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CLOSING PROBES

Probe 1	
Probe 2	

V1 - Paper	
How many people, including yourself, are living or staying at this address?	
 INCLUDE everyone living or staying here, even if they are not related to you. 	
 INCLUDE children, related or unrelated, such as babies, grandchildren, or foster children. 	
 INCLUDE anyone else staying here now, such as roommates and other families who have no other place to stay. 	
 DO NOT INCLUDE anyone who is living somewhere else, such as a college student living away or someone in the Armed Forces on deployment. 	
Number of people	
[ASK AFTER COMPLETING HOUSEHOLD ROSTER (PERSON 12)]	
Now I'd like to ask your opinion about some of the questions you	nave answered so far.
Is there anyone living or staying at your address who you did not i questions? IF YES: Who? Please tell me why you did not include th	nclude when answering these em.
Are there any people who you were hesitant or unsure about incl	uding when you answered these
questions?	
[IF YES TO PROBE 2] Who are those people? IF NECESSARY: How a	re you related or connected to them?

[IF YES TO PROBE 2] Why were you hesitant or unsure about including [him/her/them]?
[IF REPORTED MORE THAN 1 PERSON] When answering these questions, did you include anyone who stays or lives someplace else? IF YES: PROBE TO DETERMINE WHERE THEY STAY AND HOW OFTEN.
Do you think these questions are asking about people unrelated to you, or not? Why (not)?
How long do you think someone should live or stay with you for you to include them?
This question includes instructions about what types of people should and should not be included. [POINT TO INCLUDE/EXCLUDE INSTRUCTIONS ON SURVEY.] Did you read this text when answering the question, or did you skip over it? IF SKIPPED OVER: What do you think made you skip it?
[IF READ THE INCLUDE/EXCLUDE TEXT] How did the instructions influence who you did or did not include?
[SKIP]
Now, please look at the instructions about who should and should not be included. Tell me about anything confusing or unclear. IF THEY FIND ANYTHING CONFUSING OR UNCLEAR, PROBE: Why?
[SKIP]
[SKIP]
[SKIP]

[SKIP]
[SKIP IF DISCUSSION ON PREVIOUS PROBES WAS EXTENSIVE/TIME-CONSUMING] Other than your current situation, have you ever lived with someone other than immediate family? IF YES: What was the most recent situation and who were you living with? [WAIT FOR RESPONSE.] Would you have included all of those people in the survey? Why (not)?
[IF Probe 16 = NO AND DISCUSSION ON PREVIOUS PROBES WAS BRIEF] Now I'm going to describe some situations for you and ask you a question about each one. Here is the first situation: Suppose Mary is answering the survey for her family. When answering the first question about the number of people living or staying at this address, she includes herself, her husband Bob, and their two children. Mary is not sure if she should include her husband's son, Billy, who is her stepson. Billy is 19 years old and looking for a job. Sometimes he stays here with Mary and Bob, and sometimes he stays with his mom. When answering the question, should Mary include Billy?
[IF Probe 16 = NO AND DISCUSSION ON PREVIOUS PROBES WAS BRIEF] John's cousin is staying with him while he is in town for a 6-week training program. Should John include him when answering this question? Why (not)?
[IF Probe 16 = NO AND DISCUSSION ON PREVIOUS PROBES WAS BRIEF] Susan lives with her parents in the suburbs. For the last 6 months she has been staying with her boyfriend at least 3 nights a week. Her boyfriend is asked to complete the survey. Should he include Susan when answering this question? Why (not)?
Now I would like you to look at this question. [PROVIDE VERSION 2.] How would you answer this question? AFTER ANSWERING: Do you see this question as the same or as different from the original version?
What do you think about this version of the question? [REFER TO VERSION 2]

Which version of the question do you prefer, the original or the alternate? Why?
Please go ahead now and continue filling out the survey. I'll stop you when I have additional questions.
N/A
IN/A
[SKIP]
[SKIP]
[SKIP]
What is the MAIN type of sewage disposal for
this house, apartment, or mobile home?
Public sewer
Septic system or cesspool
Other type of sewage disposal
[ASK AT CONCLUSION OF HOUSING MODULE]
Now I'd like to get your feedback on some of the questions you just answered. Please look back at Question 8, which asks about sewage disposal.
Acceptance of the contract of
How did you decide which response option to choose?
Do you know the answer to this question or did you need to guess?
How confident are you in your answer?
What do you think is meant by "sewage disposal?"
What do you think is meant by "public sewer?" Can you describe that for me?
What do you think a "septic system" is? Can you describe one for me?
What do you think a septic system is: can you describe one for the:
What do think a "cesspool" is? Can you describe one for me?
Do you think there is a difference between a "septic system" and a "cesspool," or are they the same
thing? [IF THEY THINK THERE IS A DIFFERENCE: What is the difference?]

Does your home have more than one type of sewage disposal system? [IF YES: How did you decide which answer to choose?]
[IF OTHER: You answered that your home has some other type of sewage disposal. What is it? IF NECESSARY: Can you describe it for me?]
Which foolings of MOCT for booting this bours
Which fuel is used MOST for heating this house, apartment, or mobile home?
Natural gas: from underground pipes serving the neighborhood
Gas: propane, butane, etc.
☐ Electricity
Fuel oil, kerosene, etc.
Coal or coke
Wood
☐ Solar energy
Other fuel
☐ No fuel used
Now I'd like to skip ahead and discuss Question 15, which asks about fuel used for heating your home.
INTERVIEWER: WHEN PROBING, NOTE ANY CONFUSION OR COMMENTS ABOUT BUTANE.
How did you decide which response option to choose?
Is anything about this question confusing or unclear?
How easy or difficult was it to find your answer in the list of options?
How many types of fuel are used to heat your home is it just one, or more than one? IF MORE THAN
ONE: How did you decide which fuel to choose when answering the question?
This question includes separate options for "natural gas" and "gas." What do you think is the difference
between the two?

[IF 15 = GAS] Can you tell me more about the gas your home uses? IF NECESSARY: Do you use propane, butane, or something else?
[SKIP]
Does this house, apartment, or mobile home use solar panels that generate electricity? Yes No
Now I'd like to talk about the next question, Question 16. This question asks about solar panels.
How did you come up with your answer to this question?
Is anything about this question confusing or unclear?
Have you heard of the term "solar panels" before? IF YES: How would you describe solar panels?
[SKIP]
IF ANSWERED YES: You answered that your home uses solar panels that generate electricity. Can you describe the system that your home uses?
IF ANSWERED YES, HOME IS IN A MULTIUNIT BUILDING, AND THE FOLLOWING IS NOT ALREADY APPARENT: Can you tell me more about what parts of the building use solar panels for electricity? IF NECESSARY: Where are the solar panels located? PROBE TO UNDERSTAND WHETHER PARTICIPANT IS REPORTING SOLAR NOT USED IN THEIR UNIT.

IF ANSWERED YES: This question asks about "solar panels that generate electricity." Are those words you would use to describe what your home uses or would you use other words? [PROBE TO DETERMINE WHAT WORDS THEY WOULD USE.]	
Now I would like you to look at this question. [PROVIDE VERSION 2.] How would you answer this question? AFTER ANSWERING: Do you see this question as the same or as different from the original version?	
What do you think about this version of the question? [REFER TO VERSION 2]	
This question uses the term "generate electricity?" Can you give me some examples of what that means?	
Pretend that you have small solar-powered lights in your garden. Do you think they should be included here?	
[QUESTION IS IN ITS PRESENT LOCATION IN THE SURVEY.]	
In 2019, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks. Yes	
□ No	
The last question I'd like to ask you about is Question 18, which asks about benefits received. Please take another look at that question.	
How easy or difficult was it to answer this question? Why?	
Do you use an EBT or electronic benefit transfer card for food in grocery stores? IF YES: Were you thinking about that when you answered this question?	
What time period were you thinking about when answering this question? IF NECESSARY: What specific months and years were you thinking about?	
Question 18 asks about 2019, but the previous question, 17d, asks about "the past 12 months." Do these mean the same thing, or are they different? IF NECESSARY: Tell me more about why they are the [same/different].	
Did you or any member of your household receive benefits from the Food Stamp Program or SNAP in the past 12 months?	
N/A	

IF MORE THAN 1 HH MEMBER] Thinking back over the entire survey, how did it feel answering questions
about the other people you included? IF NO MENTION OF PRIVACY CONCERNS, ASK: Did you have any
concerns about the privacy of other people you reported when answering those questions? PROBE IF
NEEDED TO DETERMINE CONCERNS.

[IF MORE THAN 1 HH MEMBER] What was it like answering questions about other members of your household? Did you have any difficulty?

V2 - Paper	
How many people, including people not related to you, are living or staying at this address?	
INCLUDE ✓ yourself if you live here.	
✓ children, related or unrelated, such as babies, grandchildren, or foster children.	
✓ anyone else staying here now, such as roommates and other families who have no other place to stay.	
DO NOT INCLUDE X anyone who is living somewhere else, such as a college student living away or someone in the Armed Forces on deployment.	
Number of people	
ASK AFTER COMPLETING HOUSEHOLD ROSTER (PERSON 12)]	
s there anyone living or staying at your address who you did not in questions? IF YES: Who? Please tell me why you did not include the	
Are there any people who you were hesitant or unsure about incluquestions?	iding when you answered these
IF YES TO PROBE 2] Who are those people? IF NECESSARY: How and them?	re you related or connected to

[IF YES TO PROBE 2] Why were you hesitant or unsure about including [him/her/them]?
[IF REPORTED MORE THAN 1 PERSON] When answering these questions, did you include anyone who stays or lives someplace else? IF YES: PROBE TO DETERMINE WHERE THEY STAY AND HOW OFTEN.
Do you think these questions are asking about people unrelated to you, or not? Why (not)?
How long do you think someone should live or stay with you for you to include them?
This question includes instructions about what types of people should and should not be included. [POINT TO INCLUDE/EXCLUDE INSTRUCTIONS ON SURVEY.] Did you read this text when answering the question, or did you skip over it? IF SKIPPED OVER: What do you think made you skip it?
[IF READ THE INCLUDE/EXCLUDE TEXT] How did the instructions influence who you did or did not include?
[SKIP]
Now, please look at the instructions about who should and should not be included. Tell me about anything confusing or unclear. IF THEY FIND ANYTHING CONFUSING OR UNCLEAR, PROBE: Why?
[SKIP]
[SKIP]
[SKIP]

[SKIP]
[SKIP IF DISCUSSION ON PREVIOUS PROBES WAS EXTENSIVE/TIME-CONSUMING] Other than your current situation, have you ever lived with someone other than immediate family? IF YES: What was the most recent situation and who were you living with? [WAIT FOR RESPONSE.] Would you have included all of those people in the survey? Why (not)?
[IF Probe 16 = NO AND DISCUSSION ON PREVIOUS PROBES WAS BRIEF] Now I'm going to describe some situations for you and ask you a question about each one. Here is the first situation: Suppose Mary is answering the survey for her family. When answering the first question about the number of people living or staying at this address, she includes herself, her husband Bob, and their two children. Mary is not sure if she should include her husband's son, Billy, who is her stepson. Billy is 19 years old and looking for a job. Sometimes he stays here with Mary and Bob, and sometimes he stays with his mom. When answering the question, should Mary include Billy?
[IF Probe 16 = NO AND DISCUSSION ON PREVIOUS PROBES WAS BRIEF] John's cousin is staying with him while he is in town for a 6-week training program. Should John include him when answering this question? Why (not)?
[IF Probe 16 = NO AND DISCUSSION ON PREVIOUS PROBES WAS BRIEF] Susan lives with her parents in the suburbs. For the last 6 months she has been staying with her boyfriend at least 3 nights a week. Her boyfriend is asked to complete the survey. Should he include Susan when answering this question? Why (not)?
Now I would like you to look at this question. [PROVIDE VERSION 1.] How would you answer this question? AFTER ANSWERING: Do you see this question as the same or as different from the original version?
What do you think about this version of the question? [REFER TO VERSION 1]

Which version of the question do you prefer, the original	al or the alternate? Why?
Please go ahead now and continue filling out the survey	v. I'll stop you when I have additional questions.
N/A	
[SKIP]	
[SKIP]	
[SKIP]	
Is this house, apartment, or mobile home connected to a public sewer? Yes, connected to public sewer	
No, connected to septic system or cesspool	
No, use other type of system	
[ASK AT CONCLUSION OF HOUSING MODULE] Now I'd like to get your feedback on some of the question 8, which asks if your home is connected to a p	
How did you decide which response option to choose?	
Do you know the answer to this question or did you nee	ed to guess?
How confident are you in your answer?	
[SKIP]	
What do you think is meant by "public sewer?" Can you	describe that for me?
What do you think a "septic system" is? Can you describ	
What do think a "cesspool" is? Can you describe one for	me?
Do you think there is a difference between a "septic sys thing? [IF THEY THINK THERE IS A DIFFERENCE: What is	

Does your home have more than one type of sewage disposa which answer to choose?	l system? [IF YES: How did you decide
[IF OTHER: You answered that your home has some other typ	e of system. What is it? IF NECESSARY:
Can you describe it for me?]	
Which fuel is used MOST for heating this house,	
apartment, or mobile home? Gas: Natural gas from underground pipes serving	
the neighborhood	
Gas: Bottled or tank (propane, butane, etc.)	
Electricity	
Fuel oil, kerosene, etc.	
Coal or coke	
Wood	
☐ Solar energy	
Other fuel	
☐ No fuel used	
Now I'd like to skip ahead and discuss Question 15, which ask	s about fuel used for heating your home.
INTERVIEWER: WHEN PROBING, NOTE ANY CONFUSION OR C	OMMENTS ABOUT BUTANE.
How did you decide which response option to choose?	
Is anything about this question confusing or unclear?	
How easy or difficult was it to find your answer in the list of o	ptions?
How many types of fuel are used to heat your home is it jus	
ONE: How did you decide which fuel to choose when answeri	ng the question?
This question includes two separate options for gas. What do	you think is the difference between the
two?	, and the second of the

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[IF 15 = GAS] Can you tell me more about the gas your home uses? IF NECESSARY: Do you use propane, butane, or something else?
[SKIP]
Does this house, apartment, or mobile home use solar power or photovoltaic panels that generate electricity? Yes
□ No
Now I'd like to talk about the next question, Question 16. This question asks about solar power.
How did you come up with your answer to this question?
Is anything about this question confusing or unclear?
Have you heard of the term "solar power" before? IF YES: How would you describe solar power?
Have you heard the term "photovoltaic panels" before? IF YES: Can you describe them for me? IF NO: What would you guess that term refers to?
IF ANSWERED YES: You answered that your home uses solar power or photovoltaic panels that generate electricity. Can you describe the system that your home uses?
IF ANSWERED YES, HOME IS IN A MULTIUNIT BUILDING, AND THE FOLLOWING IS NOT ALREADY APPARENT: Can you tell me more about what parts of the building use solar power or photovoltaic panels for electricity? IF NECESSARY: Where are the solar or photovoltaic panels located? PROBE TO UNDERSTAND WHETHER PARTICIPANT IS REPORTING SOLAR NOT USED IN THEIR UNIT.

IF ANSWERED YES: This question asks about "solar power or photovoltaic panels that generate electricity." Are those words you would use to describe what your home uses or would you use other words? [PROBE TO DETERMINE WHAT WORDS THEY WOULD USE.]
Now I would like you to look at this question. [PROVIDE VERSION 1.] How would you answer this question? AFTER ANSWERING: Do you see this question as the same or as different from the original version?
What do you think about this version of the question? [REFER TO VERSION 1]
This question uses the term "generate electricity?" Can you give me some examples of what that means?
Pretend that you have small solar-powered lights in your garden. Do you think they should be included here?
[QUESTION IS MOVED TO THE END OF THE HOUSING SECTION.]
In 2019, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks. Yes No The last question I'd like to ask you about is Question 27, which asks about benefits received. Please take another look at that question.
How easy or difficult was it to answer this question? Why?
Do you use an EBT or electronic benefit transfer card for food in grocery stores? IF YES: Were you thinking about that when you answered this question?
What time period were you thinking about when answering this question? IF NECESSARY: What specific months and years were you thinking about?
Question 27 asks about 2019, but some of the questions on the previous page ask about "the past 12 months." Do these mean the same thing, or are they different? IF NECESSARY: Tell me more about why they are the [same/different].
Did you or any member of your household receive benefits from the Food Stamp Program or SNAP in the past 12 months?
N/A

[IF MORE THAN 1 HH MEMBER] Thinking back over the entire survey, how did it feel answering
questions about the other people you included? IF NO MENTION OF PRIVACY CONCERNS, ASK: Did you
have any concerns about the privacy of other people you reported when answering those questions?
PROBE IF NEEDED TO DETERMINE CONCERNS.

[IF MORE THAN 1 HH MEMBER] What was it like answering questions about other members of your household? Did you have any difficulty?

V1 - CAI 1a. Let's create a list of everyone, including people not related to you, living or staying at this address. What is your name? (What is the name of the next person living or staying here?) The following questions are to make sure everyone is included. 1b. The people you have listed so far are... Other than these people, is there anyone else staying here such as... • Babies • Grandchildren • Foster children • Any other children, related or unrelated to you • Roommates • People or families who have no other place to stay? The following questions are to make sure everyone we have listed should be included in this survey. I have... 1c. Do any of these people live somewhere else now, such as a college student or someone in the Armed Forces on deployment? I have listed... 1d. Are any of these people staying here for a short visit or for an overnight stay? I have listed... 1e. Are you/Is <Name> staying here for MORE than two months? [ASK AFTER COMPLETING HOUSEHOLD ROSTER (QUESTION 6)] Now I'd like to ask your opinion about some of the questions you have answered so far. We started out by creating a list of everyone living or staying at your address. To help identify everyone, I asked about various types of people who might stay at your home. I also asked about people who are staying at your home for a short visit or who live elsewhere now. Is there anyone living or staying at your address who you did not include when we created the list? IF YES: Who? Please tell me why you did not include them. Are there any people who you were hesitant or unsure about including when you answered these

[IF YES TO PROBE 2] Who are those people? IF NECESSARY: How are you related or connected to them?

auestions?

[IF YES TO PROBE 2] Why were you hesitant or unsure about including [him/her/them]?
[IF REPORTED MORE THAN 1 PERSON] When we created the list, did you include anyone who stays or lives someplace else? IF YES: PROBE TO DETERMINE WHERE THEY STAY AND HOW OFTEN.
Do you think the list of people living or staying at your address should include people unrelated to you, or not? Why (not)?
How long do you think someone should live or stay with you for you to include them?
[SKIP]
[SKIP]
[IF ADDED NAMES TO THE ROSTER AFTER FOLLOW-UP QUESTIONS] When we first created the list of people living or staying at your home, you mentioned [LIST NAMES]. Then I asked about babies, grandchildren, foster children, any other children related or unrelated to you, roommates, and people or families who have no other place to stay, and you mentioned [LIST NAMES]. What do you think made you decide not to mention [him/her/them] when we first created the list?
[SKIP]
After we created the list I asked about babies, grandchildren, and all the other types of people I already mentioned. Then I asked several other questions, such as if any of the people you listed are college students, are in the Armed Forces on deployment, or if they are staying at your home for short time. What was your reaction to me asking all of those follow-up questions? IF NECESSARY: Did you find the questions repetitive? Were any of them confusing? Did you have another reaction to them?
As I mentioned, one of the follow-up questions asked if anyone stayed at your home "for a short visit or for an overnight stay." What do think of as "a short visit?"
How about an "overnight stay?" What do you think that is?

