

2022 ACS Content Test Internet Final Field Test Wording

Note: several topics have questions implemented across multiple screens—those screens are denoted by screen name prior to the question text.

TOPIC: Household Roster

Production Wording	Control	Test Treatment	Roster Treatment
<p><u>roster_a:</u> The following questions are about everyone who is living or staying at [house number and street name][, apartment number]. First, create a list of people. <i>Enter one person on each line. Leave any extra lines blank. Enter names until you have listed everyone who lives or stays there, then click Next.</i> (Help) First Name MI Last Name _____ - _____ _____ - _____</p> <p><u>roster_b:</u> The following questions are to make sure this list is as complete as possible. Other than the [fill person/people] listed below, does ANYONE ELSE live or stay there? (Help)</p>	<p>Same as Production EXCEPT for new screens: Undercount follow-up and Overcount follow-up.</p>	<p>Same as Production EXCEPT for new screens: Undercount follow-up and Overcount follow-up.</p>	<p><u>roster_a:</u> Please list everyone, including people not related to you, living or staying at [house number and street name][, apartment number]. <i>Enter one person on each line. Leave any extra lines blank. When you have finished listing the names of everyone who lives or stays there, click Next.</i> (Help) First Name MI Last Name _____ - _____ _____ - _____</p> <p><u>roster_b:</u> We do not want to miss anyone living or staying at this address. The names listed so far are: (name/names)</p>

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For example, roommates, foster children, boarders, or live-in employees.

(name/names)

- Yes
- No

add 1:
Enter the names and then click Next. *Do not include anyone already on the list above.* [\(Help\)](#)
First Name MI Last Name

____ - _____
____ - _____

roster_c:
Other than the [fill person/people] listed below, is there ANYONE ELSE staying there even for a short time? [\(Help\)](#)

For example, a friend or relative. Do not include overnight or weekend guests who have a residence somewhere else.

(name/names)

- Yes
- No

add 2:

Are there any ADDITIONAL children living or staying there, for example babies, grandchildren, or foster children? These children could be related or unrelated to you. [\(Help\)](#)

- Yes
- No

add 1:
Enter the names and then click Next. *Do not include anyone already on the list above.* [\(Help\)](#)

First Name MI Last Name

____ - _____
____ - _____

roster_c:
The names listed so far are:

(name/names)

Are there any ADDITIONAL people staying there, for example roommates and other people or families who have no other place to stay? [\(Help\)](#)

- Yes
- No

add 2:

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Enter the names and then click Next. *Do not include anyone already on the list above.* **(Help)**

First Name MI Last Name

____ - _____
____ - _____

away now:

[fill Is the person/Are any of these people] listed below away NOW for more than two months, like a college student living away at school or a member of the armed forces personnel living away?

(Help)

(name/names)

- Yes
- No

remove one:

Select the name(s) of anyone who is away NOW for more than two months. **(Help)**

- Name 1
- Name 2
- ...
- Name x
- No one on this list is away NOW for more than two months

another home:

Enter the names and then click Next.

Do not include anyone already on the list above. **(Help)**

First Name MI Last Name

____ - _____
____ - _____

away now:

The names listed so far are:

(name/names)

[fill Does this person/Do any of these people] live somewhere else now, for example a college student or someone in the Armed Forces on deployment?

(Help)

- Yes
- No

remove one:

Select the people who are living somewhere else now. **(Help)**

- Name 1
- Name 2
- ...
- Name x
- No one on this list is living somewhere else now

another home:

The names listed so far are:

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[fill **Does the person/Do any of these people**] listed below have some other place where [fill he or she/they] usually [fill stays?/stay?]. **(Help)**

(name/names)

- Yes
- No

another home who:

Select the name(s) of anyone who has another place where they usually stay. (Help)

- Name 1
- Name 2
- ...
- Name x
- No one on this list has another place where they usually stay

more than 2:

Is [name] staying at [house number and street name][, apartment number] for MORE than two months? (Help)

- Yes
- No

(name/names)

[fill **Is this person/Are any of these people**] staying at [house number and street name][, apartment number] for a short visit or for an overnight stay? **(Help)**

(For children in shared custody, select NO.)

- Yes
- No

another home who:

Select the people who are staying there for a short visit or overnight stay.

