPANISH origin? For example, Mexican or Mexican American, Puerto Rican, Colombian. _____</p> <p>What are <(Name)'s/your> specific categories for BLACK OR AFRICAN AMERICAN? For example, African American, Jamaican, Nigerian. _____</p> <p>What are <(Name)'s/your> specific categories for ASIAN? For example, Chinese, Asian Indian, Vietnamese. _____</p> | <p>Colombian, Guatemalan, Spaniard, Ecuadorian, etc.)</p> <p>What is that origin or origins? (For example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.)</p> <p>_____</p> <p>CAI: I'm going to read a list of races. You may choose one or more races. For this survey, Hispanic origin is not a race.</p> <p>CAPI: Please look at Card C and choose one or more races. For this survey, Hispanic origin is not a race.</p> <p>What is <(Name)'s/your> race? <Is (Name)/ Are you> White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; or Some other race?</p> <p>White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Some other race</p> <p>You said that <(Name) is/you are>:</p> <p>WHITE BLACK OR AFRICAN AMERICAN AMERICAN INDIAN OR ALASKA NATIVE ASIAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER SOME OTHER RACE</p> |

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| <p><Is (Name)/Are you> Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or another Asian group, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on?</p> <p>Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.)</p> <p>What is that other Asian group? (For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.)</p> <p>You may choose one or more Pacific Islander groups.</p> <p><Is (Name)/Are you> Native Hawaiian; Guamanian or Chamorro; Samoan; or another Pacific Islander group, for example, Fijian, Tongan, and so on?</p> <p>Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander (For example, Fijian, Tongan, and so on)</p> <p>What is that other Pacific Islander group? (For example, Fijian, Tongan, and so on.)</p> <p>What is <(Name)'s/your> other race group?</p> | <p>What is <(Name)'s/your> AMERICAN INDIAN OR ALASKA NATIVE enrolled or principal tribe? For example, Navajo Nation, Mayan, Chevak Native Village, and so on. _____</p> <p>What is <(Name)'s/your> MIDDLE EASTERN OR NORTH AFRICAN origin or origins? For example, Lebanese, Iranian, Egyptian, and so on. _____</p> <p>What is <(Name)'s/your> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER origin or origins? For example, Native Hawaiian, Guamanian or Chamorro, Fijian, and so on. _____</p> <p>What is <(Name)'s/your> OTHER RACE OR ORIGIN? _____</p> | <p>_____</p> <p>What are <(Name)'s/your> specific categories for AMERICAN INDIAN OR ALASKA NATIVE? For example, Navajo Nation, Mayan, Chevak Native Village. _____</p> <p>What are <(Name)'s/your> specific categories for MIDDLE EASTERN OR NORTH AFRICAN? For example, Lebanese, Iranian, Egyptian. _____</p> <p>What are <(Name)'s/your> specific categories for NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER? For example, Native Hawaiian, Guamanian or Chamorro, Fijian. _____</p> <p>What are <(Name)'s/your> specific categories for OTHER RACE OR ORIGIN? _____</p> | <p>Now I'm going to collect detailed information for each race you provided. You may give one or more origins.</p> <p>What is <(Name)'s/your> race? (<Is (Name)/Are you> White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; or Some other race?)</p> <p>How about <(Name)/you?></p> <p>What are <(Name)'s/your> WHITE origin or origins? For example, German, Irish, English, Italian, Lebanese, Egyptian, etc.</p> <p>What are <(Name)'s/your> BLACK OR AFRICAN AMERICAN origin or origins? For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.</p> <p>What are <(Name)'s/your> AMERICAN INDIAN OR ALASKA NATIVE enrolled or principal tribe or tribes? For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.</p> <p>You may choose one or more Asian groups.</p> <p><Is (Name)/Are you> Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, or of some other Asian origin?</p> <p><input type="checkbox"/> Chinese <input type="checkbox"/> Filipino</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
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| | | | <p> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian </p> <p> What is that other Asian origin or origins? For example, Pakistani, Cambodian, Hmong, etc. </p> <p> You may choose one or more Pacific Islander groups. </p> <p> (Is <Name>/Are you) Native Hawaiian, Samoan, Chamorro, or of some other Pacific Islander origin? </p> <p> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Chamorro <input type="checkbox"/> Other Pacific Islander </p> <p> What is that other Pacific Islander origin or origins? For example, Tongan, Fijian, Marshallese, etc. </p> <p> What is (<Name>'s/your) other race group or groups? </p> <p> VERSION 2 CATI: I'm going to read a list of categories. You may choose all that apply. </p> <p> <Is (Name)/Are you> White; Hispanic, Latino, or Spanish origin; Black or African American; Asian; American Indian or Alaska Native; Middle Eastern or North African; </p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|----------------------|-----------------|-----------------|---|
| | | | <p>Native Hawaiian or Other Pacific Islander; or Some other race, ethnicity, or origin?</p> <p>CAPI: Please look at Card B and choose all categories that apply.</p> <p>CAPI: (Card B shows what is listed below)</p> <p>Choose all categories that apply.</p> <p>White – For example, German, Irish, English, Italian, Polish, French, etc.</p> <p>Hispanic, Latino, or Spanish origin – For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc.</p> <p>Black or African American – For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.</p> <p>Asian – For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.</p> <p>American Indian or Alaska Native – For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.</p> <p>Middle Eastern or North African – For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.</p> <p>Native Hawaiian or Other Pacific Islander – For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.</p> <p>Some other race, ethnicity, or origin</p> <p>You said that <(Name) is/you are>:</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|----------------------|-----------------|-----------------|---|
| | | | <p>WHITE HISPANIC, LATINO, OR SPANISH BLACK OR AFRICAN AMERICAN ASIAN AMERICAN INDIAN OR ALASKA NATIVE MIDDLE EASTERN OR NORTH AFRICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER SOME OTHER RACE</p> <p>Now, I'm going to collect detailed information. You may give more than one response.</p> <p>What are <(Name)'s/your> specific categories for WHITE? For example, German, Irish, English, Italian, Polish, French, etc. _____</p> <p>What are <(Name)'s/your> specific categories for HISPANIC, LATINO, OR SPANISH origin? For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc. _____</p> <p>What are <(Name)'s/your> specific categories for BLACK OR AFRICAN AMERICAN? For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. _____</p> <p>What are <(Name)'s/your> specific categories for ASIAN? For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc. _____</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|----------------------|-----------------|-----------------|--|
| | | | <p>What are <(Name)'s/your> specific categories for AMERICAN INDIAN OR ALASKA NATIVE? For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. _____</p> <p>What are <(Name)'s/your> specific categories for MIDDLE EASTERN OR NORTH AFRICAN? For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc. _____</p> <p>What are <(Name)'s/your> specific categories for NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER? For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc. _____</p> <p>What are <(Name)'s/your> specific categories for OTHER RACE, ETHNICITY, OR ORIGIN? _____</p> |

INTERNET VERSION

| 2014 CURRENT WORDING | FINAL WORDING |
|---|--|
| <p>Is (Name) of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin – <i>Enter origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <hr/> <p>What is (Name)'s race? <i>Select one or more boxes. For this survey, Hispanic origins are not races.</i> White Black or African Am. American Indian or Alaska Native – <i>Enter name of enrolled or principal tribe.</i></p> <hr/> <p>Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian – <i>Enter race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <hr/> <p>Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – <i>Enter race, for example, Fijian, Tongan, and so on.</i></p> <hr/> <p>Some other race – <i>Enter race.</i></p> <hr/> | <p><u>VERSION 1</u> Is (NAME) of Hispanic, Latino, or Spanish origin? <i>Select all boxes that apply AND enter origins. Note, you may report more than one group.</i> No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin – <i>Enter details, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.</i></p> <hr/> <p>What is (NAME)'s race? <i>Select all boxes that apply AND enter origins in the spaces below. Note, you may report more than one group.</i> White – <i>Enter details, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.</i></p> <hr/> <p>Black or African Am. – <i>Enter details, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.</i></p> <hr/> <p>American Indian or Alaska Native – <i>Enter details, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.</i></p> <hr/> |

Chinese
 Filipino
 Asian Indian
 Vietnamese
 Korean
 Japanese
 Other Asian – *Enter details, for example, Pakistani, Cambodian, Hmong, etc.*

Native Hawaiian
 Samoan
 Chamorro
 Other Pacific Islander – *Enter details, for example, Tongan, Fijian, Marshallese, etc.*

Some other race – *Enter race or origin*

VERSION 2
Which categories describe NAME? *Select all boxes that apply. Note, you may report more than one group.*

White – *For example, German, Irish, English, Italian, Polish, French, etc.*

Hispanic, Latino, or Spanish origin – *For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc.*

Black or African Am. – *For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*

Asian – *For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.*

American Indian or Alaska Native – *For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of*

Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.