[SKIP]
[SKIP IF DISCUSSION ON PREVIOUS PROBES WAS EXTENSIVE/TIME-CONSUMING] Other than your current situation, have you ever lived with someone other than immediate family? IF YES: What was the most recent situation and who were you living with? [WAIT FOR RESPONSE.] Would you have included all of those people in the survey? Why (not)?
[IF Probe 16 = NO AND DISCUSSION ON PREVIOUS PROBES WAS BRIEF] Now I'm going to describe some situations for you and ask you a question about each one. Here is the first situation: Suppose Mary is answering the survey for her family. When answering the first question about the number of people living or staying at this address, she includes herself, her husband Bob, and their two children. Mary is not sure if she should include her husband's son, Billy, who is her stepson. Billy is 19 years old and looking for a job. Sometimes he stays here with Mary and Bob, and sometimes he stays with his mom. When answering the question, should Mary include Billy?
[IF Probe 16 = NO AND DISCUSSION ON PREVIOUS PROBES WAS BRIEF] John's cousin is staying with him while he is in town for a 6-week training program. Should John include him when answering this question? Why (not)?
[IF Probe 16 = NO AND DISCUSSION ON PREVIOUS PROBES WAS BRIEF] Susan lives with her parents in the suburbs. For the last 6 months she has been staying with her boyfriend at least 3 nights a week. Her boyfriend is asked to complete the survey. Should he include Susan when answering this question? Why (not)?
[SKIP]
[SKIP]

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[SKIP]	
Now I'm on the qu	going to continue asking you the survey questions, and at the end I'll ask you for more feedback uestions.
you indic	onducting research to understand why people stay in more than one place. Earlier in the survey rated that <name(s) additional="" from="" person(s)=""> sometimes live(s) somewhere else or is (are) ing here for a short time.</name(s)>
Could yo	u briefly explain <name(s) additional="" from="" person(s)=""> 's living situation?</name(s)>
	END OF SURVEY] IF OVERCOUNT FOLLOW-UP QUESTION WAS ASKED: What do you think about question about {NAME's} living situation?
How eas	y or difficult was it to answer that question?
Was any	thing about the question unclear or confusing?
Public se Septic sy	t is the MAIN type of sewage disposal for this <fill building="" type="">? wer stem or cesspool, or type of sewage disposal</fill>
Now I'd I the ques	CONCLUSION OF HOUSING MODULE] ike to get your feedback on some of the questions you just answered. I'll start by reading you tion again and reminding you of your answer. The first question is: [ASK QUESTION 14]. You d [QUESTION 14 ANSWER].
How did	you decide which response option to choose?
Do you k	now the answer to this question or did you need to guess?
How con	fident are you in your answer?
What do	you think is meant by "sewage disposal?"
What do	you think is meant by "public sewer?" Can you describe that for me?
What do	you think a "septic system" is? Can you describe one for me?
What do	think a "cesspool" is? Can you describe one for me?
	hink there is a difference between a "septic system" and a "cesspool," or are they the same THEY THINK THERE IS A DIFFERENCE: What is the difference?]

Does your home have more than one type of sewage disposal system? [IF YES: How did you decide which answer to choose?]
[IF OTHER: You answered that your home has some other type of sewage disposal. What is it? IF NECESSARY: Can you describe it for me?]
22a. To heat this <fill building="" type="">, which fuel do you use MOST— Gas, Electricity, Fuel oil or kerosene, Coal or coke,</fill>
Wood, Solar energy,
or Some other fuel?
22b. Is it natural gas from underground pipes serving the neighborhood? Yes No
22c. Is it a gas such as propane or butane? Yes No
The next questions I'd like to discuss are about the fuel used for heating your home.
INTERVIEWER: WHEN PROBING, NOTE ANY CONFUSION OR COMMENTS ABOUT BUTANE.
First, I asked this question: [ASK QUESTION 22a]. You answered [ANSWER]. How did you decide which response option to choose?
Is anything about this question confusing or unclear?
[SKIP]
How many types of fuel are used to heat your home is it just one, or more than one? IF MORE THAN ONE: How did you decide which fuel to choose when answering the question?
[IF 22a = GAS] Now let's discuss two additional questions. The first is [ASK QUESTION 22b]. You answered [ANSWER]. [The next question is one I didn't ask before: / The next question is:] ASK QUESTION 22c]. IF APPLCABLE: You [answered [ANSWER]. What do you think is the difference between the types of gas asked about in each of these questions? Can you describe them for me?

[IF 22a = GAS] Can you tell me more about the gas your home uses? IF NECESSARY: Do you use propane, butane, or something else?
Is anything about these questions confusing or unclear?
23. Does this <fill building="" type=""> use solar panels that generate electricity? Yes No</fill>
Let's move on now to a different survey question. Here is the next question I'd like to discuss: [ASK QUESTION 23]. You answered [ANSWER].
How did you come up with your answer to this question?
Is anything about this question confusing or unclear?
Have you heard of the term "solar panels" before? IF YES: How would you describe solar panels?
[SKIP]
IF ANSWERED YES: You answered that your home uses solar panels that generate electricity. Can you describe the system that your home uses?
IF ANSWERED YES, HOME IS IN A MULTIUNIT BUILDING, AND THE FOLLOWING IS NOT ALREADY APPARENT: Can you tell me more about what parts of the building use solar panels for electricity? IF NECESSARY: Where are the solar panels located? PROBE TO UNDERSTAND WHETHER PARTICIPANT IS REPORTING SOLAR NOT USED IN THEIR UNIT.

IF ANSWERED YES: This question asks about "solar panels that generate electricity." Are those words you would use to describe what your home uses or would you use other words? [PROBE TO DETERMINE WHAT WORDS THEY WOULD USE.]
Instead of using the phrase "solar panels that generate electricity," we are considering the phrase "solar power or photovoltaic panels that generate electricity." Would you answer the question differently if I used that phrase? AFTER ANSWERING: Do you think those phrases mean the same thing or are they different?
What do you think about that other phrase?
This question uses the term "generate electricity?" Can you give me some examples of what that means?
Pretend that you have small solar-powered lights in your garden. Do you think they should be included here?
[QUESTION IS IN ITS PRESENT LOCATION IN THE SURVEY.] 25. In 2019, did you or any member of this household receive benefits from the Food Stamp Program or SNAP, the Supplemental Nutrition Assistance Program? Do NOT include WIC, the School Lunch Program, or assistance from food banks. Yes No
The last question I'd like to ask you about is this one: [ASK QUESTION 25]. You answered [ANSWER].
How easy or difficult was it to answer this question? Why?
Do you use an EBT or electronic benefit transfer card for food in grocery stores? IF YES: Were you thinking about that when you answered this question?
What time period were you thinking about when answering this question? IF NECESSARY: What specific months and years were you thinking about?
This question asks about 2019, but the previous question asks about "the past 12 months." Do these mean the same thing, or are they different? IF NECESSARY: Tell me more about why they are the [same/different].
Did you or any member of your household receive benefits from the Food Stamp Program or SNAP in the past 12 months?
N/A

[IF MORE THAN 1 HH MEMBER] Thinking back over the entire survey, how did it feel answering questions
about the other people you included? IF NO MENTION OF PRIVACY CONCERNS, ASK: Did you have any
concerns about the privacy of other people you reported when answering those questions? PROBE IF
NEEDED TO DETERMINE CONCERNS.

[IF MORE THAN 1 HH MEMBER] What was it like answering questions about other members of your household? Did you have any difficulty?

V2 - CAI
1a. Let's create a list of everyone living or staying at this address, even if they are not related to you. What is your name? (What is the name of the next person living or staying here?)
The following questions are to make sure everyone is included.
1b. Other than the people you have already mentioned, are there any children living or staying here, such as babies, grandchildren, or foster children? These children could be related or unrelated to you.
1c. Other than the people you have already mentioned, is there anyone else staying here, such as roommates and other people or families who have no other place to stay? I have listed
1d. Do any of these people live somewhere else, such as a college student or someone in the Armed Forces on deployment? I have listed
1e. Are any of these people staying here for a short time?
[ASK AFTER COMPLETING HOUSEHOLD ROSTER (QUESTION 6)] Now I'd like to ask your opinion about some of the questions you have answered so far.
Now I d like to ask your opinion about some of the questions you have answered so fail.
We started out by creating a list of everyone living or staying at your address. To help identify everyone, I
asked about various types of people who might stay at your home. I also asked about people who are staying at your home for a short visit or who live elsewhere now.
Is there anyone living or staying at your address who you did not include when we created the list? IF YES: Who? Please tell me why you did not include them.
Are there any people who you were hesitant or unsure about including when you answered these questions?

[IF YES TO PROBE 2] Who are those people? IF NECESSARY: How are you related or connected to them?

[IF YES TO PROBE 2] Why were you hesitant or unsure about including [him/her/them]?
[IF REPORTED MORE THAN 1 PERSON] When we created the list, did you include anyone who stays or lives someplace else? IF YES: PROBE TO DETERMINE WHERE THEY STAY AND HOW OFTEN.
Do you think the list of people living or staying at your address should include people unrelated to you, or not? Why (not)?
How long do you think someone should live or stay with you for you to include them?
[SKIP]
[SKIP]
[IF ADDED NAMES TO THE ROSTER AFTER FOLLOW-UP QUESTIONS] When we first created the list of people living or staying at your home, you mentioned [LIST NAMES]. Then I asked about babies, grandchildren, foster children, roommates, and people or families who have no other place to stay, and you mentioned [LIST NAMES]. What do you think made you decide not to mention [him/her/them] when we first created the list?
[SKIP]
After we created the list I asked about babies, grandchildren, and all the other types of people I already mentioned. Then I asked several other questions, such as if any of the people you listed are college students, are in the Armed Forces on deployment, or if they are staying at your home for short time. What was your reaction to me asking all of those follow-up questions? IF NECESSARY: Did you find the questions repetitive? Were any of them confusing? Did you have another reaction to them?
[SKIP]
[SKIP]

As I mentioned, one of the follow-up questions asked if anyone stayed at your home "for a short time." What do you think of as "a short time?"
[SKIP IF DISCUSSION ON PREVIOUS PROBES WAS EXTENSIVE/TIME-CONSUMING] Other than your current situation, have you ever lived with someone other than immediate family? IF YES: What was the most recent situation and who were you living with? [WAIT FOR RESPONSE.] Would you have included all of those people in the survey? Why (not)?
[IF Probe 16 = NO AND DISCUSSION ON PREVIOUS PROBES WAS BRIEF] Now I'm going to describe some situations for you and ask you a question about each one. Here is the first situation: Suppose Mary is answering the survey for her family. When answering the first question about the number of people living or staying at this address, she includes herself, her husband Bob, and their two children. Mary is not sure if she should include her husband's son, Billy, who is her stepson. Billy is 19 years old and looking for a job. Sometimes he stays here with Mary and Bob, and sometimes he stays with his mom. When answering the
question, should Mary include Billy? [IF Probe 16 = NO AND DISCUSSION ON PREVIOUS PROBES WAS BRIEF] John's cousin is staying with him
while he is in town for a 6-week training program. Should John include him when answering this question? Why (not)?
[IF Probe 16 = NO AND DISCUSSION ON PREVIOUS PROBES WAS BRIEF] Susan lives with her parents in the suburbs. For the last 6 months she has been staying with her boyfriend at least 3 nights a week. Her boyfriend is asked to complete the survey. Should he include Susan when answering this question? Why (not)?
[SKIP]
[SKIP]

[SKIP]

Now I'm going to continue asking you the survey questions, and at the end I'll ask you for more feedback on the questions.

We are conducting research to understand why people stay in more than one place. Earlier in the survey you indicated that <Name(s) from Additional Person(s)> sometime/s live/s somewhere else or is/are only staying here for a short time.

Could you briefly explain <Name(s) from Additional Person(s)> 's living situation?

[ASK AT END OF SURVEY] IF OVERCOUNT FOLLOW-UP QUESTION WAS ASKED: What do you think about that last question about {NAME's} living situation?

How easy or difficult was it to answer that question?

Was anything about the question unclear or confusing?

14a. Is this <FILL BUILDING TYPE> connected to a public sewer?

Yes

Nο

14b. Is it connected to a septic system or cesspool?

Yes

No

[ASK AT CONCLUSION OF HOUSING MODULE]

Now I'd like to get your feedback on some of the questions you just answered. I'll start by reading you one of the questions and reminding you of your answer. The first question is: [ASK QUESTION 14a]. You answered [QUESTION 14a ANSWER].

How did you decide which response option to choose?

Do you know the answer to this question or did you need to guess?

How confident are you in your answer?

[SKIP]

What do you think is meant by "public sewer?" Can you describe that for me?

[IF Q14a = NO] Next I'll ask you another survey question: [ASK QUESTION 14b]. You answered [QUESTION 14b ANSWER]. What do you think a "septic system" is? Can you describe one for me?

[IF Q14a = YES] What do think a "cesspool" is? Can you describe one for me?

[IF Q14a = YES] Do you think there is a difference between a "septic system" and a "cesspool," or are they the same thing? [IF THEY THINK THERE IS A DIFFERENCE: What is the difference?]

Does your home have more than one type of sewage disposal system? [IF YES: PROBE TO DETERMINE TYPES OF SYSTEMS] [IF Q14b = NO] You indicated when answering these survey questions that your home is not connected to a public sewer, septic system, or cesspool. What type of sewage disposal system does your home have? IF NECESSARY: Can you describe it for me? 22a. To heat this <FILL BUILDING TYPE>, which fuel do you use MOST— Gas, Electricity, Fuel oil or kerosene, Coal or coke. Wood. Solar energy, or Some other fuel? 22b. Is it natural gas from underground pipes serving the neighborhood? No 22c. Is it bottled or tank gas, such as propane or butane? No The next guestions I'd like to discuss are about the fuel used for heating your home. INTERVIEWER: WHEN PROBING. NOTE ANY CONFUSION OR COMMENTS ABOUT BUTANE. First, I asked this question: [ASK QUESTION 22a]. You answered [ANSWER]. How did you decide which response option to choose? Is anything about this question confusing or unclear? [SKIP] How many types of fuel are used to heat your home-- is it just one, or more than one? IF MORE THAN ONE: How did you decide which fuel to choose when answering the question? [IF 22a = GAS] Now let's discuss two additional questions. The first is [ASK QUESTION 22b]. You answered [ANSWER]. [The next question is one I didn't ask before: / The next question is:] ASK QUESTION 22c]. IF APPLCABLE: You [answered [ANSWER]. What do you think is the difference between the types of gas asked about in each of these questions? Can you describe them for me?

[IF 22a = GAS] Can you tell me more about the gas your home uses? IF NECESSARY: Do you use propane, butane, or something else?
Is anything about these questions confusing or unclear?
23. Does this <fill building="" type=""> use solar power or photovoltaic panels that generate electricity? Yes No</fill>
Let's move on now to a different survey question. Here is the next question I'd like to discuss: [ASK QUESTION 23]. You answered [ANSWER].
How did you come up with your answer to this question?
Is anything about this question confusing or unclear?
Have you heard of the term "solar power" before? IF YES: How would you describe solar power?
Have you heard the term "photovoltaic panels" before? IF YES: Can you describe them for me? IF NO: What would you guess that term refers to?
IF ANSWERED YES: You answered that your home uses solar power or photovoltaic panels that generate electricity. Can you describe the system that your home uses?
IF ANSWERED YES, HOME IS IN A MULTIUNIT BUILDING, AND THE FOLLOWING IS NOT ALREADY APPARENT: Can you tell me more about what parts of the building use solar power or photovoltaic panels for electricity? IF NECESSARY: Where are the solar or photovoltaic panels located? PROBE TO UNDERSTAND WHETHER PARTICIPANT IS REPORTING SOLAR NOT USED IN THEIR UNIT.

IF ANSWERED YES: This question asks about "solar power or photovoltaic panels that generate electricity." Are those words you would use to describe what your home uses or would you use other words? [PROBE TO DETERMINE WHAT WORDS THEY WOULD USE.]
Instead of using the phrase "solar power or photovoltaic panels that generate electricity," we are considering the phrase "solar panels that generate electricity." Would you answer the question differently if I used that phrase? AFTER ANSWERING: Do you think those phrases mean the same thing or are they different?
What do you think about that other phrase?
This question uses the term "generate electricity?" Can you give me some examples of what that means?
Pretend that you have small solar-powered lights in your garden. Do you think they should be included here?
[QUESTION IS MOVED TO THE END OF THE HOUSING SECTION.] 35. In 2019, did you or any member of this household receive benefits from the Food Stamp Program or SNAP, the Supplemental Nutrition Assistance Program? Do NOT include WIC, the School Lunch Program, or assistance from food banks. Yes No
The last question I'd like to ask you about is this one: [ASK QUESTION 35]. You answered [ANSWER].
How easy or difficult was it to answer this question? Why?
Do you use an EBT or electronic benefit transfer card for food in grocery stores? IF YES: Were you thinking about that when you answered this question?
What time period were you thinking about when answering this question? IF NECESSARY: What specific months and years were you thinking about?
This question asks about 2019, but the previous question asks about "the past 12 months." Do these mean the same thing, or are they different? IF NECESSARY: Tell me more about why they are the [same/different].
Did you or any member of your household receive benefits from the Food Stamp Program or SNAP in the past 12 months?
N/A

[IF MORE THAN 1 HH MEMBER] Thinking back over the entire survey, how did it feel answering questions about the other people you included? IF NO MENTION OF PRIVACY CONCERNS, ASK: Did you have any concerns about the privacy of other people you reported when answering those questions? PROBE IF NEEDED TO DETERMINE CONCERNS.
[IF MORE THAN 1 HH MEMBER] What was it like answering questions about other members of your household? Did you have any difficulty?

Topic Selection Language **Educational Attainment**

Introdu	uction
Probe	1
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Probe	3
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Probe 23
Health Insurance Coverage
Introduction

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	Disability (set 1)
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V1 - Paper

SELECTION LANGUAGE WILL BE READ AFTER ANSWERING THE BASIC PERSON SECTION. SEE FULL SELECTION TEXT IN THE PROTOCOL INTRO TEXT DOCUMENT.

per the	at is the highest grade of school or degree this son has COMPLETED? If currently enrolled, select previous grade or highest degree received. k (X) ONE box.
LES	S THAN GRADE 1
	Less than grade 1
GR	ADE 1 THROUGH GRADE 12
	Grade 1 through 11 − Specify grade 1 − 11 →
	12th grade – NO DIPLOMA
HIG	H SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
COI	LEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
AFI	ER BACHELOR'S DEGREE
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
	Doctorate degree (for example: PhD, EdD)

[ASK AT END OF SURVEY]
Now I'd like to ask your opinion about some of the questions in the survey. Please take a look at Question 11 on Page 12 [HIGHEST GRADE COMPLETED] and then I will ask you some follow-up questions about it.
When you answered about your own education level, how did you determine your answer? REPEAT FOR EACH HH
MEMBER: When you answered about [PERSON]'s education level, how did you determine your answer?
choose for [this child/these children]? NOTE: PROBE IF NEEDED TO DETERMINE IF HOMESCHOOLING IS TYPICAL OR DUE TO
COVID-19. SKIP HOMESCHOOL PROBES IF ONLY HOMESCHOOLIN DUE TO COVID-19.
[[IF HAS HOMESCHOOLED CHILD(REN)] How do you decide when [your child / one of your children] has completed a grade
level?
When you answered for yourself, did you find a response option that fits your situation or did none of them seem to fit?
Why (not)? REPEAT FOR EACH HH MEMBER: How about when answering about [PERSON]?
And the second of the second o
Are there any response options that you considered but ended up not choosing?
Are you unsure about what any of the options in this question refer to?
[SKIP]

The question uses the phrase "highest grade of school." What do you think that refers to? Are there any other phrases you would use to describe a "grade of school?"
Do you think "grade of school" and "level of school" mean the same thing, or are they different?
The question includes headings in green font to group some of the options together. Did you notice them, or did you not notice them? IF NOTICED: Did you think you needed to read them?
What do you think of these headings? IF NECESSARY: Do you think they are helpful?
IF SELECTED MULTIPLE RESPONSES FOR A SINGLE PERSON: I noticed that you marked [FILL ANSWERS]. Can you tell me a little bit more about how you decided to mark these? If you had to choose just one option, which one would you choose?
[IF 10a = YES (I.E., IF ATTENDED SCHOOL IN THE LAST 3 MONTHS)] You indicated on an earlier question that you attended school in the last 3 months. What grade or level are you in currently? IF NOT CURRENTLY ENROLLED, DETERMINE GRADE/LEVEL IN THE LAST 3 MONTHS.
[IF 10a = YES (I.E., IF ATTENDED SCHOOL IN THE LAST 3 MONTHS)] This question includes instructions about how to answer if the person is currently enrolled. Did you notice those instructions?
[IF 10a = YES (I.E., IF ATTENDED SCHOOL IN THE LAST 3 MONTHS)] What do you think about those instructions do they make sense or do you think they need to be clarified? [IF NEED CLARIFICATION, PROBE TO DETERMINE WHAT IS CONFUSING.]

