

Appendix E:

Adult Head of Household Survey

SC1. Hi, my name is [INTERVIEWER NAME] and I am calling from Abt Associates. Abt Associates is an independent research company, and we are helping the U.S. Department of Housing and Urban Development (HUD) to complete this study. May I please speak with [ADULT HEAD OF HOUSEHOLD NAME].

SC2. I know that I may be calling on your cell phone right now. If you are currently driving, we will call you back at another time. Are you currently driving?

1	NO,	[GOTO SC3]
2	YES, CURRENTLY DRIVING/NOT AVAILABLE	[SCHEDULE CALL BACK]
3	DID NOT AGREE TO PARTICIPATE	[THANK AND END – SOFT REFUSAL]
88	DK (VOL)	DK [THANK AND END – SOFT REFUSAL]
99	REF (VOL)	REFUSED [THANK AND END – SOFT REFUSAL]

SC3. Are you in a safe place to talk right now? By a safe place I mean someplace that you can talk privately, where other people can't hear our conversation., and someplace that you are free from distractions.

1	Yes, safe place to talk	[GO TO SCREENER]
2	No, call me later	[SCHEDULE CALL BACK]
88	DK (VOL)	[THANK AND END. DISPO AS SOFT REFUSAL]
99	REF (VOL)	[THANK AND END. DISPO AS HARD REFUSAL]

You might remember meeting with one of my co-workers back in [DATE OF STUDY ENROLLMENT] at [INSERT SHELTER NAME] to talk about a study that we are conducting to find about what kinds of housing and services are best for families who experience homelessness. We last talked to you on [DATE OF LAST INTERVIEW]. Today, I would like to talk to you about participating in an interview that will take about 60 minutes to complete.

First, I just need to verify that I am speaking with the correct person.

SC4. What is your date of birth?

Respondent's Birthday: ___ / ___ / _____

SC5. [IF DOB DOESN'T MATCH RECORDS] What are the last 4 digits of your Social Security Number?

RECORD LAST 4 DIGITS: _____

[REVIEW CONSENT SCRIPT]

As stated in the consent form we just reviewed, the U.S. Office of Management and Budget approved the collection of this information. If you want to provide comments regarding this burden estimate or any

other aspect of this collection of information, instructions can be found on the consent form. I want to remind you that your participation is voluntary. You can choose not to answer any question that I ask.

At the end of the interview, we will email you a \$50 gift card in appreciation for your time.

Do you have any questions?

[INTERVIEWER: ANSWER QUESTIONS ACCORDINGLY]

If you have any other questions, even after we finish this interview, you may also call the study toll-free phone number at 1-xxx-xxx-xxxx.

If you have any questions about your rights as a participant in this study, you can call the Abt Associates Institutional Review Board (IRB) Administrator, toll free at (xxx-xxx-xxxx).

Okay, let's get started.

We know that it has been a long time since you first enrolled in this study. As a reminder, you became part of the study in [DATE OF STUDY ENROLLMENT], when you were about [AGE AT ENROLLMENT] years old.

When we talk today I am going to ask you about your experiences. We are interested in learning about your experiences since you enrolled in the study in [DATE OF ENROLLMENT] about [# OF YEARS SINCE ENROLLMENT] ago, and since the last time we talked, [DATE OF LAST INTERVIEW]. Some questions will be asked of a more specific time period. We will provide you with information to help you think about the specific time periods of interest when we first ask about them.

Module A. Housing and Stability History

First, I'd like to ask about where you are living/staying right now.

A.1 Can you please confirm the address where you are living/staying now?

- a. Is there a complex/building name? _____
- b. Is there an apartment number? _____
- c. What city do you live in? _____
- d. What state do you live in? _____
- e. What is the zip code? _____

A.2 How long have you lived in this place? You can tell me this answer in days, weeks, months, or years, whichever is easiest for you.

- Number of days _____
- Number of weeks _____
- Number of months _____
- Number of years _____
- Refused
- Don't know

A.3 Which of the following best describes your current living situation? [Ask this only until receive YES response and then skip to A.4 of A.6 if specified]

	Yes	No	REF	DK
a. House or apartment you own or rent. This does not include your parent's or guardian's home or apartment.
b. Your partner's (boyfriend/girlfriend's/fiancé's/significant other's) place.
c. A friend or relative's house or apartment and paying part or all of the rent [PROBE: THIS INCLUDES YOUR PARENT'S OR GUARDIAN'S HOUSE OR APARTMENT OR OTHER FRIEND OR RELATIVE'S APARTMENT]
d. A friend or relative's house or apartment but not paying rent [PROBE: THIS INCLUDES YOUR PARENT'S OR GUARDIAN'S HOUSE OR APARTMENT OR OTHER FRIEND OR RELATIVE'S APARTMENT]
e. Permanent housing program with services to help you keep your housing (on site or coming to you)
f. Transitional housing program
g. Domestic violence shelter
h. Emergency shelter
i. Voucher hotel or motel
j. Hotel or motel you pay for yourself
k. Residential drug or alcohol program IF YES SKIP TO A.6
l. Jail or prison IF YES PROCEED TO TERMINATE SCRIPT
m. Car or another vehicle IF YES SKIP TO A.6

	Yes	No	REF	DK
n. Abandoned building IF YES SKIP TO A.6
o. Anywhere outside IF YES SKIP TO A.6
p. Somewhere else IF YES SKIP TO A.4

A.4 TERMINATE SCRIPT: *I'm sorry but I am having trouble calling up your record. I will try to resolve this issue with my supervisor. I may call back to reschedule the interview at a later time. Do you think that you will be able to stay in the place where you are living/staying now for as long as you want?*

- Yes [SKIP TO A6: Now, I'd like to you to think about the last six months—that is, since (SIX MONTHS PRIOR DATE). Were there any times when you experienced homelessness...]
- No
- Refused
- Don't know

A.5 [ASK ONLY IF RESPONDENT DOESN'T THINK THEY CAN STAY AS LONG AS THEY WANT A4=NO, REF, DK] Why don't you think you will be able to stay in this place for as long as you want? What would you say is the main reason?

- It is not my house or apartment
- I won't be able to continue to pay the rent
- The program I'm in has a time limit
- The landlord/owner has told me I will have to leave
- Housing too small/ I need a bigger space
- Other (specify: _____)
- Refused
- Don't know

Throughout this section, I will ask you questions about different timeframes. The first timeframe is the last six-month period. When I ask about 'the last six months' please think about six months back from today—that is, since [SIX MONTHS PRIOR TO DATE OF INTERVIEWDATE].

A.6 Were there any times when you experienced homelessness in the last six months? By experiencing homelessness, I mean times where you didn't have a regular place to live, and you were living in an emergency shelter, transitional housing, or in an unsheltered location.

Experiencing homelessness also can include living in a place not typically used for sleeping such as on the street, in a car, in an abandoned building, or in a bus or train station in the past six months.

Please DO NOT include any times when you may have stayed with friends or relatives because you did not have your own place to stay.

- Yes
- No [SKIP TO A.9]
- Refused [SKIP TO A.9]
- Don't know [SKIP TO A.9]

A.7 [ASK ONLY IF THEY HAVE EXPERIENCED HOMELESSNESS (A6=1)] How many times did you experience homelessness in the last six months, that is from [SIX MONTH PRIOR MONTH/YEAR] to now?

- Number of times _____
- Refused
- Don't know

A.8 [ASK ONLY THEY HAVE EXPERIENCED HOMELESSNESS (A6=1)] Now think about all of the times you have experienced homelessness in the past 6 months, that is from [SIX MONTH PRIOR MONTH/YEAR]. What would you say is the total number of days, weeks, or months that you have experienced homelessness in the past 6 months?

- Number of days _____
- Number of weeks _____
- Number of months _____
- Refused
- Don't know

A.9 Again, please think about the last six months from [MONTH/YEAR SIX MONTHS PRIOR TO INTERVIEW DATE] to today. Were there any times when you were living with a friend or relative because you could not find or afford a place of your own?

- Yes
- No [SKIP TO A.11]
- Refused [SKIP TO A.11]
- Don't know [SKIP TO A.11]

A.10 [ASK ONLY IF SPENT SOME TIME LIVING WITH A FRIEND OR RELATIVE (A9=YES)] Altogether, how much time in the past six months, that is from [MONTH/YEAR SIX MONTHS PRIOR TO INTERVIEW DATE] to today, would you say you spent living with a friend or relative because you could not find or afford a place of your own? You can tell me this answer in days, weeks, or months, whichever is easiest for you.

