

**2025 Annual Social and Economic Supplement
Items Booklet - Feb/March/April 2025**

**2025 ANNUAL SOCIAL AND ECONOMIC SUPPLEMENT
CPS FIELD REPRESENTATIVE / CATI INTERVIEWER
ITEMS BOOKLET**

This document does not contain any Title 13 data or other Personally Identifiable Information. All data are fictitious and any resemblance to actual data is coincidental. Consistent with Field Division Policy, any names referenced in practice interviews or other exercises are not meant to refer to any actual businesses, schools, group quarters, or persons, especially any current or former Census Bureau employees.

Table of Contents

1	BASIC CPS ITEMS	3
1.1	MOVER ITEMS	3
1.2	FAMILY INCOME	3
1.3	INCDKR	3
2	INTRODUCTION AND WORK EXPERIENCE	4
3	EARNED INCOME	10
4	INCOME SOURCES	23
4.1	UNEMPLOYMENT AND WORKERS COMPENSATION (SOURCE)	25
4.2	SOCIAL SECURITY (SOURCE)	27
4.3	SOCIAL SECURITY FOR CHILDREN (SOURCE)	28
4.4	SUPPLEMENTAL SECURITY INCOME (SSI) (SOURCE)	29
4.5	SUPPLEMENTAL SECURITY INCOME FOR CHILDREN (SSI) (SOURCE)	30
4.6	DISABILITY INCOME (SOURCE)	31
4.7	VETERANS PAYMENTS (SOURCE)	33
4.8	SURVIVOR BENEFITS (SOURCE)	34
4.9	PUBLIC ASSISTANCE (SOURCE)	35
4.10	FOOD STAMPS/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) (SOURCE)	36
4.11	PENSIONS (SOURCE)	37
4.12	ANNUITIES (SOURCE)	38
4.13	RETIREMENT ACCOUNTS (SOURCE)	39
4.14	INCOME-EARNING ACCOUNTS OUTSIDE OF RETIREMENT (SOURCE)	40
4.15	PROPERTY INCOME (SOURCE)	43
4.16	EDUCATION ASSISTANCE (SOURCE)	44
4.17	CHILD SUPPORT (SOURCE)	45
4.18	REGULAR FINANCIAL ASSISTANCE (SOURCE)	45
4.19	OTHER MONEY INCOME (SOURCE)	46
5	INCOME AMOUNTS	47
5.1	UNEMPLOYMENT AND WORKER'S COMPENSATION (AMOUNTS)	47
5.2	SOCIAL SECURITY (AMOUNTS)	54
5.3	SOCIAL SECURITY DISABILITY (AMOUNTS)	56
5.4	SOCIAL SECURITY FOR CHILDREN (AMOUNTS)	59
5.5	SUPPLEMENTAL SECURITY INCOME (SSI) (AMOUNTS)	61
5.6	SUPPLEMENTAL SECURITY INCOME FOR CHILDREN (AMOUNTS)	62
5.7	DISABILITY INCOME (AMOUNTS)	64
5.8	VETERANS PAYMENTS (AMOUNTS)	68
5.9	SURVIVOR BENEFITS – AMOUNTS	71
5.10	PUBLIC ASSISTANCE (AMOUNTS)	77
5.11	FOOD STAMPS/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) (AMOUNTS)	79
5.12	PENSIONS (AMOUNTS)	81
5.13	ANNUITIES (AMOUNTS)	84
5.14	WITHDRAWALS/DISTRIBUTIONS FROM RETIREMENT PLAN (AMOUNTS)	86
5.15	INTEREST/DIVIDENDS ON RETIREMENT ACCOUNTS (AMOUNTS)	91
5.16	INTEREST/DIVIDENDS ON NON-RETIREMENT ACCOUNTS (AMOUNTS)	93
5.17	PROPERTY INCOME (AMOUNTS)	95
5.18	EDUCATIONAL ASSISTANCE (AMOUNTS)	97
5.19	CHILD SUPPORT (AMOUNTS)	100
5.20	REGULAR FINANCIAL ASSISTANCE (AMOUNTS)	102
5.21	OTHER MONEY INCOME (AMOUNTS)	104
5.22	CONTRIBUTIONS TO RETIREMENT ACCOUNTS (AMOUNTS)	105

6	HEALTH INSURANCE	106
6.1	INTRODUCTION TO HEALTH INSURANCE SECTION	106
6.2	CURRENT COVERAGE	107
6.3	TYPE OF COVERAGE.....	108
6.4	MONTHS OF COVERAGE.....	113
6.5	OTHER HOUSEHOLD MEMBERS	116
6.6	ADDITIONAL PLANS.....	118
6.7	EMPLOYER-SPONSORED INSURANCE OFFERS AND TAKEUP	118
6.8	HEALTH STATUS	119
6.9	MEDICAL EXPENDITURES	120
7	EMPLOYER’S PENSION PLAN.....	121
8	LOW INCOME ITEMS.....	122
8.1	SCHOOL LUNCHESES	122
8.2	PUBLIC HOUSING	122
8.3	WOMEN, INFANTS, AND CHILDREN NUTRITION PROGRAM (WIC).....	123
8.4	ENERGY ASSISTANCE.....	123
9	MIGRATION	125
9.1	5-YEAR MIGRATION	125
9.2	1-YEAR MIGRATION	128
10	SUPPLEMENTAL POVERTY MEASURE.....	132
10.1	PROPERTY VALUE/PRESENCE OF MORTGAGE.....	132
10.2	CHILD CARE	133
10.3	CHILD SUPPORT PAID	136
10.4	AFFORDABLE CONNECTIVITY PROGRAM	138

1 BASIC CPS ITEMS

1.1 MOVER ITEMS

HH32b

Did (you/name of reference person) live at this address during the week of November 19, 2024?

- 1 Yes
- 2 No

HH32d

Did any of the following household members live here during the week of November 19, 2024?

- 1 Yes
- 2 No

1.2 FAMILY INCOME

S FAMINC

Which category represents the total combined income of all members of this FAMILY during the past 12 months?

This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of this family who are 15 years of age or older?

- | | | | |
|---|-------------------|----|--------------------|
| 1 | Less than \$5,000 | 9 | 30,000 to 34,999 |
| 2 | 5,000 to 7,499 | 10 | 35,000 to 39,999 |
| 3 | 7,500 to 9,999 | 11 | 40,000 to 49,999 |
| 4 | 10,000 to 12,499 | 12 | 50,000 to 59,999 |
| 5 | 12,500 to 14,999 | 13 | 60,000 to 74,999 |
| 6 | 15,000 to 19,999 | 14 | 75,000 to 99,999 |
| 7 | 20,000 to 24,999 | 15 | 100,000 to 149,000 |
| 8 | 25,000 to 29,999 | 16 | 150,000 to more |

1.3 INCDKR

Is the combined income of all members of this FAMILY during the past 12 months above or below \$75,000?

- 1 Above
- 2 Below

2 INTRODUCTION and WORK EXPERIENCE

Pr incom

?[F1] Importance of responding

◆ Wording of introduction is optional.

The questions you just answered were about your job and economic status last week.
The next set of questions ask about your job and economic status last year.

1 Enter 1 to Continue

Q29a

Did (name/you) work at a job or business at any time during 2024?

1 Yes
2 No

Q29b

Did (you/he/she) do any temporary, part-time, or seasonal work even for a few days during 2024?

◆ Include any Military Reserves or National Guard work.

1 Yes
2 No

Q30

Even though (name/you) did not work in 2024, did (you/he/she) spend any time trying to find a job or on layoff?

1 Yes
2 No

Q31

How many different weeks (was/were) (name/you) looking for work or on layoff from a job?

◆ (01-52) Number of weeks

Q32

What was the main reason (you/he/she) did not work in 2024?

♦ Read categories if necessary

- 1 Ill, or disabled and unable to work
- 2 Retired
- 3 Taking care of home or family
- 4 Going to school
- 5 Could not find work
- 6 Doing something else

Q33

**During 2024 in how many weeks did (name/you) work even for a few hours?
Include paid vacation and sick leave as work.**

- ♦ (01-52) Number of weeks
- ♦ Enter 97 if respondent can only answer in months

Q33mon

- ♦ Enter number of months worked
(1-12)

Q33ver

Then (name/you) worked about (number) weeks. Is that correct?

- 1 Yes
- 2 No – back to Q33 and obtain estimate

Q35

**Did (name/you) lose any full weeks of work in 2024 because (you/he/she)
(were/was) on layoff from a job or lost a job?**

♦ Number of weeks worked in 2024: (number)

- 1 Yes
- 2 No
- 7 Mistake made in number of weeks worked last year - Specify in Q35SP

Q35SP

◆ Specify mistake made in number of weeks worked last year

Q36

**You said (name/you) worked about (number) (week/weeks).
How many OF THE REMAINING (number) WEEKS (was/were)
(you/he/she) looking for work or on layoff from a job?**

◆ Enter 0 for none

Q37

Were the (number) weeks (name/you) (was/were) looking for work or on layoff all in one stretch?