This question includes an option for "Less than grade 1." What are some examples of when people should select that option?
Now I would like you to look at this version of the question. [PROVIDE VERSION 2.] The first option in this version says "Less than 1 year of school completed," but in the previous version it says "Less than grade 1." Do you think these mean the same thing, or are they different? IF SAME: What do they mean? IF DIFFERENT: What is the difference between them?
In this second version of the question, what do you think is the difference between the first two options, "Less than 1 year of school completed" and "Nursery school or preschool?"
The first few options are different in this second version of the question. How would you answer the question if it were asked this other way? IF WOULD ANSWER DIFFERENTLY, PROBE TO DETERMINE WHY.
How do you think someone should answer this question [VERSION 1] if they're answering about a toddler who is enrolled in a daycare center? How about this version [VERSION 2]?

	u think someone should answe ol? How about this version [VEF		[VERSION 1] if they're answering about a 4-year-old who is currently
How do yo	u think someone should answe	r this version	[VERSION 1] if they are answering about an adult who has never
	nool? How about this version [\		
			[VERSION 1] if they are answering about an adult who attended 8th
grade but o	did not complete that year, and	I never went	back to school? How about this version [VERSION 2]?
	erson CURRENTLY covered by g types of health insurance or e plans?		
	nclude plans that cover only one uch as dental, drug, or vision plai		
Mark "Yes	s" or "No" for EACH type of cover		
items a –			
employ	ce through a current or former ver, union, or professional	Yes No	
family i	tion (of this person or another member)		
b. Medica or peop	re, for people 65 and older, ole with certain disabilities		
Program govern	id, Children's Health Insurance n (CHIP), or any kind of ment-assistance plan for those		
	w incomes or a disability ice purchased directly from an		
insuran or Fede or a sin	ce company or through a State ral Marketplace, HealthCare.gov, nilar website (by this person or r family member)		
	RE or other military health care		
f. VA (enr	rolled for VA health care)		
g. Indian l	Health Service		
	ner type of health insurance th coverage plan – <i>Specify _k</i>		
_			
Next I'd like	e to get your feedback on Ques	tion 16, whic	h asks about health insurance.
I			

How did you come up with your answer for yourself? IF NECESSARY: Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/them]? REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
IF 16a = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through a current or former employer, union, or
professional association. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 16b = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through Medicare. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 16c = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through Medicaid, CHIP, or any kind of government-assistance plan for those with low incomes or a disability. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 16d = Yes: You mentioned that [HH MEMBER(S)] have/has insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 16e = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through TRICARE or other military health care. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 16f = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through VA health care. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?

IF 16g = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through Indian Health Service. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 16h = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through a type of health insurance or health coverage plan not listed in the question. Can you tell me more about that? Why did you select this option for [yourself/that person/those people]?
Did you have difficulty choosing a response for yourself [or another household member]? IF YES: Can you tell me more about that? How did you choose your response?
Did you include any insurance plans that cover only one type of service, such as dental, drug, or vision plans? IF YES: What types of plans did you report?
The question includes instructions to "NOT include plans that cover only one type of service, such as dental, drug, or vision plans." Do you have coverage that you did NOT report because of these instructions? IF YES: Tell me about that coverage.
What do you think the instructions are asking you to do? Do they make sense or do you think they need to be clarified? [IF NEED CLARIFICATION, PROBE TO DETERMINE WHAT IS CONFUSING AND WHAT WOULD MAKE THEM EASIER TO UNDERSTAND.]
Do any members of your household have a Medicare Advantage plan? IF YES: Tell me more about that plan.

[IF SELECTED MORE THAN ONE OPTION FOR ANY HOUSEHOLD MEMBER] Can you tell me more about the insurance plan or plans that [you are/NAME is] covered by? PROBE TO DETERMINE IF THEY ARE DOUBLE REPORTING SINGLE COVERAGE OR IF THEY TRULY HAVE MORE THAN ONE TYPE OF INSURANCE.
[SKIP IF 16a = Yes FOR ALL HH MEMBERS] Do you [or any members of your household] have health insurance coverage that you are eligible for based on your income? IF YES: How did you decide which responses to select?
IF ANSWERED NO TO ALL (16a-16h) FOR ANY HH MEMBERS: You answered "No" to all of these health insurance questions when answering about [yourself/PERSON/your household members]. Do [you/PERSON/they/etc.] have any health insurance? IF YES: PROBE TO DETERMINE WHY THEY ANSWERED NO TO ALL. IF NO: DETERMINE WHEN THEY LAST HAD COVERAGE AND WHICH ANSWER THEY WOULD HAVE SELECTED WHEN THEY HAD THAT COVERAGE.
IF ANSWERED NO TO ALL (16a-16h) FOR ANY HH MEMBERS: How do [you/PERSON/they/etc.] pay for healthcare when [you/they/etc.] are sick?
Are you familiar with any other types of coverage or plans? Can you tell me about [this type/these types] of coverage?

a. Does this person have difficulty seeing, even if wearing glasses?		
		No difficulty
		Some difficulty
		A lot of difficulty
		Cannot do at all
b.	Doe if u	es this person have difficulty hearing, ever sing a hearing aid?
		No difficulty
		Some difficulty
		A lot of difficulty
		Cannot do at all
a.	Doe clim	s this person have difficulty walking or bing stairs?
		No difficulty
		Some difficulty
		A lot of difficulty
		Cannot do at all
b.	Doe or c	es this person have difficulty remembering oncentrating?
		No difficulty
	_	
	_	No difficulty

C.	Doe	es this person have difficulty bathing or	
	dre	ssing?	
	븯	No difficulty	
	ш	Some difficulty	
		A lot of difficulty	
		Cannot do at all	
d.	Usi per exa	ng his or her usual language, does this son have difficulty communicating, for mple understanding or being understood?	
		No difficulty	
		Some difficulty	
		A lot of difficulty	
		Cannot do at all	
Nex	t I'd	like to talk about Question 19.	
Que	stio	n 19a asks about difficulty walking or climbing	etaire
How			, stall s.
	did d	you come up with your answer for yourself?	REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
	did d	you come up with your answer for yourself?	REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
	did did	you come up with your answer for yourself?	REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
	ı did	you come up with your answer for yourself?	REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
	did did	you come up with your answer for yourself?	REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
	did did	you come up with your answer for yourself?	REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
	did did	you come up with your answer for yourself?	REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
	did did	you come up with your answer for yourself?	REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
	· did	you come up with your answer for yourself?	REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
	<i>i</i> did	you come up with your answer for yourself?	REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
	<i>i</i> did	you come up with your answer for yourself?	REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
	<i>i</i> did	you come up with your answer for yourself?	REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
	<i>i</i> did	you come up with your answer for yourself?	REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
	<i>i</i> did	you come up with your answer for yourself?	REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
	<i>i</i> did	you come up with your answer for yourself?	REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
		you come up with your answer for yourself?	REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?

Suppose Question 19a instead asked about difficulty walking or climbing <i>steps</i> . Do you think the words "stairs" and "steps" mean the same thing in this question, or are they different? [IF DIFFERENT: PROBE TO DETERMINE HOW THEY DIFFER OR IF THEY CAN GIVE SOME EXAMPLES.]
Question 19b asks about difficulty remembering or concentrating. Can you explain to me why you answered the way you did [IF MULTIPLE HH MEMBERS: for each member of your household]? IF PARTICIPANT EXHIBITS ANY CONFUSION OR
UNCERTAINTY ABOUT HOW TO ANSWER: How did you decide which option to select?
[IF CONFUSED OR UNCLEAR WHEN ANSWERING PREVIOUS PROBE] What were you thinking about when you were answering this question [Q19b]? How did you come up with your answer?
[IF SELECTED SOME, A LOT, OR CANNOT ON 19b] You said that [PERSON] has difficulty remembering or concentrating. What is their level of difficulty with remembering? What is their level of difficulty with concentrating?

SKIP IF SELECTED SOME, A LOT, OR CANNOT ON 26b FOR ALL HH MEMBERS.
This question asks about both remembering and concentrating, but for a moment, I'd like you to think only about remembering. Do you [or [FILL HH MEMBERS WITH NO DIFFICULTY] have difficulty remembering? (PROBE TO DETERMINE WHO.)
How about concentrating do you [or FILL HH MEMBERS WITH NO DIFFICULTY] have difficulty concentrating? (PROBE TO DETERMINE WHO.)
IF A HH MEMBER HAS DIFFICULTY WITH ONE BUT NOT THE OTHER: How did you decide which option to select when answering Question 19b for [PERSON]?
ASK ABOUT ADULTS IN HOUSEHOLD: We're interested in how people with different types of conditions answer these questions. Do any members of your household have a condition that affects their memory or concentration? IF YES: When answering Question 19b, did you report the difficulty they have due to their condition, or did you not consider that when answering the question?
ASK ABOUT CHILDREN IN HOUSEHOLD, IF ANY: Do any children in your household have difficulty learning? IF YES: When answering Question 19b, did you report the difficulty they have learning, or did you not consider that when answering the question?
Can you give me some examples of health conditions that make it difficult to remember or concentrate?

Let's move on to Question 19c. How did you come up with your answer for yourself? [REPEAT FOR EACH HH MEMBER: How about for [PERSON]?
Question 19c asks about difficulty "bathing or dressing." What do you think that refers to?
What is meant by the phrase "bathing or dressing"?
What other phrases would you use for "bathing or dressing?"
what other phrases would you use for - bathing or dressing:
If someone says they have difficulty bathing or dressing when answering this question, what do you think that means? IF NEEDED: How do you think that person gets clean?

How did you choose an answer for Question 19d?
What do you think is meant by "communication"?
What do you think is meant by "usual language"?
[IF SELECTED "SOME DIFFICULTY," "A LOT OF DIFFICULTY," OR "CANNOT DO AT ALL" FOR A CHILD ON 19d] On Question 19d, you reported that [NAME] has difficulty communicating. Can you tell me more about that? [PROBE TO DETERMINE WHAT CONDITIONS ARE BEING CONSIDERED. NOTE IF RESPONDENT IS INCLUDING YOUNG CHILDREN WHO HAVE NOT LEARNED HOW TO TALK.] [ASK FOR ANY HH MEMBERS FOR WHOM: 14a = Yes (i.e., SPEAK LANGUAGE OTHER THAN ENGLISH AT HOME) AND 19d =
SOME DIFFICULTY/A LOT OF DIFFICULTY/CANNOT DO AT ALL AND RESPONSE TO PROBE 15 DID NOT MAKE IT CLEAR WHICH LANGUAGE R WAS REFERENCING] When answering this question about communication difficulty [IF MULTIPLE HH MEMBERS: for yourself/for PERSON], were you thinking about English, [LANGUAGE], both, or something else?
Does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? No difficulty Some difficulty A lot of difficulty Cannot do at all

[IF SELECTED "SOME DIFFICULTY," "A LOT OF DIFFICULTY," OR "CANNOT DO AT ALL" FOR A HOUSEHOLD MEMBER ON 20] On Question 20, you reported that [NAME] has difficulty doing errands alone. Can you tell me more about that? [PROBE TO DETERMINE WHAT SORT OF DIFFICULTY IS BEING CONSIDERED. REPEAT FOR ALL APPLICABLE HH MEMBERS.]
Question 20 asks about difficulty doing errands alone. What do you think that refers to? Can you give me some examples of what kinds of difficulties that might include?
When answering Questions 19 and 20, did you make any adjustments to the level of difficulty you reported for someone because of their age? [PROBE TO DETERMINE WHAT ADJUSTMENTS THEY MADE AND WHY.]
Now I'm going to describe a situation and ask you a question about it. Susan is answering the survey for her family. She lives with her husband and her 85-year-old mother, Dorothy. Dorothy lives in a separate area of the house with her own bedroom, bathroom, sitting room, and kitchenette. Her health is good. With her walker, she can get around the house, and to the bus to go shopping. How should Susan respond for her mother, Dorothy, with regard to difficulty walking or climbing stairs?
Dorothy manages everything from social events to daily medications using her calendar. Susan helps her mother fill in the calendar each week. Occasionally, Dorothy misses an appointment or forgets to take her medication, but otherwise the calendar is very effective. How would you respond for Dorothy with regard to difficulty remembering or concentrating?
N/A
[IF MORE THAN 1 HH MEMBER] Thinking back over the entire survey, how did it feel answering questions about the other people you included? IF NO MENTION OF PRIVACY CONCERNS, ASK: Did you have any concerns about the privacy of other people you reported when answering those questions? PROBE IF NEEDED TO DETERMINE CONCERNS.
[IF MORE THAN 1 HH MEMBER] What was it like answering questions about other members of your household? Did you have any difficulty?

V2 - Paper

SELECTION LANGUAGE WILL BE READ AFTER ANSWERING THE BASIC PERSON SECTION. SEE FULL SELECTION TEXT IN THE PROTOCOL INTRO TEXT DOCUMENT.

What is the highest level of school or degree this person has COMPLETED? If currently enrolled, select the previous grade or highest degree received. Mark (X) ONE box.	
LESS THAN 1 YEAR OF SCHOOL COMPLETED	
Less than 1 year of school completed	
NURSERY OR PRESCHOOL THROUGH GRADE 12	
Nursery school or preschool	
Kindergarten	
Grade 1 through 11 – Specify grade 1 – 11 –	
12th grade - NO DIPLOMA	
HIGH SCHOOL GRADUATE	
Regular high school diploma	
GED or alternative credential	
COLLEGE OR SOME COLLEGE	
Some college credit, but less than 1 year of college credit	
1 or more years of college credit, no degree	
Associate's degree (for example: AA, AS)	
Bachelor's degree (for example: BA, BS)	
AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	
Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	
Doctorate degree (for example: PhD, EdD)	

[ASK AT END OF SURVEY]
Now I'd like to ask your opinion about some of the questions in the survey. Please take a look at Question 11 on Page 12 [HIGHEST GRADE COMPLETED] and then I will ask you some follow-up questions about it.
When you answered about your own education level, how did you determine your answer? REPEAT FOR EACH
HH MEMBER: When you answered about [PERSON]'s education level, how did you determine your answer?
IF HAS CHILD(REN): [Is your child/Are any of your children] homeschooled? IF YES: How did you decide which option(s) to choose for [this child/these children]? NOTE: PROBE IF NEEDED TO DETERMINE IF HOMESCHOOLING
IS TYPICAL OR DUE TO COVID-19. SKIP HOMESCHOOL PROBES IF ONLY HOMESCHOOLIN DUE TO COVID-19.
[IF HAS HOMESCHOOLED CHILD(REN)] How do you decide when [your child / one of your children] has completed a grade level?
When you answered for yourself, did you find a response option that fits your situation or did none of them seem to fit? Why (not)? REPEAT FOR EACH HH MEMBER: How about when answering about [PERSON]?
Are there any response options that you considered but ended up not choosing?
Are you unsure about what any of the options in this question refer to?
Are you unsure about what any or the options in this question refer to:
[SKIP]

The question uses the phrase "highest level of school." What do you think that refers to? Are there any other
phrases you would use to describe a "grade of school?"
Do you think "grade of school" and "level of school" mean the same thing, or are they different?
bo you think grade of school and level of school mean the same thing, of are they different:
The question includes headings in green font to group some of the options together. Did you notice them, or did
you not notice them? IF NOTICED: Did you think you needed to read them?
What do you think of these headings? IF NECESSARY: Do you think they are helpful?
IF SELECTED MULTIPLE RESPONSES FOR A SINGLE PERSON: I noticed that you marked [FILL ANSWERS]. Can you
tell me a little bit more about how you decided to mark these? If you had to choose just one option, which one would you choose?
would you choose:
[IF 10a = YES (I.E., IF ATTENDED SCHOOL IN THE LAST 3 MONTHS)] You indicated on an earlier question that you
attended school in the last 3 months. What grade or level are you in currently? IF NOT CURRENTLY ENROLLED,
DETERMINE GRADE/LEVEL IN THE LAST 3 MONTHS.
[IF 10a = YES (I.E., IF ATTENDED SCHOOL IN THE LAST 3 MONTHS)] This question includes instructions about how
to answer if the person is currently enrolled. Did you notice those instructions?
,
[IF 10a = YES (I.E., IF ATTENDED SCHOOL IN THE LAST 3 MONTHS)] What do you think about those instructions-do they make sense or do you think they need to be clarified? [IF NEED CLARIFICATION, PROBE TO DETERMINE
WHAT IS CONFUSING.]

This question includes an option for "Less than 1 year of school completed." What are some examples of when people should select that option?
Now I would like you to look at this version of the question. [PROVIDE VERSION 1.] The first option in this version says "Less than grade 1," but in the previous version it says "Less than 1 year of school completed." Do you think these mean the same thing, or are they different? IF SAME: What do they mean? IF DIFFERENT: What is the difference between them?
In the first version of the question, what do you think is the difference between the first two options, "Less than 1 year of school completed" and "Nursery school or preschool?"
The first few options are different in this second version of the question. How would you answer the question if it were asked this other way? IF WOULD ANSWER DIFFERENTLY, PROBE TO DETERMINE WHY.
How do you think someone should answer this question [VERSION 1] if they're answering about a toddler who is enrolled in a daycare center? How about this version [VERSION 2]?

How do you think someone should answer this version [VERSION 1] if they're answering about a 4-year-old who is currently in preschool? How about this version [VERSION 2]?			
How do you think someone should answer this version [VERSION 1] if they are answering about an adult who has never been to school? How about this version [VERSION 2]?			
		on [VERSION 1] if they are answering about an adult who and never went back to school? How about this version	
Is this person CURRENTLY covered by following types of health insurance or coverage plans?	any of the health		
Do NOT include plans that cover only one service, such as dental, drug, or vision plan Mark "Yes" or "No" for EACH type of cover	ns.		
items a – h.	age III		
Insurance through a current or former employer, union, or professional association (of this person or another family member)	Yes No		
 Medicare, for people 65 and older, or people with certain disabilities 			
 Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability 			
d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website (by this person or another family member)			
e. TRICARE or other military health care			
f. VA (enrolled for VA health care)			
g. Indian Health Service			
 h. Any other type of health insurance or health coverage plan – Specify 			
		<u>'</u>	
Next I'd like to get your feedback on Ques	stion 16, wi	nich asks about health insurance.	

How did you come up with your answer for yourself? IF NECESSARY: Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/them]? REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
IF 16a = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through a current or former employer, union, or professional association. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 16b = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through Medicare. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 16c = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through Medicaid, CHIP, or any kind of government-assistance plan for those with low incomes or a disability. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 16d = Yes: You mentioned that [HH MEMBER(S)] have/has insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 16e = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through TRICARE or other military health care. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 16f = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through VA health care. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?

IF 16g = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through Indian Health Service. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 16h = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through a type of health insurance or health coverage plan not listed in the question. Can you tell me more about that? Why did you select this option for [yourself/that person/those people]?
Did you have difficulty choosing a response for yourself [or another household member]? IF YES: Can you tell me more about that? How did you choose your response?
Did you include any insurance plans that cover only one type of service, such as dental, drug, or vision plans? IF YES: What types of plans did you report?
The question includes instructions to "NOT include plans that cover only one type of service, such as dental, drug, or vision plans." Do you have coverage that you did NOT report because of these instructions? IF YES: Tell me about that coverage.
What do you think the instructions are asking you to do? Do they make sense or do you think they need to be clarified? [IF NEED CLARIFICATION, PROBE TO DETERMINE WHAT IS CONFUSING AND WHAT WOULD MAKE THEM EASIER TO UNDERSTAND.]
Do any members of your household have a Medicare Advantage plan? IF YES: Tell me more about that plan.