- Number of days
- Number of weeks
- Number of months
- Refused
- Don't know

A.11 Now I'd like to ask you to think about the past year, that is since [MONTH/YEAR ONE YEAR PRIOR TO INTERVIEW]. Think about all of the different places you have lived/stayed during the past year. How many different places have you lived/stayed? Please include the place where you currently live/stay.

of places: _____

- Refused
- Don't know

The next few questions focus on the time period between the start of the COVID-19 pandemic, that is March 2020, through six months ago, [MONTH/YEAR SIX MONTHS PRIOR TO INTERVIEW DATE].

As you may recall, March 2020 is when the COVID-19 pandemic really began to peak and social distancing guidelines went into effect worldwide. When we ask about the start of the COVID-19 pandemic, please think back to that time in March 2020.

A.12 Were there any times you experienced homelessness between the start of the COVID-19 pandemic in March 2020 and [MONTH/YEAR SIX MONTHS PRIOR TO INTERVIEW]? By experiencing homelessness, I mean times when you didn't have a regular place to live and you were living in a homeless shelter, transitional housing, or staying in an unsheltered location because you had nowhere else to go? Experiencing homelessness also can include living in a place not typically used for sleeping such as on the street, in a car, in an abandoned building, or in a bus or train station in the past six months.

Please DO NOT include any times when you may have stayed with friends or relatives because you did not have your own place to stay.

- Yes
- No
- Refused
- Don't know

A.13 Have you participated in any program to help you with your housing between the beginning of the COVID-19 pandemic in March 2020 and today? This could be a housing program where you lived or a program that helped you pay the rent in your own apartment or house.

- Yes
- No
- Refused
- Don't know

For the next couple of questions, I'd like to ask you about a longer time period. I would like you to think back to early 2018.. Our records show that you would have been about [AGE IN EARLY 2018] years old at that time.

A.14 Thinking back to the period between early 2018 and the start of the COVID-19 pandemic-in March 2020. Were there any times you experienced homelessness during that period? Again, by experiencing homelessness, I mean times when you didn't have a regular place to live and you were living in a homeless shelter, transitional housing or staying in an unsheltered location because you had nowhere else to go. Experiencing homelessness also can include living in a place not typically used for sleeping such as on the street, in a car, in an abandoned building, or in a bus or train station in the past six months.

Please DO NOT include any times when you may have stayed with friends or relatives because you did not have your own place to stay.

- Yes
- No
- Refused
- Don't know

A.15 An eviction is when your landlord forces you to move when you don't want to. Were you, or a person you were staying with, ever evicted between early 2018 and today, that is over the past 5 years?

- Yes
- No
- Refused
- Don't know

A.16 Still thinking about the time between early 2018 up until today, the past 5 years, did people you were living with ever ask you to move out?

- Yes
- No
- Refused
- Don't know

Module B. Family Composition and Preservation

Now I'd like to spend some time talking about your current household. I'll start with your marital status and then ask about some people you told us about in prior interviews to see if they are still living with you now. I will also ask about any new people living with you now.

B.1 What is your marital status? Are you currently...

- Single, never married
- Married or living in a marriage like situation
- Widowed
- Separated/Divorced
- Refused
- Don't know

Now I am going to read you the first names of people who you told us were part of your family during a prior interview. These interviews could have been done at any time since [DATE OF STUDY ENROLLMENT] when you enrolled in the study. For each name I read, please tell me if they are still living with you.

B.2 Is [NAME1] who was born in [DOB MO/YR], living with you now?

IF DOB=MISSING: Is [NAME], who is about [AGE] years old, living with you now?

IF DOB AND AGE=MISSING AND PERSON IS A CHILD WHO WAS PRESENT AT STUDY ENROLLMENT: Is [NAME1] who was a child] IF DOB AND AGE=MISSING AND PERSON IS AN ADULT WHO WAS PRESENT AT STUDY ENROLLMENT: Is [NAME1] who was an adult]/when we first talked to you in [DATE OF STUDY ENROLLMENT] living with you now?

- Yes
- No
- IF VOLUNTEERED: CHILD/PERSON IS DECEASED (**Skip to condolence script**)
- Refused
- Don't Know

CONDOLENCE SCRIPT: I am sorry for your loss. Do you need to take a minute before we go on?

B.3 [ASK IF DOB IS KNOWN] Our records show that [NAME]'s date of birth is [DISPLAY DOB]. Is that correct?

- Yes **SKIP TO B.5:** [Has (NAME 1) lived with you at least some of the time...]
- No
- Refused **SKIP TO B.5:** [Has (NAME 1) lived with you at least some of the time...]
- Don't know **SKIP TO B.5:** [Has (NAME 1) lived with you at least some of the time...]

B.4 [ASK ONLY IF DATE OF BIRTH IS NOT KNOWN OR IT IS WRONG (B3=NO, REFUSED, DON'T KNOW)] What is [NAME]'s date of birth?

ENTER DATE: ____/____/____
Month / Day / Year

- Refused

- Don't know

B.5 [ASK IF FOCAL CHILD AGE UNDER 18 AND NO LONGER LIVING IN HOUSEHOLD (B2=NO, REFUSED, DON'T KNOW)] Has [NAME1] lived with you at least some of the time in the past six months?

- Yes, at least half of the time **SKIP TO B.7:** [Does (NAME 1) have a disability...?]
- Yes, less than half of the time
- None of the time
- Volunteered: child is deceased (READ CONDOLENCE SCRIPT) SKIP TO NEXT PERSON
- Refused **SKIP TO NEXT PERSON**
- Don't know **SKIP TO NEXT PERSON**

CONDOLENCE SCRIPT: *I am sorry for your loss. Do you need to take a minute before we go on?*

B.6 [ASK IF FOCAL CHILD AGE 17 AND UNDER AND LIVES THERE 'LESS THAN HALF THE TIME' OR 'NONE OF THE TIME' (B5=2 OR 3)] During the past six months, about how often did you spend one or more hours a day with [NAME1]? Was it...:

- Every day or nearly every day
- A few times a week
- At least once per month
- Less than once per month
- Not at all
- Refused
- Don't know

B.7 [ASK OF ALL HOUSEHOLD MEMBERS LIVING IN HOUSEHOLD AGE 18 OR OVER] Is [NAME] currently enrolled in any classes, at some place that is providing education or training? Please consider only classes that [NAME] has been enrolled in for one month or more.

- Yes
- No
- Refused
- Don't know

B.8 ASK OF ALL HOUSEHOLD MEMBERS LIVING IN HOUSEHOLD AGE 18 OR OVER] Is [NAME] currently working for pay?

- Yes
- No
- Refused
- Don't know

B.9 [ASK OF ALL HOUSEHOLD MEMBERS LIVING IN HOUSEHOLD AGE 18 OR OVER] Does [NAME] have a disability that limits or prevents them from working?

- Yes
- No
- Refused

- Don't know

B.10[ASK IF AGE 17 OR YOUNGER AND CHILD IS PRESENT OR HAS SOME CONTACT WITH FAMILY HEAD (EITHER B2 = 1 YES OR B5=1 At least half of the time OR B6 = 1,2,3,4)] Does [NAME] have a disability? That could include either a physical, emotional, or mental health condition.

- Yes
 No
 Refused
 Don't know

For the next few questions, please think back to [DATE OF STUDY ENROLLMENT], when you enrolled in the study while in [SITE]. I would like you to think about the period of time from that date through today, when answering the next few questions.

B.11[ASK OF ALL CHILDREN PRESENT IN SHELTER AT STUDY ENROLLMENT OR EVER PRESENT IN A SUBSEQUENT INTERVIEW, EXCEPT IF DECEASED]

[IF CURRENTLY UNDER AGE 18 ASK:] Was there ever a time since [DATE OF STUDY ENROLLMENT] when [NAME] was not living with you?

[ELSE (IF CURRENTLY AGE 18 OR OLDER ASK:)] Was there ever a time between [DATE OF STUDY ENROLLMENT] and [NAME]'s 18th birthday, when [NAME] was not living with you?

- Yes
 No **SKIP TO B.13** [Are there any other people that are living with you...]
 Refused **SKIP TO B.13** [Are there any other people that are living with you...]
 Don't know **SKIP TO B.13** [Are there any other people that are living with you...]

B.12 [ASK IF THERE WAS A TIME CHILD WAS NOT WITH RESPONDENT B10=1]
[IF CURRENTLY UNDER AGE 18 ASK:] When [NAME] was not living with you, did [NAME] ever live in a foster care arrangement?

[IF CURRENTLY AGE 18 OR OLDER ASK:] Before [NAME] turned 18, did [NAME] ever live in a foster care arrangement?

