|  |  |
| --- | --- |
|  |  |
| **H\_PURPOSE1** |  |
|  | Why are you interviewing me and not my neighbor? **In order to make this survey more cost effective, minimizing the amount of tax payer dollars used to collect data, a sample is drawn at random based on several key components, like the purpose of the survey and its target population. The decennial census is used to determine basic characteristics of all households in the U.S. Based on the population size and characteristics, individual households are then chosen to represent larger groups of the population. Your household in particular was randomly chosen to represent a portion of the population.** |
|  |  |
|  |  |
| 1. | Enter 1 to continue |
|  |  |
|  |  |
| **H\_PURPOSE5** |  |
|  | Some of these questions are very personal; how do I know the government isn't going to use this information to deport me or take away my benefits? **The U.S. Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you or this household. We are conducting this survey under the authority of Title 13, United States Code, Sections 141 and 182. Federal law protects your privacy and keeps your answers confidential (Title 13, United States Code, Section 9). Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.  Additionally, data access is restricted and prior to the release of any data, all products must meet the Disclosure Review Board standards, ensuring the protection of your confidentiality. Not only is personally identifiable information not released, but neither is any information that may lead to your identification through a combination of any of the answers you provided, which simply means we use statistical methods to protect the data before we release it to the public. For example, if you are the only small business owner in your geographic location with two children in day care, you could be identified if we did not modify the data prior to its release. Our modifications maintain the integrity of the data while preventing you from being identified.** |
|  |  |
|  |  |
| 1. | Enter 1 to continue |
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|  |  |
| **ORIGIN** |  |
|  | B^ASKORVERIFY **^C\_AREISWAS ^TEMPNAME Spanish, Hispanic or Latino?** (Such as Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, or some other Spanish, Hispanic, or Latino group.) |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **HISPAN** |  |
|  | B  ^ASKORVERIFY **^C\_AREISWAS ^TEMPNAME Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, or some other Spanish, Hispanic, or Latino group?** Mark all that apply. |
|  |  |
|  |  |
| 1. | Mexican, Mexican American, Chicano |
| 2. |  |
| 3. |  |
| 4. | Salvadoran |
| 5. | Dominican |
| 6. | Colombian |
| 7. | Other Spanish, Hispanic, or Latino group |
|  |  |
| **OROTSP** |  |
|  | **What is the name of ^PTEMPNAME other Spanish, Hispanic, or Latino group? on the list.**Please use the category "Other Spanish, Hispanic, or Latino origin" for responses that do not appear elsewhere |
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| **ECVD\_EIP** |  |
|  | **Since April 1, 2020, did ^COVIDPER\_FILL receive any stimulus payment or payments from the Department of the Treasury due to the coronavirus pandemic?**  Do not include refunds on annual income taxes, unemployment compensation, or payments from an employer. |
|  |  |
|  |  |
| **ECVD\_MTH** |  |
|  | **What month or months did ^TEMPNAME receive a stimulus payment or payments?** Mark all that apply. |
|  |  |
|  |  |
| 4. | April ^CALENDAR\_YRFIL |
| 5. | May ^CALENDAR\_YRFIL |
| 6. | June ^CALENDAR\_YRFIL |
| 7. | July ^CALENDAR\_YRFIL |
| 8. | August ^CALENDAR\_YRFIL |
| 9. | September ^CALENDAR\_YRFIL |
| 10. | October ^CALENDAR\_YRFIL |
| 11. | November ^CALENDAR\_YRFIL |
| 12. | December ^CALENDAR\_YRFIL |
| 13. | January ^INTYEARFIL |
| 14. | February ^INTYEARFIL |
| 15. | March ^INTYEARFIL |
| 16. | April ^INTYEARFIL |
| 17. | May ^INTYEARFIL |
| 18. | June ^INTYEARFIL |
|  |  |
| **ECVD\_AMT** |  |
|  | **What was the amount of the stimulus payment that ^COVIDPER\_FILL received in ^COVIDMTH\_FIL?** Probe for best guess if necessary. |
|  |  |
|  |  |
| **ECVD\_USE** |  |
|  | **Thinking about the coronavirus pandemic stimulus ^COVIDPMT\_FIL, did ^TEMPNAME mostly spend ^COVIDTHEM\_FIL, save ^COVIDTHEM\_FIL, use ^COVIDTHEM\_FIL to pay off debt, or give ^COVIDTHEM\_FIL away?** |
|  |  |
|  |  |
| 1. | Mostly spent |
| 2. | Mostly saved |
| 3. | Mostly paid off debt |
| 4. | Mostly given away (to charity or someone in need) |
|  |  |
| **ECVD\_SPND** |  |
|  | **What did ^TEMPNAME mostly spend the stimulus ^COVIDPMT\_FIL on?** Read answer categories. Mark all that apply. |
|  |  |
|  |  |
| 1. | Food (groceries, eating out, take out) |
| 2. | Clothing (clothing, accessories, shoes) |
| 3. | Rent |
| 4. | Mortgage |
| 5. | Repairs (home, car, other) |