(Help)

- Name 1
- Name 2
- ...
- Name x
- No one on this list is staying here for a short visit or overnight stay.

more than 2:

Is [name] staying at [house number and street name][, apartment number] for MORE than two months? (Help)

(For children in shared custody, select YES)

- Yes
- No

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<p><u>roster check:</u> Thank you for your answers so far. The rest of the survey will ask about the following people: (Help) [show modified roster]</p> <p>Click Next to continue.</p> <p>No one on Roster: Since no one is staying here for more than two months, you will not be asked any further questions about the people staying in this unit. However, you will be asked some basic questions about the housing unit.</p> <p>Click Next to continue.</p>	<p><u>Undercount follow-up:</u> We are conducting research to understand why people may not be included on the roster. Earlier in the survey you indicated that the [fill: person/people] listed below [fill: was/were] not initially</p>	<p><u>Undercount follow-up:</u> We are conducting research to understand why people may not be included on the roster. Earlier in the survey you indicated that the [fill: person/people] listed below [fill: was/were] not initially</p>	<p><u>roster stay:</u> Does [name] have another place to live? (Help)</p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p><u>roster check:</u> Thank you for your answers so far. The rest of the survey will ask about the following people: (Help)</p> <p>[show modified roster]</p> <p>Click Next to continue.</p> <p>No one on Roster: Since no one is staying here for more than two months, you will not be asked any further questions about the people staying in this unit. However, you will be asked some basic questions about the housing unit.</p> <p>Click Next to continue.</p> <p><u>Undercount follow-up:</u> We are conducting research to understand why people may not be included on the roster. Earlier in the survey you indicated that the [fill: person/people] listed below [fill: was/were] not initially listed as living</p>
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	<p>listed as living or staying at [house number and street name][, apartment number].</p> <p>Could you briefly explain the living situation of:</p> <p>[fill: NAME(s) from add_1 and add_2 screens]</p> <p><u>Overcount follow-up:</u> [fill: We are/We are also] conducting research to understand why people stay in more than one place. Earlier in the survey you indicated that the [fill: person/people] listed below sometimes [fill: live/lives] somewhere else or [fill: is/are] only staying for a short time at [house number and street name][, apartment number].</p> <p>Could you briefly explain the living situation of:</p> <p>[fill: NAME(s)]</p>	<p>listed as living or staying at [house number and street name][, apartment number].</p> <p>Could you briefly explain the living situation of:</p> <p>[fill: NAME(s) from add_1 and add_2 screens]</p> <p><u>Overcount follow-up:</u> [fill: We are/We are also] conducting research to understand why people stay in more than one place. Earlier in the survey you indicated that the [fill: person/people] listed below sometimes [fill: live/lives] somewhere else or [fill: is/are] only staying for a short time at [house number and street name][, apartment number].</p> <p>Could you briefly explain the living situation of:</p> <p>[fill: NAME(s)]</p>	<p>or staying at [house number and street name][, apartment number].</p> <p>Could you briefly explain the living situation of:</p> <p>[fill: NAME(s) from add_1 and add_2 screens]</p> <p><u>Overcount follow-up:</u> [fill: We are/We are also] conducting research to understand why people stay in more than one place. Earlier in the survey you indicated that the [fill: person/people] listed below sometimes [fill: live/lives] somewhere else or [fill: is/are] only staying for a short time at [house number and street name][, apartment number].</p> <p>Could you briefly explain the living situation of:</p> <p>[fill: NAME(s)]</p>
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TOPIC: Educational Attainment