Foster care arrangements can sometimes include placements with relatives that are arranged by the child welfare system.

- Yes
 No
 Refused
 Don't know

B.13 Are there any other people that are living with you right now whom we haven't talked about?

- Yes
 No **SKIP TO B.24** (We would like to know if you decide to move, who in your family will move with you)
 Refused **SKIP TO B.24** (We would like to know if you decide to move, who in your family will move with you)

- Don't know **SKIP TO B.24** (We would like to know if you decide to move, who in your family will move with you)

B13a. [ASK ONLY IF HOUSEHOLD MEMBERS NOT ALREADY DISCUSSED (B11=1)] How many other people who we haven't talked about yet, but are **living with you right now** are adults, 18 years old or older? Please include children who are now 18 years old or older.

- Number of adults _____
- Refused
- Don't know

B13b. [ASK ONLY IF HOUSEHOLD MEMBERS NOT ALREADY DISCUSSED (B11=1)] How many other people who we haven't talked about yet, but are **living with you right now** are children, 17 years old or younger? Please **do not** include children who are now 18 years old or older.

- Number of children _____
- Refused
- Don't know

B.14 [ASK ONLY IF B11a>0, REPEAT FOR UP TO 5 NEW ADULTS] Please tell me the first and last names of the **adults** who are living with you now whom we haven't talked about. By adults I mean people 18 years old or older, including children who are now 18 or older. Do not include yourself.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

B.15 [ASK ONLY IF B11a>0, REPEAT FOR UP TO 5 NEW CHILDREN] Please tell me the first and last names of the **children** who are living with you now whom we haven't talked about. By children I mean people 17 years old or younger. **Please do not include children 18 years old or older.** Do not include yourself.

[INTERVIEWER: IF RESPONDENT IS RELUCTANT TO PROVIDE NAMES, EXPLAIN THAT NICKNAMES OR INITIALS ARE FINE.]

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

[ASK B14-B21 ONLY OF NEW MEMBERS IDENTIFIED IN B11a AND B11b, REPEAT FOR UP TO 10 NEW MEMBERS] Now I have some questions about the adults and children you just told me about. These are the people WHO ARE LIVING WITH YOU NOW but who we did not discuss already. I will start with the adults and then ask about the children.

	NEW FAMILY MEMBER 1 [NAME]	NEW FAMILY MEMBER 2 [NAME])	NEW FAMILY MEMBER 3 [NAME]	NEW FAMILY MEMBER 4 [NAME]
B.16 What is [NAME]'s relationship to you?	<input type="checkbox"/> Husband or Wife <input type="checkbox"/> Romantic partner <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Foster child <input type="checkbox"/> Child of partner <input type="checkbox"/> Son- or Daughter-in-law <input type="checkbox"/> Mother or Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Mother- or Father-in-law or partner's parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother or Sister <input type="checkbox"/> Brother- or Sister-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<input type="checkbox"/> Husband or Wife <input type="checkbox"/> Romantic partner <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Foster child <input type="checkbox"/> Child of partner <input type="checkbox"/> Son- or Daughter-in-law <input type="checkbox"/> Mother or Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Mother- or Father-in-law partner's parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother or Sister <input type="checkbox"/> Brother- or Sister-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<input type="checkbox"/> Husband or Wife <input type="checkbox"/> Romantic partner <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Foster child <input type="checkbox"/> Child of partner <input type="checkbox"/> Son- or Daughter-in-law <input type="checkbox"/> Mother or Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Mother- or Father-in-law partner's parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother or Sister <input type="checkbox"/> Brother- or Sister-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<input type="checkbox"/> Husband or Wife <input type="checkbox"/> Romantic partner <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Foster child <input type="checkbox"/> Child of partner <input type="checkbox"/> Son- or Daughter-in-law <input type="checkbox"/> Mother or Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Mother- or Father-in-law partner's parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother or Sister <input type="checkbox"/> Brother- or Sister-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative

	NEW FAMILY MEMBER 1 [NAME]	NEW FAMILY MEMBER 2 [NAME])	NEW FAMILY MEMBER 3 [NAME]	NEW FAMILY MEMBER 4 [NAME]
B.17 What is [NAME]'s gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
B.18 What is [NAME]'s Date of Birth? B16a.[IF DOB IS UNKNOWN ASK: How old is [NAME]?	____/____/____ MM DD YYYY <input type="checkbox"/> Refused <input type="checkbox"/> Don't know AGE: ____ <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	____/____/____ MM DD YYYY <input type="checkbox"/> Refused <input type="checkbox"/> Don't know AGE: ____ <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	____/____/____ MM DD YYYY <input type="checkbox"/> Refused <input type="checkbox"/> Don't know AGE: ____ <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	____/____/____ MM DD YYYY <input type="checkbox"/> Refused <input type="checkbox"/> Don't know AGE: ____ <input type="checkbox"/> Refused <input type="checkbox"/> Don't know

	NEW FAMILY MEMBER 1 [NAME]	NEW FAMILY MEMBER 2 [NAME])	NEW FAMILY MEMBER 3 [NAME]	NEW FAMILY MEMBER 4 [NAME]
<p>B.19ASK IF B16 shows [NAME] is 18 or OLDER. Is [NAME] currently enrolled in any classes, at some place that is providing education or training? Please consider only classes that [NAME] has been enrolled in for one month or more</p> <p>If [NAME] is enrolled but or enrolled but on summer vacation or between terms, please answer “Yes”</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know

	NEW FAMILY MEMBER 1 [NAME]	NEW FAMILY MEMBER 2 [NAME])	NEW FAMILY MEMBER 3 [NAME]	NEW FAMILY MEMBER 4 [NAME]
B.20 ASK IF B16 shows [NAME] is 18 or OLDER. Is [NAME] currently working for pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
B.21 ASK IF B16 shows [NAME] is 18 or OLDER. Does [NAME] have a disability that limits or prevents them from working?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know

	NEW FAMILY MEMBER 1 [NAME]	NEW FAMILY MEMBER 2 [NAME])	NEW FAMILY MEMBER 3 [NAME]	NEW FAMILY MEMBER 4 [NAME]
B.22 ASK IF B16 shows [NAME] IS NOW 17 OR YOUNGER: Does [NAME] have a disability? That could include either a physical, emotional, or mental health condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know

B.21 [ASK OF ALL ADULTS AND CHILDREN LIVING IN THE HOUSEHOLD NOW (B2=YES, AND THE B.12 AND B.13 SERIES)] We would like to know if you decide to move, who in your family will move with you. I am going to read you the name of the people who are currently living with you. For each person, please tell me if you think she/he would move with you. If you moved, would [DISPLAY NAME OF PERSON] move with you?

Members of the Household	Yes	No	REF	DK
a. Adult 1
b. Adult 2
c. Adult 3
d. Adult 4
e. Adult 5
f. Child 1
g. Child 2
h. Child 3
i. Child 4
j. Child 5

Module C. Housing Quality and Affordability

For the next questions, when I ask you about the people in your family, I would like you to include those people we just talked about who live with you now and would move with you if you moved.

I am now going to ask you about the place where you are living now.

C.1 [ASK ONLY IF A3 k, m, n, OR o are NO] Not including kitchens, bathrooms and hallways, how many rooms are there in your house/apartment/ living space available for the use of your family?

- 1
- 2
- 3
- 4
- 5
- 6 or more
- Refused
- Don't know

C.2 Do household members sometimes go to sleep elsewhere because there is not enough space in your house/apartment/living space? [IF NEEDED: By "elsewhere" I mean a place outside of your living space.]

- Yes
- No
- Refused
- Don't know

C.3 Does anyone in the household regularly sleep in a room other than a bedroom because there are not enough bedrooms?

- Yes
- No
- Refused
- Don't know

C.4 Overall, how would you describe the condition of your current house/apartment/living space? Would you say it is in:

- Excellent condition
- Good condition
- Fair condition
- Poor condition
- Refused
- Don't know

C.5 Now I am going to ask you some questions about problems that people have in some homes/apartments/ living spaces. Where you live now/in your current living space, how much of a problem are the following? Please tell me if they are a big problem, a small problem, or not a problem at all.

	Big problem	Small problem	Not a problem at all	REF	DK
a. Walls with peeling paint or broken plaster?
b. Plumbing that doesn't work?
c. Rats or mice?
d. Cockroaches?
e. Broken locks or no locks on the door of your home/apartment/living space?
f. Broken windows or windows without screens?
g. A heating system that does not work?
h. Mold?