- 1 Yes – one stretch
- 2 No – two stretches
- 3 No – 3 or more stretches

Q38

What was the main reason (name/you) (was/were) not working or looking for work in the remaining weeks of 2024?

◆ Read list only if respondent is having difficulty answering the question

- | | | | |
|---|-------------------------------------|---|-------------------------|
| 1 | Ill, or disabled and unable to work | 4 | Retired |
| 2 | Taking care of home or family | 5 | No work available |
| 3 | Going to school | 6 | Other (Specify - Q38sp) |

Q38sp

◆ Enter verbatim response

Q39

**For how many employers did (name/you) work in 2024?
If more than one at the same time, only count it as one employer.**

- 1 One
- 2 Two
- 3 Three or more

Q41

In the (one week/weeks) that (name/you) worked, how many hours did (you/he/she) (work that week?/usually work per week?)

◆ Enter number of hours

Q43

During 2024, were there one or more weeks in which (name/you) worked less than 35 hours?

Exclude time off with pay because of holidays, vacation, days off, or sickness.

- 1 Yes
- 2 No

Q44

In the weeks that (name/you) worked, how many weeks did (name/you) work less than 35 hours in 2024?

◆ Number of weeks worked in 2024: (number)
(Number of weeks was reported in item Q33)

(1-52)

Q45

What was the main reason (name/you) worked less than 35 hours per week?

◆ Read list only if respondent is having difficulty answering the question

- 1 Could not find a full time job
- 2 Wanted to work part time or only able to work part time
- 3 Slack work or material shortage
- 4 Other reason

Q46

What was (name's/your) longest job during 2024?

Was it:

(IO1NAM:) (name of employer)

(IO1IND:) (kind of business or industry)

(IO1OCC:) (occupation)

(IO1DT:) (duties)

◆ CLASS OF WORKER: (PRIVATE/ FEDERAL GOVERNMENT/ STATE GOVERNMENT/ LOCAL GOVERNMENT/WORKING WITHOUT PAY IN FAMILY BUS./ SELF EMPLOYED--INCORPORATED/ SELF EMPLOYED--UNINCORPORATED)

1 Same as listed

2 Different job

Q47a

For whom did (name/you) work (?/at) (blank/(your/his/her) (blank/longest job during 2024?))

◆ Name of Company, business, organization or other employer

(blank/◆IO1NAM:) (entry)

The current employer is pre-filled in the Form Pane below. Press ENTER if Same)

(blank/◆If longest job last year is military job, enter Armed Forces)

(blank/◆ Enter N for no work done at all during 2024)

Q47b

What kind of business or industry is this?

For example: TV and radio manufacturing, retail shoe store, farm

(blank/◆IO1IND:) (entry)

The current business or industry type is pre-filled in the Form Pane below. Press ENTER if Same)

(blank/◆If longest job last year is military job, enter NA)

Q47b1

Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something else?

(blank/◆IO1MFG:) (entry)

The current business or organization type is pre-filled in the Form Pane below. Press ENTER if Same)

(blank/ ♦ If longest job last year is military job, enter 4)

- 1 Manufacturing
- 2 Retail trade
- 3 Wholesale trade
- 4 Something else

Q47c

What kind of work (was/were) (you/he/she) doing?

For example: Electrical Engineer, Stock Clerk, Typist

(blank/ ♦ IO1OCC:) (entry)

The current occupation is pre-filled in the Form Pane below. Press ENTER if Same)

(blank/ ♦ If longest job last year is military job, enter Armed Forces)

Q47d1

What were (your/his/her) most important activities or duties?

For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.

(blank/ ♦ IO1DT:) (entry)

The current job description is pre-filled in the Form Pane below. Press ENTER if Same)

(blank/ ♦ If longest job last year is military job, enter NA)

Q47d2

What were (your/his/her) most important activities or duties?

For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.

(blank/ ♦ IO1DT:) (entry)

The current job description is pre-filled in the Form Pane below. Press ENTER if Same)

(blank/ ♦ If longest job last year is military job, enter NA)

Q47E1

♦ Ask Only If Necessary

(Were/Was) (you/he/she) employed by government, by a PRIVATE company, a nonprofit organization, or (was/were) (you/he/she) self-employed or working in a

family business?

- 1 Government
- 2 Private for profit company
- 3 Non profit organization including tax exempt and charitable organizations
- 4 Self employed
- 5 Working in family business

Q47E1a

Would that be the federal, state, or local government?

- 1 Federal
- 2 State
- 3 Local (county, city, township)

Q47E1b

Was this business incorporated?

- 1 Yes
- 2 No

Q47E1c

(Were/Was) (you/name) the owner of the business?

- 1 Yes
- 2 No

Q4788

Counting all locations where (this employer/(name/you)) (operates/operate), what is the total number of persons who work for ((name's/your) employer)/name/you)?

♦ [Read categories if necessary](#)

- 1 under 10
- 2 10-49
- 3 50-99
- 4 100-499
- 5 500-999
- 6 1,000+

3 EARNED INCOME

The Earnings and Income question series include range follow-up questions presented anytime a respondent doesn't know or refuses to provide an exact dollar amount for a

source they (or someone in the household) indicates as having received. Follow-up questions allow respondents that do not feel comfortable giving exact dollar values to report an income range. There are three sets of categories used for the income range follow-up questions: high-range, mid-range, and low-range. The income range used in the follow-up range questions depends on the source of the income. See Attachment A to this items booklet for the three levels of income range follow-up questions. See Attachment B for a table that displays the income source and the range level used for the follow-up questions.

Q48aa

How much did (name/you) earn from this employer before taxes and other deductions during 2024?

- ◆ Enter dollar amount
 - ◆ Enter 0 for none
-

Q48aarn1 Ask only if the respondent “Doesn’t know” or ‘Refused” Q48aa

Could you tell me if (name/you) earned

**less than \$45,000
between \$45,000 and \$60,000
or over \$60,000**

for the TOTAL yearly amount from this employer before taxes and other deductions during 2024?

- 1 Less than \$45,000
- 2 Between \$45,000 and \$60,000
- 3 Over \$60,000

Q48aarn2

Did (name/you) earn

**less than \$15,000
between \$15,000 and \$30,000
or over \$30,000**

from this employer during 2024?

- 1 Less than \$15,000
- 2 Between \$15,000 and \$30,000
- 3 Over \$30,000

Q48aap

◆ Read if necessary

Is this a weekly, every other week, twice a month, monthly, or yearly amount?

- 1 Weekly
- 2 Every other week
- 3 Twice a month
- 4 Monthly
- 7 Yearly

Q48a1

For how many (weekly/every other week/twice a month/monthly) pay periods did (name/you) earn (fill from Q48aa) from this employer in 2024?

◆ (1-12/1-24/1-26/1-52)

Q48aC2

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total annual earnings entered is (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q48aV

According to my calculations (name/you) earned (total) altogether from this employer in 2024 before deductions. Does that sound about right?

- 1 Yes
- 2 No

Q48a2

What is your best estimate of (name's/your) correct total amount of earnings from this employer during 2024 before deductions?

◆ PREVIOUS ENTRIES: Q48aa: (amount)
Q48aap: (periodicity)
Q48a1: (number of pay periods)

◆ Enter dollar amount

Q48a3

Does this amount include all tips, bonuses, overtime pay, or commissions (name/you) may have received from this employer in 2024?

- 1 Yes
- 2 No

Q48aad

How much did (name/you) earn in tips, bonuses, overtime pay, or commissions from this employer in 2024?

◆ Enter dollar amount

Q48aadrn1 Ask only if the respondent “Doesn’t know” or “Refused” Q48aad

Could you tell me if (name/you) earned

**less than \$1,000
between \$1,000 and \$3,000
or over \$3,000**

in tips, bonuses, overtime pay, or commissions from this employer during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$3,000
- 3 Over \$3,000

Q48aadrn2

Did (name/you) earn

**less than \$100
between \$100 and \$500
or over \$500**

in tips, bonuses, overtime pay, or commissions from this employer during 2024?

- 1 Less than \$100
- 2 Between \$100 and \$500
- 3 Over \$500

Q48b

What were (name's/your) net earnings from this business/farm after expenses during 2024?