Production Wording	Control	Test Treatment	Roster Treatment
<p>What is the highest degree or level of school (name) has COMPLETED? <i>If currently enrolled, select the previous grade or highest degree received. (Help – with COVID-19 guidance)</i></p> <p>NO SCHOOLING COMPLETED</p> <ul style="list-style-type: none"> ○ No schooling completed <p>NURSERY OR PRESCHOOL THROUGH GRADE 12</p> <ul style="list-style-type: none"> ○ Nursery school ○ Kindergarten ○ Grade 1 through 11 - <i>Specify grade 1-11</i> ○ _____ ○ 12th grade – NO DIPLOMA <p>HIGH SCHOOL GRADUATE</p> <ul style="list-style-type: none"> ○ Regular high school diploma ○ GED or alternative credential <p>COLLEGE OR SOME COLLEGE</p> <ul style="list-style-type: none"> ○ Some college credit, but less than 1 year of college credit ○ 1 or more years of college credit, no degree ○ Associate’s degree (<i>for example: AA, AS</i>) ○ Bachelor’s degree (<i>for example: BA, BS</i>) <p>AFTER BACHELOR’S DEGREE</p> <ul style="list-style-type: none"> ○ Master’s degree (<i>for example: MA, MS, MEng, MEd, MSW, MBA</i>) ○ Professional degree beyond a bachelor’s degree (<i>for example: MD, DDS, DVM, LLB, JD</i>) ○ Doctorate degree (<i>for example: PhD, EdD</i>) 	<p>Same as production</p>	<p>What is the highest grade of school or degree (Name) has COMPLETED? <i>If currently enrolled, select the previous grade or highest degree received. (Help)</i></p> <p>LESS THAN GRADE 1</p> <ul style="list-style-type: none"> ○ Less than grade 1 <p>GRADE 1 THROUGH GRADE 12</p> <ul style="list-style-type: none"> ○ Grade 1 through 11 – <i>Specify grade 1-11</i> ○ _____ ○ 12th grade – NO DIPLOMA <p>HIGH SCHOOL GRADUATE</p> <ul style="list-style-type: none"> ○ Regular high school diploma ○ GED or alternative credential <p>COLLEGE OR SOME COLLEGE</p> <ul style="list-style-type: none"> ○ Some college credit, but less than 1 year of college credit ○ 1 or more years of college credit, no degree ○ Associate’s degree (<i>for example: AA, AS</i>) ○ Bachelor’s degree (<i>for example: BA, BS</i>) <p>AFTER BACHELOR’S DEGREE</p> <ul style="list-style-type: none"> ○ Master’s degree (<i>for example: MA, MS, MEng, MEd, MSW, MBA</i>) ○ Professional degree beyond a bachelor’s degree (<i>for example: MD, DDS, DVM, LLB, JD</i>) ○ Doctorate degree (<i>for example: PhD, EdD</i>) 	<p>Same as production</p>

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TOPIC: Health Insurance

Production Wording	Control	Test Treatment	Roster Treatment
<p>Is (Name) CURRENTLY covered by any of the following types of health insurance or health coverage plans? Select "Yes" or "No" for EACH type of coverage in items a – h. (Help)</p> <ul style="list-style-type: none"> a. Insurance through a current or former employer or union of (Name) or another family member b. Insurance purchased directly from an insurance company by (Name) or another family member c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability 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 – <i>Specify</i> <p><i>Specify</i></p> <hr/> <p><i>Response options are listed to the right in two columns Yes and No*</i></p>	<p>Same as Production</p>	<p>Is (Name) CURRENTLY covered by any of the following types of health insurance or health coverage plans?</p> <p><i>Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.</i></p> <p>Select "Yes" or "No" for EACH type of coverage in items a – h. (Help)</p> <ul style="list-style-type: none"> a. Insurance through a current or former employer, union, or professional association (of (Name) or another family member) b. Medicare, for people 65 and older, or people with certain disabilities c. 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, a broker, or a State or Federal Marketplace, such as Healthcare.gov e. Veteran’s health care (enrolled for VA) f. TRICARE or other military health care g. Indian Health Service h. Any other type of health insurance or health coverage plan – <i>Specify</i> 	<p>Is (Name) CURRENTLY covered by any of the following types of health insurance or health coverage plans?</p> <p><i>Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans. (Help)</i></p> <p>YES, INSURED <i>Mark (X) for all that apply.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Insurance through a current or former employer, union, or professional association (of (Name) or another family member) <input type="checkbox"/> Medicare, for people 65 and older, or people with certain disabilities <input type="checkbox"/> Medicaid, Children’s Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability <input type="checkbox"/> Insurance purchased directly from an insurance company, a broker, or a State or Federal Marketplace, such as Healthcare.gov <input type="checkbox"/> Veteran’s health care (enrolled for VA) <input type="checkbox"/> TRICARE or other military health care <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Any other type of health insurance or health coverage plan – <i>Specify</i>

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		<p><i>Specify</i></p> <hr/> <p><i>Response options are listed to the right in two columns Yes and No*</i></p>	<p><i>Specify</i></p> <hr/> <p>NO, UNINSURED</p> <p><input type="checkbox"/> No health insurance or health coverage plan</p>
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TOPIC: Disability