C.6 In the month that just passed, that is [MONTH ONE MONTH PRIOR TO INTERVIEW DATE], what did you and the people in your family pay [as rent/for the mortgage/ and any condo fee]? We are interested only in knowing the amount of the [rent/mortgage/condo fee] payment that you and your family paid, not any amount that may have been paid by other people who live here, other people who don't live here, or a government program.

[\$ PAID LAST MONTH] \$ _____

- Refused
- Don't know

C.7 I have entered [\$ AMOUNT FROM C6 (In the month just past, what did you and the people in your family pay...)] as the amount you and the people in your family paid last month for your [mortgage/rent/condo fees]. Is that right?

- Yes
- No REPEAT C.6

C.8 In the month that just passed, what was the total amount you and the people in your family paid for utilities that were not included as part of the [mortgage/rent or condominium fees]? By all utilities, I mean electricity, heat, gas, and water. We are interested only in knowing the total amount of utility payments that you and your family paid, not any amount that may have been paid by other people or a government program.

Amount paid last month \$ _____

- No payment/included in rent or in condominium fee
- Refused
- Don't know

C.9 I have entered [\$FILL AMOUNT FROM C.8] as the amount that you and your family paid for all utilities. Is that right?

- Yes
- No REPEAT C.8
- Refused
- Don't know

C.10 What is the total amount of all utility payments for a typical month—that is not a month with unusually high or low heat or air conditioning bills?

Typical cost per month \$ _____

- No payment/included in rent or in condominium fee
- Refused
- Don't know

C.11 I have entered \$[amount from C9 (What is the total amount of all utility payments...)] as the amount you and family members who are with you here pay in a typical month for all utilities. Is this correct?

- Yes
- No REPEAT C.10
- Refused
- Don't know

Module D. Employment Income, Self-Sufficiency, and Hardship

Now I'd like to ask a few questions about your work experience.

D.1 Last week, did you do any work for pay?

- Yes (SKIP TO D.3, How many jobs...)
- No
- Refused
- Don't know

D.2 Now I'd like you again think back to March 2020, the beginning of the COVID-19 pandemic. Between March 2020 and today, have you done any work for pay? This could include any jobs you may currently have, even if you didn't work for pay last week.

- Yes
- No (SKIP TO D.12 Thinking about the last month, did you, or anyone in your famil....)
- Refused (SKIP TO D.12 Thinking about the last month, did you, or anyone in your famil....)
- Don't know (SKIP TO D.12 Thinking about the last month, did you, or anyone in your famil....)

D.3 [ASK IF D.1=YES OR D.2=YES] Now, keep thinking back to the time period since March 2020, that is from the beginning of the COVID-19 pandemic to today. Since March 2020, how many different jobs have you had? Please include all jobs.

of jobs _____

- Refused
- Don't know

Now I'd like to know a little more about your [main job/ current job/most recent job], especially about how much you work and how much you earn from your [main job/ current job/most recent job] job.

D.4 [ASK IF D1=YES OR D2=YES] How many hours per week do/did you usually work at your [main/current//most recent] job? [IF NEEDED: By main job, I mean the one at which you usually work the most hours.]

of hours _____

- Refused
- Don't know

D.5 [ASK IF D.1=YES OR D.2=YES] For your main/current/most recent job, what is the easiest way for you to report your total earnings before taxes or other deductions: hourly, weekly, monthly, annually, or on some other basis?

- Hourly
- Daily
- Weekly
- Bi-weekly (every 2 weeks)
- Twice monthly
- Monthly
- Annually
- Per unit
- Other (specify__)
- Refused
- Don't know

D.6 [ASK IF D.1=YES OR D.2=YES] [Do/Did] you usually receive overtime pay, tips, or commissions (at your main/current/your most recent) job?

- Yes
- No
- Refused
- Don't know

D.7 [ASK IF D.1=YES OR D.2=YES] Including overtime pay, tips, and commissions, what [are/were] your usual [earnings on this job], before taxes or other deductions?

Enter dollar amount \$_____

- Refused
- Don't know

D.8 [ASK THIS QUESTION ONLY OF PEOPLE WHO REPORT BEING PAID ON A DAILY BASIS, D5., "For your (main)/most recent job, what is the easiest way ..." =2] How many days a week do you usually work?

Number of days_____ [SKIP to D11]

- Refused
- Don't know

D.9 [ASK THIS QUESTION ONLY OF PEOPLE THAT REPORT BEING PAID ANNUALLY, D.5, "For your (main)/most recent job, what is the easiest way..." =7] How many weeks a year do you get paid for?

Number of weeks_____ [SKIP to D11]

- Refused
- Don't know

D.10 [ASK THIS QUESTION ONLY OF PEOPLE WHO REPORT BEING PAID BY THE UNIT (D.5 “For your (main)/most recent job, what is the easiest way...” =8)] For how many [UNITS] are you usually paid per week (on this job)?

Number of units _____

- Refused
- Don't know

D.11 [ASK IF D.1=YES OR D.2=YES] Now I'd like to understand your work experience just over the last six months. Since [SIX MONTH PRIOR MONTH/YEAR], how many of months did you work for pay at least for part of the month? Please include any months you worked for pay, even if you did not work the entire month.

of months _____

- Refused
- Don't know

Now I would like to ask you about different sources of income or assistance you or people in your family living with you now may receive. Your responses to these questions will not affect your family's eligibility for housing assistance or other types of assistance. By family, I mean the people we talked about before who live with you now and who would move with you if you moved.

D.12 Thinking about the last month, that is, the last 30 days, did you, or anyone in your family who is with you now receive any assistance or income from:

	Yes	No	REF	DK
a. Employment Income				
b. Supplemental Nutrition Assistance Program (SNAP) PROBE: Food Stamps
c. Supplemental Security Income (SSI)
d. Temporary Assistance for Needy Families (TANF), or welfare case assistance
e. Unemployment insurance/unemployment compensation
f. Child support;
g. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
h. Social Security Disability Insurance (SSDI)
i. Social Security Survivor's Benefits
j. Medicaid
k. State health insurance
l. State Children's Health Insurance Program (SCHIP)
m. Child Care Assistance
n. Alimony
o. Cash from people living with you who are not part of your family
p. Cash from relatives or friends who do not live with you
q. Other sources of income or assistance

D.13 During the calendar year 2022, what was the total amount of cash income, before taxes or other deductions, you and all the people in your family received? Please include money from your main job, work on the side, welfare, SSI, SSDI, help from your family and friends, child support, alimony, and any other money income received by you or any other household member.

[Confirm combined annual income]

ENTER DOLLAR AMOUNT: \$ _____ , _____

- Refused **SKIP TO D.14**
- Don't know **SKIP TO D.14**

D13a. [ASK THIS QUESTION ONLY OF THOSE WHO PROVIDE A DOLLAR AMOUNT IN D13] I have entered \$[amount from D13] as the typical combined annual income for you and all the people in your family who live with you. Is this correct?

- Yes **SKIP TO D.19 (EITC)**
- No **REPEAT D.13 (COMBINED ANNUAL INCOME)**

D.14 [ASK THIS ONLY OF THOSE WHO REFUSE OR DON'T KNOW D13] Would it amount to \$10,000 or more?

- Yes
- No **SKIP TO D.18** [Would it amount to \$5,000 or more?]
- Refused **SKIP TO D.18** [Would it amount to \$5,000 or more?]
- Don't know **SKIP TO D.18** [Would it amount to \$5,000 or more?]

D.15 [ASK THIS ONLY OF THOSE WHO RESPOND YES TO EARNING \$10,000 OR MORE IN D14] Would it amount to \$20,000 or more?

- Yes
- No **SKIP TO D.17** [Would it amount to \$15,000 or more?]
- Refused **SKIP TO D.17** [Would it amount to \$15,000 or more?]
- Don't know **SKIP TO D.17** [Would it amount to \$15,000 or more?]

D.16 [ASK THIS ONLY OF THOSE WHO RESPOND YES TO EARNING \$20,000 OR MORE IN D15] Would it amount to \$30,000 or more?

- Yes **SKIP TO D.19** [Did you or will you claim the Earned Income Tax Credit...]
- No **SKIP TO D.19** [Did you or will you claim the Earned Income Tax Credit...]
- Refused **SKIP TO D.19** [Did you or will you claim the Earned Income Tax Credit...]
- Don't know **SKIP TO D.19** [Did you or will you claim the Earned Income Tax Credit...]

D.17 [ASK THIS ONLY OF THOSE WHO DO NOT RESPOND YES TO EARNING \$20,000 OR MORE IN D15] Would it amount to \$15,000 or more?