| 6. | Utilities and telecommunications (natural gas, electricity, cable, internet, cellphone) |
| 7. | Major household items (TV, electronics, furniture, appliances or other goods)big ticket |
| 8. | Gave to charity DO NOT READ |
| 9. | Other, specify DO NOT READ |
|  |  |
| **ECVD\_SPDOTH** |  |
|  | **What was the other thing on which ^TEMPNAME spent ^HISHER stimulus ^COVIDPMT\_FIL?** |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |
| **TIMES\_MARRIED** |  |
|  | **How many times ^HAVEHAS ^TEMPNAME been married?** If the person has been married but the marriage was annulled, consider the marriage never to have occurred. |
|  |  |
|  |  |
| 1. | Once |
| 2. | Twice |
| 3. | Three times |
| 4 or more. | Four or more times |
| 0. | Never Married |
|  |  |
| **MAR\_MO** |  |
|  | **^MARMO\_FIL**  Enter month. |
|  |  |
|  |  |
| 1. | January |
| 2. | February |
| 3. | March |
| 4. | April |
| 5. | May |
| 6. | June |
| 7. | July |
| 8. | August |
| 9. | September |
| 10. | October |
| 11. | November |
| 12. | December |
|  |  |
| **MAR\_YR** |  |
|  | **^MARYR\_FIL** Enter year. |
|  |  |
|  |  |
| **WIDIV** |  |
|  | **Did ^PTEMPNAME ^12CUR\_FIL marriage end in widowhood or divorce? ^WIDIV\_FRNOTEFIL** |
|  |  |
|  |  |
| 1. | Widowhood |
| 2. | Divorce |
|  |  |
| **END\_MO** |  |
|  | **^ENDMO\_FIL** Enter month. |
|  |  |
|  |  |
| 1. | January |
| 2. | February |
| 3. | March |
| 4. | April |
| 5. | May |
| 6. | June |
| 7. | July |
| 8. | August |
| 9. | September |
| 10. | October |
| 11. | November |
| 12. | December |
|  |  |
| **END\_YR** |  |
|  | **^ENDYR\_FIL**Enter year. |
|  |  |
|  |  |
| **STOPLIV\_MO** |  |
|  | **^STOPLIVMO\_FIL actually**  Enter month.  **living together?stop** |
|  |  |
|  |  |
| 1. | January |
| 2. | February |
| 3. | March |
| 4. | April |
| 5. | May |
| 6. | June |
| 7. | July |
| 8. | August |
| 9. | September |
| 10. | October |
| 11. | November |
| 12. | December |
|  |  |
| **STOPLIV\_YR** |  |
|  | **^STOPLIVYR\_FIL**  Enter year. living together?)stopactually |
|  |  |
|  |  |
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|  |  |
| **MS\_EHC** |  |
|  | ? [F1]^ASKORVERIFY\_MH **What ^ISWAS ^PTEMPNAME marital status ^BETWEEN\_BMONTH\_EMONTH...** Read answer categories. |
|  |  |
|  |  |
| 1. | Married? |
| 2. | Married, spouse absent - DO NOT READ |
| 3. | Widowed? |
| 4. | Divorced? |
| 5. | Separated? |
| 6. | Never Married? |
|  |  |
|  |  |
| **WHO\_PARTNER\_EHC** |  |
|  | **Who ^ISWAS\_MH ^PTEMPNAME boyfriend, girlfriend, or partner?** |
|  |  |
|  |  |
| 1. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 2. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 3. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 4. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 5. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 6. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 7. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 8. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 9. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 10. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 11. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 12. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 13. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 14. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 15. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 16. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 17. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 18. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 19. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 20. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 21. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 22. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 23. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 24. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 25. | LNO ROST\_FNAME ROST\_LNAME of all people AGE >= 15 or AGE = DK or REF either on the T2 roster or where PEOPLE\_TO\_ROSTER=1, excluding the respondent |
| 26. | Someone not listed |
|  |  |
| **rsend** |  |
|  | G, ? [F1] **What is the main reason ^YOUHESHE stopped working for ^YOURHISHER employer?** |
|  |  |
|  |  |
| 1. | Plant or company closed down or moved |
| 2. | Slack work or business conditions, such as due to coronavirus pandemic business closures |
| 3. | Position or shift abolished |
| 4. | Temporary or seasonal job completed |
| 5. | Discharged or fired |
| 6. | Other involuntary reason |
| 7. | Quit to take another job |
| 8. | Unsatisfactory work arrangements |
| 9. | Quit for some other reason |
| 10. | Retirement |
| 11. | Taking care of children, such as due to coronavirus pandemic school closures |
| 12. | Other family or personal obligations |
| 13. | Own health concerns or own illness |
| 14. | Own injury |
| 15. | School or training |
| 16. | Other personal reason |