Production Wording	Control	Test Treatment	Roster Treatment
<p><u>deaf:</u> a. Is (Name) deaf or (does he/ does she/ does he or she) have serious difficulty hearing? (Help)</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p><u>blind:</u> b. Is (Name) blind or (does he/does she/ does he or she) have serious difficulty seeing even when wearing glasses? (Help)</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 	<p>Same as Production</p>	<p>The next questions ask about difficulties (Name) may have doing certain activities.</p> <p><u>blind:</u> a. Does (Name) have difficulty seeing, even if wearing glasses? (Help)</p> <ul style="list-style-type: none"> <input type="radio"/> No difficulty <input type="radio"/> Some difficulty <input type="radio"/> A lot of difficulty <input type="radio"/> Cannot do at all <p><u>deaf:</u> b. Does (Name) have difficulty hearing, even if using a hearing aid? (Help)</p> <ul style="list-style-type: none"> <input type="radio"/> No difficulty <input type="radio"/> Some difficulty <input type="radio"/> A lot of difficulty <input type="radio"/> Cannot do at all 	<p>Same as Production</p>
<p><u>difficulty concentrating:</u> a. Because of a physical, mental, or emotional condition, does (Name) have serious difficulty concentrating, remembering, or making decisions? (Help)</p>		<p><u>difficulty walking:</u> a. Does (Name) have difficulty walking or climbing steps? (Help)</p> <ul style="list-style-type: none"> <input type="radio"/> No difficulty <input type="radio"/> Some difficulty <input type="radio"/> A lot of difficulty <input type="radio"/> Cannot do at all 	

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<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>difficulty walking:</u> b. Does (Name) have serious difficulty walking or climbing stairs? (Help)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>difficulty dressing:</u> c. Does (Name) have difficulty dressing or bathing? (Help)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>		<p><u>difficulty concentrating:</u> b. Does (Name) have difficulty remembering or concentrating? (Help)</p> <p><input type="radio"/> No difficulty <input type="radio"/> Some difficulty <input type="radio"/> A lot of difficulty <input type="radio"/> Cannot do at all</p> <p><u>difficulty dressing:</u> c. Does (Name) have difficulty with self-care, such as washing all over or dressing? (Help)</p> <p><input type="radio"/> No difficulty <input type="radio"/> Some difficulty <input type="radio"/> A lot of difficulty <input type="radio"/> Cannot do at all</p> <p><u>difficulty language:</u> d. Using (his/her) usual language, does (Name) have difficulty communicating, for example understanding or being understood? (Help)</p> <p><input type="radio"/> No difficulty <input type="radio"/> Some difficulty <input type="radio"/> A lot of difficulty <input type="radio"/> Cannot do at all</p>	
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<p><u>difficulty doing errands:</u> Because of a physical, mental, or emotional condition, does (Name) have difficulty doing errands alone such as visiting a doctor's office or shopping? (Help)</p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No		<p><u>difficulty doing errands:</u> Because of a physical, mental, or emotional condition, does (Name) have difficulty doing errands alone such as visiting a doctor's office or shopping? (Help)</p> <ul style="list-style-type: none"><input type="radio"/> No difficulty<input type="radio"/> Some difficulty<input type="radio"/> A lot of difficulty<input type="radio"/> Cannot do at all	
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TOPIC: Income