- Yes **SKIP TO D.19** [Did you or will you claim the Earned Income Tax Credit...]
- No **SKIP TO D.19** [Did you or will you claim the Earned Income Tax Credit...]
- Refused **SKIP TO D.19** [Did you or will you claim the Earned Income Tax Credit...]
- Don't know **SKIP TO D.19** [Did you or will you claim the Earned Income Tax Credit...]

D.18 [ASK THIS ONLY OF THOSE WHO DID NOT RESPOND YES TO EARNING \$10,000 OR MORE IN D.14] Would it amount to \$5,000 or more?

- Yes
- No
- Refused
- Don't know

D.19 Did you or will you claim the Earned Income Tax Credit for [PRIOR YEAR]?

[INTERVIEWER IF RESPONDENT ASKS WHAT THIS IS READ]: The federal government has a special rule that allows working people who earn less than a certain amount each year to take advantage of something called the Earned Income Tax Credit, or EITC. They can claim the Earned Income Tax Credit by filling out a special form called Schedule EITC when they fill out their income taxes, or they can fill out a special form with their employer.

- Yes
- No
- Refused
- Don't know

D19a. Did you or anyone in your household receive an "Advance Child Tax Credit" payment, that is an advance payment from the expansion of the child tax credit as part of the Federal Government's 2021 American Rescue Plan? Please report "yes" if you received the payment as a paper check or as a direct deposit.

- Yes
- No
- Refused
- Don't know

Now I have some questions about your schooling.

D.20 What is the highest grade or year of regular school that you have completed and gotten credit for?

- Kindergarten to 6th grade
- 7th to 12th grade –no diploma
- High school graduate/have diploma
- High school equivalent (GED) general educational development
- Some college
- Technical certificate
- Associates degree
- Bachelor's degree
- Master's degree, doctorate degree, or other professional degree (FOR EXAMPLE, MD, DDS, DVM, LLB, JD)
- Refused
- Don't know

D.21 Do you have a high school diploma or a GED?

- GED
- High school diploma
- Neither
- Refused
- Don't know

D.22 Do you have a technical certificate or vocational accreditation?

- Yes
- No **SKIP TO INTRO TO D.24**
- Refused **SKIP TO INTRO TO D.24**
- Don't know **SKIP TO INTRO TO D.24**

D.23 What kind of technical certificate or vocational accreditation have you received? Have you received: [SELECT ALL THAT APPLY]

- An Occupational/Vocational Certificate (such as certified nursing assistant)
- Please specify the type of certificate: _____
- An Occupational/Vocational License (such as electrician, plumber, nurse)
- Please specify the type of license: _____
- Associate's Degree
- Other technical certificate or vocational accreditation. Please specify the type of certificate or accreditation: _____
- Refused
- Don't know

As I mentioned at the start of the interview, you became part of the study in [DATE OF ENROLLMENT], when you would have been about [AGE IN YEARS] years old. I'd like you to think back to that time when answering the next few questions.

D.24 Now I'd like you to think about any regular school or training you have had since the beginning of the study in [DATE OF ENROLLMENT]. Have you participated in any school or training program that lasted at least two weeks that was designed to help you find a job, improve your job skills, or learn a new job? [INTERVIEWER NOTE IF NEEDED: Please include any classes you are taking toward an associates degree, bachelor's degree, or master's degree.]

- Yes
- No **SKIP TO D.28 FOOD INSECURITY**
- Refused **SKIP TO D.28 FOOD INSECURITY**
- Don't know **SKIP TO D.28 FOOD INSECURITY**

D.25 How many different school or training programs have you participated in since [DATE OF ENROLLMENT]?

Number of programs _____

- Refused
- Don't know

D.26 What kind of schooling or training was that? [REPEAT FOR UP TO 6 PROGRAMS]

	Training #1	Training #2	Training #3	Training #4
a. Regular high school, directed toward High School Diploma
b. Preparation for GED Exam
c. 2-Year college directed toward a degree
d. 4-Year college directed toward a degree
e. Graduate courses
f. College Courses not directed toward a degree
g. Vocational education outside a college (business or technical schools, employer or union-provided training, military training in vocational but not military skills)
h. Non-vocational adult education not directed toward a degree (basic education, literacy training, English as a Second Language)
i. Job search assistance, job finding, orientation to the world of work
j. Other (Specify: _____)
k. Refused
l. Don't know

D.27 Altogether since [DATE OF ENROLLMENT], about how many months would you say you have spent in school or training programs that were designed to help you find a job, improve your job skills, or learn a new job?

Number of months _____

- Refused
- Don't know

Okay, now I'd like you to think just about the last 30 days, that would be since [MONTH PRIOR TO INTERVIEW]. These next questions are about the food eaten in your household in the last 30 days and whether you were able to afford the food you need.

Some people may find the next few questions too personal. Please remember you can choose not to answer any question.

D.28 I'm going to read you two statements that people have made about their food situation. Please tell me whether the statement was OFTEN true, SOMETIMES true, or NEVER true for (you/you and the other members of your household in the last 30 days)

D.28a The first statement is: "The food that I bought just didn't last, and I didn't have money to buy more." Was that often, sometimes, or never true for you in the last 30 days?

- Often true
- Sometimes true
- Never true
- Refused
- Don't know

D.28b The second statement is "We couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 30 days?

- Often true
- Sometimes true
- Never true
- Refused
- Don't know

D.29 In the past 30 days, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No
- Refused
- Don't know

D.30 In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- Yes
- No
- Refused
- Don't know

D.31 In the last 30 days, were you ever hungry but didn't eat because you couldn't afford enough food?

- Yes
- No
- Refused
- Don't know

D.32 In the last 30 days, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?

- Yes
- No
- Refused
- Don't know

D.33 Now I'd like you to think about the past six months, that is since [SIXMONTHPRIORDATE]. How often does it happen that you do not have enough money to afford:

	Never	Once in a while	Fairly often	Very often	REF	DK
a. the kind of medical care your family should have?
b. How often does it happen that you do not have enough money to afford the kind of clothing your family should have?
c. How often does it happen that you

	Never	Once in a while	Fairly often	Very often	REF	DK
do not have enough money to afford the leisure activities that your family wants?						
d. your rent?

D.34 In general, how do your family's finances usually work out at the end of the month? Do you find that you usually end up with...?

- Some money left over
- Just enough money to make ends meet
- Not enough money to make ends meet
- Refused
- Don't know

D.35 How would a \$400 emergency expense that you had to pay impact your ability to pay your other bills this month?

- Would still be able to pay all my bills
- Could not pay some bills
- Refused
- Don't know

D.36 Now thinking about all of your household's current debts, including mortgages, bank loans, student loans, money owed to people, medical debt, past-due bills, and credit card balances that are carried from prior months...As of today, which of the following statements describes how manageable your household debt is?

- Have a manageable amount of debt
- Have a bit more debt than is manageable
- Have far more debt than is manageable
- Do not have any debt
- Refused
- Don't know

Module E. Adult Well Being

The next few questions are about your health and refer to how you are doing now.

E.1 Overall, how would you rate your health during the past month/30 days?

- Excellent
- Very good
- Good
- Fair
- Poor
- Refused
- Don't know

E.2 Do you have health insurance?

- Yes
- No **SKIP TO E.3** Place usually goes when sick
- Refused **SKIP TO E.3** Place usually goes when sick
- Don't know **SKIP TO E.3** Place usually goes when sick

E2a.[ASK IF RESPONDENT HAS HEALTH INSURANCE (E2=1)]: What kind of health insurance or health care coverage do you have? [SELECT ALL THAT APPLY]

- Private health insurance plan from employer or workplace
- Private health insurance plan purchased directly
- Private health insurance plan through a state or local government or community program
- Medicaid
- Medicare
- Military health care/VA
- No coverage of any type
- Other (specify) _____
- Refused
- Don't know

E.3 Is there a place you usually go when you are sick and need health care?

- Yes
- There is no place [SKIP to E.4 How much time during the past month have you felt...]
- More than one place
- Refused
- Don't know

E3a. What kind of place?

- A doctor's office or health center
- Urgent care or clinic in a drug store or grocery store

- Hospital emergency room
- A VA Medical Center or VA outpatient clinic
- Some other place
- Does not go to one place most often
- Refused
- Don't know

E.4 How much of the time during the past month have you felt ...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	REF	DK
a. Nervous?
b. Hopeless?
c. Restless or fidgety?
d. So depressed that nothing could cheer you up?
e. That everything was an effort?
f. Worthless?