|  |  |
| **rendb** |  |
|  | G **What is the main reason ^TEMPNAME gave up or ended this business?** |
|  |  |
|  |  |
| 1. | Retirement |
| 2. | Taking care of children, such as due to coronavirus pandemic school closures |
| 3. | Other family or personal problems |
| 4. | Own health concerns or own illness |
| 5. | Own injury |
| 6. | School or training |
| 7. | Went bankrupt or business failed |
| 8. | Sold business or transferred ownership |
| 9. | To start other business or take a job |
| 10. | Season ended for a seasonal business |
| 11. | Quit for some other reason |
| **ptresn1** |  |
|  | I, ? [F1] **What ^ISWAS the main reason ^TEMPNAME WORKSWORKED less than 35 hours per week?** For those respondents who work part-time because they have multiple jobs, select option #2 (wanted to work part-time). |
|  |  |
|  |  |
| 1. | Could not find full-time job |
| 2. | Wanted to work part-time |
| 3. | Temporarily unable to work full-time because of own injury |
| 4. | Temporarily unable to work full-time because of own health concerns or own illness |
| 5. | Unable to work full-time because of chronic health condition or disability |
| 6. | Taking care of children or other persons, such as due to coronavirus pandemic school closures |
| 7. | Full-time work week is less than 35 hours |
| 8. | Slack work or business conditions, such as reduced hours due to coronavirus pandemic |
| 9. | Participated in a job-sharing arrangement |
| 10. | On vacation |
| 11. | In school |
| 12. | Other |
|  |  |
| **ptresn2** |  |
|  | I **What was the main reason ^TEMPNAME worked less than 35 hours per week?** |
|  |  |
|  |  |
| 1. | Could not find full-time job |
| 2. | Wanted to work part-time |
| 3. | Temporarily unable to work full-time because of own injury |
| 4. | Temporarily unable to work full-time because of own health concerns or own illness |
| 5. | Unable to work full-time because of chronic health condition or disability |
| 6. | Taking care of children or other persons, such as due to coronavirus pandemic school closures |
| 7. | Full-time work week is less than 35 hours |
| 8. | Slack work or business conditions, such as reduced hours due to coronavirus pandemic |
| 9. | Participated in a job-sharing arrangement |
| 10. | On vacation |
| 11. | In school |
| 12. | Other |
|  |  |
|  |  |
| **ptresn3** |  |
|  | I **What was the main reason ^TEMPNAME worked less than 35 hours per week?** |
|  |  |
|  |  |
| 1. | Could not find full-time job |
| 2. | Wanted to work part-time |
| 3. | Temporarily unable to work full-time because of own injury |
| 4. | Temporarily unable to work full-time because of own health concerns or own illness |
| 5. | Unable to work full-time because of chronic health condition or disability |
| 6. | Taking care of children or other persons, such as due to coronavirus pandemic school closures |
| 7. | Full-time work week is less than 35 hours |
| 8. | Slack work or business conditions, such as reduced hours due to coronavirus pandemic |
| 9. | Participated in a job-sharing arrangement |
| 10. | On vacation |
| 11. | In school |
| 12. | Other |
|  |  |
|  |  |
| **ptresn4** |  |
|  | I **What was the main reason ^TEMPNAME worked less than 35 hours per week?** |
|  |  |
|  |  |
| 1. | Could not find full-time job |
| 2. | Wanted to work part-time |
| 3. | Temporarily unable to work full-time because of own injury |
| 4. | Temporarily unable to work full-time because of own health concerns or own illness |
| 5. | Unable to work full-time because of chronic health condition or disability |
| 6. | Taking care of children or other persons, such as due to coronavirus pandemic school closures |
| 7. | Full-time work week is less than 35 hours |
| 8. | Slack work or business conditions, such as reduced hours due to coronavirus pandemic |
| 9. | Participated in a job-sharing arrangement |
| 10. | On vacation |
| 11. | In school |
| 12. | Other |
|  |  |
|  |  |
|  |  |
| **fpawopyn1** |  |
|  | ? [F1] **^C\_FPAWOPYN1FILL, did ^TEMPNAME have any time away without pay from ^EMPNAME for a period of at least two weeks?** Examples include being furloughed due to coronavirus pandemic business closures, or taking care of children due to school closures. |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
|  |  |
| **fpawopre1** |  |
|  | J,? [F1] **What was the main reason that ^TEMPNAME did not get paid during this period?** |
|  |  |
|  |  |
| 1. | On layoff, such as furloughed due to coronavirus pandemic business closures |
| 2. | Slack work or business conditions |
| 3. | Vacation, scheduled time off, or personal days |
| 4. | Teacher on an 8-, 9-, or 10-month contract |
| 5. | Own health concerns, injury, illness, or medical problems |
| 6. | Taking care of children, such as due to coronavirus pandemic school closures |
| 7. | Other family or personal obligations |