Middle Eastern or North African – For example, *Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.*

Native Hawaiian or Other Pacific Islander – For example, *Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.*

Some other race, ethnicity, or origin

***For each box checked above for the COMBINED QUESTION, a subsequent screen should appear. Wording for subsequent screens are listed below ***

Next, we will collect detailed information for each category selected. Note, you may report more than one group.

Select all boxes that apply and/or enter details in the space below.

WHITE

German

Irish

English

Italian

Polish

French

Enter, for example, Scottish, Norwegian, Dutch, etc.

Select all boxes that apply and/or enter details in the space below.

HISPANIC, LATINO, OR SPANISH

Mexican or Mexican American

Puerto Rican

- Cuban
- Salvadoran
- Dominican
- Colombian
- Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. _____

Select all boxes that apply and/or enter details in the space below.

BLACK OR AFRICAN AMERICAN

- African American
- Jamaican
- Haitian
- Nigerian
- Ethiopian
- Somali
- Enter, for example, Ghanaian, South African, Barbadian, etc. _____

Select all boxes that apply and/or enter details in the space below.

ASIAN

- Chinese
- Filipino
- Asian Indian
- Vietnamese
- Korean
- Japanese
- Enter, for example, Pakistani, Cambodian, Hmong, etc. _____

Enter details in the space below.

AMERICAN INDIAN

Enter, for example, Navajo Nation, Blackfeet Tribe,

Muscogee (Creek) Nation, etc. _____

ALASKA NATIVE

Enter, for example, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Orutsararmuit Native Village, etc. _____

CENTRAL OR SOUTH AMERICAN INDIAN

Enter, for example, Mayan, Aztec, Taino, etc.

Select all boxes that apply and/or enter details in the space below.

MIDDLE EASTERN OR NORTH AFRICAN

- Lebanese
 - Iranian
 - Egyptian
 - Syrian
 - Moroccan
 - Algerian
 - Enter, for example, Israeli, Iraqi, Tunisian, etc.*
- _____

Select all boxes that apply and/or enter details in the space below.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

- Native Hawaiian
 - Samoan
 - Chamorro
 - Tongan
 - Fijian
 - Marshallese
 - Enter, for example, Palauan, Tahitian, Chuukese, etc.*
- _____

Enter other details about NAME's race, ethnicity, or origin – Enter details _____

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HEALTH INSURANCE

PAPER VERSION

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------|---------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--|--|
| <p>16 Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.</p> <table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Insurance through a current or former employer or union (of this person or another family member)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Insurance purchased directly from an insurance company (by this person or another family member)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Medicare, for people 65 and older, or people with certain disabilities</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. TRICARE or other military health care</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. VA (including those who have ever used or enrolled for VA health care)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>g. Indian Health Service</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>h. Any other type of health insurance or health coverage plan – Specify</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | | Yes | No | a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> | b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> | c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> | d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> | e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> | f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> | g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> | h. Any other type of health insurance or health coverage plan – Specify | <input type="checkbox"/> | <input type="checkbox"/> | <p><u>Version 1 and 3</u></p> <p>Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.</p> <p><i>Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</i></p> <p>a. Insurance through a current or former employer or union (of this person or another family member) (Yes/No)</p> <p>b. Medicare, for people 65 and older, or people with certain disabilities (Yes/No)</p> <p>c. Medicaid, Medical Assistance, or any kind of state or government-assistance plan for those with low income (Yes/No)</p> <p>d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace (by this person or another family member) (Yes/No)</p> <p>e. TRICARE or other military health care (Yes/No)</p> <p>f. VA (including those who have ever used or enrolled for VA health care) (Yes/No)</p> | <p>Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.</p> <p><i>Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</i></p> <p>a. Insurance through a current or former employer or union (of this person or another family member) (Yes/No)</p> <p>b. Medicare, for people 65 and older, or people with certain disabilities (Yes/No)</p> <p>c. Medicaid, Medical Assistance, or any kind of state or government-assistance plan for those with low income (Yes/No)</p> <p>d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, healthcare.gov, or a similar state website (by this person or another family member) (Yes/No)</p> <p>e. TRICARE or other military health care (Yes/No)</p> | <p>Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.</p> <p><i>Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.</i></p> <p>a. Insurance through a current or former employer or union (of this person or another family member) (Yes/No)</p> <p>b. Medicare, for people 65 and older, or people with certain disabilities (Yes/No)</p> <p>c. Medicaid, Medical Assistance, or any kind of state- or government-assistance plan for those with low income (Yes/No)</p> <p>d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar state website (by this person or another family member) (Yes/No)</p> <p>e. TRICARE or other military health care (Yes/No)</p> |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Any other type of health insurance or health coverage plan – Specify | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
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| | <p>g. Indian Health Service (Yes/No) h. Any other type of health insurance NOT listed above (Yes/No) – <i>Specify</i> _____</p> <p><u>Version 2</u> Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.</p> <p>a. Insurance through a current or former employer or union (of this person or another family member) (Yes/No) b. Medicare, for people 65 and older, or people with certain disabilities (Yes/No) c. Medicaid, Medical Assistance, or any kind of state or government-assistance plan for those with low income (Yes/No) d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace or HealthCare.Gov (by this person or another family member). <i>Do NOT include plans that cover only one type of service, such as dental, drug or vision plans. (Yes/No)</i> e. TRICARE or other military health care (Yes/No) f. VA (including those who have ever used or enrolled for VA health care) (Yes/No) g. Indian Health Service (Yes/No) h. Any other type of health insurance NOT listed above (Yes/No)- <i>Specify</i> _____</p> | <p>f. VA (including those who have ever used or enrolled for VA health care) (Yes/No) g. Indian Health Service (Yes/No) h. Any other type of health insurance NOT listed above (Yes/No)– <i>Specify</i> _____</p> | <p>f. VA (including those who have ever used or enrolled for VA health care) (Yes/No) g. Indian Health Service (Yes/No) h. Other type of health coverage NOT listed above (Yes/No) – <i>Specify</i> _____</p> |