[IF SELECTED MORE THAN ONE OPTION FOR ANY HOUSEHOLD MEMBER] Can you tell me more about the insurance plan or plans that [you are/NAME is] covered by? PROBE TO DETERMINE IF THEY ARE DOUBLE REPORTING SINGLE COVERAGE OR IF THEY TRULY HAVE MORE THAN ONE TYPE OF INSURANCE.
[SKIP IF 16a = Yes FOR ALL HH MEMBERS] Do you [or any members of your household] have health insurance coverage that you are eligible for based on your income? IF YES: How did you decide which responses to select?
IF ANSWERED NO TO ALL (16a-16h) FOR ANY HH MEMBERS: You answered "No" to all of these health insurance questions when answering about [yourself/PERSON/your household members]. Do [you/PERSON/they/etc.] have any health insurance? IF YES: PROBE TO DETERMINE WHY THEY ANSWERED NO TO ALL. IF NO: DETERMINE WHEN THEY LAST HAD COVERAGE AND WHICH ANSWER THEY WOULD HAVE SELECTED WHEN THEY HAD THAT COVERAGE.
IF ANSWERED NO TO ALL (16a-16h) FOR ANY HH MEMBERS: How do [you/PERSON/they/etc.] pay for healthcare when [you/they/etc.] are sick?
Are you familiar with any other types of coverage or plans? Can you tell me about [this type/these types] of coverage?

a. Do	es this person have difficulty seeing, even wearing glasses?
	No difficulty
	Some difficulty
	A lot of difficulty
	Cannot do at all
b. Do	es this person have difficulty hearing, even using a hearing aid?
	No difficulty
	Some difficulty
	A lot of difficulty
	Cannot do at all
a. Do	es this person have difficulty walking or nbing steps?
	No difficulty
	Some difficulty
	A lot of difficulty
	Cannot do at all
b. Do	es this person have difficulty remembering concentrating?
	No difficulty
	Some difficulty
	A lot of difficulty
	Cannot do at all

NOTE: WORDING OF PART C WILL BE UPDATED TO "Does this person have difficulty with self care, such as washing all over or dressing?"		
c	. Does this person have difficulty washing all over or dressing?	
	☐ No difficulty	
	Some difficulty	
	A lot of difficulty	
	Cannot do at all	
d	l. Using his or her usual language, does this person have difficulty communicating, for example, understanding or being understood?	
	☐ No difficulty	
	☐ Some difficulty	
	☐ A lot of difficulty	
	Cannot do at all	
youi	stion 19a asks about difficulty walking or climbing s rself? REPEAT PROBES FOR EACH HH MEMBER: How	about for [PERSON]?
Tell me what you think it means to have difficulty climbing steps?		

Suppose Question 19a instead asked about difficulty walking or climbing <i>stairs</i> . Do you think the words "stairs" and "steps" mean the same thing in this question, or are they different? [IF DIFFERENT: PROBE TO DETERMINE HOW THEY DIFFER OR IF THEY CAN GIVE SOME EXAMPLES.]
Question 19b asks about difficulty remembering or concentrating. Can you explain to me why you answered the way you did [IF MULTIPLE HH MEMBERS: for each member of your household]? IF PARTICIPANT EXHIBITS ANY CONFUSION OR UNCERTAINTY ABOUT HOW TO ANSWER: How did you decide which option to select?
[IF CONFUSED OR UNCLEAR WHEN ANSWERING PREVIOUS PROBE] What were you thinking about when you
were answering this question [Q19b]? How did you come up with your answer?
[IF SELECTED SOME, A LOT, OR CANNOT ON 19b] You said that [PERSON] has difficulty remembering or concentrating. What is their level of difficulty with remembering? What is their level of difficulty with concentrating?

SKIP IF SELECTED SOME, A LOT, OR CANNOT ON 26b FOR ALL HH MEMBERS.
This question asks about both remembering and concentrating, but for a moment, I'd like you to think only about remembering. Do you [or [FILL HH MEMBERS WITH NO DIFFICULTY] have difficulty remembering? (PROBE TO DETERMINE WHO.)
How about concentrating do you [or FILL HH MEMBERS WITH NO DIFFICULTY] have difficulty concentrating? (PROBE TO DETERMINE WHO.)
IF A HH MEMBER HAS DIFFICULTY WITH ONE BUT NOT THE OTHER: How did you decide which option to select when answering Question 19b for [PERSON]?
ASK ABOUT ADULTS IN HOUSEHOLD: We're interested in how people with different types of conditions answer these questions. Do any members of your household have a condition that affects their memory or concentration? IF YES: When answering Question 19b, did you report the difficulty they have due to their condition, or did you not consider that when answering the question?
ASK ABOUT CHILDREN IN HOUSEHOLD, IF ANY: Do any children in your household have difficulty learning? IF YES: When answering Question 19b, did you report the difficulty they have learning, or did you not consider that when answering the question?
Can you give me some examples of health conditions that make it difficult to remember or concentrate?

Let's move on to Question 19c. How did you come up with your answer for yourself? [REPEAT FOR EACH HH MEMBER: How about for [PERSON]?
Question 19c asks about difficulty "washing all over or dressing." What do you think that refers to?
Milhot is makeny by the splaces threehing all even or discoins?!!
What is meany by the phrase "washing all over or dressing?" What other phrases would you use for "washing all over or dressing?"
If someone says they have difficulty washing all over or dressing when answering this question, what do you think that means? IF NEEDED: How do you think that person gets clean?

How did you choose an answer for Question 19d?	
What do you think is meant by "communication"?	
What do you think is meant by "usual language"?	
[IF SELECTED "SOME DIFFICULTY," "A LOT OF DIFFICUL	TY," OR "CANNOT DO AT ALL" FOR A CHILD ON 19d] On
Question 19d, you reported that [NAME] has difficulty TO DETERMINE WHAT CONDITIONS ARE BEING CONSI	communicating. Can you tell me more about that? [PROBE
CHILDREN WHO HAVE NOT LEARNED HOW TO TALK.]	DERED. NOTE IF RESPONDENT IS INCLUDING YOUNG
	e., SPEAK LANGUAGE OTHER THAN ENGLISH AT HOME) ANNOT DO AT ALL AND RESPONSE TO PROBE 15 DID NOT
	NG] When answering this question about communication
difficulty [IF MULTIPLE HH MEMBERS: for yourself/for	PERSON], were you thinking about English, [LANGUAGE],
both, or something else?	
Because of a physical, mental, or emotional	
condition, does this person have difficulty doing	
errands, alone such as visiting a doctor's office or shopping?	
☐ No difficulty	
Some difficulty	
A lot of difficulty	
Cannot do at all	

V1 - CAI

SELECTION LANGUAGE WILL BE READ AFTER ANSWERING THE BASIC PERSON SECTION. SEE FULL SELECTION TEXT IN THE PROTOCOL INTRO TEXT DOCUMENT.

THE TROTOGOE IN THE TEXT BOOKINETT!
14. [IF SHOWCARD VERSION: Using this list,] what is the highest grade of school or degree you have/ <name> has COMPLETED? If you are/<name> is currently enrolled, select the previous grade or highest degree received.</name></name>
Less than grade 1
Grade 1
Grade 2
Grade 3
Grade 4
Grade 5
Grade 6
Grade 7
Grade 8
Grade 9
Grade 10
Grade 11
Grade 12, no diploma
Regular high school diploma GED or alternative credential
Some college, no degree
Associate's degree (for example: AA, AS)
Bachelor's degree (for example: BA, BS)
Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
Doctorate degree (for example: PhD, EdD)

LACK AT TAID OF CURVEY!
[ASK AT END OF SURVEY] Now I'd like to ask your opinion about some of the questions in the survey. The first question I'd like to discuss is this one: [ASK Q14 AND PROVIDE FLASHCARDS, REGARDLESS OF WHETHER FLASHCARDS WERE ASSIGNED.] As a reminder, you answered [LIST ANSWERS FOR EACH PERSON].
When you answered about your own education level, how did you determine your answer? DEDEAT FOR FACILIES
When you answered about your own education level, how did you determine your answer? REPEAT FOR EACH HH MEMBER: When you answered about [PERSON]'s education level, how did you determine your answer?
IF HAS CHILD(REN): [Is your child/Are any of your children] homeschooled? IF YES: How did you decide which option(s)
to choose for [this child/these children]? NOTE: PROBE IF NEEDED TO DETERMINE IF HOMESCHOOLING IS TYPICAL OR DUE TO COVID-19. SKIP HOMESCHOOL PROBES IF ONLY HOMESCHOOLIN DUE TO COVID-19.
[IF HAS HOMESCHOOLED CHILD(REN)] How do you decide when [your child / one of your children] has completed a grade level?
When you answered for yourself, did you find a response option that fits your situation or did none of them seem to fit? Why (not)? REPEAT FOR EACH HH MEMBER: How about when answering about [PERSON]?
Are there any response options that you considered but ended up not choosing?
Are you unsure about what any of the options in this question refer to?
IF ASSIGNED TO RECEIVE FLASHCARDS: Did you use the card when answering this question? IF YES: Did you find it
helpful, or did you not find it helpful? IF NECESSARY: PROBE TO DETERMINE WHY/WHY NOT.

The question uses the phrase "highest grade of school." What do you think that refers to? Are there any other phrases you would use to describe a "grade of school?"
Do you think "grade of school" and "level of school" mean the same thing, or are they different?
[IF ASSIGNED TO RECEIVE FLASHCARDS] The question includes capitalized headings in bold font to group some of the options together. Did you notice them, or did you not notice them? IF NOTICED: Did you think you needed to read them?
[IF ASSIGNED TO RECEIVE FLASHCARDS] What do you think of these headings? IF NECESSARY: Do you think they are helpful?
[SKIP]
[IF 10a = YES (I.E., IF ATTENDED SCHOOL IN THE LAST 3 MONTHS)] You indicated on an earlier question that you attended school in the last 3 months. What grade or level are you in currently? IF NOT CURRENTLY ENROLLED, DETERMINE GRADE/LEVEL IN THE LAST 3 MONTHS.
[SKIP]
[IF 13a = YES (I.E., IF ATTENDED SCHOOL IN THE LAST 3 MONTHS)] The question says, "If you are currently enrolled, select the previous grade or highest degree received." What do you think about those instructions do they make sense or do you think they need to be clarified? [IF NEED CLARIFICATION, PROBE TO DETERMINE WHAT IS CONFUSING.]

This question includes an option for "Less than grade 1." What are some examples of when people should select that option?
Now I would like you to look at this version of the question. [PROVIDE VERSION 2 FLASHCARD.] The first option in this version says "Less than 1 year of school completed," but in the previous version it says "Less than grade 1." Do you think these mean the same thing, or are they different? IF SAME: What do they mean? IF DIFFERENT: What is the difference between them?
In this second version of the question, what do you think is the difference between the first two options, "Less than 1 year of school completed" and "Nursery school or preschool?"
The first few options are different in this second version of the question. How would you answer the question if I asked it this other way? IF WOULD ANSWER DIFFERENTLY, PROBE TO DETERMINE WHY.
How do you think someone should answer this question [VERSION 1] if they're answering about a toddler who is enrolled in a daycare center? How about this version [VERSION 2]?

How do you think someone should answer this version [VERSION 1] if they're answering about a 4-year-old who is currently in preschool? How about this version [VERSION 2]?
How do you think someone should answer this version [VERSION 1] if they are answering about an adult who has never been to school? How about this version [VERSION 2]?
How do you think someone should answer this version [VERSION 1] if they are answering about an adult who attended 8th grade but did not complete that year, and never went back to school? How about this version [VERSION 2]?
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. 23a. Are you/Is <name> currently covered by health insurance through a current or former employer, union, or professional association of yours or another family member/{[nim/her] or another family members?} 23b. Are you/Is <name> currently covered by Medicare, for people age 65 or older or people with certain disabilities? 23c. Are you/Is <name> currently covered by Medicaid, the Children's Health Insurance Program (CHIP) or any kind of government-assistance plan for those with low incomes or a disability? 23d. Are you/Is <name> currently covered by health insurance purchased directly from an insurance company, through a State or Federal Marketplace, HealthCare.gov, or a similar website by you or another family member/{[him/her] or another family member>? 23e. Are you/Is <name> currently covered by TRICARE or other military health care? 23f. Are you/Is <name> currently covered through the VA or enrolled for VA health care? 23g. Are you/Is <name> currently covered through the Indian Health Service? 23h. Are you/Is <name> currently covered through the Indian Health Service? 23h. Are you/Is <name> currently covered through the Indian Health Service? 23h. Are you/Is <name> currently covered through the Indian Health Service?</name></name></name></name></name></name></name></name></name></name></name's>
Next I'd like to get your feedback on the health insurance questions. [PROVIDE COPY OF QUESTIONS 23a-23h.] As a reminder, you said: [LIST PEOPLE] is/are covered under [INSURANCE TYPE] [LIST PEOPLE] is/are covered under [INSURANCE TYPE] etc.

How did you come up with your answer for yourself? IF NECESSARY: Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/them]? REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
IF 23a = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through a current or former employer, union, or professional association. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 23b = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through Medicare. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 23c = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through Medicaid, CHIP, or any kind of
government-assistance plan for those with low incomes or a disability. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 23d = Yes: You mentioned that [HH MEMBER(S)] have/has insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 23e = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through TRICARE or other military health care. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 23f = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through VA health care. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?

IF 23g = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through Indian Health Service. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 23h = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through a type of health insurance or health coverage plan not listed in the question. Can you tell me more about that? Why did you select this option for [yourself/that person/those people]?
Did you have difficulty choosing a response for yourself [or another household member]? IF YES: Can you tell me more about that? How did you choose your response?
Did you include any insurance plans that cover only one type of service, such as dental, drug, or vision plans? IF YES: What types of plans did you report?
At the beginning of this series of questions, there are instructions to "NOT include plans that cover only one type of service, such as dental, drug, or vision plans." Do you have coverage that you did NOT report because of these instructions? IF YES: Tell me about that coverage.
What do you think the instructions are asking you to do? Do they make sense or do you think they need to be clarified? [IF NEED CLARIFICATION, PROBE TO DETERMINE WHAT IS CONFUSING AND WHAT WOULD MAKE THEM EASIER TO UNDERSTAND.]
Do any members of your household have a Medicare Advantage plan? IF YES: Tell me more about that plan.

[IF SELECTED MORE THAN ONE OPTION FOR ANY HOUSEHOLD MEMBER] Can you tell me more about the insurance plan or plans that [you are/NAME is] covered by? PROBE TO DETERMINE IF THEY ARE DOUBLE REPORTING SINGLE COVERAGE OR IF THEY TRULY HAVE MORE THAN ONE TYPE OF INSURANCE.
[SKIP IF 23a = Yes FOR ALL HH MEMBERS] Do you [or any members of your household] have health insurance coverage
that you are eligible for based on your incomé? IF YES: How did you décide which responses to select?
IF ANSWERED NO TO ALL (23a-23h) FOR ANY HH MEMBERS: You answered "No" to all of these health insurance questions when answering about [yourself/PERSON/your household members]. Do [you/PERSON/they/etc.] have any health insurance? IF YES: PROBE TO DETERMINE WHY THEY ANSWERED NO TO ALL. IF NO: DETERMINE WHEN THEY LAST HAD COVERAGE AND WHICH ANSWER THEY WOULD HAVE SELECTED WHEN THEY HAD THAT COVERAGE.
IF ANSWERED NO TO ALL (23a-23h) FOR ANY HH MEMBERS: How do [you/PERSON/they/etc.] pay for healthcare when [you/they/etc.] are sick?
Are you familiar with any other types of coverage or plans? Can you tell me about [this type/these types] of coverage?

The next questions ask about difficulties you/ <name> may have doing certain activities. 25a. Do you/does <name> have difficulty seeing, even if wearing glasses? No difficulty Some difficulty A lot of difficulty Cannot do at all 25b. Do you/does <name> have difficulty hearing, even if using a hearing aid? No difficulty Some difficulty A lot of difficulty Cannot do at all</name></name></name>
26a. Do you/does <name> have difficulty walking or climbing stairs? No difficulty Some difficulty A lot of difficulty Cannot do at all 26b. Do you/does <name> have difficulty remembering or concentrating? No difficulty Some difficulty A lot of difficulty Cannot do at all</name></name>

26c. Do you/does <name> have difficulty bathing or dressing? No difficulty Some difficulty A lot of difficulty Cannot do at all</name>
26d. Using your/ <his her=""> usual language, do you/does <name> have difficulty communicating, for example understanding or being understood? No difficulty Some difficulty A lot of difficulty Cannot do at all</name></his>
Now I'd like to ask you about a series of questions in the survey. The questions asked about difficulty doing certain activities like seeing, hearing, and walking. Here are the questions I'll be asking about [PROVIDE COPY OF QUESTIONS 25-27].
Question 26a asks about difficulty walking or climbing stairs.
PRESENT ALL RESPONSES THAT ARE NOT "NO DIFFICULTY:" As a reminder, you said [PERSON] has [LEVEL OF DIFFICULTY]; [PERSON] has [LEVEL OF DIFFICULTY] [FILL ACTIVITY]; [PERSON] has [LEVEL OF DIFFICULTY] [FILL ACTIVITY]; etc.
IF NO DIFFICULTY REPORTED FOR ANY HH MEMBERS: As a reminder, you said you [IF MULTIPLE HH MEMBERS: and your household members] do not have difficulty walking or climbing stairs.
How did you come up with your answer for yourself? REPEAT PROBE FOR EACH HH MEMBER: How about for [PERSON]?
Tell me what you think it means to have difficulty climbing stairs?

Suppose the question instead asked about difficulty walking or climbing <i>steps</i> . Do you think the words "stairs" and "steps" mean the same thing in this question, or are they different? [IF DIFFERENT: PROBE TO DETERMINE HOW THEY DIFFER OR IF THEY CAN GIVE SOME EXAMPLES.]
Question 26b asks about difficulty remembering or concentrating.
As a reminder, you said [PERSON] has [LEVEL OF DIFFICULTY] remembering or concentrating; [PERSON] has [LEVEL OF DIFFICULTY]; [PERSON] has [LEVEL OF DIFFICULTY]; etc.
IF NO DIFFICULTY REPORTED FOR ANY HH MEMBERS: As a reminder, you said you [IF MULTIPLE HH MEMBERS: and your household members] do not have difficulty remembering or concentrating.
Can you explain to me why you answered the way you did [IF MULTIPLE HH MEMBERS: for each member of your household]? IF PARTICIPANT EXHIBITS ANY CONFUSION OR UNCERTAINTY ABOUT HOW TO ANSWER: How did you decide which option to select?
[IF CONFUSED OR UNCLEAR WHEN ANSWERING PREVIOUS PROBE] What were you thinking about when you were
answering this question [Q26b]? How did you come up with your answer?
[IF SELECTED SOME, A LOT, OR CANNOT ON 26b] You said that [PERSON] has difficulty remembering or concentrating.
What is their level of difficulty with remembering? What is their level of difficulty with concentrating?

SKIP IF SELECTED SOME, A LOT, OR CANNOT ON 26b FOR ALL HH MEMBERS.
This question asks about both remembering and concentrating, but for a moment, I'd like you to think only about remembering. Do you [or [FILL HH MEMBERS WITH NO DIFFICULTY] have difficulty remembering? (PROBE TO DETERMINE WHO.)
How about concentrating do you [or FILL HH MEMBERS WITH NO DIFFICULTY] have difficulty concentrating? (PROBE TO DETERMINE WHO.)
IF A HH MEMBER HAS DIFFICULTY WITH ONE BUT NOT THE OTHER: How did you decide which option to select when answering Question 26b for [PERSON]?
ASK ABOUT ADULTS IN HOUSEHOLD: We're interested in how people with different types of conditions answer these questions. Do any members of your household have a condition that affects their memory or concentration? IF YES: When answering Question 26b, did you report the difficulty they have due to their condition, or did you not consider that when answering the question?
ASK ABOUT CHILDREN IN HOUSEHOLD, IF ANY: Do any children in your household have difficulty learning? IF YES: When answering Question 26b, did you report the difficulty they have learning, or did you not consider that when answering the question?
Can you give me some examples of health conditions that make it difficult to remember or concentrate?

Question 26c asks about difficulty bathing or dressing.
As a reminder, you said [PERSON] has [LEVEL OF DIFFICULTY] bathing or dressing; [PERSON] has [LEVEL OF DIFFICULTY]; [PERSON] has [LEVEL OF DIFFICULTY]; etc.
IF NO DIFFICULTY REPORTED FOR ANY HH MEMBERS: As a reminder, you said you [IF MULTIPLE HH MEMBERS: and your household members] do not have difficulty bathing or dressing.
How did you come up with your answer for yourself? [REPEAT FOR EACH HH MEMBER: How about for [PERSON]?
Question 26c asks about difficulty "bathing or dressing." What do you think that refers to?
What is meant by the phrase "bathing or dressing"?
What other phrases would you use for "bathing or dressing?"
what other phrases would you use for pathing of dressing:
If someone says they have difficulty bathing or dressing when answering this question, what do you think that means? IF NEEDED: How do you think that person gets clean?