- ◆ If response is "Broke Even" then enter 1
 - ◆ If response is "none" or if respondent does not own a business or farm, then enter "0"
 - ◆ If response is "Lost Money" press Enter
 - ◆ Enter dollar amount
-

Q48b_char

- ◆ Enter "L" for Lost Money
-

Q48BL

- ◆ Enter amount of money lost in 2024
 - ◆ Enter annual amount only
-

Q48brn1 Ask only if the respondent "Doesn't know" or "Refused" Q48b.

Could you please tell me if (name/you) earned

**less than \$45,000
between \$45,000 and \$60,000
or over \$60,000**

for the TOTAL yearly amount from this business/farm after expenses during 2024?

- 1 Less than \$45,000
- 2 Between \$45,000 and \$60,000
- 3 Over \$60,000

Q48brn2

Did (name/you) earn

**less than \$15,000
between \$15,000 and \$30,000
or over \$30,000**

from this business/farm after expenses during 2024?

- 1 Less than \$15,000
- 2 Between \$15,000 and \$30,000
- 3 Over \$30,000

Q48bp

Is this a weekly, every other week, twice a month, monthly, quarterly, or yearly amount?

- 1 Weekly
- 2 Every other week
- 3 Twice a month
- 4 Monthly
- 5 Quarterly
- 7 Yearly

Q48B1A

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total annual business loss entered is (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q48B1B

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total annual business income entered is (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q48b2

What is your best estimate of (name's/your) ANNUAL net earnings from this business/farm after expenses in 2024?

- ◆ PREVIOUS ENTRIES: Q48b : (amount)
Q48bp: (periodicity)

- ◆ Enter dollar amount
-

Q48b2L

What is your best estimate of (name's/your) ANNUAL net LOSS from this business/farm after expenses in 2024?

- ◆ PREVIOUS ENTRIES: Q48bL: (amount)
Q48bp: (periodicity)

- ◆ Enter dollar amount
-

Q48b3

What were (name's/your) net earnings from this business/farm during the FIRST quarter of 2024?

- ◆ If response is "Broke Even" then enter 1
 - ◆ Enter "0" for None
 - ◆ If response is "Lost Money" press enter
 - ◆ Enter dollar amount
-

Q48b3 char

- ◆ Enter "L" for Lost Money
-

Q48B3L

- ◆ Enter amount of money lost in the first quarter of 2024.
-

Q48b4

What were (name's/your) net earnings from this business/farm during the SECOND quarter of 2024?

- ◆ If response is "Broke Even" then enter 1
 - ◆ Enter "0" for None
 - ◆ If response is "Lost Money" press enter
 - ◆ Enter dollar amount
-

Q48b4 char

- ◆ Enter "L" for Lost Money
-

Q48B4L

- ◆ Enter amount of money lost in the second quarter of 2024.
-

Q48b5

What were (name's/your) net earnings from this business/farm during the THIRD quarter of 2024?

- ◆ If response is "Broke Even" then enter 1
- ◆ Enter "0" for None

- ◆ If response is "Lost Money" press enter
 - ◆ Enter dollar amount
-

Q48b5 char

- ◆ Enter "L" for Lost Money
-

Q48B5L

- ◆ Enter amount of money lost in the third quarter of 2024.
-

Q48b6

What were (name's/your) net earnings from this business/farm during the FOURTH quarter of 2024?

- ◆ If response is "Broke Even" then enter 1
 - ◆ Enter "0" for None
 - ◆ If response is "Lost Money" press enter
 - ◆ Enter dollar amount
-

Q48b6 char

- ◆ Enter "L" for Lost Money
-

Q48B6L

- ◆ Enter amount of money lost in the fourth quarter of 2024.
-

Q48b7

Does this amount include all tips, bonuses, overtime pay, or commissions (name/you) may have received from this business in 2024?

- 1 Yes
- 2 No

Q48bad

How much did (name/you) earn in tips, bonuses, overtime pay, or commissions in 2024?

◆ Enter dollar amount

Q48badrn1 Ask only if the respondent “Doesn’t know” or “Refused” Q48bad.

Could you tell me if (name/you) earned

**less than \$1,000
between \$1,000 and \$3,000
or over \$3,000**

in tips, bonuses, overtime pay, or commissions from this business during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$3,000
- 3 Over \$3,000

Q48badrn2

Did (name/you) earn

**less than \$100
between \$100 and \$500
or over \$500**

in tips, bonuses, overtime pay, or commissions during 2024?

- 1 Less than \$100
- 2 Between \$100 and \$500
- 3 Over \$500

Q49a

Did (name/you) earn money from any other work (you/he/she) did during 2024?

- 1 Yes
- 2 No

Q49b1d

How much did (name/you) earn from all other employers before taxes and other deductions during 2024?

◆ Enter dollar amount
◆ Enter “0” for None

Q49b1drn1 Ask only if the respondent “Doesn’t know” or “Refused” Q48b1d.

Could you please tell me if (name/you) earned

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

from all other employers before taxes and other deductions during 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q49b1drn2

Did (name/you) earn

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

from all other employers before taxes and other deductions during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q49b1p

◆ [Read if necessary](#)

Is this a weekly, every other week, twice a month, monthly, or yearly amount?

- 1 Weekly
- 2 Every other week
- 3 Twice a month
- 4 Monthly
- 7 Yearly

Q49B11

For how many (weekly/every other week/twice a month/monthly) pay periods did (name/you) earn (fill from Q49b1d) from all other employers in 2024?

◆ [\(1-12/1-24/1-26/1-52\)](#)

Q49B1C

- ◆ Do not read to the respondent.
- ◆ The total annual earnings entered from all other employers is (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q49B1V

According to my calculations (name/you) earned (total) altogether from all other employers in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q49B12

What is your best estimate of (name's/your) correct total amount of earnings from all other employers during 2024?

- ◆ PREVIOUS ENTRIES: Q49b1d: (amount)
Q49b1p: (periodicity)
Q49b11: (number of pay periods)

- ◆ Enter dollar amount

Q49b13

Does this amount include all tips, bonuses, overtime pay, or commissions (name/you) may have received from all other employers in 2024?

- 1 Yes
- 2 No

Q49B1A

How much did (name/you) earn in tips, bonuses, overtime pay, or commissions from all other employers in 2024?

- ◆ Enter dollar amount

Q49B1ARN1 Ask only if the respondent “Doesn’t know” or “Refused” Q49B1A.

Could you tell me if (name/you) earned

less than \$1,000
between \$1,000 and \$3,000
or over \$3,000

in tips, bonuses, overtime pay, or commissions from all other employers in 2024?

- 1 Less than \$1,000 (proceed to **Q49B1ARN2**)
- 2 Between \$1,000 and \$3,000
- 3 Over \$3,000

Q49B1ARN2

Did (name/you) earn

less than \$100
between \$100 and \$500
or over \$500

in tips, bonuses, overtime pay, or commissions from all other employers in 2024?

- 1 Less than \$100
- 2 Between \$100 and \$500
- 3 Over \$500

Q49b2

How much did (name/you) earn from (blank/any other businesses of) (your/his/her) (own/own business) after expenses?

- ◆ If response is "Broke Even" then enter 1
 - ◆ Enter "0" for None
 - ◆ If response is "Lost Money" press enter
 - ◆ Enter annual amount only
-

Q49b2rn1 Ask only if the respondent “Doesn’t know” or “Refused” Q49b2

Could you tell me if (name/you) earned

less than \$10,000
between \$10,000 and \$20,000
or over \$20,000

from (blank/any other businesses of) (your/his/her) (own/own business) after expenses?

- 1 Less than \$10,000 (proceed to **Q49b2rn2**)

- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q49b2rn2

Could you tell me if (name/you) earned

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

from (blank/any other businesses of) (your/his/her) (own/own business) after expenses?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q49b2 char

◆ Enter "L" for Lost Money

Q49b3

◆ Enter annual amount lost only

Q49b4

How much did (name/you) earn from (your/his/her) farm after expenses?

- ◆ If response is "Broke Even" then enter 1
 - ◆ Enter "0" for None
 - ◆ If response is "Lost money" press enter
 - ◆ Enter annual amount only
-

Q49b4rn1 Ask only if the respondent “Doesn’t know” or “Refused” Q49b4.

Could you tell me if (name/you) earned

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

from (your/his/her) farm after expenses?

- 1 Less than \$10,000 (proceed to **Q49b4rn2**)
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q49b4rn2

Did (name/you) receive

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

from (your/his/her) farm after expenses?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q49b4 char

♦ Enter "L" for Lost Money

Q49b5

♦ Enter annual amount lost only

4 INCOME SOURCES

In the ASEC income section, the order of the questions changes based on the household composition (Low-income, Householder or Spouse Aged 62 or Older, or Default); see chart on the following page. All low-income transfer program questions are asked in each interview regardless of household family income.