Production Wording	Control	Test Treatment	Roster Treatment
<p><u>wages:</u> The next few questions are about (Name)’s income during the PAST 12 MONTHS.</p> <p><i>For each type of income (Name) received, give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The “past 12 months” is the period from today’s date one year ago up through today.)</i></p> <p><i>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 select “No” for the other person.</i></p> <p>a. Did (Name) receive any wages, salary, commissions, bonuses, or tips during the PAST 12 MONTHS? (Help – with COVID-19 guidance)</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p><u>wages amount:</u> What was the amount? Report amount from all jobs before any deductions for taxes, bonds, dues, or other items. (Help – with COVID-19 guidance)</p> <p>TOTAL AMOUNT for past 12 months \$ _____ .00</p>	<p>Same as Production</p>	<p><u>wages:</u> The next few questions are about (Name)’s taxable and non-taxable income in 2021.</p> <p><i>For each type of income (Name) received, give your best estimate of the TOTAL AMOUNT received in 2021. (NOTE: This is from January 1,2021 to December 31, 2021.)</i></p> <p><i>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 select “No” for the other person.</i></p> <p>a. Did (Name) receive any wages, salary, commissions, bonuses, or tips in 2021? (Help – with COVID-19 guidance)</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p><u>wages amount:</u> What was the amount? Report amount from all jobs before any deductions for taxes, bonds, dues, or other items. (Help – with COVID-19 guidance)</p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p>	<p><u>wages:</u> The next few questions are about (Name)’s income in 2021.</p> <p><i>For each type of income (Name) received, give your best estimate of the TOTAL AMOUNT received in 2021. (NOTE: This is from January 1,2021 to December 31, 2021.)</i></p> <p><i>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 select “No” for the other person.</i></p> <p>a. Did (Name) receive any wages, salary, commissions, bonuses, or tips in 2021? (Help – with COVID-19 guidance)</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p><u>wages amount:</u> What was the amount? Report amount from all jobs before any deductions for taxes, bonds, dues, or other items. (Help – with COVID-19 guidance)</p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p>

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<p><u>self-employment:</u> b. Did (Name) receive any self-employment income from (his/her/his or her) own nonfarm businesses or farm businesses, including proprietorships and partnerships, during the PAST 12 MONTHS? (Help)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>self-employment amount:</u> What was the amount? Report NET income after business expenses.</p> <p><i>If net income was a loss, enter the amount and select "Loss." (Help)</i></p> <p>TOTAL AMOUNT for past 12 months \$ _____ .00</p> <p>__ Loss</p> <p><u>interest:</u> <u>Option 1</u> The next few questions are about (Name)'s income during the PAST 12 MONTHS.</p> <p><i>For each type of income (Name) received, give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)</i></p>	<p><u>self-employment:</u> b. Did (Name) receive any self-employment income, including work paid for in cash, in 2021? Include income from (his/her/his or her) own businesses (farm or non-farm) including proprietorships and partnerships. (Help)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>self-employment amount:</u> What was the amount? Report NET income after business expenses.</p> <p><i>If net income was a loss, enter the amount and select "Loss." (Help)</i></p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p> <p>__ Loss</p> <p><u>interest:</u> <u>Option 1</u> The next few questions are about (Name)'s taxable and non-taxable income in 2021.</p> <p><i>For each type of income (Name) received, give your best estimate of the TOTAL AMOUNT received in 2021. (NOTE: This is from January 1, 2021 to December 31, 2021.)</i></p>	<p><u>self-employment:</u> b. Did (Name) receive any self-employment income from (his/her/his or her) own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2021? (Help)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>self-employment amount:</u> What was the amount? Report NET income after business expenses.</p> <p><i>If net income was a loss, enter the amount and select "Loss." (Help)</i></p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p> <p>__ Loss</p> <p><u>interest:</u> <u>Option 1</u> The next few questions are about (Name)'s income in 2021.</p> <p><i>For each type of income (Name) received, give your best estimate of the TOTAL AMOUNT received in 2021. (NOTE: This is from January 1, 2021 to December 31, 2021.)</i></p>
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<p><i>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 select "No" for the other person.</i></p> <p>c. Did (Name) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts during the PAST 12 MONTHS? Report even small amounts credited to an account. (Help)</p> <p><u>Option 2</u></p> <p>c. Did (Name) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts during the PAST 12 MONTHS? Report even small amounts credited to an account. (Help)</p> <p><i>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 select "No" for the other person.</i></p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p><u>interest amount:</u> What was the amount?</p> <p><i>If net income was a loss, enter the amount and select "Loss." (Help)</i></p> <p>TOTAL AMOUNT for past 12 months \$ _____ .00 __ Loss</p>	<p><i>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 select "No" for the other person.</i></p> <p>c. Did (Name) receive any interest, dividends, royalty income, or income from estates and trusts in 2021? Report even small amounts credited to an account. (Help)</p> <p><u>Option 2</u></p> <p>c. Did (Name) receive any interest, dividends, royalty income, or income from estates and trusts in 2021? Report even small amounts credited to an account. (Help)</p> <p><i>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 select "No" for the other person.</i></p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p><u>interest amount:</u> What was the amount? (Help)</p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p>	<p><i>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 select "No" for the other person.</i></p> <p>c. Did (Name) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2021? Report even small amounts credited to an account. (Help)</p> <p><u>Option 2</u></p> <p>c. Did (Name) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2021? Report even small amounts credited to an account. (Help)</p> <p><i>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 select "No" for the other person.</i></p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p><u>interest amount:</u> What was the amount?</p> <p><i>If net income was a loss, enter the amount and select "Loss." (Help)</i></p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p>
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<p><u>social security:</u> d. Did (Name) receive any Social Security or Railroad Retirement benefits during the PAST 12 MONTHS? (Help)</p> <p><i>For income received jointly, report the appropriate share for each person – or, if that’s not possible, report the whole amount</i></p>	<p><u>rental:</u> d. Did (Name) receive any rental income in 2021? (Help)</p> <p><i>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 select "No" for the other person.</i></p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>rental amount:</u> What was the amount? (Help)</p> <p><i>Report NET income after expenses. If net rental income was a loss, enter the amount and select “Loss.”</i></p> <p>TOTAL AMOUNT for 2021 \$ _____ .00 __ Loss</p> <p><u>social security:</u> e. Did (Name) receive any Social Security or Railroad Retirement benefits in 2021? (Help)</p> <p><i>For income received jointly, report the appropriate share for each person – or, if</i></p>	<p>__ Loss</p> <p><u>social security:</u> d. Did (Name) receive any Social Security or Railroad Retirement benefits in 2021? (Help)</p> <p><i>For income received jointly, report the appropriate share for each person – or, if</i></p>
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Attachment A