Question 26d asks about the person's difficulty communicating using their usual language.
As a reminder, you said [PERSON] has [LEVEL OF DIFFICULTY] communicating;
[PERSON] has [LEVEL OF DIFFICULTY]; [PERSON] has [LEVEL OF DIFFICULTY];
etc.
IF NO DIFFICULTY REPORTED FOR ANY HH MEMBERS:
As a reminder, you said you [IF MULTIPLE HH MEMBERS: and your household members] do not have difficulty
communicating.
How did you choose an answer for this question?
What do you think is meant by "communication"?
What do you think is meant by "usual language"?
[IF SELECTED "SOME DIFFICULTY," "A LOT OF DIFFICULTY," OR "CANNOT DO AT ALL" FOR A CHILD ON 26d] You
reported that [NAME] has difficulty communicating. Can you tell me more about that? [PROBE TO DETERMINE WHAT CONDITIONS ARE BEING CONSIDERED. NOTE IF RESPONDENT IS INCLUDING YOUNG CHILDREN WHO HAVE NOT
LEARNED HOW TO TALK.]
[ASK FOR ANY HH MEMBERS FOR WHOM: 21a = Yes (i.e., SPEAK LANGUAGE OTHER THAN ENGLISH AT HOME) AND 26d = SOME DIFFICULTY/A LOT OF DIFFICULTY/CANNOT DO AT ALL AND RESPONSE TO PROBE 15 DID NOT MAKE IT CLEAR
WHICH LANGUAGE R WAS REFERENCING.] When answering this question about communication difficulty [IF MULTIPLE]
HH MEMBERS: for yourself/for PERSON], were you thinking about English, [LANGUAGE], both, or something else?
27. Do you/does <name> have difficulty doing errands alone such as visiting a doctor's office or shopping?</name>
No difficulty
Some difficulty A lot of difficulty
Cannot do at all

[IF SELECTED "SOME DIFFICULTY," "A LOT OF DIFFICULTY," OR "CANNOT DO AT ALL" FOR A HOUSEHOLD MEMBER ON 20] On Question 27, you reported that [NAME] has difficulty doing errands alone. Can you tell me more about that? [PROBE TO DETERMINE WHAT SORT OF DIFFICULTY IS BEING CONSIDERED. REPEAT FOR ALL APPLICABLE HH MEMBERS.]
Question 27 asks about difficulty doing errands alone. What do you think that refers to? Can you give me some examples of what kinds of difficulties that might include?
When answering Questions 26 and 27, did you make any adjustments to the level of difficulty you reported for someone because of their age? [PROBE TO DETERMINE WHAT ADJUSTMENTS THEY MADE AND WHY.]
Now I'm going to describe a situation and ask you a question about it. Susan is answering the survey for her family. She lives with her husband and her 85-year-old mother, Dorothy. Dorothy lives in a separate area of the house with her own bedroom, bathroom, sitting room, and kitchenette. Her health is good. With her walker, she can get around the house, and to the bus to go shopping. How should Susan respond for her mother, Dorothy, with regard to difficulty walking or climbing stairs?
Dorothy manages everything from social events to daily medications using her calendar. Susan helps her mother fill in the calendar each week. Occasionally, Dorothy misses an appointment or forgets to take her medication, but otherwise the calendar is very effective. How would you respond for Dorothy with regard to difficulty remembering or concentrating?
N/A
[IF MORE THAN 1 HH MEMBER] Thinking back over the entire survey, how did it feel answering questions about the other people you included? IF NO MENTION OF PRIVACY CONCERNS, ASK: Did you have any concerns about the privacy of other people you reported when answering those questions? PROBE IF NEEDED TO DETERMINE CONCERNS.
[IF MORE THAN 1 HH MEMBER] What was it like answering questions about other members of your household? Did you have any difficulty?

V2 - CAI

SELECTION LANGUAGE WILL BE READ AFTER ANSWERING THE BASIC PERSON SECTION. SEE FULL SELECTION TEXT IN THE PROTOCOL INTRO TEXT DOCUMENT.

14. [IF SHOWCARD VERSION: Using this list,] what is the highest level of school or degree you have/<NAME> has COMPLETED? If you are/<NAME> is currently enrolled, select the previous grade or highest degree received.

Less than 1 year of school completed

Nursery school or preschool

Kindergarten

Grade 1

Grade 2

Grade 3

Grade 4

Grade 5

Grade 6

Grade 7

Grade 8

Grade 9

Grade 10

Orauc 10

Grade 11

Grade 12, no diploma

Regular high school diploma

GED or alternative credential

Some college, no degree

Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)

[ASK AT END OF SURVEY] Now I'd like to ask your opinion about some of the questions in the survey. The first question I'd like to discuss is this one: [ASK Q14 AND PROVIDE FLASHCARDS, REGARDLESS OF WHETHER FLASHCARDS WERE ASSIGNED.] As a reminder, you answered [LIST ANSWERS FOR EACH PERSON].
When you answered about your own education level, how did you determine your answer? REPEAT FOR EACH HH MEMBER: When you answered about [PERSON]'s education level, how did you determine your answer?
IF HAS CHILD(REN): [Is your child/Are any of your children] homeschooled? IF YES: How did you decide which option(s) to choose for [this child/these children]? NOTE: PROBE IF NEEDED TO DETERMINE IF HOMESCHOOLING IS TYPICAL OR DUE TO COVID-19. SKIP HOMESCHOOL PROBES IF ONLY HOMESCHOOLIN DUE TO COVID-19.
[IF HAS HOMESCHOOLED CHILD(REN)] How do you decide when [your child / one of your children] has completed a grade level?
When you answered for yourself, did you find a response option that fits your situation or did none of them seem to fit? Why (not)? REPEAT FOR EACH HH MEMBER: How about when answering about [PERSON]?
Are there any response options that you considered but ended up not choosing?
Are you unsure about what any of the options in this question refer to?
IF ASSIGNED TO RECEIVE FLASHCARDS: Did you use the card when answering this question? IF YES: Did you find it helpful, or did you not find it helpful? IF NECESSARY: PROBE TO DETERMINE WHY/WHY NOT.

	describe a "grade of school?"
Do you think	"grade of school" and "level of school" mean the same thing, or are they different?
TIE ASSIGNED	TO RECEIVE FLASHCARDS] The question includes capitalized headings in bold font to group some of
together. Did	you notice them, or did you not notice them? IF NOTICED: Did you think you needed to read them?
LIE ACCIONED	TO DESCRIVE FLACUSADO CINAR A LA L
	TO RECEIVE FLASHCARDS] What do you think of these headings? IF NECESSARY: Do you think they a
[SKIP]	
[15.40 \ \/50	(15. 15. 15. 15. 15. 15. 15. 15. 15. 15.
school in the	(I.E., IF ATTENDED SCHOOL IN THE LAST 3 MONTHS)] You indicated on an earlier question that you a last 3 months. What grade or level are you in currently? IF NOT CURRENTLY ENROLLED, DETERMINE LIN THE LAST 3 MONTHS.
[SKIP]	
[IF 13a = YES	(I.E., IF ATTENDED SCHOOL IN THE LAST 3 MONTHS)] The question says, "If you are currently enrolle le or highest degree received." What do you think about those instructions do they make sense or be clarified? [IF NEED CLARIFICATION, PROBE TO DETERMINE WHAT IS CONFUSING.]
they need to	,

This question includes an option for "Less than 1 year of school completed." What are some examples of when people should select that option?
Now I would like you to look at this version of the question. [PROVIDE VERSION 1 FLASHCARD.] The first option in this version
says "Less than grade 1," but in the previous version it says "Less than 1 year of school completed." Do you think these mean the same thing, or are they different? IF SAME: What do they mean? IF DIFFERENT: What is the difference between them?
In the first version of the question, what do you think is the difference between the first two options, "Less than 1 year of
school completed" and "Nursery school or preschool?"
The first few options are different in this second version of the question. How would you answer the question if I asked it this other way? IF WOULD ANSWER DIFFERENTLY, PROBE TO DETERMINE WHY.
How do you think someone should answer this question [VERSION 1] if they're answering about a toddler who is enrolled in daycare center? How about this version [VERSION 2]?

How do you think someone should answer this version [VERSION 1] if they're answering about a 4-year-old who is currently in preschool? How about this version [VERSION 2]? How do you think someone should answer this version [VERSION 1] if they are answering about an adult who has never been to school? How about this version [VERSION 2]? How do you think someone should answer this version [VERSION 1] if they are answering about an adult who attended 8th grade but did not complete that year, and never went back to school? How about this version [VERSION 2]? Iam 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 denial, drug or vision plans. Iam 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 denial, drug or vision plans. Iam 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 denial, drug or vision plans. Iam 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 or another family member? Iam now going to ask you some questions about your/NAME's rurently covered by Medical, the College is the subject of people with certain disabilities? Iam now going to ask you some questions and the subject of people with certain disabilities? Iam now going to ask you some questions and the subject of people with certain disabilities? Iam now going to ask you some questions and the subject of people with certain disabilities? Iam now going to ask you some questions and the subject of people with certain disabilities? Iam now going to ask you some questions and the subject of people with certain disabilities? Iam now going to ask you some questions and the subject of people with certain disabilities? Iam now going		
How do you think someone should answer this version [VERSION 1] if they are answering about an adult who attended 8th grade but did not complete that year, and never went back to school? How about this version [VERSION 2]? Jam 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. 23a. Are you's <name> currently covered by health insurance through a current or former employer, union, or professional association of yours or another family member/4[him/her] or another family member>? 23b. Are you's <name> currently covered by Medicare, for people age 65 or older or people with certain disabilities? 23c. Are you's <name> currently covered by Medicare, for people age 65 or older or people with certain disabilities? 23d. Are you's <name> currently covered by Medicare, for people age 65 or older or people with certain disabilities? 23d. Are you's <name> currently covered by Medicare, for people age 65 or older or people with certain disabilities? 23d. Are you's <name> currently covered by Medicare, for people age 65 or older or people with certain disabilities? 23d. Are you's <name> currently covered by TRICARE or other military health care? 23d. Are you's <name> currently covered by TRICARE or other military health care? 23d. Are you's <name> currently covered through the Indian Health Service? 23d. Are you's <name> currently covered through the Indian Health Service? 23d. Are you's <name> currently covered through the Indian Health Service? 23d. Are you's <name> currently covered by any other health insurance or health coverage plan? Next I'd like to get your feedback on the health insurance questions. [PROVIDE COPY OF QUESTIONS 23a-23h.] As a reminder you said: [ILIST PEOPLE] is/are covered under [INSURANCE TYPE]</name></name></name></name></name></name></name></name></name></name></name></name></name's>		
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. 23a. Are you's NAME's currently covered by health insurance through a current or former employer, union, or professional association of yours or another family member/{lpim/her} or another family member? 23b. Are you's NAME's currently covered by Medicare, for people age 65 or older or people with certain disabilities? 23c. Are you's NAME's currently covered by Medicare, for people age 65 or older or people with certain disabilities? 23c. Are you's NAME's currently covered by Medicare, for people age 65 or older or people with certain disabilities? 23c. Are you's NAME's currently covered by Medicare, for people age 65 or older or people with certain disabilities? 23c. Are you's NAME's currently covered by Medicare, for people age 65 or older or people with certain disabilities? 23c. Are you's NAME's currently covered by Medicare, for people age 65 or older or people with certain disabilities? 23d. Are you's NAME's currently covered by many or another family member/{lpim/her} or another family member/spim/her or another family member-spim/her family member-spi</name's>		
service, such as dental, drug or vision plans. 23a. Are you/Is *NAME> currently covered by health insurance through a current or former employer, union, or professional association of yours or another family member/{lim/her} or another family member? 23b. Are you/Is *NAME> currently covered by Medicar, for people age 65 or older or people with certain disabilities? 23c. Are you/Is *NAME> currently covered by Medicar, for people age 65 or older or people with certain disabilities? 23c. Are you/Is *NAME> currently covered by Medicard, the Children's Health Insurance Program (CHIP) or any kind of government-assistance plan for those with low incomes or a disability? 23d. Are you/Is *NAME> currently covered by health insurance purchased directly from an insurance company, through a State or Federal Marketplace, HealthCare.gov, or a similar website by you or another family member? (Phim/her) or another family members? 23d. Are you/Is *NAME> currently covered by TRICARE or other military health care? 23f. Are you/Is *NAME> currently covered through the Indian Health Service? 23g. Are you/Is *NAME> currently covered through the Indian Health Service? 23h. Are you/Is *NAME> currently covered by any other health insurance or health coverage plan? Next I'd like to get your feedback on the health insurance questions. [PROVIDE COPY OF QUESTIONS 23a-23h.] As a reminder, you said: [LIST PEOPLE] is/are covered under [INSURANCE TYPE] [LIST PEOPLE] is/are covered under [INSURANCE TYPE]		
another family member/{[him/her] or another family member>? 23b. Are you/Is <namf> currently covered by Medicare, for people age 65 or older or people with certain disabilities? 23c. Are you/Is <namf> currently covered by Medicare, for people age 65 or older or people with certain disabilities? 23c. Are you/Is <namf> currently covered by Medicare, for people age 65 or older or people with certain disabilities? 23d. Are you/Is <namf> currently covered by health insurance purchased directly from an insurance company, through a State or Federal Marketplace, Health Care.gov, or a similar website by you or another family member/{[him/her] or another family member>? 23e. Are you/Is <namf> currently covered by TRICARE or other military health care? 23f. Are you/Is <namf> currently covered through the VA or enrolled for VA health care? 23g. Are you/Is <namf> currently covered through the Indian Health Service? 23h. Are you/Is <namf> currently covered by any other health insurance or health coverage plan? Next I'd like to get your feedback on the health insurance questions. [PROVIDE COPY OF QUESTIONS 23a-23h.] As a reminder you said: [LIST PEOPLE] is/are covered under [INSURANCE TYPE] [LIST PEOPLE] is/are covered under [INSURANCE TYPE]</namf></namf></namf></namf></namf></namf></namf></namf>	service, such as dental, drug	or vision plans.
HealthCare.gov, or a similar website by you or another family member/< [him/her] or another family member>? 23e. Are you/ls <name> currently covered by TRICARE or other military health care? 23f. Are you/ls <name> currently covered through the VA or enrolled for VA health care? 23g. Are you/ls <name> currently covered through the Indian Health Service? 23h. Are you/ls <name> currently covered by any other health insurance or health coverage plan? Next I'd like to get your feedback on the health insurance questions. [PROVIDE COPY OF QUESTIONS 23a-23h.] As a reminder, you said: [LIST PEOPLE] is/are covered under [INSURANCE TYPE] [LIST PEOPLE] is/are covered under [INSURANCE TYPE]</name></name></name></name>	another family member/<[hii 23b. Are you/Is <name> curr 23c. Are you/Is <name> curr those with low incomes or a company of the curr</name></name>	m/her] or another family member>? rently covered by Medicare, for people age 65 or older or people with certain disabilities? rently covered by Medicaid, the Children's Health Insurance Program (CHIP) or any kind of government-assistance plan for disability?
Next I'd like to get your feedback on the health insurance questions. [PROVIDE COPY OF QUESTIONS 23a-23h.] As a reminder, you said: [LIST PEOPLE] is/are covered under [INSURANCE TYPE] [LIST PEOPLE] is/are covered under [INSURANCE TYPE]	HealthCare.gov, or a similar v 23e. Are you/Is <name> curr 23f. Are you/Is <name> curre</name></name>	vebsite by you or another family member/<[him/her] or another family member>? ently covered by TRICARE or other military health care? ently covered through the VA or enrolled for VA health care?
you said: [LIST PEOPLE] is/are covered under [INSURANCE TYPE] [LIST PEOPLE] is/are covered under [INSURANCE TYPE]		
you said: [LIST PEOPLE] is/are covered under [INSURANCE TYPE] [LIST PEOPLE] is/are covered under [INSURANCE TYPE]		
you said: [LIST PEOPLE] is/are covered under [INSURANCE TYPE] [LIST PEOPLE] is/are covered under [INSURANCE TYPE]		
you said: [LIST PEOPLE] is/are covered under [INSURANCE TYPE] [LIST PEOPLE] is/are covered under [INSURANCE TYPE]		
you said: [LIST PEOPLE] is/are covered under [INSURANCE TYPE] [LIST PEOPLE] is/are covered under [INSURANCE TYPE]		
you said: [LIST PEOPLE] is/are covered under [INSURANCE TYPE] [LIST PEOPLE] is/are covered under [INSURANCE TYPE]		
	you said: [LIST PEOPLE] is/are cov [LIST PEOPLE] is/are cov	rered under [INSURANCE TYPE]

How did you come up with your answer for yourself? IF NECESSARY: Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/them]? REPEAT PROBES FOR EACH HH MEMBER: How about for [PERSON]?
IF 23a = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through a current or former employer, union, or professional association. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 23b = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through Medicare. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 23c = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through Medicaid, CHIP, or any kind of government-
assistance plan for those with low incomes or a disability. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 23d = Yes: You mentioned that [HH MEMBER(S)] have/has insurance purchased directly from an insurance company or
through a State or Federal Marketplace, HealthCare.gov, or a similar website. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 23e = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through TRICARE or other military health care. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 23f = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through VA health care. Can you tell me more about
that? How did you know which type of coverage to select for [yourself/that person/those people]?

IF 23g = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through Indian Health Service. Can you tell me more about that? How did you know which type of coverage to select for [yourself/that person/those people]?
IF 23h = Yes: You mentioned that [HH MEMBER(S)] have/has coverage through a type of health insurance or health coverage plan not listed in the question. Can you tell me more about that? Why did you select this option for [yourself/that person/those people]?
Did you have difficulty choosing a response for yourself [or another household member]? IF YES: Can you tell me more about that? How did you choose your response?
Did you include any insurance plans that cover only one type of service, such as dental, drug, or vision plans? IF YES: What types of plans did you report?
At the beginning of this series of questions, there are instructions to "NOT include plans that cover only one type of service, such as dental, drug, or vision plans." Do you have coverage that you did NOT report because of these instructions? IF YES: I me about that coverage.
What do you think the instructions are asking you to do? Do they make sense or do you think they need to be clarified? [IF NEED CLARIFICATION, PROBE TO DETERMINE WHAT IS CONFUSING AND WHAT WOULD MAKE THEM EASIER TO UNDERSTAND.]
Do any members of your household have a Medicare Advantage plan? IF YES: Tell me more about that plan.

[IF SELECTED MORE THAN ONE OPTION FOR ANY HOUSEHOLD MEMBER] Can you tell me more about the insurance plan or plans that [you are/NAME is] covered by? PROBE TO DETERMINE IF THEY ARE DOUBLE REPORTING SINGLE COVERAGE OR IF THEY TRULY HAVE MORE THAN ONE TYPE OF INSURANCE.
[SKIP IF 23a = Yes FOR ALL HH MEMBERS] Do you [or any members of your household] have health insurance coverage that you are eligible for based on your income? IF YES: How did you decide which responses to select?
IF ANSWERED NO TO ALL (23a-23h) FOR ANY HH MEMBERS: You answered "No" to all of these health insurance questions when answering about [yourself/PERSON/your household members]. Do [you/PERSON/they/etc.] have any health insurance if YES: PROBE TO DETERMINE WHY THEY ANSWERED NO TO ALL. IF NO: DETERMINE WHEN THEY LAST HAD COVERAGE AND WHICH ANSWER THEY WOULD HAVE SELECTED WHEN THEY HAD THAT COVERAGE.
IF ANSWERED NO TO ALL (23a-23h) FOR ANY HH MEMBERS: How do [you/PERSON/they/etc.] pay for healthcare when [you/they/etc.] are sick?
Are you familiar with any other types of coverage or plans? Can you tell me about [this type/these types] of coverage?

The next questions ask about difficulties you/<NAME> may have doing certain activities. 25a. Do you/does <NAME> have difficulty seeing, even if wearing glasses? No difficulty Some difficulty A lot of difficulty Cannot do at all 25b. Do you/does <NAME> have difficulty hearing, even if using a hearing aid? No difficulty Some difficulty A lot of difficulty Cannot do at all 26a. Do you/does <NAME> have difficulty walking or climbing steps? No difficulty Some difficulty A lot of difficulty Cannot do at all 26b. Do you/does <NAME> have difficulty remembering or concentrating? No difficulty Some difficulty A lot of difficulty Cannot do at all

26c. Do you/does <name> have difficulty with self care, such as washing all over or dressing? No difficulty Some difficulty A lot of difficulty Cannot do at all</name>
26d. Using your/ <his her=""> usual language, do you/does <name> have difficulty communicating, for example understanding or bein understood? No difficulty Some difficulty A lot of difficulty Cannot do at all</name></his>
Now I'd like to ask you about a series of questions in the survey. The questions asked about difficulty doing certain activities like seeing, hearing, and walking. Here are the questions I'll be asking about [PROVIDE COPY OF QUESTIONS 25-27].
Question 26a asks about difficulty walking or climbing steps. PRESENT ALL RESPONSES THAT ARE NOT "NO DIFFICULTY:"
As a reminder, you said [PERSON] has [LEVEL OF DIFFICULTY]; [PERSON] has [LEVEL OF DIFFICULTY] [FILL ACTIVITY]; [PERSON] has [LEVEL OF DIFFICULTY] [FILL ACTIVITY]; etc.
IF NO DIFFICULTY REPORTED FOR ANY HH MEMBERS: As a reminder, you said you [IF MULTIPLE HH MEMBERS: and your household members] do not have difficulty walking or climbing steps.
How did you come up with your answer for yourself? REPEAT PROBE FOR EACH HH MEMBER: How about for [PERSON]?
Tell me what you think it means to have difficulty climbing steps?