Now I would like to ask you some questions about alcohol and drugs. These are questions about different experiences some people may have if they use drugs or alcohol. We are asking these questions of everyone in the study. Remember that the information you provide will be kept private and your name will never be linked to your responses in reports.

E.5 Do you sometimes take a drink in the morning when you first get up? By a drink I mean a drink of an alcoholic beverage like beer, wine, or liquor.

- Yes
- No
- IF VOLUNTEERED "I DON'T DRINK ALCOHOL"
- Refused
- Don't know

E.6 During the past 6 months, has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?

- Yes
- No
- Refused
- Don't know

E.7 During the past 6 months, have you had a feeling of guilt or remorse after drinking?

- Yes
- No
- Refused

- Don't know

E.8 During the past 6 months, have you failed to do what was normally expected of you because of drinking?

- Yes
- No
- Refused
- Don't know

E.9 During the past 6 months have you lost friends, a spouse, or romantic partner because of drinking?

- Yes
- No
- Refused
- Don't know

Now, I have some questions about illegal drugs (per local laws). By illegal drugs, I mean things like), ecstasy, cocaine, crack, heroin, speed, uppers, downers, etc. You should also include marijuana and opioids (e.g., oxycontin, fentanyl) if you used them in a way that was not prescribed by a doctor.

Remember that the information you provide will be kept private and your name will never be linked to your responses in reports. Some people may find the next few questions too personal. Please remember you can choose not to answer any question.

E.10 Thinking about the past 6 months that is since [6 MONTHS PRIOR].

	Yes	No	REF	DK
a. Have you used more than one drug at a time?
b. Have you had “blackouts” or “flashbacks” as a result of drug use?
c. Have your friends or relatives known or suspected that you used drugs?
d. Have you ever lost friends because of drugs?
REMEMBER, THIS IS IN THE PAST 6 MONTHS...				
e. Have you ever not spent time with your family or missed work because of drug use?
f. Have you engaged in illegal activities in order to obtain drugs?
g. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?
h. Have you had medical problems as a result of drug use (e.g., memory loss, hepatitis, convulsions, bleeding?)

Now I'd like you to think back a little further to the last year. That is, since [MONTH ONE YEAR PRIOR].

E.11 In the last year, have you ever been physically abused or threatened with violence by a person who you were romantically involved with, such as a spouse, boy/girlfriend, or partner?

- Yes
- No
- Refused
- Don't know

Module F. Parent on Minor Child (10-17)

Now I would like to talk to you about your children. I'm going to ask you about [LIST NAMES OF UP TO 3 MINOR FOCAL CHILDREN]. I'm going to start with [FOCAL CHILD 1 NAME]. [IF B.2 = deceased or B5=deceased SKIP TO NEXT CHILD IF MORE THAN ONE FOCAL CHILD].

F.1 Is [CHILD] enrolled in school now? [If [CHILD] is home schooled, doing remote learning, or on winter, spring, or summer break please answer Yes.]

- Yes
- No
- Refused
- Don't know

F.2 [ASK IF CHILD NOT ENROLLED (F1=2)] When was [CHILD] last enrolled in school?

Enter Date ____/____/_____
MM/DD/YYYY

- Refused
- Don't know
- Never in school

F.3 What is the highest grade or year of school that [CHILD] has ever completed?

- Kindergarten
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Some college, but no degree
- Associates degree
- Bachelor's degree
- Refused
- Don't know

F.4 [ask only if CHILD is age 16 or 17 or F3=12th grade or higher] Does [CHILD] have a GED or high school diploma?

- GED

- High school diploma
- Neither
- Refused
- Don't know

Now I have some questions about the schools [CHILD] has attended since you started participating in the study. As a reminder, you became part of the study in [DATE OF STUDY ENROLLMENT], when you were about [AGE AT ENROLLMENT].

F.5 Since [DATE OF STUDY ENROLLMENT] when your child was [AGE AT ENROLLMENT]:

F.5a How many different elementary schools [IF ENROLLED: has [CHILD] attended]/[IF NOT CURRENTLY ENROLLED: did [CHILD] attend]? _____

F.5b [IF F3=4th GRADE OR HIGHER] How many different middle schools or junior high [[IF ENROLLED: has [CHILD] attended]/[IF NOT CURRENTLY ENROLLED: did [CHILD] attend]?) _____

F.5c [ASK IF F3=9th GRADE OR HIGHER] How many different high schools [[IF ENROLLED: has [CHILD] attended]/[IF NOT CURRENTLY ENROLLED: did [CHILD] attend]?) _____

F.6 Did [CHILD] ever have to change schools in the middle of a school year?

- Yes
- No
- Refused
- Don't know

F.7 Since you began participating in the study, around [DATE OF ENROLLMENT], has [CHILD'S NAME] repeated a grade or been prevented from moving on to the next grade or level in school?

- Yes
- No
- Refused
- Don't know

Now for the next few questions I'd like you to think about the past 12 months. That would be from [MONTH YEAR 12 MONTHS PRIOR TO INTERVIEW] and today.

F.8 During the past 12 months, has [CHILD] gone to a special class for gifted students or done advanced work in any subject?

- Yes
- No
- Refused
- Don't know

F.9 During the past 12 months, has [CHILD] gone to a special class or gotten special help in school for learning challenges?

- Yes
- No
- Refused
- Don't know

F.10 During the past 12 months, has anyone from [CHILD'S] school asked someone to come in and talk about problems [CHILD] was having with behavior?

- Yes
- No
- Refused
- Don't know

F.11 During the past 12 months, has [CHILD] been suspended or expelled from school?

- Yes
- No
- Refused
- Don't know

F.12 Think about [CHILD'S] report card at the end of the last term. Would you describe the report card as:

- Mostly As (90-100)
- Mostly Bs (80-89)
- Mostly Cs (70-79)
- Mostly Ds (69-60)
- Mostly Fs (59 and below)
- Did not receive traditional letter grades
- No letter grade assigned
- Other: _____
- Refused
- Don't know

F.13 How many days in the past month has your child missed school?

Interviewer: if conducting interview during the summer, ask parent to remember the last month of school. If needed, remind parent that there are usually 22 school days in a typical month.

of days: _____

- Refused
- Don't know

F.14 Think about the last completed school year. Was your child absent from **in-person** or **remote** school for 15 or more days in the entire school year?

- Yes
- No

- Refused
- Don't know

F.15 How much does [CHILD'S NAME] currently like school? Would you say:

- Not at all
- Not very much
- Some
- Pretty much
- Very much
- Refused
- Don't know

F.16 Overall, how would you rate [CHILD'S NAME] experiences at school in the past year? Would you say that he/she has had:

- Mostly positive experiences
- Both positive and negative experiences
- Mostly negative experiences
- Refused
- Don't know

Now we would like to talk about [CHILD'S NAME]'s health.

F.17 Would you say [CHILD'S NAME]'s health in general is excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor
- Refused
- Don't know

F.18 Do you take [CHILD'S NAME] to a particular doctor's office, clinic, health center, hospital, or other place if he/she is sick or if you need advice about his/her health?

- Yes
- No [SKIP TO F.20—Did child receive a physical examination]
- Refused [SKIP TO F.20—Did child receive a physical examination]
- Don't know [SKIP TO F.20—Did child receive a physical examination]

F.19 [ASK IF THERE IS A REGULAR PLACE CHILD GOES (F19=1)] Can you tell me where you take [CHILD'S NAME] when he/she is sick?

- A doctor's office or health center
- Urgent care or clinic in a drug store or grocery store
- Hospital emergency room

- A VA Medical Center or VA outpatient clinic
- Some other place
- Does not go to one place most often
- Refused
- Don't know

F.20 During the past 12 months, did [CHILD'S NAME] receive a physical examination or well-child check-up?

- Yes
- No
- Refused
- Don't know

Now I'd like you to think back to when [CHILD] was born.

F.21 Was [CHILD'S NAME] born more than 3 weeks before his or her due date?

- Yes
- No
- Refused
- Don't know

F21a. Think back to [CHILD'S NAME] weight at birth. Would you say [CHILD'S NAME] was

- Underweight
- About right weight
- Refused
- Don't know

F.22 [If B6 = 3, 4, or 5, 7, 8 (at least one per month, less than once per month, not at all, REF, DK), SKIP to F.24]. For each of the following items I read, please tell me if it is Not True, Sometimes True, or Certainly True for your child. Would you say that your child is...