| 8. | Pregnancy, childbirth, maternity leave, or paternity leave |
| 9. | Labor dispute |
| 10. | Weather affected job |
| 11. | Civic, jury, or military duty |
| 12. | Other |
|  |  |
|  |  |
| **fpawopyn2** |  |
|  | ? [F1] **^C\_FPAWOPYN2FILL ^TEMPNAME have a second period of time away without pay from ^EMPNAME for at least two weeks?** Examples include being furloughed due to coronavirus pandemic business closures, or taking care of children due to school closures. |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
|  |  |
| **fpawopre2** |  |
|  | J, ? [F1] **What was the main reason that ^TEMPNAME did not get paid during this period?** |
|  |  |
|  |  |
| 1. | On layoff, such as furloughed due to coronavirus pandemic business closures |
| 2. | Slack work or business conditions |
| 3. | Vacation, scheduled time off, or personal days |
| 4. | Teacher on an 8-, 9-, or 10-month contract |
| 5. | Own health concerns, injury, illness, or medical problems |
| 6. | Taking care of children, such as due to coronavirus pandemic school closures |
| 7. | Other family or personal obligations |
| 8. | Pregnancy, childbirth, maternity leave, or paternity leave |
| 9. | Labor dispute |
| 10. | Weather affected job |
| 11. | Civic, jury, or military duty |
| 12. | Other |
|  |  |
|  |  |
| **fpawopyn3** |  |
|  | ? [F1] **^C\_FPAWOPYN3FILL ^TEMPNAME have a third period of time away without pay from ^EMPNAME for at least two weeks?** Examples include being furloughed due to coronavirus pandemic business closures, or taking care of children due to school closures. |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **fpawopre3** |  |
|  | J, ? [F1] **What was the main reason that ^TEMPNAME did not get paid during this period?** |
|  |  |
|  |  |
| 1. | On layoff, such as furloughed due to coronavirus pandemic business closures |
| 2. | Slack work or business conditions |
| 3. | Vacation, scheduled time off, or personal days |
| 4. | Teacher on an 8-, 9-, or 10-month contract |
| 5. | Own health concerns, injury, illness, or medical problems |
| 6. | Taking care of children, such as due to coronavirus pandemic school closures |
| 7. | Other family or personal obligations |
| 8. | Pregnancy, childbirth, maternity leave, or paternity leave |
| 9. | Labor dispute |
| 10. | Weather affected job |
| 11. | Civic, jury, or military duty |
| 12. | Other |
|  |  |
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|  |  |
| **NOWRK\_1** |  |
|  | K **Why This is the fill for DIDDODONT ^TEMPNAME work for pay ^NWBETWEEN\_BMONTH\_EMONTH?**  Read or show the respondent the answer list. After each response, ask: **Any other reason?** |
|  |  |
|  |  |
| 1. | Temporarily unable to work because of own injury? |
| 2. | Temporarily unable to work because of own health concerns or own illness? |
| 3. | Unable to work because of chronic health condition or disability? |
| 4. | Retired? |
| 5. | Pregnancy or childbirth? |
| 6. | Taking care of children or other persons, such as due to coronavirus pandemic school closures? |
| 7. | Going to school? |
| 8. | Unable to find work? |
| 9. | On layoff, such as furloughed due to coronavirus pandemic business closures? |
| 10. | Not interested in working at a job? |
| 11. | Usually worked 15 or more hours per week without pay in a family business or farm? |
| 12. | Other DO NOT READ |
|  |  |
| **LAYOFF\_1** |  |
|  | ? [F1] **^LAYOFFFILL ^TEMPNAME spend any time on layoff from a job?** Examples include being forced to leave a job due to slack work, shortages, or business closures such as those due to the coronavirus pandemic (rather than personal misconduct or the completion of a temporary job). |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
|  |  |
|  |  |
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|  |  |
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|  |  |
| **LAYOFF\_TYPE\_1** |  |
|  | **When ^TEMPNAME WASWERE laid off, WASWERE ^YOUHESHE either informed that ^YOUHESHE would be recalled to work within 6 months, or given a date to return to work?** Answer YES if the respondent was told to come back to work after government-ordered coronavirus pandemic business closures are lifted. |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **NOWRK\_0** |  |
|  | K **Next, I'll ask some follow-up questions based on the employment information you have already provided.  Why ^DONTDOESNT ^TEMPNAME work for pay now...**  Read answer categories.After each response, ask: **Any other reason?** |
|  |  |
|  |  |
| 1. | Temporarily unable to work because of own injury? |
| 2. | Temporarily unable to work because of own health concerns or own illness? |
| 3. | Unable to work because of chronic health condition or disability? |
| 4. | Retired? |
| 5. | Pregnancy or childbirth? |
| 6. | Taking care of children or other persons, such as due to coronavirus pandemic school closures? |
| 7. | Going to school? |