Suppose the question instead asked about difficulty walking or climbing <i>stairs</i> . Do you think the words "staimean the same thing in this question, or are they different? [IF DIFFERENT: PROBE TO DETERMINE HOW THEY CAN GIVE SOME EXAMPLES.]	
Question 26b asks about difficulty remembering or concentrating.	
As a reminder, you said [PERSON] has [LEVEL OF DIFFICULTY] remembering or concentrating; [PERSON] has [LEVEL OF DIFFICULTY]; [PERSON] has [LEVEL OF DIFFICULTY]; etc.	
IF NO DIFFICULTY REPORTED FOR ANY HH MEMBERS: As a reminder, you said you [IF MULTIPLE HH MEMBERS: and your household members] do not have difficu concentrating.	lty remembering
Can you explain to me why you answered the way you did [IF MULTIPLE HH MEMBERS: for each member of IF PARTICIPANT EXHIBITS ANY CONFUSION OR UNCERTAINTY ABOUT HOW TO ANSWER: How did you decide select?	f your household] le which option to
[IF CONFUSED OR UNCLEAR WHEN ANSWERING PREVIOUS PROBE] What were you thinking about when yo this question [Q26b]? How did you come up with your answer?	u were answering
[IF SELECTED SOME, A LOT, OR CANNOT ON 26b] You said that [PERSON] has difficulty remembering or con their level of difficulty with remembering? What is their level of difficulty with concentrating?	centrating. What

SKIP IF SELECTED SOME, A LOT, OR CANNOT ON 26b FOR ALL HH MEMBERS.
This question asks about both remembering and concentrating, but for a moment, I'd like you to think only about remembering. Do you [or [FILL HH MEMBERS WITH NO DIFFICULTY] have difficulty remembering? (PROBE TO DETERMINE WHO.)
How about concentrating do you [or FILL HH MEMBERS WITH NO DIFFICULTY] have difficulty concentrating? (PROBE TO DETERMINE WHO.)
IF A HH MEMBER HAS DIFFICULTY WITH ONE BUT NOT THE OTHER: How did you decide which option to select when answering Question 26b for [PERSON]?
ASK ABOUT ADULTS IN HOUSEHOLD: We're interested in how people with different types of conditions answer these questions. Do any members of your household have a condition that affects their memory or concentration? IF YES: When answering Question 26b, did you report the difficulty they have due to their condition, or did you not consider that when answering the question?
ASK ABOUT CHILDREN IN HOUSEHOLD, IF ANY: Do any children in your household have difficulty learning? IF YES: When answering Question 26b, did you report the difficulty they have learning, or did you not consider that when answering the question?
Can you give me some examples of health conditions that make it difficult to remember or concentrate?

Question 26c asks about difficulty washing all over or dressing.
As a reminder, you said [PERSON] has [LEVEL OF DIFFICULTY] washing all over or dressing; [PERSON] has [LEVEL OF DIFFICULTY]; [PERSON] has [LEVEL OF DIFFICULTY]; etc.
IF NO DIFFICULTY REPORTED FOR ANY HH MEMBERS: As a reminder, you said you [IF MULTIPLE HH MEMBERS: and your household members] do not have difficulty washinga II ove or dressing.
How did you come up with your answer for yourself? [REPEAT FOR EACH HH MEMBER: How about for [PERSON]?
Question 26c asks about difficulty "washing all over or dressing." What do you think that refers to?
What is meant by the phrase "washing all over or dressing?"
What other phrases would you use for "washing all over or dressing?"
If someone says they have difficulty washing all over or dressing when answering this question, what do you think that means? IF NEEDED: How do you think that person gets clean?

Question 26d asks about the person's difficulty communicating using their usual language.
 As a reminder, you said [PERSON] has [LEVEL OF DIFFICULTY] communicating;
[PERSON] has [LEVEL OF DIFFICULTY];
[PERSON] has [LEVEL OF DIFFICULTY];
etc.
IF NO DIFFICULTY REPORTED FOR ANY HH MEMBERS:
As a reminder, you said you [IF MULTIPLE HH MEMBERS: and your household members] do not have difficulty communicating
How did you choose an answer for this question?
What do you think is meant by "communication"?
What do you think is meant by "usual language"?
[IF SELECTED "SOME DIFFICULTY," "A LOT OF DIFFICULTY," OR "CANNOT DO AT ALL" FOR A CHILD ON 26d] You reported that
[NAME] has difficulty communicating. Can you tell me more about that? [PROBE TO DETERMINE WHAT CONDITIONS ARE
BEING CONSIDERED. NOTE IF RESPONDENT IS INCLUDING YOUNG CHILDREN WHO HAVE NOT LEARNED HOW TO TALK.]
The company of the property of the company of the c
[ASK FOR ANY HH MEMBERS FOR WHOM: 21a = Yes (i.e., SPEAK LANGUAGE OTHER THAN ENGLISH AT HOME) AND 26d = SOME DIFFICULTY/A LOT OF DIFFICULTY/CANNOT DO AT ALL AND RESPONSE TO PROBE 15 DID NOT MAKE IT CLEAR WHICH
LANGUAGE R WAS REFERENCING] When answering this question about communication difficulty [IF MULTIPLE HH MEMBERS
for yourself/for PERSON], were you thinking about English, [LANGUAGE], both, or something else?
27. Because of a physical, mental, or emotional condition, do you/does <name> have difficulty doing errands alone such as</name>
visiting a doctor's office or shopping?
No difficulty
Some difficulty
A lot of difficulty
Cannot do at all

[IF SELECTED "SOME DIFFICULTY," "A LOT OF DIFFICULTY," OR "CANNOT DO AT ALL" FOR A HOUSEHOLD MEMBER ON 20] On Question 27, you reported that [NAME] has difficulty doing errands alone. Can you tell me more about that? [PROBE TO DETERMINE WHAT SORT OF DIFFICULTY IS BEING CONSIDERED. REPEAT FOR ALL APPLICABLE HH MEMBERS.]
Question 27 asks about difficulty doing errands alone. What do you think that refers to? Can you give me some examples of what kinds of difficulties that might include?
When answering Questions 26 and 27, did you make any adjustments to the level of difficulty you reported for someone because of their age? [PROBE TO DETERMINE WHAT ADJUSTMENTS THEY MADE AND WHY.]
Now I'm going to describe a situation and ask you a question about it. Susan is answering the survey for her family. She lives with her husband and her 85-year-old mother, Dorothy. Dorothy lives in a separate area of the house with her own bedroom, bathroom, sitting room, and kitchenette. Her health is good. With her walker, she can get around the house, and to the bus to go shopping. How should Susan respond for her mother, Dorothy, with regard to difficulty walking or climbing steps?
Dorothy manages everything from social events to daily medications using her calendar. Susan helps her mother fill in the calendar each week. Occasionally, Dorothy misses an appointment or forgets to take her medication, but otherwise the calendar is very effective. How would you respond for Dorothy with regard to difficulty remembering or concentrating?
N/A
[IF MORE THAN 1 HH MEMBER] Thinking back over the entire survey, how did it feel answering questions about the other people you included? IF NO MENTION OF PRIVACY CONCERNS, ASK: Did you have any concerns about the privacy of other people you reported when answering those questions? PROBE IF NEEDED TO DETERMINE CONCERNS.
[IF MORE THAN 1 HH MEMBER] What was it like answering questions about other members of your household? Did you have any difficulty?

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Probe 20	

HOA/Condominium Fees (Round 2 only)

Probe 1

Probe 2

Probe 3

Probe 4

CLOSING PROBES
Probe 1
Probe 2

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THE PROTOCOL INTRO TEXT DOCUMENT.	NG THE BASIC PERSON SECTION. SEE FULL SELECTION TEXT IN
Are any of the following types of electric vehicles kept at home for use by members of this household?	
a. A plug-in electric vehicle?	
Yes	
□ No	
b. Another type of electric vehicle?	
Yes	
□ No	
[ASK AT CONCLUSION OF HOUSING MODULE]	
Now I'd like to get your feedback on some of the quest	tions you just answered. Please look back at Questions 14a and
14b, which ask about electric vehicles.	
How did you determine which answers to select on the	ese questions?
IF YES TO 14a: You reported a plug-in electric vehicle.	What make and model were you thinking about?
IF YES TO 14a: Is this vehicle owned or is it leased?	
IF YES TO 14a: Whose vehicle is that?	
	DETERMINE IF THE VEHICLE REQUIRES CONNECTING TO AN
ELECTRICAL SOURCE, e.g., What is the process?]	
IF YES TO 14b: You reported another type of electric ve	ehicle. What make and model were you thinking about?
IF YES TO 14b: Is this vehicle owned or is it leased?	
IF YES TO 14b: Whose vehicle is that?	

	STO 14b: How is the vehicl FRICAL SOURCE, e.g., What		rged? [PROBE TO DETERMINE IF THE VEHICLE REQUIRES CONNECTING TO AN e process?]
			R HH MEMBER'S VEHICLE] When answering these questions, did you think about of your household, or did you only think about vehicles that <i>you</i> use?
	IF ANY OF THE VEHICLES A ou think it is asking only abo		ASED] Do you think this question is asking about vehicles that are being <i>leased</i> , or whicles that are owned?
			thought about when answering these questions? [IF YES, PROBE FOR MORE DID THEY DECIDE WHICH TO REPORT?]
Pleas	e go ahead now and contir	nue fil	ling out the survey. I'll stop you when I have additional questions.
WE	v did this person usually EK? Mark (X) ONE box for sportation used for most o	the m	nethod of
	Car, truck, or van		Taxi or ride-hailing services
	Bus		Motorcycle
	Subway or elevated rail		Bicycle
	Long-distance train or commuter rail		Walked
	Light rail, streetcar, or trolley		Worked from home → SKIP to question 39b
	Ferryboat		Other method
F			
	AT END OF SURVEY] I'd like to get your opinion	abou	t Question 32.

How did you decide which response option to choose?
What do you think about the response options? Are any of them unclear or confusing?
IF 32 = OTHER: You selected "Other." Can you tell me more about that? How do you usually get to work?
[SKIP IF 32 = OTHER METHOD] Do you use any modes of transportation to get to work that are not listed in this question? [IF YES, PROBE TO DETERMINE THE MODES AND HOW OFTEN EACH MODE IS USED.]
Can you think of any ways people travel to work that are not already listed in this question, even if you do not use them? [IF YES, PROBE TO DETERMINE THE WAYS.]
One of the options includes "ride-hailing services." What do you think this means? IF NECESSARY: Can you give me some examples of ride-hailing services?
IF 32 = TAXI OR RIDE-HAILING SERVICES: You said you usually get to work using taxi or ride-hailing services. When you don't use taxi or ride-hailing services, what other method of transportation do you typically use to get to work?
IF 32 IS NOT TAXI OR RIDE-HAILING SERVICES: Do you ever take a taxi or ride-hailing service to get to work? IF YES: How often? When (I.E., IN WHAT SITUATIONS)?
[SKIP IF ALREADY MENTIONED] Which option would you select for taking Uber or Lyft?
IF 32 = CAR, TRUCK, OR VAN: You selected "Car, truck, or van." Do you usually drive alone to work or do you travel with others? IF TRAVEL WITH OTHERS: Can you tell me more about that?

a. When did this person last work, even for a few days?	
Within the past 12 months	
1 to 5 years ago	
Over 5 years ago or never worked → SKIP to question 43	
b. In 2019, did this person work at a job or business at any time, even for a few days?	
☐ Yes	
□ No → SKIP to question 42	
During the weeks that this person WORKED in 2019, how many HOURS did this person usually work each WEEK?	
Usual hours worked each WEEK	
a. In 2019, did this person work EVERY week? Include all jobs and count paid vacation, paid sick leave, and military service as work.	
☐ Yes → SKIP to question 42	
□ No	
b. Of the 52 weeks in 2019, how many WEEKS did this person work for at least one day? Include all jobs, paid time off, and weeks when this person only worked for a few hours.	
Weeks	
INTERVIEWER: NOTE ANY ISSUES THE RESPONDENT HAS V	VITH SKIP PATTERNS]

Next I'd like to discuss some of the questions about work.
Let's start with Question 39 on Page 17. Question 39 has two parts, a and b. Please take a moment to review them. [PAUSE] What were you thinking about when answering these questions?
How easy or difficult was it for you to come up with answers to these questions?
IF USUAL HOURS WORKED PER WEEK < 32 AND/OR WEEKS WORKED IN THE YEAR < 48: Tell me more about your work experience in 2019. [PROBE TO LEARN ABOUT PART-TIME WORK, PERIODS OF UNEMPLOYMENT, ETC. GET A GENERAL SENSE OF THEIR 2019 WORK HISTORY TO SEE WHAT THEY ARE INCLUDING AND SCLUDING.]
How did you come up with your answer to Question 40?
IF WORK ARRANGEMENT IS UNCLEAR AFTER PREVIOUS PROBE, CLARIFY WITH QUESTIONS SUCH AS: Do you work the same number of hours each week? Do your work hours or work schedule change throughout the year? Do you work more than one job? How did you determine the number of hours to report?
Can you please tell me what Question 40 is asking in your own words?

Was anything about this question [Question 40] confusing or unclear?
How did you come up with your answer(s) to Question 41?
IF PARTICIPANT DID NOT WORK EVERY WEEK/52 WEEKS: PROBE TO UNDERSTAND WHETHER THEY ARE ONLY INCLUDING WEEKS THEY ACTUALLY WORKED IN THEIR ANSWER.
IF NEEDED: Would your answer to Question 40 change if you only counted time you worked in the [FILL] weeks from 41b in your answer?
IF NEEDED: Can you tell me what 41a and 41b are asking in your own words?
On Question 41a, which answer do you think someone should select if the person worked every Thursday but did not work any other days of the week?
How do you think someone should answer 41a if they worked for 3 months last year? IF NEEDED: Does it matter which months they worked?
How about if they worked one job for the first half of the year and another job for the second half? How should they answer 41a?
How do you think someone should answer 41b if they work 4 hours per week? What about someone who works 60 hours per week?
How about if someone's hours vary quite a bit from week to week? How should they answer 41b?
How do you think someone should answer 41b if they worked for only one day all year?
If a person had a job all year in 2019 but they took 1 week off for paid vacation and another week off with paid sick leave, how should they answer?
[Questions are too long to fit here. See Sheet named "Income Questions - Set 2"]

Next I'd like to discuss the questions about income. Please look at Questions 43 and 44 on Page 18. [PAUSE TO ALLOW TIME TO REVIEW QUESTIONS]
How did you come up with your answer on [ASK ABOUT THE FIRST QUESTION THEY ANSWERED "YES" TO.] REPEAT WITH ONE OR TWO OTHER QUESTIONS (IF YES) TO DETERMINE WHICH TIME PERIOD THEY CONSIDERED.
Thinking about Questions 43 and 44 overall, what time period were you thinking about when answering these questions? [PROBE TO DETERMINE MONTH(S) AND YEAR(S). IF USED TIME PERIOD OUTSIDE OF 2019, PROBE TO DETERMINE WHY.]
Do you think income that isn't reported for tax purposes should be reported in any of these questions? [PROBE FOR MORE INFO: E.G., IF YES: IN WHICH QUESTION(S)? IF NO: WHY DO YOU SAY THAT?]
[TAILOR PROBES AS NEEDED IF ALREADY DISCUSSED.] Do any members of your household have a side job or a side gig? IF YES: Did you report that income in Question 43? IF REPORTED: In which question? IF NOT REPORTED: Can you tell me more about that? How did you decide which income to report?
[TAILOR PROBES AS NEEDED IF ALREADY DISCUSSED.] Do any members of your household have self-employment income? IF YES: Can you tell me about it? [E.G., DESCRIPTION OF WORK]. Did you report that income in Question 43? IF REPORTED: In which question? IF NOT REPORTED: Can you tell me more about that? How did you decide which income to report?

IF 43b = NO: Now let's look at Question 43b. Can you give me some examples of what you think this question is asking you to report?
[IF Q43c = YES] What types of income did you report on 43c? IF MORE THAN ONE: How easy or difficult was it to add up the separate types?
[IF Q43c = NO] Did you have any income from being a landlord or from a rental? IF YES: Can you tell me more about that? [PROBE TO CONFIRM THEY ARE A LANDLORD AS OPPOSED TO SOMEONE WHO PAYS RENT]
[IF Q43c = LOSS] You reported a loss on 43c. Can you tell me more about that?
[IF Q43c = Yes] You answered "Yes" on 43c. Can you tell me about that income? What is it from? [PROBE TO DETERMINE TYPES OF INCOME REPORTED]
[SKIP]
[IF RENTAL INCOME REPORTED ON Q43c AND NOT A LOSS] How would you answer 43c if you lost money or broke even on your rental property?
Now let's look at Question 43f. Can you give me some examples of what you think this question is asking you to report?
How did you determine what answer to provide on this question?
[IF Q43f = YES] You answered "Yes" on this question. Can you tell me more specifically what type of public assistance or welfare payments you received?
[IF Q43f = YES] Did you receive any public assistance or welfare payments that you did not report on this question? IF YES: Can you tell me more about how you decided which payments to report?

Now let's focus on Question 44. Please think about ho What sources of income did you consider? [PROBE TO	w you answered Question 44 for all members of your household. DETERMINE IF THERE WERE ANY OTHERS]
Did you exclude any types of income? [IF YES, PROBE 7	O DETERMINE TYPES AND REASONS FOR EXCLUDING]
Were there any types of income that you were unsure	about whether to include in Question 44?
Is there anything else you'd like to discuss about Ques	tions 43 and 44?
Is this house, apartment, or mobile home part of a condominium? Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.	
· · ·	
Monthly amount – Dollars \$, .00	
OR	
None	
□ No	

What do you think is meant by the term "condominium"?

You answred [R'S ANSWER]. How do you know if your house/apartment/mobile home is part of a condominium?

[IF YES AND NONE] You answered 'None' for your monthly condominium fee. How did you decided on your answer? [IF YES AND MONTHLY AMOUNT PROVIDED] How did you come up with this number?

N/A [IF MORE THAN 1 HH MEMBER] Thinking back over the entire survey, how did it feel answering questions about other people you included? IF NO MENTION OF PRIVACY CONCERNS, ASK: Did you have any concerns about the privacy of other people you reported when answering those questions? PROBE IF NEEDED TO DETERMINE COMPART OF THE PR	MORE THAI	MONTHLY AMOUNT PROVIDED] What types of fees are included in the monthly amount you provi I 1 TYPE OF FEE MENTIONED] Are all of these fees mandatory? [IF MORE THAN 1 TYPE OF FEED] If needed, would you be able to break down the amount by type of fee?
[IF MORE THAN 1 HH MEMBER] Thinking back over the entire survey, how did it feel answering questions about other people you included? IF NO MENTION OF PRIVACY CONCERNS, ASK: Did you have any concerns about the privacy of other people you reported when answering those questions? PROBE IF NEEDED TO DETERMINE CONTINUES OF THE PROPERTY		
[IF MORE THAN 1 HH MEMBER] Thinking back over the entire survey, how did it feel answering questions about other people you included? IF NO MENTION OF PRIVACY CONCERNS, ASK: Did you have any concerns about the privacy of other people you reported when answering those questions? PROBE IF NEEDED TO DETERMINE CONTINUES OF THE PROPERTY		
other people you included? IF NO MENTION OF PRIVACY CONCERNS, ASK: Did you have any concerns about the privacy of other people you reported when answering those questions? PROBE IF NEEDED TO DETERMINE CONTINUES OF THE PROBE IF NEEDED TO DETERMINE CONTINUES.		
	other peopl	e you included? IF NO MENTION OF PRIVACY CONCERNS, ASK: Did you have any concerns about the

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SELECTION LANGUAGE WILL BE READ AFTER ANSWERING TI THE PROTOCOL INTRO TEXT DOCUMENT.	HE BASIC PERSON SECTION. SEE FULL SELECTION TEXT IN
At this house, apartment, or mobile home, do you or any member of this household own or lease any of the following types of electric vehicles?	
a. A plug-in electric vehicle?	
Yes	
□ No	
b. A hybrid electric vehicle?	
Yes	
□ No	
[ASK AT CONCLUSION OF HOUSING MODULE] Now I'd like to get your feedback on some of the questions of the que	
How did you determine which answers to select on these qu	lestions?
IF YES TO 14a: You reported a plug-in electric vehicle. What	make and model were you thinking about?
IF YES TO 14a: Is this vehicle owned or is it leased?	
IF YES TO 14a: Whose vehicle is that?	
IF YES TO 14a: How is the vehicle charged? [PROBE TO DETE ELECTRICAL SOURCE, e.g., What is the process?]	RMINE IF THE VEHICLE REQUIRES CONNECTING TO AN
IF YES TO 14b: You reported a hybrid electric vehicle. What	make and model were you thinking about?
IF YES TO 14b: Is this vehicle owned or is it leased?	
IF YES TO 14b: Whose vehicle is that?	