<p><i>for only one person and select "No" for the other person.</i></p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p><u>social security amount:</u> What was the amount? (Help)</p> <p>TOTAL AMOUNT for past 12 months \$ _____ .00</p> <p><u>ssi:</u> e. Did (Name) receive any Supplemental Security Income (SSI) payments during the PAST 12 MONTHS? (Help)</p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p><u>ssi amount:</u> What was the amount? (Help)</p> <p>TOTAL AMOUNT for past 12 months \$ _____ .00</p> <p><u>public assistance:</u> f. Did (Name) receive any public assistance or welfare payments from the state or local welfare office during the PAST 12 MONTHS? (Help – with COVID-19 guidance)</p> <ul style="list-style-type: none"><input type="radio"/> Yes	<p><i>that's not possible, report the whole amount for only one person and select "No" for the other person.</i></p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p><u>social security amount:</u> What was the amount? (Help)</p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p> <p><u>ssi:</u> f. Did (Name) receive any Supplemental Security Income (SSI) payments in 2021? (Help)</p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p><u>ssi amount:</u> What was the amount? (Help)</p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p> <p><u>public assistance:</u> g. Did (Name) receive any financial assistance from the state or local welfare office in 2021?</p> <p><i>Do NOT include SNAP (Food Stamps), unemployment compensation, or non-cash</i></p>	<p><i>that's not possible, report the whole amount for only one person and select "No" for the other person.</i></p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p><u>social security amount:</u> What was the amount? (Help)</p> <p>TOTAL AMOUNT for 2021 \$ _____</p> <p><u>ssi:</u> e. Did (Name) receive any Supplemental Security Income (SSI) payments in 2021? (Help)</p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p><u>ssi amount:</u> What was the amount? (Help)</p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p> <p><u>public assistance:</u> f. Did (Name) receive any public assistance or welfare payments from the state or local welfare office in 2021? (Help – with COVID-19 guidance)</p> <ul style="list-style-type: none"><input type="radio"/> Yes
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Attachment A

<p><input type="radio"/> No</p> <p><u>public assistance amount:</u> What was the amount? (Help – with COVID-19 guidance)</p> <p>TOTAL AMOUNT for past 12 months \$ _____ .00</p> <p><u>survivor or disability:</u> g. Did (Name) receive any survivor or disability income DURING THE PAST 12 MONTHS? (Help)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>survivor or disability amount:</u> What was the amount? Do not include Social Security. (Help)</p> <p>TOTAL AMOUNT for past 12 months \$ _____ .00</p> <p><u>pension or retirement:</u> h. Did (Name) receive a pension or any retirement income from a previous employer or union, or any regular withdrawals or distributions from</p>	<p><i>benefits like energy or housing assistance.</i> (Help – with COVID-19 guidance)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>public assistance amount:</u> What was the amount? (Help – with COVID-19 guidance)</p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p> <p><u>survivor or disability:</u> h. Did (Name) receive any survivor or disability income in 2021? (Help)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>survivor or disability amount:</u> What was the amount? Do NOT include Social Security. (Help)</p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p> <p><u>pension or retirement:</u> i. Did (Name) receive a pension or any retirement income in 2021? INCLUDE income from a previous employer or union and</p>	<p><input type="radio"/> No</p> <p><u>public assistance amount:</u> What was the amount? (Help – with COVID-19 guidance)</p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p> <p><u>survivor or disability:</u> g. Did (Name) receive any survivor or disability income in 2021? (Help)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>survivor or disability amount:</u> What was the amount? Do not include Social Security. (Help)</p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p> <p><u>pension or retirement:</u> h. Did (Name) receive a pension or any retirement income from a previous employer or union, or any regular</p>
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Attachment A