| 8. | Unable to find work? |
| 9. | On layoff, such as furloughed due to coronavirus pandemic business closures? |
| 10. | Not interested in working at a job? |
| 11. | Usually worked 15 or more hours per week without pay in a family business or farm? |
| 12. | Some other reason? |
| 13. | Error: Currently working DO NOT READ |
|  |  |
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|  |  |
|  |  |
|  |  |
| **UC\_CVD** |  |
|  | **Did ^TEMPNAME have a period of unemployment due to the coronavirus pandemic?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
|  |  |
| **ECVDMEAL** |  |
|  | **Did ^PTEMPNAME child(ren) continue receiving free or   meals through ^PTEMPNAME school or school district if schools were closed during the coronavirus pandemic? reduced price** |
|  |  |
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| **INCOME\_TYPE** |  |
|  | **Between ^MONTH1 1st and the end of ^LASTMONTH ^CALENDAR\_YRFIL, did ^TEMPNAME receive any money or income from any of the following sources...** Read answer categories.  Do not include any money or income received from the government due to the coronavirus pandemic.  Mark all that apply. |
|  |  |
|  |  |
| 1. | A community or religious charity? |
| 2. | Family or friends? |
| 3. | Roomers or boarders? |
| 4. | Estates? |
| 5. | Incidental or casual earnings? |
| 6. | Miscellaneous cash income (such as lottery winnings)? |
| 7. | National Guard or Reserve Pay? |
| 8. | Did not receive money from any of these sources? |
|  |  |
| **RETIRE\_INTRO** |  |
|  | **Next I'll ask some questions about ^RET\_INTRO\_FIL** |
|  |  |
|  |  |
| 1. | Enter 1 to continue |
|  |  |
| **MAIN\_JOB** |  |
|  | **Which of the following did ^YOUHESHE consider to be ^YOURHISHER main employer in December ^REFYEAR?**If no main job can be identified or selected, enter CTRL+D.Respondent must select one of the options below. If respondent is unsure, choose the job where respondent has the most earnings. |
|  |  |
|  |  |
| 1. | ^JOB1\_FILL |
| 2. | ^JOB2\_FILL |
| 3. | ^JOB3\_FILL |
| 4. | ^JOB4\_FILL |
| 5. | ^JOB5\_FILL |
| 6. | ^JOB6\_FILL |
| 7. | ^JOB7\_FILL |
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| **EVERET** |  |
|  | **^C\_HAVHAS ^TEMPNAME ever retired, for any reason, from a job or business?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **ECVD\_RETIRE** |  |
|  | **^COVIDRET** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **ECVD\_RET\_HOW** |  |
|  | **^COVIDRET\_HOW**Read answer categories |
|  |  |
|  |  |
| 1. | postpone or delay retirement? |
| 2. | plan an earlier retirement date? |
| 3. | return to work from retirement? |
| 4. | retire later than planned? |
| 5. | retire earlier than planned? |
| 6. | Retired before pandemic began - (DO NOT READ) |
| 7. | Other reason (or no change in plans) - (DO NOT READ) |
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| **OWN\_IRAKEO** |  |
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| **OWN\_THR401** |  |
|  | ? [F1] **Did ^TEMPNAME ^ALSOFIL own a retirement plan, such as a 401k, 403b, 503b, or thrift plan?**(Between ^MONTH1 1st and the end of ^LASTMONTH ^CALENDAR\_YRFIL) |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **OWN\_PENSION** |  |
|  | ? [F1]**^C\_WASWERE ^TEMPNAME included in a plan that provides regular payments for life based on earnings or years on the job, such as a defined-benefit pension or cash balance plan?**(Between ^MONTH1 1st and the end of ^LASTMONTH ^CALENDAR\_YRFIL) |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **PENSION\_FUP** |  |
|  | **^DODOES ^TEMPNAME have a defined-benefit pension from a current or previous job which will provide benefits in the future?** |
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| **RETIRE\_INTRO2** |  |
|  | **Next, I'll ask more detailed questions about ^PTEMPNAME ^IRA401FIL** |
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| 1. | Enter 1 to continue |
|  |  |
| **IRAKEOVAL** |  |
|  | ? [F1] **^IRA\_MULT\_FIL As of the last day of ^LASTMONTH, ^CALENDAR\_YEAR, what was the total balance or market value of the account(s) ^TEMPNAME owned?** |
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| **IRAVAL\_RAN** |  |
|  | **Was the amount less than $5,000, between $5,000 and $25,000, between $25,000 and $50,000, or more than $50,000?**(as of the last day of ^LASTMONTH, ^CALENDAR\_YEAR) |
|  |  |
|  |  |
| 1. | Less than $5,000 |
| 2. | $5,000 to $24,999 |
| 3. | $25,000 to $49,999 |
| 4. | $50,000 or more |
|  |  |
| **IRA\_INC\_YN** |  |
|  | **At any time in ^CALENDAR\_YRFIL, did ^TEMPNAME receive any income or withdrawals from ^HISHER IRA or Keogh account(s)?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **IRA\_INC\_AMT** |  |
|  | **Between ^MONTH1 1st and the end of ^LASTMONTH ^CALENDAR\_YRFIL, how much income did ^TEMPNAME receive ?**(from ^HISHER IRA or Keogh account) |
|  |  |