	Not true	Sometimes true	Certainly true	REF	DK
a. Considerate of other people's feelings
b. Restless, overactive, cannot stay still for long
c. Often complains of headaches, stomach-aches, or sickness
d. Shares readily with other youth, for example books, games, food
e. Often loses temper
f. Would rather be alone than with other youth
g. Generally, well behaved, usually does what adults request
h. Many worries or often seems worried
i. Helpful if someone is hurt, upset, or feeling ill
j. Constantly fidgeting or squirming

	Not true	Sometimes true	Certainly true	REF	DK
k. Has at least one good friend
l. Often fights with other youth or bullies them
m. Often unhappy, depressed, or tearful
n. Generally liked by other youth
o. Easily distracted, concentration wanders
p. Nervous in new situations, easily loses confidence
q. Kind to younger children
r. Often lies or cheats
s. Picked on or bullied by other youth
t. Often offers to help others (parents, teachers, other children)
u. Thinks things out before acting
v. Steals from home, school, or elsewhere
w. Gets along better with adults than with other children
x. Many fears, easily scared
y. Good attention span, sees work through to the end

As a reminder, you became part of the study in [DATE OF STUDY ENROLLMENT] Please think about that date when answering the next few questions.

F.23 [FOR CHILD >= 12 YEARS OLD] Since [DATE OF ENROLLMENT], has [CHILD'S NAME] had any problems that involved the police contacting you (the parent/guardian)?

- Yes
- No
- Refused
- Don't know

F.24 [FOR CHILD >= 12 YEARS OLD] Since [DATE OF ENROLLMENT], has [CHILD'S NAME] been arrested?

- Yes
- No
- Refused
- Don't know

F.25 [If B6 = 3 4, 5, 7, 8 (at least one per month or less than once per month, not at all, REF, DK), END MODULE]. Now I have some questions about your daily activities with [CHILD]. I will read a list of items. Please tell me if you and your child do each one Almost always; Most days; Sometimes; Rarely; or Almost Never.

	Almost always	Most days	Sometimes	Rarely	Almost never
a. We eat together as a family once a day

	Almost always	Most days	Sometimes	Rarely	Almost never
b. I set aside time for talking with [CHILD] each day
c. [CHILD] goes to bed at a regular time
d. [CHILD] has an evening bedtime routine
e. [CHILD] has a regular after school routine
f. [CHILD] does his/her homework at the same time every day.
g. Children in my house do regular household chores [SKIP FOR ADDITIONAL CHILDREN]
h. [CHILD] has difficulty waking up on school days
i. [CHILD] is tired during the day

F26 is asked once, if multiple children in the household repeat F1-F25 for each additional child and then ask F26.

F.26 These are some statements about your living situation. For each statement that I read to you, please tell me whether the statement is True or False for you and your household. For some statements you may feel that they are True some of the time but not always. Determine whether the statement is True or False more than half of the time and answer accordingly.
[ASK ONLY ONE TIME]

	True	False	REF	DK
a. There is very little commotion where we live.
b. We can usually find things when we need them.
c. We almost always seem to be rushed.
d. We are usually able to “stay on top of things.”
e. No matter how hard we try, we always seem to be running late.
f. It’s a real “zoo” where we live.
g. At home we can talk to each other without being interrupted.
h. There is often a fuss going on where I live.
i. No matter what our family/household plans, it usually doesn’t seem to work out.
j. You can’t hear yourself think where we live.
k. I often get drawn into other people’s arguments where I live.
l. Where we live is a good place to relax.
m. The telephone takes up a lot of our time where we live.
n. The atmosphere where we live is calm.

Module G. Parent on Adult Child (18+)

Now I would like to talk to you about some of the children we've talked about in prior interviews who are now adults—that is they are now age 18 or over. I'm going to ask you about [LIST NAMES OF UP TO 3 ADULT FOCAL CHILDREN]. I'm going to start with [FOCAL CHILD 1 NAME]. [ONLY SKIP SERIES IF CHILD IS DECEASED.]

G.1 Has [CHILD] ever been married?

- Yes
- No
- Refused
- Don't know

G.2 Does [CHILD] have any biological child(ren) of their own?

- Yes
- No
- Refused
- Don't know

G.3 Last month did [CHILD] do any work for pay?

- Yes
- No **SKIP TO G.5: Highest grade attended**
- Refused **SKIP TO G.5: Highest grade attended**
- Don't know **SKIP TO G.5: Highest grade attended**

G.4 [ASK IF ADULT CHILD DID WORK LAST MONTH (G3=1)] During the last month, how many hours did [CHILD] usually work each week?

G.5 What is the highest grade or year of school that [CHILD] has ever completed?

- Kindergarten to 6th Grade
- 7th to 12th grade –no diploma
- High school graduate/have diploma
- High school equivalent (GED) general educational development
- Some college
- Technical certificate
- Associates degree
- Bachelor's degree
- Master's degree, doctorate degree, or other professional degree (for example, MD, DDS, DVM, LLB, JD)
- Refused
- Don't know

G.6 Does [CHILD] have a GED or high school diploma?

- GED
- High school diploma
- Neither
- Refused
- Don't know

G.7 Did [CHILD] get a college degree?

- Yes
- No
- Refused
- Don't know

As a reminder, you became part of the study in [DATE OF STUDY ENROLLMENT], when you were [AGE AT TIME OF ENROLLMENT] years old.

G.8 Since you began participating in the study, around [DATE OF STUDY ENROLLMENT], how many different schools has [CHILD'S NAME] attended?

G8a. How many elementary schools? Number: _____

G8b. How many middle schools? Number: _____

G8c. How many high schools? Number: _____

G8d. How many colleges? Number: _____

G.9 Since you enrolled in the program in [DATE OF STUDY ENROLLMENT] has [CHILD] participated in any school or training programs that lasted at least two weeks that were designed to help him/her find a job, improve his/her job skills or learn a new job?

- Yes
- No
- Refused
- Don't know

Now I'd like to ask some questions about [CHILD]'s housing experiences.

G.10 Has your child ever experienced homelessness **on their own when you were not with them**? By experiencing homelessness, we mean times where you child didn't have a regular place to live, and they were living in an emergency shelter, transitional housing, or in an unsheltered location.

- Yes
- No
- Refused
- Don't know

G.11 Has your child ever doubled-up or couch surfed when you were not with them?

- Yes
- No
- Refused
- Don't know

Module H. COVID-19 Experiences

The COVID-19 pandemic brought a lot of changes to many people. We are interested in understanding how you and others in your household may have been affected by COVID-19. We know that this was a difficult time for many people and the questions may trigger painful memories. Please know that you can choose not to answer any question. We can also pause the interview for a moment if you need to take a short break.

We have a list of resources that you can call if you need assistance or just want to talk further about these difficult experiences. I will send those numbers to you with your consent form.

	Yes	No	Refused	Don't know	VOL: Not applicable, no children in school or childcare
H1. Did you or anyone in your household have work hours cut or reduced?	
H2. Were you, or anyone in your household, asked to work more hours than usual?	
H3. Were you anyone in your household temporarily laid off or furloughed?	
H4. Did you or anyone else in your household lose your job?	
H5. Did you or anyone in your household reduce or leave work due to child care or other family responsibilities?
H6. Did the pandemic prevent you or anyone in your household from being able to find a job?	
H7. Did any child(ren) miss a significant amount of school or childcare because of COVID-19?
H8. Did you fall behind on rent [or mortgage] payments at any time during the pandemic?	
H9. [ASK IF THEY FELL BEHIND DURING PANDEMIC (H8 =1)] Is your household currently caught up on rent [or mortgage] payments?	
H10. Do you have internet access in the place you live now?	
H11. Did any child(ren) have trouble with learning remotely during the COVID-19 pandemic because of a lack of access to the internet?

H12. Has anyone in your household
(counting all people you lived with)
died from COVID-19?

..

..

..

..

H.1

CONDOLENCE SCRIPT: *I am sorry for your loss. Do you need to take a minute before we go on?*

Module I. Overall Housing Stability

When we first met your family a dozen years ago in [DATE OF STUDY ENROLLMENT], you were staying in the [NAME OF SHELTER AT RANDOM ASSIGNMENT], a shelter for families experiencing homelessness. Establishing stable housing after a period of homelessness can be difficult.

I.1 Overall, which of the following statements do you think best describes your housing situation over the past 12 years? READ LIST, SELECT ONE ANSWER ONLY

- Generally stable throughout
- Generally unstable throughout
- Was unstable earlier on, but then found more stable housing
- Was stable earlier on, but then experienced more instability
- Mixed – some periods of stability, some periods of instability
- Some other pattern - (Briefly describe)

I.2 Could you tell us a bit more? Why would you say you had that experience? [OPEN END]

Module J. Contact Information

Now I'd like to confirm your contact information so that we can reach you in the future. This will also help us know where to send your gift card.