IF YES TO 14b: How is the veh ELECTRICAL SOURCE, e.g., Wh		ERMINE IF THE VEHICLE REQUIRES CONNECTING TO AN
		CLE] When answering these questions, did you think about or did you only think about vehicles that <i>you</i> use?
or do you think it is asking on		his question is asking about vehicles that are being leased, ned?
Are there any other vehicles t INFO: WHAT TYPE OF VEHICLI	hat you thought about when E? HOW DID THEY DECIDE WI	answering these questions? [IF YES, PROBE FOR MORE HICH TO REPORT?]
Please go ahead now and con	tinue filling out the survey. I'	ll stop you when I have additional questions.
How did this person usual WEEK? Mark (X) ONE box for transportation used for most	or the method of	
Car, truck, or van	Ride-hailing services (including taxi)	
Bus	Motorcycle	
Subway or elevated rail	Bicycle	
Long-distance train or commuter rail	Walked	
Light rail, streetcar, or trolley	Worked from home → SKIP to question 39b	
Ferryboat	Other method	
[ASK AT END OF SURVEY]		
Now I'd like to get your opinion	on about Question 32.	

How did you decide which response option to choose?
What do you think about the response options? Are any of them unclear or confusing?
IF 32 = OTHER: You selected "Other." Can you tell me more about that? How do you usually get to work?
[SKIP IF 32 = OTHER METHOD] Do you use any modes of transportation to get to work that are not listed in this question? [IF YES, PROBE TO DETERMINE THE MODES AND HOW OFTEN EACH MODE IS USED.]
Can you think of any ways people travel to work that are not already listed in this question, even if you do not use them? [IF YES, PROBE TO DETERMINE THE WAYS.]
One of the options includes "ride-hailing services." What do you think this means? IF NECESSARY: Can you give me some examples of ride-hailing services?
IF 32 = RIDE-HAILING SERVICES: You said you usually get to work using ride-hailing services. When you <i>don't</i> use ride-hailing services, what other method of transportation do you typically use to get to work?
IF 32 IS NOT RIDE-HAILING SERVICES: Do you ever take a ride-hailing service or taxi to get to work? IF YES: How often? When (I.E., IN WHAT SITUATIONS)?
[SKIP IF ALREADY MENTIONED] Which option would you select for taking Uber or Lyft?
IF 32 = CAR, TRUCK, OR VAN: You selected "Car, truck, or van." Do you usually drive alone to work or do you travel with others? IF TRAVEL WITH OTHERS: Can you tell me more about that?

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39		
_	 a. When did this person last work, even for a few days? 	
	Within the past 12 months	
	1 to 5 years ago	
	Over 5 years ago or never worked → SKIP to question 43	
	b. In 2019, did this person work at a job or business at any time, even for a few days?	
	Yes	
	No → SKIP to question 42	
40	During the weeks that this person WORKED in 2019, how many HOURS did this person usually work each WEEK?	
	Usual hours worked each WEEK	
4	a. In 2019, did this person work EVERY week? Include all jobs and count paid vacation, paid sick leave, and military service as work.	
	Yes → SKIP to question 42	
	□ No	
	b. Of the 52 weeks in 2019, how many WEEKS did this person work for at least one day? Include all jobs, paid time off, and weeks when this person only worked for a few hours.	
	Weeks	
INITED	VIEWER: NOTE ANY ISSUES THE RESPONDENT HAS	MITH CAID DVILEDVIC

Next I'd like to discuss some of the questions about work.
Let's start with Question 39 on Page 17. Question 39 has two parts, a and b. Please take a moment to review them. [PAUSE] What were you thinking about when answering these questions?
[FAO3E] What were you thinking about when answering these questions.
How easy or difficult was it for you to come up with answers to these questions?
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IF USUAL HOURS WORKED PER WEEK < 32 AND/OR WEEKS WORKED IN THE YEAR < 48: Tell me more about your
work experience in 2019. [PROBE TO LEARN ABOUT PART-TIME WORK, PERIODS OF UNEMPLOYMENT, ETC. GET A GENERAL SENSE OF THEIR 2019 WORK HISTORY TO SEE WHAT THEY ARE INCLUDING AND SCLUDING.]
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How did you come up with your answer to Question 40?
IF WORK ARRANGEMENT IS UNCLEAR AFTER PREVIOUS PROBE, CLARIFY WITH QUESTIONS SUCH AS: Do you work the
same number of hours each week? Do your work hours or work schedule change throughout the year? Do you work more than one job? How did you determine the number of hours to report?
more than one job: now did you determine the number of hours to report.
Can you please tell me what Question 40 is asking in your own words?
can you piease tell the what Question 40 is asking in your own words.

Was anything about this question [Question 40] confusing or unclear?
How did you come up with your answer(s) to Question 41?
IF PARTICIPANT DID NOT WORK EVERY WEEK/52 WEEKS: PROBE TO UNDERSTAND WHETHER THEY ARE ONLY INCLUDING WEEKS THEY ACTUALLY WORKED IN THEIR ANSWER.
IF NEEDED: Would your answer to Question 40 change if you only counted time you worked in the [FILL] weeks from 41b in your answer?
IF NEEDED: Can you tell me what 41a and 41b are asking in your own words?
On Question 41a, which answer do you think someone should select if the person worked every Thursday but did not work any other days of the week?
How do you think someone should answer 41a if they worked for 3 months last year? IF NEEDED: Does it matter which months they worked?
How about if they worked one job for the first half of the year and another job for the second half? How should they answer 41a?
How do you think someone should answer 41b if they work 4 hours per week? What about someone who works 60 hours per week?
How about if someone's hours vary quite a bit from week to week? How should they answer 41b?
How do you think someone should answer 41b if they worked for only one day all year?
If a person had a job all year in 2019 but they took 1 week off for paid vacation and another week off with paid sick leave, how should they answer?
[Questions are too long to fit here. See Sheet named "Income Questions - Set 2"]

IF 43b = NO: Now let's look at Question 43b. Can you give me some examples of what you think this question is asking you to report?
[cwp]
[SKIP]
[IF Q43d = NO] Did you have any income from being a landlord or from a rental? IF YES: Can you tell me more about that? [PROBE TO CONFIRM THEY ARE A LANDLORD AS OPPOSED TO SOMEONE WHO PAYS RENT]
[IF Q43d = LOSS] You reported a loss on 43d. Can you tell me more about that?
[IF Q43c = Yes] You answered "Yes" on 43c. Can you tell me about that income? What is it from? [PROBE TO DETERMINE TYPES OF INCOME REPORTED]
[IF Q43d = Yes] You answered "Yes" on 43d. Can you tell me about that income? What is it from? [PROBE TO DETERMINE IF THEY ARE REPORTING INCOME <i>RECEIVED AS</i> A LANDLORD VERSUS INCOME <i>PAID TO</i> A LANDLORD.]
[IF Q43d = Yes AND NOT A LOSS] How would you answer 43d if you lost money or broke even on your rental
property?
Now let's look at Question 43g. Can you give me some examples of what this question is asking you to report?
How did you determine what answer to provide on this question?
[IF Q43g = YES] You answered "Yes" on this question. Can you tell me more specifically what type of financial assistance you received from the welfare office?
[IF Q43g = YES] Did you receive any financial assistance from the welfare office that you did not report on this question? IF YES: Can you tell me more about how you decided which payments to report?

Now let's focus on Question 44. Please think about how you answered Question 44 for all members of your household. What sources of income did you consider? [PROBE TO DETERMINE IF THERE WERE ANY OTHERS]
Did you exclude any types of income? [IF YES, PROBE TO DETERMINE TYPES AND REASONS FOR EXCLUDING]
Were there any types of income that you were unsure about whether to include in Question 44?
Is there anything else you'd like to discuss about Questions 43 and 44?
What do you think is meant by the term "condominium"?
You answred [R'S ANSWER]. How do you know if your house/apartment/mobile home is part of a condominium?

[IF YES AND NONE] You answered 'None' for your monthly condominium fee. How did you decided on your answer?

[IF YES AND MONTHLY AMOUNT PROVIDED] How did you come up with this number?

IF MORE THAN	ONTHLY AMOUNT PROVIDED] Wh 1 TYPE OF FEE MENTIONED] Are needed, would you be able to br	all of these fees manda	atory? [IF MORE THÁN 1	ount you prov TYPE OF FEE
N/A				
[IF MORE THAN other people yo	1 HH MEMBER] Thinking back ov ou included? IF NO MENTION OF I people you reported when answ	PRIVACY CONCERNS, AS	SK: Did you have any con	cerns about t
[IF MORE THAN you have any di	1 HH MEMBER] What was it like	answering questions al	oout other members of y	our househo
you have any u	medity:			

V1 - CAI
SELECTION LANGUAGE WILL BE READ AFTER ANSWERING THE BASIC PERSON SECTION. SEE FULL SELECTION TEXT IN THE PROTOCOL INTRO TEXT DOCUMENT.
21. Are any of the following types of electric vehicles kept at home for use by members of this household?
A plug-in electric vehicle? Another type of electric vehicle?
[ASK AT CONCLUSION OF HOUSING MODULE] Now I'd like to get your feedback on some of the questions you just answered. I'll start by asking you two of the questions again, and then I'll ask follow-up questions to get your feedback. Here are the questions: [ASK QUESTION 14a]. You answered [ANSWER] [ASK QUESTION 14b]. You answered [ANSWER].
How did you determine which answers to select on these questions?
IF YES TO 14a: You reported a plug-in electric vehicle. What make and model were you thinking about?
IF YES TO 14a: Is this vehicle owned or is it leased?
IF YES TO 14a: Whose vehicle is that?
IF YES TO 14a: How is the vehicle charged? [PROBE TO DETERMINE IF THE VEHICLE REQUIRES CONNECTING TO AN ELECTRICAL SOURCE, e.g., What is the process?]

IF YES TO 14b: You reported another type of electric vehicle. What make and model were you thinking about?

IF YES TO 14b: Is this vehicle owned or is it leased?

IF YES TO 14b: Whose vehicle is that?

IF YES TO 14b: How is the vehicle charged? [PROBE TO DETERMINE IF THE VEHICLE REQUIRES CONNECTING TO AN ELECTRICAL SOURCE, e.g., What is the process?]	
[SKIP IF ANSWERED ABOUT ANOTHER HH MEMBER'S VEHICLE] When answering these questions, did you think about vehicles that are used by <i>any</i> member of your household, or did you only think about vehicles that <i>you</i> use?	it
[SKIP IF ANY OF THE VEHICLES ARE LEASED] Do you think this question is asking about vehicles that are being leased, do you think it is asking only about vehicles that are owned?	, or
Are there any other vehicles that you thought about when answering these questions? [IF YES, PROBE FOR MORE INFO: WHAT TYPE OF VEHICLE? HOW DID THEY DECIDE WHICH TO REPORT?]	
Now I'm going to continue asking you the survey questions, and at the end I'll ask you for more feedback on the questions.	
25. Using this list, LAST WEEK, how did you/ <name> USUALLY get to work?</name>	
Car, truck, or van Bus	
Subway or elevated rail Long-distance train or commuter rail Light rail, streetcar, or trolley	
Ferryboat Taxi or ride-hailing services Motorcycle	
Bicycle Walked	
Worked from home Other Method	
[ASK AT END OF SURVEY] Next I'd like to get your feedback on the question about commuting to work. I'll read that question to you now. [ASK QUESTION 25] You said that you usually get to work by [ANSWER]. [PROVIDE FLASHCARDS IF ASSIGNED TO RECEIVE FLASHCARDS.]	

How did you decide which response option to choose?
What do you think about the response options? Are any of them unclear or confusing?
IF 25 = OTHER: You selected "Other." Can you tell me more about that? How do you usually get to work?
[SKIP IF 25 = OTHER METHOD] Do you use any modes of transportation to get to work that are not listed in this question? [IF YES, PROBE TO DETERMINE THE MODES AND HOW OFTEN EACH MODE IS USED.]
Can you think of any ways people travel to work that are not already listed in this question, even if you do not use them? [IF YES, PROBE TO DETERMINE THE WAYS.]
One of the options includes "ride-hailing services." What do you think this means? IF NECESSARY: Can you give me some examples of ride-hailing services?
IF 25 = TAXI OR RIDE-HAILING SERVICES: You said you usually get to work using taxi or ride-hailing services. When you don't use taxi or ride-hailing services, what other method of transportation do you typically use to get to work?
IF 25 IS NOT TAXI OR RIDE-HAILING SERVICES: Do you ever take a taxi or ride-hailing service to get to work? IF YES: How often? When (I.E., IN WHAT SITUATIONS)?
[SKIP IF ALREADY MENTIONED] Which option would you select for taking Uber or Lyft?
IF 25 = CAR, TRUCK, OR VAN: You selected "Car, truck, or van." Do you usually drive alone to work or do you travel with others? IF TRAVEL WITH OTHERS: Can you tell me more about that?

32a. When did you/ <name> last work, even for a few days?</name>
Within the past 12 months
1 to 5 years ago Over 5 years ago or never worked
Over 3 years ago of fiever worked
32b. In 2019, did you/ <name> work at a job or business at any time, even for a few days? Yes No</name>
33. During the weeks that you/ <name> WORKED in 2019, how many hours did you/<name> usually work each week?</name></name>
34a. In 2019, did you/ <name> work EVERY week? Include all jobs and count paid vacation, paid sick leave, and military service as work. Yes No</name>
34b. Of the 52 weeks in 2019, how many WEEKS did you/ <name> work for at least one day? Include all jobs, paid time off, and weeks when you/<name> only worked for a few hours.</name></name>

Next I'd like to discuss some of the questions you answered about work. Here are the questions I'll be asking about [PROVIDE COPY OF QUESTIONS 32-34]. As a reminder, you answered [LIST ALL ANSWERS].
Let's start with Question 32. Question 32 has two parts, a and b. Please take a moment to review them. [PAUSE] What
were you thinking about when answering these questions?
How easy or difficult was it for you to come up with answers to these questions?
IF USUAL HOURS WORKED PER WEEK < 32 AND/OR WEEKS WORKED IN THE YEAR < 48: Tell me more about your work experience in 2019. [PROBE TO LEARN ABOUT PART-TIME WORK, PERIODS OF UNEMPLOYMENT, ETC. GET A GENERAL SENSE OF THEIR 2019 WORK HISTORY TO SEE WHAT THEY ARE INCLUDING AND SCLUDING.]
How did you come up with your answer to Question 33?
IF WORK ARRANGEMENT IS UNCLEAR AFTER PREVIOUS PROBE, CLARIFY WITH QUESTIONS SUCH AS: Do you work the same number of hours each week? Do your work hours or work schedule change throughout the year? Do you work more than one job? How did you determine the number of hours to report?
Can you please tell me what Question 33 is asking in your own words?

Was anything about this question [Question 33] confusing or unclear?
How did you come up with your answer(s) to Question 34?
IF PARTICIPANT DID NOT WORK EVERY WEEK/52 WEEKS: PROBE TO UNDERSTAND WHETHER THEY ARE ONLY INCLUDING WEEKS THEY ACTUALLY WORKED IN THEIR ANSWER.
IF NEEDED: Would your answer to Question 33 change if you only counted time you worked in the [FILL] weeks from 34b in your answer?
IF NEEDED: Can you tell me what 34a and 34b are asking in your own words?
On Question 34a, which answer do you think someone should select if the person worked every Thursday but did not work any other days of the week?
How do you think someone should answer 34a if they worked for 3 months last year? IF NEEDED: Does it matter which months they worked?
How about if they worked one job for the first half of the year and another job for the second half? How should they answer 34a?
How do you think someone should answer 34b if they work 4 hours per week? What about someone who works 60 hours per week?
How about if someone's hours vary quite a bit from week to week? How should they answer 34b?
How do you think someone should answer 34b if they worked for only one day all year?
If a person had a job all year in 2019 but they took 1 week off for paid vacation and another week off with paid sick leave, how should they answer?
[Questions are too long to fit here. See Sheet named "Income Questions - Set 2"]

Next I'd like to discuss some of the questions you answered about income. Here are the questions I'll be asking about [PROVIDE COPY OF QUESTIONS 36a-36m]. As a reminder, you answered [LIST ALL ANSWERS].
How did you come up with your answer on [ASK ABOUT THE FIRST QUESTION THEY ANSWERED "YES" TO.] REPEAT WITH ONE OR TWO OTHER QUESTIONS (IF YES) TO DETERMINE WHICH TIME PERIOD THEY CONSIDERED.
Thinking about all of the questions on the sheet I gave you, what time period were you thinking about when answering these questions? [PROBE TO DETERMINE MONTH(S) AND YEAR(S). IF USED TIME PERIOD OUTSIDE OF 2019, PROBE TO DETERMINE WHY.]
Do you think income that isn't reported for tax purposes should be reported in any of these questions? [PROBE FOR MORE INFO: E.G., IF YES: IN WHICH QUESTION(S)? IF NO: WHY DO YOU SAY THAT?]
[TAILOR PROBES AS NEEDED IF ALREADY DISCUSSED.] Do any members of your household have a side job or a side gig? IF YES: Did you report that income in these questions? IF REPORTED: In which question? IF NOT REPORTED: Can you tell me more about that? How did you decide which income to report?
[TAILOR PROBES AS NEEDED IF ALREADY DISCUSSED.] Do any members of your household have self-employment income? IF YES: Can you tell me about it? [E.G., DESCRIPTION OF WORK]. Did you report that income in Question 36? IF REPORTED: In which question? IF NOT REPORTED: Can you tell me more about that? How did you decide which income to report?

IF 36c = NO: Now let's look at Question 36c. Can you give me some examples of what you think this question is asking you to report?
[SKIP]
[IF Q36e = NO] Did you have any income from being a landlord or from a rental? IF YES: Can you tell me more about that? [PROBE TO CONFIRM THEY ARE A LANDLORD AS OPPOSED TO SOMEONE WHO PAYS RENT]
[SKIP]
[SKIP]
[IF Q36e = Yes] You answered "Yes" on 36e. Can you tell me about that income? What is it from? [PROBE TO DETERMINE IF THEY ARE REPORTING INCOME <i>RECEIVED AS</i> A LANDLORD VERSUS INCOME <i>PAID TO</i> A LANDLORD.]
[IF RENTAL INCOME REPORTED ON Q36e AND NOT A LOSS] How would you answer 36e if you lost money or broke even on your rental property?
Now let's look at Question 36i. Can you give me some examples of what this question is asking you to report?
How did you determine what answer to provide on this question?
[IF Q36i = YES] You answered "Yes" on this question. Can you tell me more specifically what type of public assistance or welfare payments you received?
[IF Q36i = YES] Did you receive any public assistance or welfare payments that you did not report on this question? IF YES: Can you tell me more about how you decided which payments to report?

Now let's focus on Question 36m. Please think about how you answered 36m for all members of your household. What sources of income did you consider? [PROBE TO DETERMINE IF THERE WERE ANY OTHERS]
Did you exclude any types of income? [IF YES, PROBE TO DETERMINE TYPES AND REASONS FOR EXCLUDING]
Were there any types of income that you were unsure about whether to include in Question 36m?
s there anything else you'd like to discuss about all parts of Question 36?
What do you think is meant by the term "condominium"?
You answred [R'S ANSWER]. How do you know if your house/anartment/mobile home is part of a condominium?

[IF YES AND NONE] You answered 'None' for your monthly condominium fee. How did you decided on your answer?

[IF YES AND MONTHLY AMOUNT PROVIDED] How did you come up with this number?