|  |  |
| **IRA\_INC\_RANGE** |  |
|  | **Was the annual amount less than $1,000, between $1,000 and $5,000, between $5,000 and $20,000, or more than $20,000?** |
|  |  |
|  |  |
| 1. | less than $1,000 |
| 2. | $1,000 to $4,999 |
| 3. | $5,000 to $19,999 |
| 4. | $20,000 or more |
|  |  |
| **MAIN\_JOB\_IRA** |  |
|  | **In ^CALENDAR\_YRFIL, did ^TEMPNAME have an IRA or Keogh account(s) provided through ^MJBNAME\_FIL?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
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| **SCNTYN\_IRA** |  |
|  | **In ^CALENDAR\_YRFIL, did ^HESHE contribute any money to the plan with ^MJBNAME\_FIL, for example, through payroll deductions?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **SCNTAMT\_IRA** |  |
|  | **Between ^MONTH1 1st and the end of ^LASTMONTH ^CALENDAR\_YRFIL, how much did ^TEMPNAME contribute toward this plan?**Enter 0 if the respondent made no contributions. |
|  |  |
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| **ECNTYN\_IRA** |  |
|  | **In ^CALENDAR\_YRFIL, did ^MJBNAME\_FIL make contributions to this plan?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **ECNTAMT\_IRA** |  |
|  | **Between ^MONTH1 1st and the end of ^LASTMONTH ^CALENDAR\_YRFIL, how much did ^MJBNAME\_FIL contribute toward this plan?**Enter 0 if ^MJBNAME\_FIL made no contributions. |
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| **PREV\_JOB\_IRA** |  |
|  | **^PREVJOBIRA\_FIL** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **THR401VAL** |  |
|  | ? [F1] **^THR401\_MULT\_FIL As of the last day of ^LASTMONTH, ^CALENDAR\_YEAR, what was the total balance or market value of the plan(s) ^TEMPNAME participated in?** |
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| **THR401VAL\_RAN** |  |
|  | **Was the amount less than $5,000, between $5,000 and $25,000, between $25,000 and $50,000, or more than $50,000?**(as of the last day of ^LASTMONTH, ^CALENDAR\_YEAR) |
|  |  |
|  |  |
| 1. | Less than $5,000 |
| 2. | $5,000 to $24,999 |
| 3. | $25,000 to $49,999 |
| 4. | $50,000 or more |
|  |  |
| **THR401\_INC\_YN** |  |
|  | **At any time in ^CALENDAR\_YRFIL, did ^TEMPNAME receive any income or withdrawals from ^HISHER 401k, 403b, 503b, or thrift plan(s)^LUMP\_FIL?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **THR401\_INC\_AMT** |  |
|  | **Between ^MONTH1 1st and the end of ^LASTMONTH ^CALENDAR\_YRFIL, how much income did ^TEMPNAME receive ?**(from ^HISHER 401k, 403b, 503b, or thrift plan) |
|  |  |
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| **THR401\_INC\_RANGE** |  |
|  | **Was the annual amount less than $1,000, between $1,000 and $5,000, between $5,000 and $20,000, or more than $20,000?** |
|  |  |
|  |  |
| 1. | less than $1,000 |
| 2. | $1,000 to $4,999 |
| 3. | $5,000 to $19,999 |
| 4. | $20,000 or more |
|  |  |
| **MAIN\_JOB\_THR401** |  |
|  | **In ^CALENDAR\_YRFIL, did ^TEMPNAME have a 401k, 403b, 503b, or thrift plan provided through ^MJBNAME\_FIL?** |
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| 1. | Yes |
| 2. | No |
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| **SCNTYN\_401** |  |
|  | **In ^CALENDAR\_YRFIL, did ^HESHE contribute any money to the plan with ^MJBNAME\_FIL, for example, through payroll deductions?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **SCNTAMT\_401** |  |
|  | **Between ^MONTH1 1st and the end of ^LASTMONTH ^CALENDAR\_YRFIL, how much did ^TEMPNAME contribute toward this plan?**Enter 0 if the respondent made no contributions. |
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| **ECNTYN\_401** |  |
|  | **In ^CALENDAR\_YRFIL, did ^MJBNAME\_FIL make contributions to this plan?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **ECNTAMT\_401** |  |
|  | **Between ^MONTH1 1st and the end of ^LASTMONTH ^CALENDAR\_YRFIL, how much did ^MJBNAME\_FIL contribute toward this plan?**Enter 0 if ^MJBNAME\_FIL made no contributions. |
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| **PREV\_JOB\_THR401** |  |
|  | **^PREVJOB401\_FIL** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **PENSION\_INC\_YN** |  |
|  | **^PENS\_MULT\_FIL. At any time in ^CALENDAR\_YEAR, did ^TEMPNAME receive any income from ^HISHER pension or cash balance plan(s)?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
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|  |  |
| **RET\_ANY** |  |
|  | **^OTHERTHANFIL\_RETANY ^SSHLTHFIL\_RETANY ^DIDFIL\_RETANY ^TEMPNAME receive any ^OTHERFIL\_RETANY retirement income?** |
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| 1. | Yes |
| 2. | No |
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| **MAIN\_JOB\_PENSION** |  |
|  | **In ^CALENDAR\_YRFIL, did ^TEMPNAME have a pension or cash balance plan provided through ^MJBNAME\_FIL?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **CASH\_BAL** |  |