CATI/CAPI VERSION

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|--|--|---|---|
| <p>I am now going to ask you some questions about [your/<Name>'s] health insurance and health coverage.</p> <p>[Are you/Is <Name>] currently covered by health insurance through a current or former employer or union of [yours or another family member/<him/her> or another family member]?</p> <p>[Are you/Is <Name>] currently covered by health insurance purchased directly from an insurance company by [you or another family member/<him/her> or another family member]?</p> <p>I recorded that (you/<NAME>) (have/has) both insurance through an employer or union AND insurance directly purchased through an insurance company. These are two different plans, is that correct?</p> <p>[Are you/Is <Name>] currently covered by Medicare, for people age 65 or older or people with certain disabilities?</p> <p>[Are you/Is <Name>] currently covered by Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability?</p> <p>[Are you/Is <Name>] currently covered by TRICARE or other military health care?</p> <p>[Are you/Is <Name>] currently covered through the Veteran's Administration or</p> | <p>I am now going to ask you some questions about (your/<Name>'s) health insurance and health coverage. Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</p> <p>(Are you/Is <Name>) currently covered by health insurance through a current or former employer or union of (yours or another family member/<his/hers> or another family member)? Yes No</p> <p>(Are you/Is <Name>) currently covered by Medicare, for people age 65 or older or people with certain disabilities? Yes No</p> <p>(Are you/Is <Name>) currently covered by Medicaid, Medical Assistance, or any kind of state or government-assistance plan for those with low incomes? Yes No</p> <p>(Are you/Is <Name>) currently covered by health insurance purchased directly from an insurance company or through a State or Federal Marketplace by (you or another family member/<him/her> or another family member)? Yes No</p> | <p>I am now going to ask you some questions about (your/<Name>'s) health insurance and health coverage. Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</p> <p>a.(Are you/Is <Name>) currently covered by health insurance through an employer or union? Include coverage from current or former employers or unions of (yours/his/hers) or another family member. Yes No</p> <p>b. (Are you/Is <Name>) currently covered by Medicare, for people age 65 or older or people with certain disabilities? Yes No</p> <p>c.(Are you/Is <Name>) currently covered by Medicaid, Medical Assistance, or any kind of state or government-assistance plan for those with low incomes? Yes No</p> <p>d.(Are you/Is <Name>) currently covered by health insurance purchased directly from an insurance company or through a State or Federal Marketplace, Healthcare.gov, or a similar state website by <you/him/her> or another family member? Yes No</p> | <p>I am now going to ask you some questions about (your/<Name>'s) health insurance and health coverage. Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</p> <p>a. (Are you/Is <Name>) currently covered by health insurance through an employer or union? Include coverage from current or former employers or unions of (yours/his/hers) or another family member. Yes No</p> <p>b. (Are you/Is <Name>) currently covered by Medicare, for people age 65 or older or people with certain disabilities? Yes No</p> <p>c. (Are you/Is <Name>) currently covered by Medicaid, Medical Assistance, or any kind of state or government-assistance plan for those with low incomes? Yes No</p> <p>d.(Are you/Is <Name>) currently covered by health insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar state website by <you/him/her> or another family member? Yes No</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|---|---|--|---|
| <p>[Fill 2: have you/has <Name>] ever used or enrolled for VA health care?</p> <p>[Are you/Is <Name>] currently covered through the Indian Health Service?</p> <p>[Are you/Is <Name>] currently covered by any other health insurance or health coverage plan?</p> <p>What is the name of the health care plan?</p> | <p>I recorded that (you/<NAME>) (have/has) both insurance through an employer or union AND insurance directly purchased through an insurance company. These are two different plans, is that correct?</p> <p>Yes No</p> <p>(Are you/Is <Name>) currently covered by TRICARE or other military health care?</p> <p>Yes No</p> <p>(Are you/Is <Name>] currently covered through the VA or [have you/has <Name>] ever used or enrolled for VA health care?</p> <p>Yes No</p> <p>(Are you/Is <Name>) currently covered through the Indian Health Service?</p> <p>Yes No</p> <p>(Are you/Is <Name>) currently covered by any other health insurance or health coverage plan?</p> <p>Yes No</p> <p>What is the name of the health care plan?</p> <p>Person 2+: I am now going to ask you some questions about (your/<Person 2+ Name>'s) health insurance and health coverage. Do NOT include plans that cover only one type of</p> | <p>e.(Are you/Is <Name>) currently covered by TRICARE or other military health care?</p> <p>Yes No</p> <p>f.(Are you/Is <Name>) currently covered through the VA or (have you/has <Name>) ever used or enrolled for VA health care?</p> <p>Yes No</p> <p>g.(Are you/Is <Name>) currently covered through the Indian Health Service?</p> <p>Yes No</p> <p>h.(Are you/Is <Name>) currently covered by any other health insurance or health coverage plan?</p> <p>Yes No</p> <p>What is the name of the health care plan?</p> <p>[AFTER PARTS B-H, IF YES TO PART A AND ANY OTHER PLAN] I recorded that (you/<NAME>) (have/has) insurance through an employer or union AND (READ PLAN). These are two different plans, is that correct?</p> <p>Yes No</p> <p>Which of these best describes (your/<NAME>'s) plan?</p> | <p>e. (Are you/Is <Name>) currently covered by TRICARE or other military health care?</p> <p>Yes No</p> <p>f. (Are you/Is <Name>] currently covered through the VA or [have you/has <Name>] ever used or enrolled for VA health care?</p> <p>Yes No</p> <p>g. (Are you/Is <Name>) currently covered through the Indian Health Service?</p> <p>Yes No</p> <p>h. (Are you/Is <Name>) currently covered by any other type of health coverage NOT already mentioned?</p> <p>Yes No</p> <p>What is the name of that health care coverage?</p> <p>[AFTER PARTS B-H, IF YES TO PART A AND ANY OTHER PLAN] I recorded that (you/<NAME>) (have/has) insurance through an employer or union AND (READ PLAN). Are these two different plans?</p> <p>Yes (SKIP to Premiums or Daily Activities, as applicable) No</p> <p>Which of these best describes (your/<NAME>'s) plan?</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|----------------------|--|---|---|
| | <p>service, such as dental, drug or vision plans. (Are you/Is <Name>) currently covered by health insurance through a current or former employer or union of (yours or another family member/<his/hers> or another family member)?</p> <p>Yes No Same type as Person 1</p> <p>Earlier I recorded that < Person 1 Name is/you are> currently covered by <read full type of first insurance marked for PERSON 1>. (Do you/Does <Person 2+ Name>) have this same type of health insurance or health coverage?</p> <p>Yes No</p> <p>I also recorded that (< Person 1 Name> is/you are) currently covered by <read full type of second insurance marked for PERSON 1>. (Do you/Does <Person 2+ Name>) have this same type of health insurance or health coverage?</p> <p>(Are you/Is <Person2+ Name>) covered by any other health insurance plan? Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</p> | <p>Person 2+: I am now going to ask you some questions about (your/<Person 2+ Name>'s) health insurance and health coverage. Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</p> <p>(Are you/Is <Name>) currently covered by health insurance through an employer or union? Include coverage from current or former employers or unions of (yours/his/hers) or another family member.</p> <p>Yes No Same type as Person 1</p> <p>[IF SAME TYPE AS PERSON 1] Earlier I recorded that < Person 1 Name is/you are> currently covered by <read full type of first insurance marked for PERSON 1>. (Do you/Does <Person 2+ Name>) have this same type of health insurance or health coverage?</p> <p>Yes No</p> <p>I also recorded that (< Person 1 Name> is/you are) currently covered by <read full type of second insurance marked for PERSON 1>. (Do you/Does <Person 2+ Name>) have this same type of health insurance or health coverage?</p> <p>(Are you/Is <Person2+ Name>) covered by any other health insurance plan? Do NOT include plans that cover only one type of</p> | <p>[AFTER PARTS A-H, IF YES TO BOTH C AND D] I recorded that (you/<NAME>) (have/has) Medicaid, Medical Assistance, or a state or government-assistance plan AND health insurance purchased directly from an insurance company or through a State or Federal Marketplace. Are these two different plans?</p> <p>Yes (SKIP to Premium) No</p> <p>Which of these best describes (your/<NAME>'s) plan?</p> <p>AFTER PART H, IF "YES" TO BOTH H AND (any other (a-g) or Specific types): I recorded that (you/<NAME>) (have/has) (<FILL PLAN TYPE (a-g)>) and (<FILL PLAN NAME PROVIDED in H>/another type of health coverage)? Are these two different plans?</p> <p>Yes (SKIP to PREMIUM question) No</p> <p>Which of these best describes (your/<NAME>'s) plan?</p> <p>Person 2+: I am now going to ask you some questions about (your/<Person 2+ Name>'s) health insurance and health coverage. Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|----------------------|-----------------|---|---|
| | | <p>service, such as dental, drug or vision plans.</p> | <p>(Are you/Is <Name>) currently covered by health insurance through an employer or union? Include coverage from current or former employers or unions of (yours/his/hers) or another family member.</p> <p>Yes No Same type as Person 1</p> <p>[IF SAME TYPE AS PERSON 1] Earlier I recorded that < Person 1 Name is/you are> currently covered by <read full type of first insurance marked for PERSON 1>. (Do you/Does <Person 2+ Name>) have this same type of health insurance or health coverage?</p> <p>Yes No</p> <p>I also recorded that (< Person 1 Name> is/you are) currently covered by <read full type of second insurance marked for PERSON 1>. (Do you/Does <Person 2+ Name>) have this same type of health insurance or health coverage?</p> <p>(Are you/Is <Person2+ Name>) covered by any other health insurance plan? Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</p> |

INTERNET VERSION

| 2014 CURRENT WORDING | FINAL WORDING |
|--|---|
| <p>Is (Name) CURRENTLY covered by any of the following types of health insurance or health coverage plans? Select "Yes" or "No" for EACH type of coverage in items a – h.</p> <ul style="list-style-type: none"> a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low income or a disability e. TRICARE or other military health care f. VA (including those who have ever used or enrolled for VA health care) g. Indian Health Service h. Any other type of health insurance - <i>Specify</i> | <p>Are [is] [you/Name] CURRENTLY covered by any of the following types of health insurance or health coverage plans? Select "Yes" or "No" for EACH type of coverage in items a – h.</p> <p><i>Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</i></p> <ul style="list-style-type: none"> i. Insurance through a current or former employer or union (of this person or another family member) (Yes/No) j. Medicare, for people 65 and older, or people with certain disabilities (Yes/No) k. Medicaid, Medical Assistance, or any kind of state or government-assistance plan for those with low income (Yes/No) l. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar state website (by this person or another family member) (Yes/No) m. TRICARE or other military health care (Yes/No) n. VA (including those who have ever used or enrolled for VA health care) (Yes/No) o. Indian Health Service (Yes/No) p. Other type of health coverage NOT listed above (Yes/No) – <i>Specify</i> _____ <p>Add edit checks as similar to CAI as possible on the internet version to reduce multi-reporting : Here are some examples of how it might work:</p> <p><i>IF "YES" TO BOTH C AND D Show New Screen after respondent clicks "Next" on Health Insurance Screen</i></p> <p>You entered that (you/<NAME>) (have/has) insurance through Medicaid, Medical Assistance, or a state or government-assistance plan AND health</p> |

| 2014 CURRENT WORDING | FINAL WORDING |
|----------------------|--|
| | <p>insurance purchased directly from an insurance company or through a State or Federal Marketplace. Are these two different plans? Yes (SKIP to Premium Question) No</p> <p>Show on new screen with above question greyed out: Which of these best describes (your/<NAME>'s) plan?</p> <p><input type="checkbox"/> Medicaid, Medical Assistance, or a state or government-assistance plan</p> <p><input type="checkbox"/> Purchased directly from an insurance company or through a State or Federal Marketplace</p> <p>Add edit check to the internet instrument for those reporting both (h) Other and any other plan type (a-g) (Reason: Respondents may select "yes" for a plan type (a-g) and then provide the name of that plan in the "Other" category.)</p> <p>AFTER PART H, IF "YES" TO BOTH H AND (any other (a-g) or Specific types) show a new screen: You entered that (you/<NAME>) (have/has) (<FILL PLAN TYPE (a-g)>) and (<FILL PLAN NAME PROVIDED in H>/another type of health coverage)? Are these two different plans? Yes (SKIP to PREMIUM question) No</p> <p>Which of these best describes (your/<NAME>'s) plan?</p> <p>Add edit check to the internet instrument for those reporting both (a) insurance through an employer</p> |

| 2014 CURRENT WORDING | FINAL WORDING |
|----------------------|---|
| | <p>or union and any other type</p> <p>[AFTER PARTS B-H, IF YES TO PART A AND ANY OTHER PLAN] You entered that (you/<NAME>) (have/has) insurance through an employer or union AND (READ PLAN). Are these two different plans? Yes (SKIP to Premiums or Daily Activities, as applicable) No Which of these best describes (your/<NAME>'s) plan?</p> <p>Add skip</p> |