J.1 What is your first name? _____

J.2 What is your middle name? _____

J.3 What is your last name? _____

J.4 Does your name have a suffix? _____

J.5 Do you have a mailing address? _____

J.6 What is your phone number? [Captures phone number for home, cell, work, other]

J.7 Do you have another phone number we could use to try to reach you?

Yes

No **SKIP to J.9**

J.8 What is this phone number, starting with the area code? Is this a home, cell, work, or other phone number?

1 HOME PHONE

2 CELL PHONE

3 WORK PHONE

4 OTHER PHONE

J.9 Do we have your permission to text you at this number?

YES

NO

J.10 Do you have an email address?

Yes

No **SKIP to J.9**

J.11 What is your email address? _____

J.12 Now that [NAME] is older, we would like to invite them to participate in the study so we can learn about their experiences as an adult. In order for us to invite them and obtain their consent to participate, we need to be able to reach them. When we contact them within a few weeks, we will explain the study and let them decide whether to participate. We will not use their contact information for any other purpose. Could you please share [CHILD's] address, phone number, and email? [REPEAT FOR UP TO FIVE ADULT CHILD(REN)]

Name

Mailing Address

**Telephone
Number**

Email

- Refused
- Don't know

[IF PROVIDED CONTACT INFORMATION] We would appreciate if you would let them know your family participated in this study and that we will be trying to contact them in the coming weeks. Please let them know that a researcher from Abt Associates will call them to explain the study and ask them if they want to participate in this important research.

Thank you very much for your time today. To help us be able to get back in touch with you in the future, we would like to review the names, telephone numbers and addresses of two people we talked about last time we spoke who will always know how to reach you. This information will be kept strictly confidential and will only be used if we are unable to contact you.

J.13 When we last spoke on [Last Interview MMYYYY] you said that [CONTACT #1] was a person who would always know where you are and how to reach you. Is [CONTACT#1] still a person who does not live with you and will always know how to contact you.

- Yes
- No **SKIP to J.15**

J.14 IF J.13=yes, confirm [CONTACT #1] information: name, address, phone, cell phone, email, and relationship to respondent. [REPEAT FOR UP TO 3 CONTACTS].

J.15 IF J13=NO: Could you please tell me the name of [a/another] person who does not live with you and will always know how to contact you? We will not tell them why we are trying to contact you other than to participate in a research study.? [IF YES, CONFIRM [CONTACT #1] INFORMATION. IF NO, PROCEED TO NEXT CONTACT.]

Thank you very much for your time today. You are an important part of the Family Options Study, and we appreciate you taking the time to talk with us.

We will send you an email with a link to redeem your \$50 gift card, as a token of our appreciation for your time. You should receive it within two weeks. If you do not have a valid email address, we can send your gift card by mail.

[PATH 1: IF PHONE INTERVIEW AND (J.10=1)]

J.16 We have your email as (DISPLAY EMAIL ADDRESS FROM J.7). Is this correct?

1. YES, CORRECT [SKIP TO END_1]
2. NO, NOT CORRECT [SKIP TO H13I13_EMAIL]
3. VOL: DON'T HAVE INTERNET ACCESS AND NEED A PHYSICAL GIFT CERTIFICATE [SKIP TO PATH 3]

J.17 What email address should we use to send you the gift certificate information?

[EMAIL ADDRESS] _____ [SKIP TO END_1]

Thank you so much for your time. The company Virtual Incentives will be sending you an email with instructions on how to collect and redeem your \$50 gift certificate. Reward emails come from "reward@virtualrewardcenter.com" and you should receive your email within 14 days.

[PATH 2: IF FIM=IN PERSON]

I am about to give you a letter with the instructions to follow to collect and redeem your \$50 virtual reward. The letter has a link to collect your reward.

J.18 If you do not have internet access, we can mail you your reward instead. Do you have internet access?

1. R HAS INTERNET ACCESS
2. R DOES NOT HAVE INTERNET ACCESS [SKIP TO PATH 3]

Once you go to the Virtual Incentives site, you will be able to select your preference for your reward. Please follow the instructions in the letter. If you need assistance with your Virtual Reward, please contact support@virtualrewardcenter.com and reference the longer link at the bottom of the letter.

[PATH 3: IF (FIM=IN PERSON AND I7=2) OR (FIM=PHONE AND (I12=2 OR I13=2))

We will mail you a gift certificate valued at \$50. First I'll need to confirm I have the right address to send this to you. Is <ADDRESS> correct?

CAPI: DISPLAY ADDRESS FROM I1 through I6

CAPI: IF WE COLLECT UPDATE, THIS NEW ADDRESS SHOULD UPDATE THE SAMPLE

1. YES, CORRECT [SKIP TO H13c]
2. NO, NOT CORRECT

J.19 What address should we use to mail you the gift certificate?

What is your street address or PO box number? [PRE-FILL FROM FILE]

Is there a complex or building name? [PRE-FILL IFROM FILE]

Is there an apartment number? [PRE-FILL FROM FILE]

In what city? [PRE-FILL FROM FILE]

In what state? [PRE-FILL FROM FILE]

What is the zip code? [PRE-FILL FROM FILE]

Thank you so much for your time. We will process your preference for the gift certificate and you should receive it in the mail within 30 days.

[RESOURCES BELOW TO BE MAILED TO PARTICIPANT]

We know that some of the questions may have reminded you of unpleasant experiences in your life. We are providing all participants with a list of resources that you can call or contact online. Some of these resources can help with things like applying for different types of assistance. Other included organizations many people find helpful if they are upset after remembering a traumatic experience. Others may be helpful in case answering any of these questions made you uncomfortable or upset. We encourage you to contact one of the resources below as needed, especially to discuss any of these experiences if you are upset.

Thank you for your participation in the Family Options Study. We have enclosed a copy of the consent form for your reference, as well as a copy for you to sign and return to us in the enclosed envelope. We also included a copy of the Information Release Form for your reference.

You will receive your \$50 gift card to the email you provided or mailed to the address you provided.

Community Resources

Type of Organization(s)	Name of Organization(s) and Contact Information
General resource with specialists who can provide assistance in accessing local resources to address a variety of needs including food, housing, and utility assistance, as well as legal and employment services. Requests can be made anonymously.	United Way 211 Call 211 Call 211 for Essential Community Services United Way 211
Income Assistance/Temporary Assistance for Needy Families (TANF)/Welfare	Office of Family Assistance Help for Families The Administration for Children and Families (hhs.gov)
Energy assistance	Low Income Home Energy Assistance Program (LIHEAP) LIHEAP Map State and Territory Contact Listing The Administration for Children and Families (hhs.gov) Call: 1-866-674-6327 Email: energy@ncat.org
General food assistance/food stamps	Food and Nutrition Service SNAP State Directory of Resources Food and Nutrition Service (usda.gov)
Free and reduced meals for students	Food and Nutrition Service, National School Lunch Program Directory of State Contacts
Food banks, emergency food	Feeding America Find Your Local Food Bank Feeding America
Public health insurance (Medicaid) for adults	Medicaid Beneficiary Resources Medicaid
Public health insurance (Medicaid and SCHIP) for children	Children's Health Insurance Program (CHIP) Find Coverage for Your Family InsureKidsNow.gov To apply: 1-800-318-2596
Mental health assistance for adults	National Alliance on Mental Illness Call: 1-800-950-6264 (NAMI) Text: 62640 Email: helpline@nami.org Find Your Local NAMI NAMI: National Alliance on Mental Illness

Job training and job placement assistance	Department of Labor American Job Center Finder CareerOneStop
Help with budgeting	Financial Literacy and Education Commission MyMoney.gov , My Money Tools Consumer Resources Consumer Financial Protection Bureau (consumerfinance.gov)
Information about savings or checking accounts (including programs for the unbanked, individual development accounts, etc.)	Consumer Financial Protection Bureau Bank Accounts and Services cfpb_checklist_opening_bank_account_web.pdf (consumerfinance.gov)

National toll-free hotlines

Crisis Counseling related to natural or human-caused disaster, including the COVID-19 pandemic	SAMSHA National Distress Hotline	1-800-985-5990
Trained Crisis Counseling for people experiencing mental health-related distress	National Suicide and Crisis Hotline	988
Suicide prevention	National Suicide Prevention Hotline	1-800-SUICIDE (1-800-784-2433)
Domestic violence	National Domestic Violence Hotline	1-800-799-SAFE (7233)
Abuse and sexual assault	Rape Abuse & Incest Network National Hotline	1-800-656-HOPE (4673)