|  | **Was the plan(s) through ^MJBNAME\_FIL a defined-benefit pension, a cash balance plan, or both?** |
|  |  |
|  |  |
| 1. | Defined-benefit pension |
| 2. | Cash balance plan |
| 3. | Both a defined-benefit pension and cash balance plan |
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| **SCNTYN\_PEN** |  |
|  | **In ^CALENDAR\_YRFIL, did ^HESHE contribute any money to the ^PEN\_CASH\_FIL plan with ^MJBNAME\_FIL, for example, through payroll deductions?** |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **SCNTAMT\_PEN** |  |
|  | **Between ^MONTH1 1st and the end of ^LASTMONTH ^CALENDAR\_YRFIL, how much did ^TEMPNAME contribute toward this plan?**Enter 0 if the respondent made no contributions. |
|  |  |
|  |  |
| **PREV\_JOB\_PENSION** |  |
|  | **^PREVJOBPEN\_FIL** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **PENSNYN** |  |
|  | **Even though ^TEMPNAME ^DODOES not have a retirement plan through ^MJBNAME\_FIL, did ^MJBNAME\_FIL have any kind of pension or retirement plans for anyone in ^PTEMPNAME company or organization?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **INCPENS** |  |
|  | **^C\_WASWERE ^TEMPNAME included in such a plan?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
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| **EPREVPEN** |  |
|  | **Even though ^TEMPNAME ^DODOES not have a retirement plan through a previous job, ^HAVHAS ^TEMPNAME ever been covered by a pension or retirement plan on any previous job or business?** Examples include a 401k you cashed out or leaving a job before you were vested. |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **PENTYP** |  |
|  | **Earlier you reported that ^TEMPNAME had ^PENTYP\_FIL through ^MJBNAME\_FIL. Which plan is the most important to ^TEMPNAME?** |
|  |  |
|  |  |
| 1. | The IRA or Keogh plan |
| 2. | The 401k, 403b, 503b, or thrift plan |
| 3. | The defined-benefit pension |
| 4. | The cash balance plan |
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| **FIX\_ASSETS** |  |
|  | **Which assets should not be included on the list?** |
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| 4. | U.S. Govt. savings bonds/securities |
| 5. | Checking account |
| 7. | Savings account |
| 8. | Money market deposit account |
| 9. | Certificates of deposit |
| 11. | Mutual funds |
| 12. | Stocks |
| 13. | Municipal or corporate bonds |
| 14. | Life insurance |
| 15. | Rental property |
| 16. | Real estate |
| 17. | Annuities and trusts |
| 18. | Businesses as an investment only |
| 19. | Fill with response to item AST4C\_SP |
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| **business\_debt** |  |
|  | ? [F1](As of the last day of ^LASTMONTH, ^CALENDAR\_YEAR) **What was the total debt owed against ^BUSINESS\_NAMES?** Enter 0 for none.Please do not include fully forgiven loans as part of the businesses debt.Please include all outstanding debts even if they may be forgiven at a future date. |
|  |  |
| **UTILZ\_INTRO** |  |
|  | ? [F1] **Next I'll ask some questions about doctor visits,** (such as how often ^TEMPNAME visited a doctor or dentist,) **^UTILZ\_INTRO\_FIL** |
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| 1. | Enter 1 to continue |
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| **HOSPRNNGT** |  |
|  | **Which of the following describes why ^HESHE entered the hospital ^RECENT\_STAYFIL** Read answer categories.Mark all that apply. |
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|  |  |
| 1. | For a diagnostic test to determine what was wrong? |
| 2. | For a birth (either to be born, or to give birth, including C-section)? |
| 3. | To have an operation or surgery? |
| 4. | For some other treatment or therapy not including surgery? |
| 5. | To be treated for Covid-19 (suspected or diagnosed), or complications from Covid-19? |
| 6. | For any other reason? |
|  |  |
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| **SIT\_DIF** |  |
|  | **C\_DODOES ^TEMPNAME have any difficulty:**  (... using ^YOURHISHER hands and fingers to do things such as picking up a glass or grasping a pencil?)(... lifting or carrying something as heavy as 10 pounds (such as a bag of groceries)?) **... sitting for one hour?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **LIFT10\_DIF** |  |
|  | (C\_DODOES ^TEMPNAME have any difficulty:)(... using ^YOURHISHER hands and fingers to do things such as picking up a glass or grasping a pencil?) **... lifting or carrying something as heavy as 10 pounds (such as a bag of groceries)?** ... sitting for one hour? |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
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| **GRASP\_DIF** |  |
|  | (C\_DODOES ^TEMPNAME have any difficulty:) **... using ^YOURHISHER hands and fingers to do things such as picking up a glass or grasping a pencil?**(... lifting or carrying something as heavy as 10 pounds (such as a bag of groceries)?) (... sitting for one hour?) |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