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Premium and Subsidies

PAPER VERSION

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|---|---|--|--|
| <p>New question- no current wording</p> | <p>Version 1 Is there a monthly premium for this plan? <i>A monthly premium is a fixed amount of money people pay each month to have health coverage. It does not include copays or other expenses such as prescription drug costs.</i> Yes No → SKIP next question</p> <p>Is the cost of the premium subsidized based on family income? Yes No</p> <p>Version 2 Is there a monthly premium for this plan? Yes No → SKIP next question</p> <p>Does this person or another family member receive a tax credit or subsidy based on family income to help pay the monthly premium? Yes No</p> <p>Version 3 Is there a monthly premium for this plan? Yes No → SKIP next question</p> | <p>Does this person or another family member pay a premium for this health insurance plan? <i>A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.</i> Yes No</p> <p>Based on family income, does this person or another family member receive financial assistance through a subsidy or tax credit to help pay part or all of the cost of the premium for this plan? Yes No</p> | <p>Version 1 Is there a premium for this plan? <i>A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.</i> Yes No -> SKIP subsidy question</p> <p>Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No</p> <p>Version 2</p> <p>Does this person or another family member pay a premium for this health insurance plan? <i>A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.</i> Yes No -> SKIP subsidy question</p> <p>Based on family income, does this person or another family member receive financial</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|----------------------|---|-----------------|---|
| | <p>Is there a tax credit or subsidy based on family income to help pay the monthly premium for this plan?</p> <p>Yes No</p> | | <p>assistance through a subsidy or tax credit to help pay part or all of the cost of the premium for this plan?</p> <p>Yes No</p> |

CATI/CAPI VERSION

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|----------------------|-----------------|-----------------|---------------|
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| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|---|--|---|--|
| <p>New question- no current wording</p> | <p>Is there a monthly premium for this plan? Yes No</p> <p>Is there a tax credit or subsidy based on family income to help pay the monthly premium for this plan? Yes No</p> | <p><Do you/Does (Name)> or another family member pay a premium for this health insurance plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No</p> <p>Based on family income, <do you/does (Name)> or another family member receive financial assistance through a subsidy or tax credit to help pay part or all of the cost of the premium for this plan? Yes No</p> | <p><u>Version 1</u> If “Yes” in question 15b, 15d, and/or 15h Continue. Otherwise, SKIP to question 17</p> <p>Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No -> SKIP subsidy question</p> <p><Do you/Does (Name)> or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No</p> <p><u>Version 2</u> If “Yes” in question 15c, 15d, and/or 15h Continue. Otherwise, SKIP to question 17</p> <p><Do you/Does (Name)> or another family member pay a premium for this health insurance plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No -> SKIP subsidy question</p> <p>Based on family income, <do you/does (Name)> or another family member receive financial assistance through a subsidy or tax credit to help pay part or all of the cost of the premium for this plan? Yes No</p> |

INTERNET VERSION

| 2014 CURRENT WORDING | FINAL WORDING |
|----------------------------------|--|
| New question- no current wording | <p>Version 2 If “Yes” in question 15b, 15d, and/or 15h Continue. Otherwise, SKIP to question 17</p> <p>Is there a premium for this plan? <i>A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.</i> Yes No -> SKIP subsidy question</p> <p>Does (Name) or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No</p> <p>Version 2 If “Yes” in question 15c, 15d, and/or 15h Continue. Otherwise, SKIP to question 17</p> <p>Does (Name) or another family member pay a premium for this health insurance plan? <i>A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.</i> Yes -> Go To Subsidy Question No -> add a skip around subsidy Q</p> <p>Based on family income, does (Name) or another family member receive financial assistance through a subsidy or tax credit to help pay part or all of the cost of the premium for this plan? Yes No</p> |

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JOURNEY TO WORK: COMMUTING MODE

PAPER VERSION

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|--|--|-------------------------------------|---|----------------------------------|---|---------------------------------|---|--|-----------------------------------|---------------------------------------|------------------------------------|--|----------------------------------|--|--|---|---|
| <p>31 How did this person usually get to work LAST WEEK? <i>If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Car, truck, or van</td> <td><input type="checkbox"/> Motorcycle</td> </tr> <tr> <td><input type="checkbox"/> Bus or trolley bus</td> <td><input type="checkbox"/> Bicycle</td> </tr> <tr> <td><input type="checkbox"/> Streetcar or trolley car</td> <td><input type="checkbox"/> Walked</td> </tr> <tr> <td><input type="checkbox"/> Subway or elevated</td> <td><input type="checkbox"/> Worked at home → SKIP to question 39a</td> </tr> <tr> <td><input type="checkbox"/> Railroad</td> <td><input type="checkbox"/> Other method</td> </tr> <tr> <td><input type="checkbox"/> Ferryboat</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Taxicab</td> <td></td> </tr> </table> | <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked | <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39a | <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method | <input type="checkbox"/> Ferryboat | | <input type="checkbox"/> Taxicab | | <p>How did this person usually get to work LAST WEEK? <i>If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.</i></p> <p> <input type="checkbox"/> Car, truck, or van <input type="checkbox"/> Bus or trolley bus <input type="checkbox"/> Subway or elevated rail <input type="checkbox"/> Commuter or long-distance railroad <input type="checkbox"/> Light rail, streetcar, or trolley <input type="checkbox"/> Ferryboat <input type="checkbox"/> Taxicab <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walked <input type="checkbox"/> Worked at home → SKIP to 39a <input type="checkbox"/> Other method </p> | <p>How did this person usually get to work LAST WEEK? <i>If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.</i></p> <p> <input type="checkbox"/> Car, truck, or van <input type="checkbox"/> Bus <input type="checkbox"/> Subway or elevated rail <input type="checkbox"/> Commuter rail or long-distance train <input type="checkbox"/> Light rail, streetcar, or trolley <input type="checkbox"/> Ferryboat <input type="checkbox"/> Taxicab <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walked <input type="checkbox"/> Worked from home → SKIP to 39a <input type="checkbox"/> Other method </p> | <p>How did this person usually get to work LAST WEEK? <i>Mark ONE box for the method of transportation used for most of the distance.</i></p> <p> <input type="checkbox"/> Car, truck, or van <input type="checkbox"/> Bus <input type="checkbox"/> Subway or elevated rail <input type="checkbox"/> Long-distance train or commuter rail <input type="checkbox"/> Light rail, streetcar, or trolley <input type="checkbox"/> Ferryboat <input type="checkbox"/> Taxicab <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walked <input type="checkbox"/> Worked from home → SKIP to 39a <input type="checkbox"/> Other method </p> |
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39a | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Ferryboat | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Taxicab | | | | | | | | | | | | | | | | | |

CATI/CAPI VERSION

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|--|--|--|--|
| <p>CAPI: <Using Card G> LAST WEEK, how did <(Name)/you> USUALLY get to work?</p> <p>(If <he/she/(Name)/you> usually used more than one method of transportation during the trip, report the one used for most of the distance.)</p> <p>Car, truck, or van Bus or trolley bus Streetcar or trolley car Subway or elevated Railroad Ferryboat Taxicab Motorcycle Bicycle Walked Worked at home → <i>SKIP to weeks worked question</i> Other method</p> | <p>CAPI: <Using Card G> LAST WEEK, how did <(Name)/you> USUALLY get to work?</p> <p>(If <he/she/(Name)/you> usually used more than one method of transportation during the trip, report the one used for most of the distance.)</p> <p>Car, truck, or van Bus or trolley bus Subway or elevated rail Commuter or long-distance railroad Light rail, streetcar, or trolley Ferryboat Taxicab Motorcycle Bicycle Walked Worked at home → <i>SKIP to weeks worked question</i> Other method</p> | <p>CAPI: <Using Card G,> LAST WEEK, how did <(Name)/you> USUALLY get to work?</p> <p>(If <he/she/(Name)/you> usually used more than one method of transportation during the trip, report the one used for most of the distance.)</p> <p>Car, truck, or van Bus Subway or elevated rail Commuter rail or long-distance train Light rail, streetcar, or trolley Ferryboat Taxicab Motorcycle Bicycle Walked Worked from home → <i>SKIP to weeks worked question</i> Other method</p> | <p>CAPI: <Using Card G,> LAST WEEK, how did <(Name)/you> USUALLY get to work?</p> <p>(If <he/she/(Name)/you> usually used more than one method of transportation during the trip, report the one used for most of the distance.)</p> <p>Car, truck, or van Bus Subway or elevated rail Long-distance train or commuter rail Light rail, streetcar, or trolley Ferryboat Taxicab Motorcycle Bicycle Walked Worked from home → <i>SKIP to weeks worked question</i> Other method</p> |