<p>retirement accounts such as 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement DURING THE PAST 12 MONTHS? (Help)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>pension or retirement amount:</u> What was the amount? Do not include Social Security. (Help)</p> <p>TOTAL AMOUNT for past 12 months \$ _____ .00</p> <p><u>other income:</u> i. Did (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 during the PAST 12 MONTHS? Do NOT include lump sum payments such as money from an inheritance or the sale of a home. (Help – with COVID-19 guidance)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>other income amount:</u> What was the amount? (Help – with COVID-19 guidance)</p> <p>TOTAL AMOUNT for past 12 months \$ _____ .00</p>	<p><i>any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts designed specifically for retirement. (Help)</i></p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>pension or retirement amount:</u> What was the amount? Do NOT include Social Security. (Help)</p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p> <p><u>other income:</u> j. Did (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 2021? Do NOT include lump sum payments such as money from an inheritance or the sale of a home. (Help – with COVID-19 guidance)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>other income amount:</u> What was the amount? (Help – with COVID-19 guidance)</p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p>	<p>withdrawals or distributions from retirement accounts such as 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement in 2021? (Help)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>pension or retirement amount:</u> What was the amount? Do not include Social Security. (Help)</p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p> <p><u>other income:</u> i. Did (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 2021? Do NOT include lump sum payments such as money from an inheritance or the sale of a home. (Help – with COVID-19 guidance)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>other income amount:</u> What was the amount? (Help – with COVID-19 guidance)</p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p>
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Attachment A

<p><u>total income:</u> What was (Name)'s total income during the PAST 12 MONTHS? (Help – with COVID-19 guidance)</p> <p><i>If net income was a loss, enter the amount and select "Loss".</i></p> <p><input type="checkbox"/> None</p> <p>OR</p> <p>TOTAL AMOUNT for past 12 months \$ _____ .00</p> <p><input type="checkbox"/> Loss</p> <p><u>verify total income:</u> <u>Option 1</u> According to our calculations, (Name) received \$(calculated income) from all income sources during the PAST 12 MONTHS. Is this correct? (Help)</p> <p><u>Option 2</u> We have recorded that (Name) received no income during the PAST 12 MONTHS. Is this correct? (Help)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>estimate total income:</u></p>	<p><u>total income:</u> Including all types of income, what was (Name)'s total income in 2021? (Help – with COVID-19 guidance)</p> <p><i>If net income was a loss, enter the amount and select "Loss".</i></p> <p><input type="checkbox"/> None</p> <p>OR</p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p> <p><input type="checkbox"/> Loss</p> <p><u>verify total income:</u> <u>Option 1</u> According to our calculations, (Name) received \$(calculated income) from all income sources in 2021. Is this correct? (Help)</p> <p><u>Option 2</u> We have recorded that (Name) received no income in 2021. Is this correct? (Help)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>estimate total income:</u></p>	<p><u>total income:</u> What was (Name)'s total income in 2021? (Help – with COVID-19 guidance)</p> <p><i>If net income was a loss, enter the amount and select "Loss".</i></p> <p><input type="checkbox"/> None</p> <p>OR</p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p> <p><input type="checkbox"/> Loss</p> <p><u>verify total income:</u> <u>Option 1</u> According to our calculations, (Name) received \$(calculated income) from all income sources in 2021. Is this correct? (Help)</p> <p><u>Option 2</u> We have recorded that (Name) received no income in 2021. Is this correct? (Help)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><u>estimate total income:</u></p>
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Attachment A