Default		Low Income		Householder or Spouse 62 Years +	
Earnings- Person Level		Earnings- Person Level		Earnings- Person Level	
1	Unemployment/Workers Compensation	1	Unemployment/Workers Compensation	1	Unemployment/Workers Compensation
2	Social Security/SS for Children	7	Public Assistance / TANF	2	Social Security/SS for Children
3	Supplemental Security Income (SSI)/SSI Children	8	Food Stamps (SNAP)	3	Supplemental Security Income (SSI)/SSI Children
4	Disability	2	Social Security/SS for Children	4	Disability
5	Veterans	3	Supplemental Security Income (SSI)/SSI Children	5	Veterans
6	Survivor Benefits	4	Disability	6	Survivor Benefits
7	Public Assistance / TANF	5	Veterans	9	Pensions
8	Food Stamps (SNAP)	6	Survivor Benefits	10	Annuities
9	Pensions	9	Pensions	11	Retirement Accounts (within) –Withdrawals or distributions
10	Annuities	10	Annuities	12	Other Income Earning Assets (outside of retirement)
11	Retirement Accounts (within) – Withdrawals or distributions	11	Retirement Accounts (within) – Withdrawals or distributions	13	Property Income
12	Other Income Earning Assets (outside of retirement)	12	Other Income Earning Assets (outside of retirement)	7	Public Assistance / TANF
13	Property Income	13	Property Income	8	Food Stamps (SNAP)
14	Education Assistance	14	Education Assistance	14	Education Assistance
15	Child Support	15	Child Support	15	Child Support
16	Financial Assistance from friends or relatives	16	Financial Assistance from friends or relatives	16	Financial Assistance from friends or relatives
17	Other Income	17	Other Income	17	Other Income
*	Health Insurance				
18	Employers Pension Plan				
19	School Lunches- no amount collection				
20	Public Housing- no amount collection				
21	WIC- no amount collection				
22	Energy Assistance				

4.1 UNEMPLOYMENT AND WORKERS COMPENSATION (Source)

Q51A1

At any time during 2024 did (you/anyone in the household) receive any State or Federal unemployment compensation?

- ◆ Do NOT include federal stimulus payments due to the Coronavirus pandemic.

1 Yes

2 No

Q51A1b

- ◆ Read only if necessary

Who received State or Federal unemployment compensation?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?

Q51A2

At any time during 2024 did (you/anyone in the household) receive any Supplemental Unemployment Benefits (SUB)?

- ◆ Do NOT include federal stimulus payments due to the Coronavirus pandemic.

1 Yes

2 No

Q51A2b

- ◆ Read only if necessary

Who received Supplemental Unemployment Benefits?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?

Q51A3

At any time during 2024 did (you/anyone in the household) receive any Union Unemployment or Strike Benefits?

- ◆ Do NOT include federal stimulus payments due to the Coronavirus pandemic.

- 1 Yes
- 2 No

Q51A3b

- ◆ Read only if necessary

Who received Union Unemployment or Strike Benefits?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?

Q52A

During 2024 did (you/anyone in the household) receive any Worker's Compensation payments or other payments as a result of a job related injury or illness?

- ◆ Exclude sick pay and/or disability retirement.
- ◆ Do NOT include federal stimulus payments due to the Coronavirus pandemic.

- 1 Yes
- 2 No

Q52Ab

- ◆ Read only if necessary

Who received Worker's Compensation or payments as a result of a job related injury or illness?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?
- ◆ Exclude those who received sick pay and/or disability retirement.

Q52b

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

- 1 State Worker's Compensation
- 2 Employer or employer's insurance worker's compensation
- 3 Own insurance worker's compensation
- 4 Other

Q52Cs1

- ◆ Specify other source from workers compensation/insurance
- ◆ Enter "Worker's Compensation" if the answer is "Don't Know"

4.2 SOCIAL SECURITY (Source)

Q56a

During 2024 did (you/ anyone in this household) receive any Social Security payments from the U.S. Government?

- 1 Yes
- 2 No

Q56b

◆ Read only if necessary

Who received Social Security payments either for themselves or as combined payments with other family members?

- ◆ Enter Line Number Of Parent Or Guardian For Payments Made To Children Under Age 15
- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone else?

SSR

What were the reasons (name/you) (was/were) getting Social Security in 2024?

- ◆ Mark all that apply, separate using the space bar or a comma.
- ◆ Probe: Any Other Reason?

- 1 Retired
- 2 Disabled
- 3 Widowed
- 4 Spouse
- 5 Surviving child
- 6 Dependent child
- 7 On behalf of surviving, dependent, or disabled children
- 8 Other

SSRs

- ◆ Specify other reason
-

SSC

Which children under age 19 were receiving Social Security in 2024?

- ◆ Probe: Anyone Else?
- ◆ Enter all that apply, separate by commas.
- ◆ Enter 96 for All People ◆ Enter 0 for None

SSCR

What were the reasons (Child's name/the children) (was/were) getting Social Security in 2024?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Any Other Reason?

- 1 Disabled child/children
- 2 Surviving child/children
- 3 Dependent child/children
- 4 Other

SSDIa1

Did (name/you) receive (your/his/her) first Social Security Disability payment in 2024?

- 1 Yes
- 2 No

4.3 SOCIAL SECURITY FOR CHILDREN (Source)

Q56f

Did anyone in this household receive any Social Security income in 2024 that we have not already counted on behalf of children in this household?

- ◆ Includes all children under 19 years of age

- 1 Yes
- 2 No

Q56g

- ◆ Read only if necessary

Who received these Social Security payments?

- ◆ Enter line number of parent or guardian
- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?

CSS

Which children under age 19 were receiving Social Security in 2024?

- ◆ Probe: Anyone Else?
- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Enter 0 if none listed
- ◆ Enter 96 for all persons

CRSS

What were the reasons (Child's name/the children) (was/were) getting Social Security in 2024?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Any Other Reason?

- 1 Disabled child/children
- 2 Surviving child/children
- 3 Dependent child/children
- 4 Other

4.4 SUPPLEMENTAL SECURITY INCOME (SSI) (Source)

Q57a

**During 2024 did (you/ anyone in this household) receive:
any SSI payments, that is, Supplemental Security Income?**

- ◆ Note: SSI are assistance payments to low-income aged, blind and disabled persons, and come from state or local welfare offices, the Federal government, or both.

- 1 Yes
- 2 No

Q57b

- ◆ Read only if necessary

Who received SSI?

- ◆ Supplemental Security Income
- ◆ Enter all that apply, separate using the space bar or a comma.

- ◆ Probe: Anyone Else?

SSIR

What were the reasons (name/you) (was/were) getting Supplemental Security Income in 2024?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Any Other Reason?

- 1 Disabled
- 2 Blind
- 3 On behalf of a disabled child
- 4 On behalf of a blind child
- 5 Other _____

**4.5 SUPPLEMENTAL SECURITY INCOME FOR CHILDREN (SSI)
(Source)**

Q57d

Did anyone in this household receive any Supplemental Security Income in 2024 that we have not already counted on behalf of children in this household?

- ◆ Includes all children under 18 years of age
- ◆ SSI previously reported will appear here

LN Name Amount for Q57C amount

- 1 Yes
- 2 No

Q57e

- ◆ Read only if necessary

Who received these Supplemental Security Income payments?

- ◆ Enter line number of parent or guardian
- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?

RSSI

What were the reasons (name/you) (was/were) getting Supplemental Security Income on behalf of children in 2024?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Any Other Reason?

- 1 On behalf of a disabled child/children
- 2 On behalf of a blind child/children
- 3 Other _____

CSSI

Which children under age 18 were receiving Supplemental Security Income in 2024?

- ◆ Probe: Anyone Else?
- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Enter 0 if none listed
- ◆ Enter 96 for all persons

4.6 DISABILITY INCOME (Source)

Q59AR

At any time in 2024 (did you/did anyone in the household) have a disability or health problem which prevented (you/them) from working, even for a short time, or which limited the work (you/they) could do?

- 1 Yes
- 2 No

Q59b

- ◆ Read only if necessary

Who is that?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?

Q60a

(Did you/Is there anyone in this household who) ever (retire or leave/ retired or left) a job for health reasons?

- 1 Yes
- 2 No

Q60b

- ◆ Read only if necessary

Who is that?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?

Q61b

Did (you/name) receive any income in 2024 as a result of (your/his/her) health problem (other than Social Security Disability/other than VA benefits/ other than Social Security Disability or VA Benefits)?

- (◆ If amount was reported previously as compensation from a job related injury or illness, then enter <2>. Amount previously reported in Q52CT was (amount).)
- ◆ Do not include Veterans' payments.