INTERNET VERSION

| 2014 CURRENT WORDING | FINAL WORDING |
|---|---|
| <p>How did (Name) usually get to work LAST WEEK? <i>If (Name) usually used more than one method of transportation during the trip, select the one used for most of the distance.</i></p> <ul style="list-style-type: none"> <input type="radio"/> Car, truck, or van <input type="radio"/> Bus or trolley bus <input type="radio"/> Streetcar or trolley car <input type="radio"/> Subway or elevated <input type="radio"/> Railroad <input type="radio"/> Ferryboat <input type="radio"/> Taxicab <input type="radio"/> Motorcycle <input type="radio"/> Bicycle <input type="radio"/> Walked <input type="radio"/> Worked at home <input type="radio"/> Other method | <p>How did (Name) usually get to work LAST WEEK? Select ONE box for the method of transportation used for most of the distance.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Car, truck, or van <input type="checkbox"/> Bus <input type="checkbox"/> Subway or elevated rail <input type="checkbox"/> Long-distance train or commuter rail <input type="checkbox"/> Light rail, streetcar, or trolley <input type="checkbox"/> Ferryboat <input type="checkbox"/> Taxicab <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walked <input type="checkbox"/> Worked from home → SKIP to 39a <input type="checkbox"/> Other method |

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JOURNEY TO WORK: TIME LEFT FOR WORK

PAPER VERSION

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|--|---|--|--|
| <p>33 What time did this person usually leave home to go to work LAST WEEK?</p> <p>Hour Minute</p> <p><input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> | <p>What time did this person usually arrive at work LAST WEEK?</p> <p>Hour Minute a.m. p.m.</p> | <p>LAST WEEK, what time did this person’s trip to work usually begin?</p> <p>Hour Minute a.m. p.m.</p> | <p>LAST WEEK, what time did this person’s trip to work usually begin?</p> <p>Hour Minute a.m. p.m.</p> |

CATI/CAPI VERSION

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|--|--|---|--|
| <p>LAST WEEK, what time did <(Name)/you> usually leave for work -- (what hour)?</p> <p>(How many minutes past that hour?) (Was that AM or PM)?</p> | <p>LAST WEEK, what time did <(Name)/you> usually arrive at work -- (what hour)?</p> <p>(How many minutes past that hour?) (Was that AM or PM)?</p> | <p>LAST WEEK, what time did <your/(Name)'s> trip to work usually begin -- (what hour)?</p> <p>(How many minutes past that hour?) (Was that AM or PM)?</p> | <p>LAST WEEK, what time did <your/(Name)'s> trip to work usually begin? -- (what hour)?</p> <p>(How many minutes past that hour?) (Was that AM or PM)?</p> |

INTERNET VERSION

| 2014 CURRENT WORDING | FINAL WORDING |
|--|---|
| <p>What time did (name) usually leave home to go to work LAST WEEK?</p> <p>Hour Minute a.m. p.m.</p> | <p>LAST WEEK, what time did (Name)'s trip to work usually begin?</p> <p>Hour Minute a.m. p.m.</p> |

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NUMBER OF WEEKS WORKED

PAPER VERSION

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|---|---|--|--|
| <p>39 a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.</p> <p><input type="checkbox"/> Yes → SKIP to question 40</p> <p><input type="checkbox"/> No</p> <p>b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?</p> <p><input type="checkbox"/> 50 to 52 weeks</p> <p><input type="checkbox"/> 48 to 49 weeks</p> <p><input type="checkbox"/> 40 to 47 weeks</p> <p><input type="checkbox"/> 27 to 39 weeks</p> <p><input type="checkbox"/> 14 to 26 weeks</p> <p><input type="checkbox"/> 13 weeks or less</p> | <p>Version 1</p> <p>During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.</p> <p>Yes</p> <p>No</p> <p>How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?</p> <p>weeks _____</p> <p>Version 2</p> <p>During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service.</p> <p>Weeks _____</p> | <p>During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid vacation, paid sick leave, and military service as work.</p> <p>Yes</p> <p>No</p> <p>How many WEEKS did this person work, even for a few hours, including paid time off?</p> <p>weeks _____</p> | <p>During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.</p> <p>Yes SKIP TO QUESTION 39</p> <p>No</p> <p>During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.</p> <p>weeks _____</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|--|--|---|--|
| <p>During the PAST 12 MONTHS or 52 weeks, did <(Name)/you> work 50 or more weeks? Count paid time off as work.</p> <p>Yes No</p> <p>How many weeks DID <(Name)/you> work, even for a few hours, including paid vacation, paid sick leave, and military service? Was it:</p> <p>50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less</p> | <p>During the PAST 12 MONTHS or 52 weeks, did <(Name)/you> work 50 or more weeks? Count paid time off as work.</p> <p>Yes No</p> <p>How many weeks DID <(Name)/you> work, even for a few hours, including paid vacation, paid sick leave, and military service?</p> <p>weeks _____</p> | <p>During the PAST 12 MONTHS or 52 weeks, did <(Name)/you> work 50 or more weeks? Count paid vacation, paid sick leave, and military service as work.</p> <p>Yes No</p> <p>How many WEEKS did <(Name)/you> work, even for a few hours, <u>including</u> paid time off?</p> <p>weeks _____</p> | <p>During the PAST 12 MONTHS or 52 weeks, did <(Name)/you> work EVERY week? Count paid vacation, paid sick leave, and military service as work.</p> <p>Yes SKIP NEXT QUESTION No</p> <p>During the PAST 12 MONTHS or 52 weeks, how many WEEKS did <(Name)/you> work? Include paid time off and include weeks when <(Name)/you> only worked for a few hours.</p> <p>weeks _____</p> |

INTERNET VERSION

| 2014 CURRENT WORDING | FINAL WORDING |
|---|---|
| <p>During the PAST 12 MONTHS (52 weeks), did (Name) work 50 or more weeks? Count paid time off as work.</p> <ul style="list-style-type: none"> •Yes •No <p>How many weeks DID (Name) work, even for a few hours, INCLUDING paid vacation, paid sick leave, and military service?</p> <ul style="list-style-type: none"> • 50 to 52 weeks • 48 to 49 weeks • 40 to 47 weeks • 27 to 39 weeks • 14 to 26 weeks • 13 weeks or less | <p>During the PAST 12 MONTHS (52 weeks), did (Name) work EVERY week? Count paid vacation, paid sick leave, and military service as work.</p> <p>Yes (Skips to next question) No</p> <p>During the PAST 12 MONTHS or 52 weeks, how many WEEKS did (Name) work? Include paid time off and include weeks when (Name) only worked for a few hours.</p> <p>weeks _____</p> |