[IF YES AND MONTHLY AMOUNT PROVIDED] What types of fees are included in the monthly amount you provided? [IF MORE THAN 1 TYPE OF FEE MENTIONED] Are all of these fees mandatory? [IF MORE THAN 1 TYPE OF FEE MENTIONED] If needed, would you be able to break down the amount by type of fee?
N/A
[IF MORE THAN 1 HH MEMBER] Thinking back over the entire survey, how did it feel answering questions about the other people you included? IF NO MENTION OF PRIVACY CONCERNS, ASK: Did you have any concerns about the privacy of other people you reported when answering those questions? PROBE IF NEEDED TO DETERMINE CONCERNS.
[IF MORE THAN 1 HH MEMBER] What was it like answering questions about other members of your household? Did you have any difficulty?

V2 - CAI
SELECTION LANGUAGE WILL BE READ AFTER ANSWERING THE BASIC PERSON SECTION. SEE FULL SELECTION TEXT IN THE PROINTRO TEXT DOCUMENT.
21. At this <fill building="" type="">, do you or any member of this household own or lease any of the following types of electric vehicles?</fill>
A plug-in electric vehicle? A hybrid electric vehicle?
[ASK AT CONCLUSION OF HOUSING MODULE]
Now I'd like to get your feedback on some of the questions you just answered. I'll start by asking you two of the questions again then I'll ask follow-up questions to get your feedback. Here are the questions: [ASK QUESTION 14a]. You answered [ANSWER QUESTION 14b]. You answered [ANSWER].
How did you determine which answers to select on these questions?
IF YES TO 14a: You reported a plug-in electric vehicle. What make and model were you thinking about?
IF YES TO 14a: Is this vehicle owned or is it leased?
IF YES TO 14a: Whose vehicle is that?
IF YES TO 14a: How is the vehicle charged? [PROBE TO DETERMINE IF THE VEHICLE REQUIRES CONNECTING TO AN ELECTRICA SOURCE, e.g., What is the process?]
IF YES TO 14b: You reported a hybrid electric vehicle. What make and model were you thinking about?
IF YES TO 14b: Is this vehicle owned or is it leased?
TEO TO TIB. WHOSE VEHICLE IS THAT.

IF YES TO 14b: How is the vehicle charged? [PROBE TO DETERMINE IF THE VEHICLE REQUIRES CONNECTING TO AN ELECTRICAL SOURCE, e.g., What is the process?]
[SKIP IF ANSWERED ABOUT ANOTHER HH MEMBER'S VEHICLE] When answering these questions, did you think about vehicle are used by <i>any</i> member of your household, or did you only think about vehicles that <i>you</i> use?
[SKIP IF ANY OF THE VEHICLES ARE LEASED] Do you think this question is asking about vehicles that are being <i>leased</i> , or do yo it is asking only about vehicles that are <i>owned</i> ?
Are there any other vehicles that you thought about when answering these questions? [IF YES, PROBE FOR MORE INFO: WHAOF VEHICLE? HOW DID THEY DECIDE WHICH TO REPORT?]
Now I'm going to continue asking you the survey questions, and at the end I'll ask you for more feedback on the questions.
25. Using this list, LAST WEEK, how did you/ <name> USUALLY get to work?</name>
Car, truck, or van Bus Subway or elevated rail Long-distance train or commuter rail Light rail, streetcar, or trolley Ferryboat Ride-hailing services (including taxi) Motorcycle Bicycle Walked Worked from home Other Method
[ASK AT END OF SURVEY] Next I'd like to get your feedback on the question about commuting to work. I'll read that question to you now. [ASK QUESTIC You said that you usually get to work by [ANSWER]. [PROVIDE FLASHCARDS IF ASSIGNED TO RECEIVE FLASHCARDS.]

ı

How did you decide which response option to choose?
What do you think about the response options? Are any of them unclear or confusing?
IF 25 = OTHER: You selected "Other." Can you tell me more about that? How do you usually get to work?
[SKIP IF 25 = OTHER METHOD] Do you use any modes of transportation to get to work that are not listed in this question? [IF PROBE TO DETERMINE THE MODES AND HOW OFTEN EACH MODE IS USED.]
Can you think of any ways people travel to work that are not already listed in this question, even if you do not use them? [IF \PROBE TO DETERMINE THE WAYS.]
One of the options includes "ride-hailing services." What do you think this means? IF NECESSARY: Can you give me some exar ride-hailing services?
IF 25 = RIDE-HAILING SERVICES: You said you usually get to work using ride-hailing services. When you <i>don't</i> use ride-hailing s what other method of transportation do you typically use to get to work?
IF 25 IS NOT RIDE-HAILING SERVICES: Do you ever take a ride-hailing service or taxi to get to work? IF YES: How often? When WHAT SITUATIONS)?
[SKIP IF ALREADY MENTIONED] Which option would you select for taking Uber or Lyft?
IF 25 = CAR, TRUCK, OR VAN: You selected "Car, truck, or van." Do you usually drive alone to work or do you travel with other TRAVEL WITH OTHERS: Can you tell me more about that?

32a. When did you/ <name> last work, even for a few days? Within the past 12 months 1 to 5 years ago</name>
Over 5 years ago or never worked
32b. In 2019, did you/ <name> work at a job or business at any time, even for a few days? Yes No</name>
33. During the weeks that you/ <name> WORKED in 2019, how many HOURS did you/<name> usually work each WEEK?</name></name>
34a. In 2019, did you/ <name> work EVERY WEEK? Include all jobs and count paid vacation, paid sick leave, and military servi work. Yes No</name>
34b. Of the 52 weeks in 2019, how many WEEKS did you/ <name> work for at least one day? Include all jobs, paid time off, a when you/<name> only worked for a few hours.</name></name>

Next I'd like to discuss some of the questions you answered about work. Here are the questions I'll be asking about [PROVIDE OF QUESTIONS 32-34]. As a reminder, you answered [LIST ALL ANSWERS].
Let's start with Question 32. Question 32 has two parts, a and b. Please take a moment to review them. [PAUSE] What were y thinking about when answering these questions?
How easy or difficult was it for you to come up with answers to these questions?
IF USUAL HOURS WORKED PER WEEK < 32 AND/OR WEEKS WORKED IN THE YEAR < 48: Tell me more about your work experied 2019. [PROBE TO LEARN ABOUT PART-TIME WORK, PERIODS OF UNEMPLOYMENT, ETC. GET A GENERAL SENSE OF THEIR 2019 HISTORY TO SEE WHAT THEY ARE INCLUDING AND SCLUDING.]
How did you come up with your answer to Question 33?
IF WORK ARRANGEMENT IS UNCLEAR AFTER PREVIOUS PROBE, CLARIFY WITH QUESTIONS SUCH AS: Do you work the same not hours each week? Do your work hours or work schedule change throughout the year? Do you work more than one job? Ho you determine the number of hours to report?
Can you please tell me what Question 33 is asking in your own words?

Was anything about this question [Question 33] confusing or unclear?
How did you come up with your answer(s) to Question 34?
IF PARTICIPANT DID NOT WORK EVERY WEEK/52 WEEKS: PROBE TO UNDERSTAND WHETHER THEY ARE ONLY INCLUDING V THEY ACTUALLY WORKED IN THEIR ANSWER.
IF NEEDED: Would your answer to Question 33 change if you only counted time you worked in the [FILL] weeks from 34b in answer?
IF NEEDED: Can you tell me what 34a and 34b are asking in your own words?
On Question 34a, which answer do you think someone should select if the person worked every Thursday but did not work days of the week?
How do you think someone should answer 34a if they worked for 3 months last year? IF NEEDED: Does it matter which monworked?
How about if they worked one job for the first half of the year and another job for the second half? How should they answe
How do you think someone should answer 34b if they work 4 hours per week? What about someone who works 60 hours p
How about if someone's hours vary quite a bit from week to week? How should they answer 34b?
How do you think someone should answer 34b if they worked for only one day all year?
If a person had a job all year in 2019 but they took 1 week off for paid vacation and another week off with paid sick leave, h they answer?
[Questions are too long to fit here. See Sheet named "Income Questions - Set 2"]

Next I'd like to discuss some of the questions you answered about income. Here are the questions I'll be askin OF QUESTIONS 36a-36m]. As a reminder, you answered [LIST ALL ANSWERS].	g about [PROVII
How did you come up with your answer on [ASK ABOUT THE FIRST QUESTION THEY ANSWERED "YES" TO.] REITWO OTHER QUESTIONS (IF YES) TO DETERMINE WHICH TIME PERIOD THEY CONSIDERED.	PEAT WITH ONE
Thinking about all of the questions on the sheet I gave you, what time period were you thinking about when a questions? [PROBE TO DETERMINE MONTH(S) AND YEAR(S). IF USED TIME PERIOD OUTSIDE OF 2019, PROBE TO DETERMINE MONTH(S) AND YEAR(S).	
Do you think income that isn't reported for tax purposes should be reported in any of these questions? [PROB IF YES: IN WHICH QUESTION(S)? IF NO: WHY DO YOU SAY THAT?]	E FOR MORE IN
[TAILOR PROBES AS NEEDED IF ALREADY DISCUSSED.] Do any members of your household have a side job or a you report that income in these questions? IF REPORTED: In which question? IF NOT REPORTED: Can you tell r How did you decide which income to report?	
[TAILOR PROBES AS NEEDED IF ALREADY DISCUSSED.] Do any members of your household have self-employm you tell me about it? [E.G., DESCRIPTION OF WORK]. Did you report that income in Question 36? IF REPORTED NOT REPORTED: Can you tell me more about that? How did you decide which income to report?	ent income? IF \ :: In which quest

IF 36c = NO: Now let's look at Question 36c. Can you give me some examples of what you think this question is asking you to
[SKIP]
[IF Q36e = NO] Did you have any income from being a landlord or from a rental? IF YES: Can you tell me more about that? [PF CONFIRM THEY ARE A LANDLORD AS OPPOSED TO SOMEONE WHO PAYS RENT]
[SKIP]
[SKIP]
[IF Q36e = Yes] You answered "Yes" on 36e. Can you tell me about that income? What is it from? [PROBE TO DETERMINE IF T REPORTING INCOME <i>RECEIVED AS</i> A LANDLORD VERSUS INCOME <i>PAID TO</i> A LANDLORD.]
[IF RENTAL INCOME REPORTED ON Q36e AND NOT A LOSS] How would you answer 36e if you lost money or broke even on y
rental property?
Now let's look at Question 36i. Can you give me some examples of what this question is asking you to report?
How did you determine what answer to provide on this question?
[IF Q36i = YES] You answered "Yes" on this question. Can you tell me more specifically what type of financial assistance you refrom the welfare office?
[IF Q36i = YES] Did you receive any financial assistance from the welfare office that you did not report on this question? IF YES you tell me more about how you decided which payments to report?

Now let's focus on Question 36m. Please think about how you answered 36m for all members of your household. What sourc income did you consider? [PROBE TO DETERMINE IF THERE WERE ANY OTHERS]
Did you exclude any types of income? [IF YES, PROBE TO DETERMINE TYPES AND REASONS FOR EXCLUDING]
pla you exclude any types of meanie. [ii 125,1 Noble to Betekni into the Exception of Exception
Were there any types of income that you were unsure about whether to include in Question 36m?
Is there anything else you'd like to discuss about all parts of Question 36?
What do you think is meant by the term "condominium"?
You answred [R'S ANSWER]. How do you know if your house/apartment/mobile home is part of a condominium?
[IF YES AND NONE] You answered 'None' for your monthly condominium fee. How did you decided on your answer? [IF YES AND MONTHLY AMOUNT PROVIDED] How did you come up with this number?

[IF YES AND MONTHLY AMOUNT PROVIDED] What types of fees are included in the monthly amount you provided? [IF MORE
TYPE OF FEE MENTIONED] Are all of these fees mandatory? [IF MORE THAN 1 TYPE OF FEE MENTIONED] If needed, would you able to break down the amount by type of fee?
N/A
[IF MORE THAN 1 HH MEMBER] Thinking back over the entire survey, how did it feel answering questions about the other per included? IF NO MENTION OF PRIVACY CONCERNS, ASK: Did you have any concerns about the privacy of other people you rep when answering those questions? PROBE IF NEEDED TO DETERMINE CONCERNS.
[IF MORE THAN 1 HH MEMBER] What was it like answering questions about other members of your household? Did you have difficulty?

V1 - Paper

INCOME IN 2019

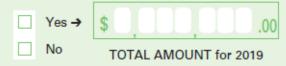
Report all types of income received, taxable and non-taxable, from January 1, 2019 to December 31, 2019.

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT.

Mark (X) the "No" box for each type of income NOT received.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.



b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. If net income was a loss, mark (X) the "Loss" box next to the dollar amount.

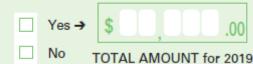
Yes →	\$.00	
No	тот	AL AMOU	NT for 201	19	Loss

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.

Report even small amounts credited to an account. If net income was a loss, mark (X) the "Loss" box next to the dollar amount.

mont to t	ne donar ameana	
Yes	\$ → \$	
No	TOTAL AMOUNT for 2019	Loss

d. Social Security or Railroad Retirement.



e. Supplemental Security Income (SSI).

Yes →	\$.00
No -	TOTAL AN	MOUNT for 201

f. Any public assistance or welfare payments

TOTAL AMOUNT for 2019				
e. Supplemental Security Income (SSI).				
☐ Yes → \$.00				
No TOTAL AMOUNT for 2019				
f. Any public assistance or welfare payments from the state or local welfare office.				
☐ Yes → \$.00				
No TOTAL AMOUNT for 2019				
g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.				
☐ Yes → \$.00				
No TOTAL AMOUNT for 2019				
h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home. Yes → \$.00 No TOTAL AMOUNT for 2019				
What was this person's total income in 2019? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.				
OR \$.00 Loss				
TOTAL AMOUNT for 2019				

V2 - Paper

INCOME IN 2019

Report all types of income received, taxable and non-taxable, from January 1, 2019 to December 31, 2019.

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT.

TOTAL AMOUNT.				
Mark (X) the "No" box for each type of income NOT received.				
For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.				
a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.				
☐ Yes → \$,				
No TOTAL AMOUNT for 2019				
b. Self-employment income, including work paid for in cash. Report income from own businesses (farm or non-farm), including proprietorships and partnerships. Report NET income after business expenses. If net income was a loss, mark (X) the "Loss" box next to the dollar amount.				
□ Yes → \$				
No TOTAL AMOUNT for 2019 Loss				
c. Interest, dividends, royalty income, or income from estates and trusts. Report even small amounts credited to an account.				
☐ Yes → \$.00				
No TOTAL AMOUNT for 2019				
d. Net rental income. Report income after expenses. If net rental income was a loss, mark (X) the "Loss" box next to the dollar amount.				

No TOTAL AMOUNT for 2019

d. Net rental income. Report income after expenses. If net rental income was a loss, mark (X) the "Loss" box next to the dollar amount.

Yes → \$, .00

No TOTAL AMOUNT for 2019

e. Social Security or Railroad Retirement.

	ш	INO	TOTAL AMOUNT for 2019	
f.	Sup	pleme	ental Security Income (SSI).	
		Yes -	\$.00	
		No	TOTAL AMOUNT for 2019	
	g. Any financial assistance from the state or local welfare office. Do NOT include non-cash benefits, such as energy or housing assistance, the Food Stamp Program, or SNAP.			
		Yes →	\$.00	
		No	TOTAL AMOUNT for 2019	
h.	disa emp distr othe	bility i doyer o ribution er accou	t income, pensions, survivor or ncome. Include income from a previous runion, or any regular withdrawals or s from IRA, Roth IRA, 401(k), 403(b), or ints specifically designed for retirement. lude Social Security.	
		Yes →	\$.00	
		No	TOTAL AMOUNT for 2019	
i.	suc con Do I	h as Ve ipensa VOT inc	sources of income received regularly eterans' (VA) payments, unemployment tion, child support or alimony. Jude lump sum payments such as money eritance or the sale of a home.	
			TOTAL AMOUNT for 2019	
Including all types of income, what was this person's total income in 2019? Add entries in questions 43a to 43i; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.				
	0	R \$	□ 00. □ □	
Nor	ne		TOTAL AMOUNT for 2019	

V1 - CAI

The next few questions are about all types of income, taxable and non-taxable, received in 2019 (from January 1, 2019 to December 31, 2019).

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and do not report the income for the other person.

36a. Did you/<NAME> receive any wages or salary in 2019?

If yes: How much did you/<NAME> receive in wages and salary from all jobs before deductions for taxes, bonds, dues or other items?

36b. Did you/<NAME> receive any commissions, bonuses, or tips in 2019?

If yes: How much did you/<NAME> receive in tips, bonuses, or commissions from all jobs before deductions for taxes, bonds, dues, or other items?

36c. Did you/<NAME> receive any self-employment income in 2019? Report income from own businesses (farm or nonfarm) including proprietorships and partnerships.

If yes: What was the amount? Report NET income after business expenses.

36d. Did you/<NAME> receive any interest or dividends in 2019? Report even small amounts credited to an account.

If yes: What was the amount?

36e. Did you/<NAME> receive any net rental income in 2019? Net rental income is the total amount after expenses.

If yes: What was the net amount?

36f. Did you/<NAME> receive any royalty income or income from estates and trusts in 2019?

If yes: What was the amount?

36g. Did you/<NAME> receive any Social Security or Railroad Retirement benefits in 2019?

If yes: What was the amount?

36h. Did you/<NAME> receive any Supplemental Security Income (SSI) payments in 2019?

If yes: What was the amount?

36i. Did you/<NAME> receive public assistance or public welfare payments from the state or local welfare office in 2019?

If yes: What was the amount? Do not include SSI.

36j. Did you/<NAME> receive any survivor or disability income in 2019?

If yes: What was the amount? Do not include Social Security.

36k. Did you/<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 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement in 2019?

If yes: What was the amount? Do not include Social Security.

36L. Did you/<NAME> receive income on a REGULAR basis from any other sources such as Department of Veterans Affairs (VA) payments, unemployment compensation, child support, or alimony in 2019?

If yes: What was the amount from all sources? Do not include lump sum payments such as money from an inheritance or sale of a home.

36m. What is the best estimate of the TOTAL income you/<NAME> received from all sources in 2019?

If yes: What was the amount? Do not include SSI.

V2 - CAI

The next few question are about all types of income, taxable and non-taxable, received in 2019 (from January 1, 2019 to December 31, 2019).

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and do not report the income for the other person.

36a. Did you/<NAME> receive any wages or salary in 2019?

If yes: How much did you receive in wages and salary from all jobs before deductions for taxes, bonds, dues or other items?

36b. Did you/<NAME> receive any commissions, bonuses, or tips in 2019?

If yes: How much did you/<NAME> receive in tips, bonuses, or commissions from all jobs before deductions for taxes, bonds, dues or other items?

36c. Did you/<NAME> regularly receive any self-employment income in 2019, including work paid for in cash? Report income from own businesses (farm or non-farm) including proprietorships and partnerships.

If yes: What was the amount? Report NET income after business expenses.

36d. Did you/<NAME> receive any interest or dividends in 2019? Report even small amounts credited to an account.

If yes: What was the amount?

36e. Did you/<NAME> receive any net rental income in 2019? Net rental income is the total amount after expenses.

If yes: What was the net amount?

36f. Did you/<NAME> receive any royalty income or income from estates and trusts in 2019?

If yes: What was the amount?

36g. Did you/<NAME> receive any Social Security or Railroad Retirement benefits in 2019?

If yes: What was the amount?

36h. Did you/<NAME> receive any Supplemental Security Income (SSI) payments in 2019?

If yes: What was the amount?

36i. Did you/<NAME> receive any financial assistance from the state or local welfare office in 2019?

If yes: What was the amount? Do NOT include non-cash benefits, such as energy or housing assistance, The Food Stamp Program, or SNAP.

36j. Did you/<NAME> receive any survivor or disability income in 2019?

If yes: What was the amount? Do not include Social Security.

36k. Did you/<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 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement in 2019?

If yes: What was the amount? Do not include Social Security.

36L. Did you/<NAME> receive income on a REGULAR basis from any other sources such as Department of Veterans Affairs (VA) payments, unemployment compensation, child support, or alimony in 2019?

If yes: What was the amount from all sources? Do not include lump sum payments such as money from an inheritance or sale of a home.

36m. What is your best estimate of the TOTAL income you/<NAME> received from all sources in 2019?