<p>What is your best estimate of the total income (Name) received from all sources during the PAST 12 MONTHS? (Help)</p> <p><i>If net income was a loss, enter the amount and select "Loss".</i></p> <p>TOTAL AMOUNT for past 12 months \$ _____ .00</p> <p>__ Loss</p>	<p>What is your best estimate of the total income (Name) received from all sources in 2021? (Help)</p> <p><i>If net income was a loss, enter the amount and select "Loss".</i></p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p> <p>__ Loss</p>	<p>What is your best estimate of the total income (Name) received from all sources in 2021? (Help)</p> <p><i>If net income was a loss, enter the amount and select "Loss".</i></p> <p>TOTAL AMOUNT for 2021 \$ _____ .00</p> <p>__ Loss</p>
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Attachment A

TOPIC: SNAP

Production Wording	Control	Test Treatment	Roster Treatment
<p>IN THE PAST 12 MONTHS, 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. (Help)</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 	<p>Same as Production</p>	<p>IN 2021, 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. (Help)</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 	<p>Same as Test Treatment</p>

Attachment A

TOPIC: Weeks Worked

Production Wording	Control	Test Treatment	Roster Treatment
<p><u>last worked:</u> When did (Name) last work, even for a few days? (Help)</p> <ul style="list-style-type: none"> ○ Within the past 12 months ○ 1 to 5 years ago ○ Over 5 years ago or never worked <p><u>worked every week:</u> a. During the PAST 12 MONTHS (52 weeks), did (Name) work EVERY week? Count paid vacation, paid sick leave, and military service as work. (Help)</p> <ul style="list-style-type: none"> ○ Yes ○ No <p><u>weeks worked:</u> b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did (Name) work? Include paid time off and include weeks when (Name) only worked for a few hours. (Help)</p> <p>Weeks —</p>	<p>Same as Production</p>	<p><u>last worked:</u> 39. When did (Name) last work for pay, even for a few days? (Help)</p> <ul style="list-style-type: none"> ○ Within the past 12 months ○ 1 to 5 years ago ○ Over 5 years ago or never worked <p><u>worked few days:</u> 40. In 2021, did (Name) work for pay, even for a few days? (Help)</p> <ul style="list-style-type: none"> ○ Yes ○ No <p><u>worked every week:</u> 41. a. In 2021 (52 weeks), did (Name) work EVERY week? Count paid vacation, paid sick leave, and military service as work. Include all jobs for pay. (Help)</p> <ul style="list-style-type: none"> ○ Yes ○ No <p><u>weeks worked:</u> 41b. In 2021 (52 weeks), how many WEEKS did (Name) work for at least one day? Include weeks when (Name) only worked for a few hours. Include all jobs for pay. Count paid vacation, paid sick leave, and military service as work. (Help)</p> <p>Weeks —</p>	<p>Same as Test Treatment</p>

Attachment A

<p><u>hours worked:</u> During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did (Name) usually work each WEEK? (Help)</p> <p>Usual hours worked each WEEK _____</p>		<p><u>hours worked:</u> 42. In 2021, for the weeks worked, how many HOURS did (Name) usually work each WEEK? Include all jobs for pay and military service. (Help)</p> <p>Usual hours worked each WEEK _____</p>	
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Attachment A

TOPIC: Sewer

Production Wording	Control	Test Treatment	Roster Treatment
N/A	Is this (mobile home/house/apartment/unit) connected to a public sewer? (Help) <ul style="list-style-type: none">○ Yes, connected to public sewer○ No, connected to septic tank○ No, use other type of system	Same as Control	Same as Control

Attachment A

TOPIC: Electric Vehicles

Production Wording	Control	Test Treatment	Roster Treatment
N/A	<p>Are any of the following types of electric vehicles kept at home for use by members of this household? (Help)</p> <p>a. A plug-in electric vehicle?</p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p>b. A hybrid electric vehicle?</p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No	<p>Do you or any member of this household own or lease an electric vehicle? Include both all-electric and plug-in hybrid electric vehicles. (Help)</p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No	Same as Control

Attachment A

TOPIC: Solar Panels

Production Wording	Control	Test Treatment	Roster Treatment
N/A	Does this (mobile home/house/apartment/unit) use solar panels that generate electricity? (Help) <input type="radio"/> Yes <input type="radio"/> No	Same as Control	Same as Control