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CLASS OF WORKER

PAPER VERSION

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|--|---|--|--|
| <p>41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.</p> <p>41 Was this person – Mark (X) ONE box.</p> <ul style="list-style-type: none"> <input type="checkbox"/> an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions? <input type="checkbox"/> an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? <input type="checkbox"/> a local GOVERNMENT employee (city, county, etc.)? <input type="checkbox"/> a state GOVERNMENT employee? <input type="checkbox"/> a Federal GOVERNMENT employee? <input type="checkbox"/> SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? <input type="checkbox"/> SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? <input type="checkbox"/> working WITHOUT PAY in family business or farm? | <p><u>Version 1</u></p> <p>40-45 CURRENT OR MOST RECENT JOB OR BUSINESS. Describe clearly this person’s main job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.</p> <p>Which one of the following best describes this person’s current or most recent job or business in the past 5 years? Mark (X) ONE box.</p> <p>PRIVATE SECTOR employee:</p> <ul style="list-style-type: none"> <input type="radio"/> For-profit company or organization <input type="radio"/> Non-profit organization (including tax-exempt and charitable organizations) <p>GOVERNMENT employee:</p> <ul style="list-style-type: none"> <input type="radio"/> Local government (for example: city or county school district) <input type="radio"/> State government (including state colleges/universities) <input type="radio"/> Active duty U.S. Armed Forces or Commissioned Corps service <input type="radio"/> Federal government civilian employee <p>SELF-EMPLOYED or OTHER:</p> <ul style="list-style-type: none"> <input type="radio"/> Own non-incorporated business, | <p>40 DESCRIPTION OF EMPLOYMENT. The next series of questions is about the type of employment this person had last week.</p> <p>If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.</p> <p>Which one of the following best describes this person’s employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.</p> <p>PRIVATE SECTOR EMPLOYEE</p> <ul style="list-style-type: none"> <input type="radio"/> For-profit company or organization <input type="radio"/> Non-profit organization (including tax-exempt and charitable organizations) <p>GOVERNMENT EMPLOYEE</p> <ul style="list-style-type: none"> <input type="radio"/> Local government (for example: city or county school district) <input type="radio"/> State government (including state colleges/universities) <input type="radio"/> Active duty U.S. Armed Forces or | <p>40 DESCRIPTION OF EMPLOYMENT. The next series of questions is about the type of employment this person had last week.</p> <p>If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.</p> <p>Which one of the following best describes this person’s employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.</p> <p>PRIVATE SECTOR EMPLOYEE</p> <ul style="list-style-type: none"> <input type="radio"/> For-profit company or organization <input type="radio"/> Non-profit organization (including tax-exempt and charitable organizations) <p>GOVERNMENT EMPLOYEE</p> <ul style="list-style-type: none"> <input type="radio"/> Local government (for example: city or county school district) <input type="radio"/> State government (including state colleges/universities) <input type="radio"/> Active duty U.S. Armed Forces or |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|----------------------|---|--|---|
| | <p>professional practice, or farm</p> <ul style="list-style-type: none"> ○ Own incorporated business, professional practice, or farm ○ Worked without pay in a for-profit family business or farm for 15 hours or more per week <p>Version 2</p> <p>CURRENT OR MOST RECENT JOB OR BUSINESS. <i>The next series of questions are about the type of business this person worked for and the type of work this person did. If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, give information for the last job or business in the past five years.</i></p> <p>Which one of the following best describes this person’s current or most recent job or business in the past 5 years? <i>Mark (X) one box.</i></p> <ul style="list-style-type: none"> -Employee of a for-profit, private sector company or organization -Employee of a non-profit, private sector organization (including tax-exempt and charitable organizations) -Local government employee (for example: city or county school district) -State government employee (including state colleges/universities) -Active duty U.S. Armed Forces or Commissioned Corps service -Federal government civilian employee -Self-employed in own non-incorporated business, professional practice, or farm -Self-employed in own incorporated business, professional practice, or farm | <p>Commissioned Corps</p> <ul style="list-style-type: none"> ○ Federal government civilian employee <p>SELF-EMPLOYED or OTHER:</p> <ul style="list-style-type: none"> ○ Owner of non-incorporated business, professional practice, or farm ○ Owner of incorporated business, professional practice, or farm ○ Worked without pay in a for-profit family business or farm for 15 hours or more per week | <p>Commissioned Corps</p> <ul style="list-style-type: none"> ○ Federal government civilian employee <p>SELF-EMPLOYED or OTHER</p> <ul style="list-style-type: none"> ○ Owner of non-incorporated business, professional practice, or farm ○ Owner of incorporated business, professional practice, or farm ○ Worked without pay in a for-profit family business or farm for 15 hours or more per week |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|---|--|---|---|
| <p>42 For whom did this person work?</p> <p><i>If now on active duty in the Armed Forces, mark (X) this box → <input type="checkbox"/></i></p> <p><i>and print the branch of the Armed Forces.</i></p> <p>Name of company, business, or other employer</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <p>-Worked without pay in a for-profit family business or farm for 15 hours or more per week</p> <p>-Did not work for pay in the past 5 years (for example: homemaker, unpaid intern)</p> <hr/> <p><u>Version 1 and 2</u></p> <p>What was the name of this person’s employer, business, agency, or branch of the Armed Forces? _____</p> | <p>What was the name of this person’s employer, business, agency, or branch of the Armed Forces?</p> <p>_____</p> | <p>What was the name of this person’s employer, business, agency, or branch of the Armed Forces?</p> <p>_____</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|--|--|--|--|
| <p>The next series of questions are about the type of business <(Name)/you> worked for and the type of work that <he/she/(Name)/you> did.</p> <p>.(If <(Name)/ you> had more than 1 job, describe the one at which the most hours were worked. If <(Name)/you> did not work last week, give information for the last job or business in the past five years.)</p> <p>Let’s start with the first question. I am going to read 5 categories. Please pick the one that best describes who <he/she/(Name)/you> worked for - a private organization or company, government, the US Armed Forces (active duty), self-employed, or working without pay in a family business.</p> <p>Private organization or company Government US Armed Forces (active duty) Self-employed Working without pay in a family business</p> <p>Was this a non-profit organization or a for profit company?</p> <p>Non-profit organization For-profit company</p> <p>Was this for Local, State, or the Federal Government?</p> <p>Local State Federal</p> | <p>The next series of questions are about the type of business <(Name)/you> worked for and the type of work that <he/she/(Name)/you> did.</p> <p>If <(Name)/you> had more than 1 job, describe the one at which the most hours were worked. If <(Name)/you> did not work last week, give information for the last job or business in the past five years.</p> <p>I am going to read 5 categories. Please pick the one that best describes who <(Name)/you > worked for – a private organization or company, government, active duty U.S. Armed Forces or Commissioned Corps service, self-employed, or worked without pay in a for-profit family business.</p> <p>Private company or organization Government Active duty U.S. Armed Forces or Commissioned Corps service Self-employed Worked without pay in a for-profit family business</p> <p>Was this a for-profit company or non-profit organization ?</p> <p>For-profit company Non-profit organization</p> <p>Was this for local, state, or the federal government?</p> | <p>The next series of questions is about the type of employment <(Name)/you> had last week.</p> <p>If <(Name)/you> had more than 1 job, describe the one at which the most hours were worked. If <(Name)/you> did not work last week, describe the most recent employment in the past five years.</p> <p>CATI:</p> <p>I am going to read 5 categories. Please pick the one that best describes <(Name)’s/your> employment – a private organization or company, government, active duty U.S. Armed Forces or Commissioned Corps, self-employed, or worked without pay in a for-profit family business or farm.</p> <p>Private company or organization Government Active duty U.S. Armed Forces or Commissioned Corps Self-employed Worked without pay in a for-profit family business or farm</p> <p>Did <(Name)/you> work for a for-profit company or non-profit organization ?</p> <p>For-profit company Non-profit organization</p> <p>Did <(Name)/you> work for a local, state, or federal government?</p> | <p>[Fill- if worked last week:]</p> <p>The next series of questions is about the type of employment <(Name)/you> had last week.</p> <p>[Fill- If previously reported that this person did not work last week but worked in the past 5 years:]</p> <p>The next series of questions is about the type of employment <(Name)/you> had most recently in the past 5 years.</p> <p>If <(Name)/you> had more than one job, describe the one at which the most hours were worked.</p> <p>CATI:</p> <p>I am going to read 5 categories. Please choosethe one that best describes <(Name)’s/your> employment – a private organization or company, government, active duty U.S. Armed Forces or Commissioned Corps, self-employed, or worked without pay in a for-profit family business or farm.</p> <p>Private company or organization Government Active duty U.S. Armed Forces or Commissioned Corps Self-employed Worked without pay in a for-profit family business or farm</p> <p>Did <(Name)/you> work for a for-profit company or non-profit organization ?</p> <p>For-profit company Non-profit organization</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|---|---|---|---|
| <p>Was this self-employment incorporated or not incorporated? Incorporated Not incorporated</p> | <p>Local State Federal</p> <p>Was <(Name)'s/your> self-employed business, professional practice or farm incorporated or not incorporated? Incorporated Not incorporated</p> <p>Did <(Name)/you> work without pay in this for-profit family business or farm for 15 hours or more per week? Yes No</p> | <p>Local State Federal</p> <p>Was <(Name)'s/your> self-employed business, professional practice, or farm incorporated or not incorporated? Incorporated Not incorporated</p> <p>Did <(Name)/you> work without pay in this for-profit family business or farm for 15 hours or more per week? Yes No</p> | <p>Did <(Name)/you> work for a local, state, or federal government? Local State Federal</p> <p>Was <(Name)'s/your> self-employed business, professional practice, or farm incorporated or not incorporated? Incorporated Not incorporated</p> <p>Did <(Name)/you> work without pay in this for-profit family business or farm for 15 hours or more per week? Yes No</p> |
| <p>-----</p> <p>What was the name of <(Name)'s/your> company, business or other employer?</p> <p>Which branch of the Armed Forces <does (Name)/do you> work for? U.S. Army U.S. Navy U.S. Air Force U.S. Marine Corps U.S. Coast Guard</p> | <p>-----</p> <p>What was the name of <(Name)'s/your> employer, business, or agency?</p> <p>Which branch of the Armed Forces or Commissioned Corps did <(Name)/you> work for? U.S. Army U.S. Navy U.S. Air Force U.S. Marine Corps U.S. Coast Guard U.S. Public Health Service National Oceanic and Atmospheric Administration (NOAA)</p> | <p>CAPI: Let's start with the first question. Using CARD H, which one of the following best describes <(Name)'s/your> employment?</p> <p>(Card H shows what is listed below)</p> <p>For-profit company or organization [PRIVATE SECTOR EMPLOYEE] Non-profit organization (including tax-exempt and charitable organizations) [PRIVATE SECTOR EMPLOYEE] Local government [GOVERNMENT EMPLOYEE] State government (including state colleges/universities) [GOVERNMENT EMPLOYEE] Active duty U.S. Armed Forces or Commissioned Corps [GOVERNMENT EMPLOYEE] Federal government civilian employee</p> | <p>CAPI: Let's start with the first question. Using CARD H, which one of the following best describes <(Name)'s/your> employment?</p> <p>(CAPI screenshows what is listed below)</p> <p>For-profit company or organization [PRIVATE SECTOR EMPLOYEE] Non-profit organization (including tax-exempt and charitable organizations) [PRIVATE SECTOR EMPLOYEE] Local government [GOVERNMENT EMPLOYEE] State government (including state colleges/universities) [GOVERNMENT EMPLOYEE] Active duty U.S. Armed Forces or Commissioned Corps [GOVERNMENT EMPLOYEE] Federal government civilian employee</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|----------------------|-----------------|--|--|
| | | <p>[GOVERNMENT EMPLOYEE] Owner of non-incorporated business, professional practice, or farm [SELF-EMPLOYED] Owner of incorporated business, professional practice, or farm [SELF-EMPLOYED] Worked without pay in a for-profit family business or farm for 15 hours or more per week</p> | <p>[GOVERNMENT EMPLOYEE] Owner of non-incorporated business, professional practice, or farm [SELF-EMPLOYED] Owner of incorporated business, professional practice, or farm [SELF-EMPLOYED] Worked without pay in a for-profit family business or farm for 15 hours or more per week</p> <p><i>(Card H shows what is listed below, note grey headers)</i></p> <p style="text-align: center;">CARD H</p> <p>Which one of the following best describes this person’s employment? (Choose one)</p> <p>PRIVATE SECTOR EMPLOYEE</p> <p><input type="checkbox"/> For-profit company or organization <input type="checkbox"/> Non-profit organization (including tax-exempt and charitable organizations)</p> <p>GOVERNMENT EMPLOYEE</p> <p><input type="checkbox"/> Local government (for example: city or county school district) <input type="checkbox"/> State government (including state colleges/universities) <input type="checkbox"/> Active duty U.S. Armed Forces or Commissioned Corps <input type="checkbox"/> Federal government civilian employee</p> <p>SELF-EMPLOYED OR OTHER</p> <p><input type="checkbox"/> Owner of non-incorporated business, professional practice, or farm <input type="checkbox"/> Owner of incorporated business, professional practice, or farm <input type="checkbox"/> Worked without pay in a for-profit family business or farm for 15 hours or more per week</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|----------------------|-----------------|---|---|
| | | <p>-----</p> <p>What was the name of <(Name)'s/your> employer, business, or agency?</p> <p>Which branch of the Armed Forces or Commissioned Corps did <(Name)/you> work for? U.S. Army U.S. Navy U.S. Air Force U.S. Marine Corps U.S. Coast Guard U.S. Public Health Service National Oceanic and Atmospheric Administration (NOAA)</p> | <p>-----</p> <p>What was the name of <(Name)'s/your> employer, business, or agency?</p> <p>Which branch of the Armed Forces or Commissioned Corps did <(Name)/you> work for? U.S. Army U.S. Navy U.S. Air Force U.S. Marine Corps U.S. Coast Guard U.S. Public Health Service National Oceanic and Atmospheric Administration (NOAA)</p> |