- 1 Yes
- 2 No

Q61C

What was the source of this income?

- ◆ Asking About: (name) (blank/- -CURRENT RESPONDENT)
- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Any other income related to this health condition or disability?

- 2 Worker's compensation
- 3 Company or union disability
- 4 Federal Government (CIVIL SERVICE) disability
- 5 U.S. Military retirement disability
- 6 State or Local government employee disability
- 7 U.S. Railroad retirement disability
- 8 Accident or disability insurance
- 9 Black Lung miner's disability
- 10 State temporary sickness
- 11 Other or don't know – Specify – Enter last

Q61Cs1

- ◆ Specify other source from health problem or disability
 - ◆ Enter "Other Health Problem/Disability" if the answer is "Don't Know"
-

4.7 VETERANS PAYMENTS (Source)

Q60A88

**At any time during 2024 did (you/anyone in this household) receive:
Any Veterans' (VA) payments?**

♦ Include assistance received by children of veterans

- 1 Yes
- 2 No

Q60b 88

♦ Read only if necessary

**Who received Veterans' (VA) payments either for themselves or as combined
payments with other family members?**

- ♦ Enter all that apply, separate using the space bar or a comma.
- ♦ Probe: Anyone Else?

Q60C8

What type of Veterans' payment did (name/you) receive?

- ♦ Read list only if respondent is having difficulty answering the question.
- ♦ Enter all that apply, separate using the space bar or a comma.
- ♦ Probe: Any Other Payments?

- 1 Service-connected disability compensation
- 2 Survivor Benefits
- 3 Veterans' Pension
- 4 Educational assistance (including assistance received by children of veterans)
- 5 Other Veterans' payments _____

Q60D88

**(Are/Is) (name/you) required to fill out an annual income questionnaire for the
Department of Veterans' Affairs?**

- 1 Yes
- 2 No

4.8 SURVIVOR BENEFITS (Source)

Q58a

Did (you/ anyone in this household) receive any survivor benefits in 2024 such as widow's pensions, estates, trusts, insurance annuities, or any other survivor benefits (other than Social Security/ other than VA benefits/ other than Social Security or VA benefits)?

- 1 Yes
- 2 No

Q58b

◆ Read only if necessary

Who received this income?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?

Q58C

What was the source of this income?

- ◆ Asking About: (name/name- -CURRENT RESPONDENT)
- ◆ Read list if respondent is having difficulty answering the question
- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Any Other Source?

- 2 Company or union survivor pension (INCLUDE PROFIT SHARING)
- 3 Federal Government survivor (CIVIL SERVICE) pension
- 4 U.S. Military retirement survivor pension
- 5 State or Local government survivor pension
- 6 U.S. Railroad retirement survivor pension
- 7 Worker's compensation survivor pension
- 8 Black Lung survivor pension
- 9 Regular payments from estates or trusts
- 10 Regular payments from annuities or paid-up insurance policies
- 11 Other or don't know (SPECIFY) - ENTER LAST

Q58Cs1

- ◆ Specify other source of income as survivor or widow
 - ◆ Enter "Survivor Benefits" if the answer is "Don't Know"
-

4.9 PUBLIC ASSISTANCE (Source)

Q59A88

At any time during 2024, even for one month, did (you/ anyone in this household) receive any CASH assistance from a state or county welfare program such as (State Program Name)?

◆ Do NOT include federal stimulus payments due to the Coronavirus pandemic.

Include cash from:

Welfare or welfare to work
TANF
AFDC/Aid to Families
General Assistance
Diversion payments
Refugee Cash
Gen Assist Indian Affairs

Don't include:

Food stamps (SNAP)
SSI
Energy assistance
WIC
School meals
Childcare
Education Assistance

- 1 Yes
- 2 No

Q59A89

Just to be sure, in 2024, did anyone receive CASH assistance from a state or county welfare program, on behalf of CHILDREN in the household?

◆ Do NOT include federal stimulus payments due to the Coronavirus pandemic.

- 1 Yes
- 2 No

Q59b 88

Who received this CASH assistance?

- ◆ Enter line number
- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?

Q59C8r

From what type of program did (name/you) receive the CASH assistance? Was it a welfare or welfare to-work program such as (STATE PROGRAM NAME), General Assistance, Emergency Assistance, Diversion payments or some other program?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Any Other Program?

- ◆ If respondent mentions any of the following categories:

- Food Stamps
- SSI
- Energy Assistance
- School Meals
- Transportation
- Child Care
- Rental
- Educational Assistance

Note this, but explain: “Right now we are interested in CASH assistance”. Seek answers using the accepted categories

- ◆ Do NOT include federal stimulus payments due to the Coronavirus pandemic.

- 1 (State Program Name)/Temporary Assistance to Needy Families (TANF)/welfare/AFDC
- 2 General Assistance
- 3 Emergency Assistance/short-term cash assistance
- 4 Diversion Payments
- 5 Refugee Cash and Medical Assistance program
- 6 General Assistance from Bureau of Indian Affairs, or Tribal Administered General Assistance
- 7 Some other program (specify)

Q59C8s

What was the name of the other program?

- ◆ Specify other source of cash assistance
- ◆ Enter "Cash" if the answer is "Don't Know"

4.10 FOOD STAMPS/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) (Source)

Q87r

At any time during 2024, did (you/ anyone in this household) receive benefits from SNAP (the Supplemental Nutritional Assistance Program) or the Food Stamp program, or use a SNAP or food stamp benefit card?

- ◆ Do not include WIC benefits.

- 1 Yes
- 2 No

Q87ar

At any time during 2024, even for one month, did (you/ anyone in this household) receive any food assistance from (State Program name)?

- ◆ Do not include WIC benefits.
- ◆ Include SNAP (Supplemental Nutrition Assistance Program)

- 1 Yes
- 2 No

Q88

Which of the people now living here were covered by that food assistance during 2024?

- ◆ List all household members covered by food assistance regardless of age
- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Enter 96 for All
- ◆ Enter 0 for None
- ◆ Probe: Anyone else?

4.11 PENSIONS (Source)

Q62Ar

During 2024 did (you/ anyone in this household) receive any pension income from a previous employer or union, (other than Social Security/ other VA benefits/ other than Social Security or VA benefits)?

- ◆ **PLEASE DO NOT INCLUDE DISTRIBUTIONS OR WITHDRAWALS FROM IRAs, 401(k)s, OR SIMILAR ACCOUNTS!**

- 1 Yes
- 2 No

Q62b

- ◆ Read only if necessary

Who received pension income?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?

Enter person's line number (1-16)

Q62Cr

What was the source of (your/ NAME's) pension income? Did (you/he/she) have a pension from a:

- ◆ READ EACH CATEGORY.
- ◆ Enter all that apply, separate using the space bar or a comma.

- 1 Company
- 2 Union
- 3 Federal Government
- 4 State Government
- 5 Local Government
- 6 U.S. Military
- 7 Some other source

Q62DR

What was the source of (name's/your) other pension income?

Enter all that apply
Probe as needed: Who received this source?
Probe: Any Other pension income?

- 1 U.S. Railroad Retirement pension
- 2 Other source (specify) or "don't know"

Q62Cs1

- ◆ Specify other source of pension income
- ◆ Enter "Other Pension" if the answer is "Don't Know"

4.12 ANNUITIES (Source)

Q96Ar

During 2024 did (you/ anyone in this household) receive any income from an annuity?

- 1 Yes
- 2 No

Q96Br

- ◆ Read only if necessary

Who received annuity income?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?

4.13 RETIREMENT ACCOUNTS (Source)

Q97Ar

At any time during 2024 did (you/ anyone in this household) have any retirement accounts such as a 401(k), 403(b), IRA, or other account designed specifically for retirement savings?

- 1 Yes
- 2 No

Q97Br

- ◆ Read only if necessary

Who had such a retirement account?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?

Q97Cr

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

- ◆ READ EACH CATEGORY
- ◆ Enter all that apply, separate using the space bar or a comma.

1. 401(k)
2. 403(b)
3. Roth IRA
4. Regular IRA
5. KEOGH plan (“KEE-OH”)
6. SEP plan (Simplified Employee Pension)
7. another type of retirement account

Q97Dr

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

- ◆ Enter other source of retirement income
- ◆ Enter “Other Retirement” if the answer is “Don’t Know”

Q98Ar(1-7)

Did (you/NAME) withdraw any money or receive a distribution from (your/his/her) [ACCOUNT TYPE_ FILL IN FROM Q97CR or Q97DR] in 2024 (, including any distributions (you/he/she) may have been required to take)?