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| **LRN\_DIS\_AD** |  |
|  | **C\_DODOES ^TEMPNAME have a learning or developmental disability?** (This could include conditions such as dyslexia, ADHD, autism, Down Syndrome, or some other learning or developmental disability.) |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **MENT\_DIS\_AD** |  |
|  | **C\_DODOES ^TEMPNAME have a mental or emotional condition?** (This could include conditions such as depression, anxiety, or some other psychological condition.) |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
|  |  |
| **HLTHCOND\_AD** |  |
|  | **C\_DODOES ^TEMPNAME have any physical, mental, or emotional health conditions lasting 12 months or longer that limit ^YOURHISHER daily activities?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
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| **COND1\_AD** |  |
|  | **^WORKDIS\_FIL What condition or conditions limit ^YOURHISHER ^ACTIVITY\_FIL?**Enter "Other" for a condition not on the answer list.Enter "None" for no conditions.Enter at least the first 3 letters of the condition to display the answer list. |
|  |  |
| **OTHADCOND\_SP** |  |
|  | (Could you please repeat the name of the condition that limits ^YOURHISHER ^ACTIVITY\_FIL?)If you do not recall the person's "Other" condition, read the optional question text below. Enter the respondent's "Other" condition that could not be found on the answer list. |
|  |  |
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| **COND2\_AD** |  |
|  | **Any other conditions?**Enter "Other" for a condition not on the answer list.Enter "None" for no conditions.Enter at least the first 3 letters of the condition to display the answer list. |
|  |  |
| **COND3\_AD** |  |
|  | **Any other condition?**Enter "Other" for a condition not on the answer list.Enter "None" for no conditions.Enter at least the first 3 letters of the condition to display the answer list. |
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| **LRN\_DIS** |  |
|  | **C\_DODOES ^TEMPNAME have a learning or developmental disability?** (This could include conditions such as dyslexia, ADHD, autism, Down Syndrome, or some other learning or developmental disability.) |
|  |  |
| 1. | Yes |
| 2. | No |
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| **MENT\_DIS** |  |
|  | **C\_DODOES ^TEMPNAME have a mental or emotional condition?** (This could include conditions such as depression, anxiety, or some other psychological condition.) |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **HLTHCOND** |  |
|  | **C\_DODOES ^TEMPNAME have any physical, mental, or emotional health conditions lasting 12 months or longer that limit ^YOURHISHER ordinary activities?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **COND1** |  |
|  | **What condition or conditions limit ^YOURHISHER ordinary activities?**Enter "Other" for a condition not on the answer list.Enter "None" for no conditions.Enter at least the first 3 letters of the condition to display the answer list. |
|  |  |
| **OTHCHCOND\_SP** |  |
|  | (Could you please repeat the name of the condition that limits ^YOURHISHER ordinary activity?)If you do not recall the child's "Other" condition, read the optional question text below.Enter the child's "Other" condition that could not be found on the answer list. |
|  |  |
| **COND2** |  |
|  | **Any other conditions?**Enter "Other" for a condition not on the answer list.Enter "None" for no conditions.Enter at least the first 3 letters of the condition to display the answer list. |
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| **COND3** |  |
|  | **Any other condition?**Enter "Other" for a condition not on the answer list.Enter "None" for no conditions.Enter at least the first 3 letters of the condition to display the answer list. |
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| **BIOMOMDEATH\_RESPAGE** |  |
|  | **How old ^WEREWAS ^TEMPNAME when ^HISHER** (biological) **mother passed away?** |
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| **BIOMOMDEATH\_RESPUNDR19** |  |
|  | **^C\_WASWERE ^TEMPNAME younger than 19 years old when ^HISHER** (biological) **mother passed away?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
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| **BIODADDEATH\_RESPAGE** |  |
|  | **How old ^WEREWAS ^TEMPNAME when ^HISHER** (biological) **father passed away?** |
|  |  |
|  |  |
| **BIODADDEATH\_RESPUNDR19** |  |
|  | **^C\_WASWERE ^TEMPNAME younger than 19 years old when ^HISHER** (biological) **father passed away?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |
| **ECVD\_RENT** |  |
|  | **Would you say that not paying the full rent or mortgage was due to events related to the coronavirus pandemic?** |
|  |  |
|  |  |
| 1. | Yes |
| 2. | No |
|  |  |