INTERNET VERSION

| 2014 CURRENT WORDING | FINAL WORDING |
|--|---|
| <p>The next series of questions are about the type of business (Name) worked for and the type of work that (he/she/he or she) did. <i>Describe clearly (name’s) chief job activity or business last week. If (name) had more than one job, describe the one at which (he/she/he or she) worked the most hours. If (name) had no job or business last week, give information for (his/her/his or her) last job or business.</i></p> <p>Was (name) – an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)? a state GOVERNMENT employee? an ACTIVE DUTY U.S. Armed Forces member? a Federal GOVERNMENT employee (excluding active duty military)? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business or farm?</p> <p>What was the name of (Name)’s company, business, or other employer?</p> <p>Which branch of the Armed Forces does (Name) work for? U.S. Army U.S. Navy U.S. Air Force U.S. Marine Corps</p> | <p>COWA [40] 40. DESCRIPTION OF EMPLOYMENT <i>The next series of questions is about the type of employment (Name) had last week.</i></p> <p><i>If (Name) had more than one job, describe the one at which the most hours were worked.</i></p> <p><i>If (Name) did not work last week, describe the most recent employment in the past five years.</i></p> <p>a. Which one of the following best describes (Name)’s employment last week or the most recent employment in the past 5 years?</p> <p>PRIVATE SECTOR EMPLOYEE</p> <p><input type="checkbox"/> For-profit company or organization</p> <p><input type="checkbox"/> Non-profit organization (including tax-exempt and charitable organizations)</p> <p>GOVERNMENT EMPLOYEE</p> <p><input type="checkbox"/> Local government (for example: city or county school district)</p> <p><input type="checkbox"/> State government (including state colleges/universities)</p> <p><input type="checkbox"/> Active duty U.S. Armed Forces or Commissioned Corps</p> <p><input type="checkbox"/> Federal government civilian employee</p> <p>SELF-EMPLOYED OR OTHER</p> <p><input type="checkbox"/> Owner of non-incorporated business, professional practice, or farm</p> <p><input type="checkbox"/> Owner of incorporated business, professional practice, or farm</p> |

| | |
|------------------|---|
| U.S. Coast Guard | <p><input type="checkbox"/> Worked without pay in a for-profit family business or farm for 15 hours or more per week</p> <hr/> <p>INW2 (if COWA not = 5 "Active duty...") [40b] b. What was the name of (Name)'s employer, business, or agency?</p> <p> _____ <i>[60 characters]</i></p> <p>INMIL (if COWA= 5 "Active duty...") [40b] b. Which branch of the Armed Forces or Commissioned Corps did (Name) work for?</p> <p><input type="checkbox"/> U.S. Army <input type="checkbox"/> U.S. Navy <input type="checkbox"/> U.S. Air Force <input type="checkbox"/> U.S. Marine Corps <input type="checkbox"/> U.S. Coast Guard <input type="checkbox"/> U.S. Public Health Service <input type="checkbox"/> National Oceanic and Atmospheric Administration (NOAA)</p> |
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INDUSTRY AND OCCUPATION

PAPER VERSION

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|---|---|--|--|
| <p>43 What kind of business or industry was this? <i>Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)</i></p> <div style="border: 1px solid black; height: 40px; width: 200px; margin: 10px 0;"></div> | <p><u>Version 1</u> What kind of place was this job or business? <i>Include the main activity, product, or service provided at the location where employed. (For example: elementary school, women’s clothing store, fast food restaurant)</i></p> <p>_____</p> <p><u>Version 2</u> What kind of business or industry was this? <i>Include the main activity, product, or service provided at the location where employed. Be as specific as possible.</i></p> <p>_____</p> | <p>What kind of business or industry was this? <i>Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)</i></p> <p>_____</p> | <p>What kind of business or industry was this? <i>Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)</i></p> <p>_____</p> |
| <p>45 What kind of work was this person doing? <i>(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)</i></p> <div style="border: 1px solid black; height: 40px; width: 200px; margin: 10px 0;"></div> | <p><u>Version 1</u> What was this person’s main occupation or title? <i>Be as specific as possible. (For example: 4th grade teacher)</i> _____</p> <p><u>Version 2</u> What was this person’s main occupation or title? <i>Be as specific as possible.</i></p> <p>_____</p> | <p>What was this person’s main occupation? <i>(For example: 4th grade teacher, entry-level plumber)</i> _____</p> | <p>What was this person’s main occupation? <i>(For example: 4th grade teacher, entry-level plumber)</i></p> <p>_____</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|--|---|--|--|
| <p>46 What were this person's most important activities or duties? <i>(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)</i></p> <div style="border: 1px solid black; height: 40px; width: 220px; margin: 10px 0;"></div> | <p><u>Version 1</u> What were this person's most important activities or duties? <i>Be as specific as possible. (For example: instructing and evaluating students, creating lesson plans) _____</i></p> <p><u>Version 2</u> What were this person's most important activities or duties? <i>Be as specific as possible. _____</i></p> | <p>Describe this person's most important activities or duties. <i>(For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)</i></p> <p>_____</p> | <p>Describe this person's most important activities or duties. <i>(For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)</i></p> <p>_____</p> <p>[3 lines for write-in text on paper]</p> |