- 1 Yes
- 2 No

4.14 INCOME-EARNING ACCOUNTS OUTSIDE OF RETIREMENT
(Source)

Q99ARa

Now I will ask about assets that may have paid interest or dividends in 2024 outside of the retirement accounts.

At any time during 2024, did (you/anyone in this household):

Have money in an interest-earning checking account?

- 1 Yes
- 2 No

Q99Ba

◆ *Ask only if necessary*

Which members of this household ages 15 and over had an interest-earning checking account?

- ◆ *Include each person in cases of joint accounts or ownership*
- ◆ *Enter all that apply, separate using the space bar or a comma*
- ◆ *Probe: Anyone else?*

Q99ARb

At any time during 2024, did (you/anyone in this household):

Have money in a savings account?

- 1 Yes
- 2 No

Q99Bb

- ◆ Ask only if necessary

Which members of this household ages 15 and over had savings accounts?

- ◆ Include each person in cases of joint accounts or ownership
- ◆ Enter all that apply, separate using the space bar or a comma
- ◆ Probe: Anyone else?

Q99ARc

At any time during 2024, did (you/anyone in this household):

Have money in a money market fund?

- 1 Yes
- 2 No

Q99Bc

- ◆ Ask only if necessary

Which members of this household ages 15 and over had a money market fund?

- ◆ Include each person in cases of joint accounts or ownership
- ◆ Enter all that apply, separate using the space bar or a comma
- ◆ Probe: Anyone else?

Q99ARd

At any time during 2024, did (you/anyone in this household):

Have money in CDs (certificates of deposit)?

- 1 Yes
- 2 No

Q99Bd

- ◆ Ask only if necessary

Which members of this household ages 15 and over had CDs (certificates of deposit)?

- ◆ Include each person in cases of joint accounts or ownership
- ◆ Enter all that apply, separate using the space bar or a comma
- ◆ Probe: Anyone else?

Q99ARe

At any time during 2024, did (you/anyone in this household):

Have money in savings bonds?

- 1 Yes
- 2 No

Q99Be

- ◆ Ask only if necessary

Which members of this household ages 15 and over had savings bonds?

- ◆ Include each person in cases of joint accounts or ownership
- ◆ Enter all that apply, separate using the space bar or a comma
- ◆ Probe: Anyone else?

Q99ARf

At any time during 2024, did (you/anyone in this household):

Have money in shares of stock in corporations or mutual funds?

- 1 Yes
- 2 No

Q99Bf

- ◆ Ask only if necessary

Which members of this household ages 15 and over had shares of stock in corporations or mutual funds?

- ◆ Include each person in cases of joint accounts or ownership
- ◆ Enter all that apply, separate using the space bar or a comma
- ◆ Probe: Anyone else?

Q99ARg

At any time during 2024, did (you/anyone in this household):

Have money in any other savings or investments that pay interest or dividends?

- 1 Yes
- 2 No

Q99Bg

- ◆ Ask only if necessary

Which members of this household ages 15 and over had any other savings or investments that paid interest or dividends?

- ◆ Include each person in cases of joint accounts or ownership
- ◆ Enter all that apply, separate using the space bar or a comma
- ◆ Probe: Anyone else?

CAPGDIS

Did (you/NAME) receive any capital gains from (your/his/her) shares of stocks or mutual funds in 2024?

- 1 Yes
- 2 No

Q99BR

What was the source of (name's/your) savings or investments that pay interest or dividends?

- ◆ Enter other source of interest or dividend income

4.15 PROPERTY INCOME (Source)

Q65A1

During 2024 did (you/ anyone in this household):

Own any land, business property, apartments, or houses which were rented to others?

- 1 Yes
- 2 No

Q65A2

**At any time during 2024 did (you/ anyone in this household):
Receive income from royalties or from roomers or boarders?
(exclude amounts paid by relatives)**

- 1 Yes
- 2 No

Q65A3

At any time during 2024 did (you/ anyone in this household):

**Receive income from estates or trusts?
(exclude estates or trusts already reported)**

- 1 Yes
- 2 No

Q65b

♦ Ask only if necessary

Who received this (income/rent) ?

- ♦ (Amount previously reported in Q48b was (amount))
- ♦ Include each in cases of joint ownership. For self-employed persons, determine if income was already included
- ♦ Enter all that apply, separate using the space bar or a comma.
- ♦ Probe: Anyone Else?

4.16 EDUCATION ASSISTANCE (Source)

Q66a

**During 2024 did (you/anyone in this household) attend school beyond the high school level including a college, university, or other schools?
(include vocational, business, or trade schools)**

- 1 Yes
- 2 No

Q66b

Did (you/ anyone in this household) receive any educational assistance for tuition, fees, books, or living expenses during 2024?

- ♦ Exclude loans, assistance from household members, and VA educational benefits

- 1 Yes
- 2 No

Q66c

♦ Ask only if necessary

Which member received assistance?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?

Q66d

What type of assistance did (name/you) receive?

- ◆ Exclude assistance from household members
- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Any other assistance?

- 2 Pell Grant
- 3 Assistance from a welfare or social service office
- 4 Some other government assistance
- 5 Scholarships, grants, etc.
- 6 Other assistance (employers, friends, etc.)

4.17 CHILD SUPPORT (Source)

Q70a

**During 2024 did (you/anyone in this household) receive:
Any child support payments?**

- 1 Yes
- 2 No

Q70b

- ◆ Read only if necessary

Who received these payments?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?

4.18 REGULAR FINANCIAL ASSISTANCE (Source)

Q72a

(Any other/Any) regular financial assistance from friends or relatives not living in this household?

- ◆ Do not include loans

- 1 Yes

2 No

Q72b

◆ Read only if necessary

Who received this assistance?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?

4.19 OTHER MONEY INCOME (Source)

Q73A1R

During 2024 did (you/ anyone in this household) receive cash income not already covered such as income from:

foster child care, alimony, jury duty, armed forces reserves, severance pay, hobbies, or any other source?

◆ Do NOT include federal stimulus payments due to the Coronavirus pandemic.

1 Yes
2 No

Q73A1b

◆ Ask only if necessary

Who received this income?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone Else?

Q73A1Rc1

What was the source of this income?

- ◆ Asking about: (name/you – Current respondent)
- ◆ Do not read answer list to respondent

- 1 Alaska Permanent Fund Dividend
- 2 Other sources or don't know – Specify

Q73A1Rc

◆ Specify other source of income

♦ Asking about: (name/you – Current respondent)

5 INCOME AMOUNTS

AMTINTRO

Now I will ask you about the amount of income you (and others in this household) received from various sources in 2024.

5.1 UNEMPLOYMENT AND WORKER'S COMPENSATION (Amounts)

Q51A1p

What is the easiest way for you to tell us (name's/your) State or Federal unemployment compensation; weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week (bi-weekly)
- 3 Twice a month
- 4 Monthly
- 7 Yearly

Q51A11

How much did (name/you) receive (weekly/every other week/ twice a month/monthly) in State or Federal unemployment compensation during 2024?

♦ Do NOT include federal stimulus payments due to the Coronavirus pandemic.

Enter dollar amount

Q51A11r1

Could you please tell me if (name/you) received:

less than \$10,000
between \$10,000 and \$20,000
or over \$20,000

in State or Federal unemployment compensation during 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q51A11r2

Did (name/you) receive:

- less than \$1,000**
- between \$1,000 and \$5,000**
- or over \$5,000**

in State or Federal unemployment compensation during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q51A1C

Do not read to the respondent.

The annual rate appears out of range. The total State or Federal unemployment compensation received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q51A12

How many (weekly/every other week/ twice a month/monthly) payments did (name/you) receive from State or Federal unemployment compensation during 2024?

(1-12/1-24/1-26/1-52)

Q51A13

According to my calculations (name/you) received (total) altogether from State or Federal unemployment compensation during 2024. Does that sound about right?

- 1 Yes
- 2 No

Q51A14

What is your best estimate of the correct total amount (name/you) received from State or Federal unemployment compensation during 2024?

PREVIOUS ENTRIES: Q51A11: (amount)

Q51A1p: (periodicity)

Q51A12: (number of pay periods)

Enter dollar amount

Q51A2p

What is the easiest way for you to tell us (name's/your) Supplemental Unemployment Benefits; weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week (bi-weekly)
- 3 Twice a month
- 4 Monthly
- 7 Yearly

Q51A21

How much did (name/you) receive (weekly/every other week/twice a month/monthly) in Supplemental Unemployment Benefits during 2024?

♦ Do NOT include federal stimulus payments due to the Coronavirus pandemic.

Enter dollar amount

Q51A21r1

Could you please tell me if (name/you) received

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

in Supplemental Unemployment Benefits during 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q51A21r2

Did (name/you) receive

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

in Supplemental Unemployment Benefits during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q51A2C

Do not read to the respondent.

The annual rate appears out of range. The total Supplemental Unemployment Benefits received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q51A22

How many (weekly/every other week/twice a month/ monthly) payments did (name/you) receive from Supplemental Unemployment Benefits during 2024?

(1-12/1-24/1-26/1-52)

Q51A23

According to my calculations (name/you) received (total) altogether from Supplemental Unemployment Benefits during 2024. Does that sound about right?

- 1 Yes
- 2 No

Q51A24

What is your best estimate of the correct total amount (name/you) received from Supplemental Unemployment Benefits during 2024?

PREVIOUS ENTRIES: Q51A21: (amount)

Q51A2p: (periodicity)

Q51A22: (number of pay periods)

Enter dollar amount

Q51A3p

What is the easiest way for you to tell us (name's/your) Union Unemployment or Strike Benefits; weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week (bi-weekly)
- 3 Twice a month
- 4 Monthly

7 Yearly

Q51A31

How much did (name/you) receive (weekly/every other week/ twice a month/monthly) in Union Unemployment or Strike Benefits during 2024?

◆ Do NOT include federal stimulus payments due to the Coronavirus pandemic.

Enter dollar amount

Q51A31r1

Could you please tell me if (name/you) received

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

in Union Unemployment or Strike Benefits during 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q51A31r2

Did (name/you) receive

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

in Union Unemployment or Strike Benefits during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

C251A3

Do not read to the respondent.

The annual rate appears out of range. The total Union Unemployment or Strike Benefits received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q51A32

How many (weekly/every other week/ twice a month/ monthly) payments did (name/you) receive from Union Unemployment or Strike Benefits during 2024?

(1-12/1-24/1-26/1-52)

Q51A33

According to my calculations (name/you) received (total) altogether from Union Unemployment or Strike Benefits during 2024. Does that sound about right?

- 1 Yes
- 2 No

Q51A34

What is your best estimate of the correct total amount (name/you) received from Union Unemployment or Strike Benefits during 2024?

PREVIOUS ENTRIES: Q51A31: (amount)
Q51A3p: (periodicity)
Q51A32: (number of pay periods)

Enter dollar amount

Q52cp

What is the easiest way for you to tell us (your/name's) Worker's Compensation: weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week
- 3 Twice a month
- 4 Monthly
- 7 Yearly

Q52c1

How much did (name/you) receive (weekly/every other week/twice a month/monthly) in Worker's Compensation during 2024?

◆ Do NOT include federal stimulus payments due to the Coronavirus pandemic.

Enter dollar amount

Q52cr1

Could you please tell me if (name/you) received

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

in Worker's Compensation during 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q52cr2

Did (name/you) receive

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

in Worker's Compensation during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q52cC2

Do not read to the respondent.

The annual rate appears out of range. The total worker's compensation received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q52c2

How many (weekly/every other week/twice a month/monthly) payments did (name/you) receive from Worker's Compensation during 2024?

(1-12/1-24/1-26/1-52)

Q52c3

Then (name/you) received (total) altogether from Worker's Compensation during 2024. Does that sound about right?

- 1 Yes
- 2 No

Q52c4

What is your best estimate of the correct total amount (name/you) received from Worker’s Compensation during 2024?

PREVIOUS ENTRIES: Q52c1: (amount)
Q52cp: (periodicity)
Q52c2: (number of pay periods)

Enter dollar amount

5.2 SOCIAL SECURITY (Amounts)

Q56dp

What is the easiest way for you to tell us (name's/your) Social Security payment; monthly, quarterly, or yearly?

- 4 Monthly
- 5 Quarterly
- 7 Yearly

Q56d

How much did (name/you) receive (monthly/quarterly) in Social Security payments in 2024?

- ◆ Enter dollar amount
- ◆ (If already included in amount reported for another household member, press Enter)

Q56d Char

Enter <A> for Already included

Q56drn1

Could you please tell me if (name/you) received

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

for the TOTAL amount (you/name) received in Social Security payments in 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q56drn2

Did (name/you) receive

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

in Social Security payments in 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q56d2

For how many (months/quarters) did (name/you) receive Social Security in 2024?

(1-4; 1-12)

Q56d3

Is this \$(amount from Q56d/amount from Q56d1) before or after any monthly Medicare deduction?

- 1 After Deduction
- 2 Before Deduction

Q56md

If Q56d3 = 1 then ask:

How much were (name's/your) monthly Medicare deductions?

If Q56d3 = 2 then ask:

How much were (name's/your) monthly payments for Medicare?

Include Medicare Advantage, Part B, and Part D premiums.

Q56dC2

Do not read to the respondent.

The annual rate appears out of range. The total Social Security received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q56d5

According to my calculations (name/you) received \$(total) altogether from Social Security in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q56d6

What is your best estimate of the correct amount (name/you) received in Social Security during 2024?

PREVIOUS ENTRIES: Q56d: (amount)
 Q56dp: (periodicity)
 Q56d2: (number of pay periods)

Enter dollar amount

5.3 SOCIAL SECURITY DISABILITY (Amounts)

Q562dp

What is the easiest way for you to tell us (name's/your) Social Security Disability payment; monthly, quarterly, or yearly?

- 4 Monthly
- 5 Quarterly
- 7 Yearly

Q562d

How much did (name/you) receive (monthly/quarterly) in Social Security Disability payments in 2024?

Enter dollar amount

(If already included in amount reported for another household member, press Enter)

Q562d Char

Enter <A> for Already included

Q562d2

For how many (months/quarters) did (name/you) receive Social Security Disability in 2024?

(1-4; 1-12)

Q562drn1

Could you tell me if (name/you) received

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

in Social Security Disability payments in 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q562drn2

Did (name/you) receive

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

in Social Security Disability payments in 2024?

- 4 Less than \$1,000
- 5 Between \$1,000 and \$5,000
- 6 Over \$5,000

Q562d3

Is this \$(amount from Q562d) before or after any monthly Medicare deductions?

- 1 After Deduction
- 2 Before Deduction

Q562md

If Q562d3 = 1 then ask:

How much were all of (name's/your) monthly Medicare deductions?

If Q562d3 = 2 then ask:

How much were (name's/your) monthly payments for Medicare?

Include Medicare Advantage, Part B, and part D premiums.

Q562dC2

Do not read to the respondent.

The annual rate appears out of range. The total Social Security received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

BACKPAY1

During 2024, did (name/you) receive an initial Social Security Disability payment that was larger than the usual payment that we haven't accounted for yet?

Sometimes the initial payment from Social Security Disability is larger than the usual monthly payments to make up for the delay in receiving the first payment.

- 1 Yes
- 2 No

BACKPAY2

How much was that initial disability payment?

Q562d5

According to my calculations (name/you) received \$(total) altogether from Social Security Disability in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q562d6

What is your best estimate of the correct amount (name/you) received in Social Security Disability during 2024?

PREVIOUS ENTRIES: Q562d: (amount)
 Q562dp: (periodicity)

Q562d2: (number of pay periods)
BACKPAY2: (amount)

Enter dollar amount

5.4 SOCIAL SECURITY FOR CHILDREN (Amounts)

Q56ip

What is the easiest way for you to tell us (name's/your) Social Security payment for children in this household; monthly, quarterly, or yearly?

- 4 Monthly
- 5 Quarterly
- 7 Yearly

Q56i

How much did (name/you) receive (monthly/quarterly) in Social Security payments for children in this household in 2024?

◆ Enter dollar amount

(If already included in amount reported for another household member, press Enter)

Q56i Char

◆ Enter A for Already included

Q56irn1

Could you please tell me if (name/you) received

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

for the TOTAL amount (name/you) received in Social Security payments for children in this household in 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q56irn2

Did (name/you) receive

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

in Social Security payments for children in this household in 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q56i2

For how many (months/quarters) did (name/you) receive Social Security in 2024?

◆ (1-4; 1-12)

Q56iC2

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total Social Security received for children in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q56i4

According to my calculations (name/you) received \$(total) altogether for children in this household from Social Security in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q56i5

What is your best estimate of the correct amount (name/you) received in Social Security for children in this household during 2024?

- ◆ Previous entries: (amount)
Q56ip: (periodicity)
Q56i2: (number of pay periods)

◆ Enter dollar amount

5.5 SUPPLEMENTAL SECURITY INCOME (SSI) (Amounts)

Q57cp

What is the easiest way for you to tell us (name's/your) Supplemental Security Income payment; monthly, quarterly, or yearly?

- 4 Monthly
- 5 Quarterly
- 7 Yearly

Q57c

How much did (name/you) receive (monthly/quarterly) in Supplemental Security Income payments in 2024?