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|---|--|--|--|
| <p>What kind of business or industry was this?</p> <p>For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank.</p> <p>_____</p> | <p>What kind of business or industry was this?</p> <p>Include the main activity, product, or service provided at the location where employed. For example: elementary school, women’s clothing store, fast food restaurant.</p> <p>_____</p> | <p>What kind of business or industry was this?</p> <p>Include the main activity, product, or service provided at the location where employed. For example: elementary school, residential construction.</p> <p>_____</p> | <p>What kind of business or industry was this?</p> <p>Include the main activity, product, or service provided at the location where employed. For example: elementary school, residential construction, or another kind of business</p> <p>_____</p> |
| <p>What kind of work < was (Name)/were you> doing at this job?</p> <p>For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant. _____</p> | <p>What was <(Name)’s/your> main occupation or title?</p> <p>Be as specific as possible.</p> <p>For example: 4th grade teacher _____</p> | <p>What was <(Name)’s/your> main occupation?</p> <p>For example: 4th grade teacher, entry-level plumber _____</p> | <p>What was <(Name)’s/your> main occupation?</p> <p>For example: 4th grade teacher, entry-level plumber, or another occupation _____</p> |
| <p>What were <(Name)’s/your> most important activities or duties at this job?</p> <p>For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records.</p> <p>_____</p> | <p>What were <(Name)’s/your> most important activities or duties?</p> <p>Be as specific as possible. For example: instructing and evaluating students, creating lesson plans _____</p> | <p>Describe <(Name)’s/your> most important activities or duties. For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details. _____</p> | <p>Describe <(Name)’s/your> most important activities or duties. For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details, or other duties _____</p> <p>[100 characters]</p> |

INTERNET VERSION

| 2014 CURRENT WORDING | FINAL WORDING |
|--|---|
| <p>What kind of business or industry was this? <i>Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)</i></p> <p>Is this business mainly – manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?</p> <p>What kind of work was (name) doing at this job? <i>(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)</i></p> <p>What were (Name)'s most important activities or duties? <i>(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)</i></p> | <p>c. What kind of business or industry was this? <i>Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)</i> _____ [60 characters]</p> <p>d. Was this mainly --</p> <p><input type="checkbox"/> manufacturing? <input type="checkbox"/> wholesale trade? <input type="checkbox"/> retail trade? <input type="checkbox"/> other (agriculture, construction, service, government, etc.)?</p> <p>e. What was (Name)'s main occupation? <i>(For example: 4th grade teacher, entry-level plumber)</i> _____ </p> <p>f. Describe (Name)'s most important activities or duties. <i>(For example: instruct and evaluate students in math and create lesson plans, assemble and install pipe sections and review building plans for work details)</i></p> <p>_____ _____ _____ _____ [100 characters, bigger box]</p> |

CATI/CAPI VERSION

| 2014 CURRENT WORDING | ROUND 1 ENGLISH | ROUND 2 ENGLISH | FINAL WORDING |
|--|--|---|---|
| <p>Did <(Name)/you> receive any retirement, survivor, or disability pensions DURING THE PAST 12 MONTHS? Yes No</p> <p>What was the amount? (Do not include Social Security.) _____</p> | <p>Did <(Name)/you> receive any survivor or disability income DURING THE PAST 12 MONTHS? Yes No</p> <p>What was the amount? (Do not include Social Security)</p> <p>Did <(Name)/you> receive any retirement income from a previous employer or union or income from retirement accounts such as a 401(k), 403(b), IRA, or other accounts designed specifically for retirement savings DURING THE PAST 12 MONTHS? DO NOT include amounts rolled over into other retirement accounts.</p> <p>What was the amount? (Do not include Social Security) _____</p> | <p>Did <(Name)/you> receive any survivor or disability income DURING THE PAST 12 MONTHS? Yes No</p> <p>What was the amount? (Do not include Social Security)</p> <p>Did <(Name)/you> receive a pension or any retirement income from a previous employer or union, or any regular withdrawals or distributions from retirement accounts such as a 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement DURING THE PAST 12 MONTHS?</p> <p>What was the amount? (Do not include Social Security) _____</p> | <p>Did <(Name)/you> receive any survivor or disability income DURING THE PAST 12 MONTHS? Yes No</p> <p>What was the amount? (Do not include Social Security)</p> <p>Did <(Name)/you> receive a pension or any retirement income from a previous employer or union, or any regular withdrawals or distributions from retirement accounts such as a 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement DURING THE PAST 12 MONTHS?</p> <p>What was the amount? (Do not include Social Security) _____</p> |

INTERNET VERSION

| 2014 CURRENT WORDING | FINAL WORDING |
|--|---|
| <p>Did (Name) receive any retirement, survivor, or disability pensions during the PAST 12 MONTHS? Do NOT include Social Security. Yes No</p> <p>What was the amount? TOTAL AMOUNT for past 12 months</p> | <p>Did (Name) receive any survivor or disability income DURING THE PAST 12 MONTHS? Yes No</p> <p>What was the amount? (Do not include Social Security)</p> <p>Did (Name) receive a pension or any retirement income from a previous employer or union, or any regular withdrawals or distributions from retirement accounts such as a 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement DURING THE PAST 12 MONTHS?</p> <p>What was the amount? (Do not include Social Security) _____</p> |

CONTENT FOLLOW UP VERSION

| 2014 CURRENT WORDING | FINAL WORDING |
|---|---|
| <p>Did <(Name)/you> receive any retirement, survivor, or disability pensions DURING THE PAST 12 MONTHS? Yes No What was the amount? (Do not include Social Security.) _____</p> | <p>Did (you/ name) receive any pension income from a previous employer or union, (other than Social Security or VA benefits) DURING THE PAST 12 MONTHS?</p> <p>PLEASE DO NOT INCLUDE ANNUITIES OR DISTRIBUTIONS OR WITHDRAWALS FROM IRAs, 401(k)s, OR SIMILAR ACCOUNTS!</p> <p>Yes No</p> <p>What type of pension did (you/name) have DURING THE PAST 12 MONTHS? Did (you/name) have a ... READ EACH CATEGORY! Enter all that apply, separate using the space bar or a comma. Probe for all sources, anything else? Company Pension Union Pension Federal Government Pension State Government Pension Local Government Pension U.S. Military Pension U.S. Railroad Retirement Other</p> <p>What was the source of (your/name's) pension income? Specify other source of pension income Enter "Other Pension" if the answer is "Don't Know" _____</p> <p>How much did (name/you) receive in [(ACCOUNT TYPE) FILL FROM PENTYPE or PENOTH]]DURING THE PAST 12 MONTHS? Enter dollar amount _____</p> <p>***repeat for first and second pension type reported***</p> |

Did (you/ name) receive any income from an annuity DURING THE PAST 12 MONTHS?

- Yes
- No

How much did (name/you) receive in annuities DURING THE PAST 12 MONTHS?

Enter dollar amount

Did (you/ name) have any retirement accounts such as a 401(k), 403(b), IRA, or other account designed specifically for retirement savings DURING THE PAST 12 MONTHS?

- Yes
- No

What type of retirement account (did you/ NAME) have? Did (you/he/she) have a ...

READ EACH CATEGORY!

Enter all that apply, separate using the space bar or a comma.

Probe for all sources, anything else?

- 401(k)
- 403(b)
- Roth IRA
- KEOGH plan ("KEE-OH")
- SEP plan (Simplified Employee Pension)
- Another type of retirement account

What was the source of (name's/your) retirement account?

Specify other source of retirement account

Enter "Other Retirement Account" if the answer is "Don't Know"

Did (you/NAME) withdraw any money or receive a distribution from (your/his/her) [(ACCOUNT TYPE) FILL IN FROM RETTYPE or RETOTH] account

DURING THE PAST 12 MONTHS?

(IF AGE 70+ ADD: including distributions you may have been required to take?)

- Yes
- No

How much was (name's/your) withdrawal or distribution from [(ACCOUNT TYPE) FILL FROM RETTYPE or RETOTH]] DURING THE PAST 12 MONTHS?

Enter dollar amount

Did [you/name] re-invest or "roll over" any of the money into an IRA or some other kind of retirement plan DURING THE PAST 12 MONTHS?

Yes

No

How much did (you/name) re-invest or "roll over" into an IRA or some other kind of retirement plan DURING THE PAST 12 MONTHS? Enter dollar amount

Do/Does (you/name) plan to re-invest or roll over any of the money?

Yes

No

How much do/does (you/name) plan to re-invest or "roll over" into an IRA or some other kind of retirement plan?

Enter dollar amount

******repeat for first and second retirement account type reported******