◆ Enter dollar amount

Q57crn1

Could you please tell me if (name/you) received

less than \$10,000
between \$10,000 and \$20,000
or over \$20,000

for the TOTAL amount (name/you) received in Supplemental Security Income payments in 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q57crn2

Did (name/you) receive

less than \$1,000
between \$1,000 and \$5,000
or over \$5,000

in Supplemental Security Income payments in 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q57c2

For how many (months/quarters) did (name/you) receive Supplemental Security Income in 2024?

◆ (1-4; 1-12)

Q57cC2

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total Supplemental Security Income received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q57c4

According to my calculations (name/you) received \$(total) altogether from Supplemental Security Income in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q57c5

What is your best estimate of the correct amount (name/you) received in Supplemental Security Income during 2024?

- ◆ Previous entries: (amount)
Q57cp: (periodicity)
Q57c2: (number of pay periods)

◆ Enter Dollar Amount

5.6 SUPPLEMENTAL SECURITY INCOME FOR CHILDREN (Amounts)

Q57ip

What is the easiest way for you to tell us the Supplemental Security Income (name/you) received on behalf of children?

- 4 Monthly
- 5 Quarterly
- 7 Yearly

Q57i

How much did (name/you) receive (monthly/quarterly) in Supplemental Security Income on behalf of children in 2024?

◆ Enter dollar amount

Q57irn1

Could you please tell me if (name/you) received

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

for the TOTAL amount (name/you) received in Supplemental Security Income payments in 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q57irn2

Did (name/you) receive

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

in Supplemental Security Income in 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q57i2

For how many (months/quarters) did (name/you) receive Supplemental Security Income on behalf of children in 2024?

◆ (1-4; 1-12)

Q57iC2

◆ Do not read to the respondent.

- ◆ The annual rate appears out of range. The total Supplemental Security Income received on behalf of children in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q57i4

According to my calculations (name/you) received \$(total) altogether from Supplemental Security Income on behalf of children in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q57i5

What is your best estimate of the correct amount (name/you) received in Supplemental Security Income on behalf of children during 2024?

- ◆ **PREVIOUS ENTRIES:** (amount)
Q57ip: (periodicity)
Q57i2: (number of pay periods)

- ◆ Enter dollar amount
-

5.7 DISABILITY INCOME (Amounts)

Q61E1P

What is the easiest way for you to tell us (name's/your) (fill first answer from Q61C or Q61Cs1) payments; weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week
- 3 Twice a month
- 4 Monthly
- 7 Yearly

Q61E1

How much did (name/you) receive (weekly/ every other week/ twice a month/ monthly) before deductions in (fill first answer from Q61C or Q61Cs1) payments in 2024?

- ◆ Enter dollar amount
 - ◆ Do not include Veterans' payments.
-

Q61e1rn1

Could you please tell me if (name/you) received:

- less than \$10,000**
- between \$10,000 and \$20,000**
- or over \$20,000**

for the TOTAL amount (name/you) received in (fill first answer from Q61Cr or Q61Cs1) during 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q61e1rn2

Did (name/you) receive

- less than \$1,000**
- between \$1,000 and \$5,000**
- or over \$5,000**

in (fill first answer from Q61C or Q61Cs1) during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q61E12

How many (weekly/ every other week/ twice a month/ monthly) payments did (name/you) receive in (fill first answer from Q61C or Q61Cs1) payments in 2024?

- ◆ Disability income source #1 (1-12; 1-52)
-

Q61E1C

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total (fill from first answer in Q61c or Q61cs1) payments received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q61E13

According to my calculations (name/you) received \$(total) altogether from

(fill first answer from Q61C or Q61Cs1) payments in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q61E14

What is your best estimate of the correct amount (name/you) received from (fill first answer from Q61C or Q61Cs1) payments during 2024?

- ◆ PREVIOUS ENTRIES: (amount)
Q61E1P: (periodicity)
Q61E12: (number of pay periods)
 - ◆ Enter dollar amount
-

Q61E2P

What is the easiest way for you to tell us (name's/your) (fill second answer from Q61C or Q61Cs1) payments; weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week
- 3 Twice a month
- 4 Monthly
- 7 Yearly

Q61E2

How much did (name/you) receive (weekly/every other week/ twice a month/ monthly) before deductions in (fill second answer from Q61C or Q61Cs1) payments in 2024?

- ◆ Enter dollar amount
-

Q61e2rn1

Could you please tell me if (name/you) received

- less than \$10,000**
- between \$10,000 and \$20,000**
- or over \$20,000**

for the TOTAL amount (name/you) received in (fill second answer from Q61C or Q61Cs1) during 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q61e2rn2

Did (name/you) receive

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

in (fill second answer from Q61C or Q61Cs1) during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q61E22

How many (weekly/every other week/ twice a month/ monthly) payments did (name/you) receive in (fill second answer from Q61C or Q61Cs1) payments in 2024?

◆ Disability income payment source #2 (1-12; 1-52)

Q61E2C

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total (fill from second answer in Q61c or Q61cs1) payments received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q61E23

According to my calculations (name/you) received \$(total) altogether from (fill second answer from Q61C or Q61Cs1) payments in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q61E24

What is your best estimate of the correct amount (name/you) received from (fill

second answer from Q61C or Q61Cs1) payments during 2024?

◆ PREVIOUS ENTRIES: (amount)
Q61E2P: (periodicity)
Q61E22: (number of pay periods)

◆ Enter dollar amount

5.8 VETERANS PAYMENTS (Amounts)

Q60V1P

What is the easiest way for you to tell us (name's/your) (fill from first answer in Q60c8); weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week
- 3 Twice a month
- 4 Monthly
- 7 Yearly

Q60V1

How much did (name/you) receive (weekly/every other week/ twice a month/monthly) before deductions in (fill from first answer in Q60c8) in 2024?

◆ Enter dollar amount

Q60v1rn1

Could you please tell me if (name/you) received

less than \$10,000
between \$10,000 and \$20,000
or over \$20,000

for the TOTAL amount (name/you) received in (fill from first answer in Q60c8) during 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q60v1rn2

Did (name/you) receive

less than \$1,000
between \$1,000 and \$5,000
or over \$5,000

in (fill from first answer in Q60c8) payments during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q60V12

How many (weekly/every other week/ twice a month/monthly) payments did (name/you) receive in (fill from first answer in Q60c8) in 2024?

◆ (1-52)

Q60V1C

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total (fill from first answer in Q60c8) received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q60V13

According to my calculations (name/you) received \$(total) altogether from (fill from first answer in Q60c8) in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q60V14

What is your best estimate of the correct amount (name/you) received in Veteran's benefits during 2024?

- ◆ PREVIOUS ENTRIES: Q60V1: (amount)
Q60V1P: (periodicity)
Q60V12: (number of pay periods)
 - ◆ Enter dollar amount
-

Q60V2P

What is the easiest way for you to tell us (name's/your) (fill from second answer in Q60c8); weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week
- 3 Twice a month
- 4 Monthly
- 7 **Yearly**

Q60V2

How much did (name/you) receive (weekly/every other week/ twice a month/monthly) before deductions in (fill from second answer in Q60c8) in 2024?

◆ [Enter dollar amount](#)

Q60v2rn1

Could you please tell me if (name/you) received

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

for the TOTAL amount (name/you) received in (fill from second answer in Q60c8) payments during 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q60v2rn2

Did (name/you) receive

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

in (fill from second answer in Q60c8) payments during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q60V22

How many (weekly/every other week/ twice a month/monthly) payments did (name/you) receive in (fill from second answer in Q60c8) in 2024?

◆ (1-52)

Q60V2C

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total (fill from second answer in Q60c8) received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q60V23

According to my calculations (name/you) received \$(total) altogether from (fill from second answer in Q60c8) in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q60V24

What is your best estimate of the correct amount (name/you) received in (fill from second answer in Q60c8) during 2024?

- ◆ PREVIOUS ENTRIES: Q60V2: (amount)
Q60V2P: (periodicity)
Q60V22: (number of pay periods)
 - ◆ Enter dollar amount
-

5.9 SURVIVOR BENEFITS – Amounts

Q58E1P

What is the easiest way for you to tell us (name's/your) (fill from first answer in Q58C or Q58Cs1) payments?

Weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week
- 3 Twice a month

- 4 Monthly
- 7 Yearly

Q58E1

How much did (name/you) receive (weekly/every other week/twice a month/monthly) from (your/his/her) (fill from first answer in Q58C or Q58Cs1) in 2024?

◆ Enter dollar amount

Q58e1rn1

Could you please tell me if (name/you) received

- less than \$10,000**
- between \$10,000 and \$20,000**
- or over \$20,000**

for the TOTAL amount (name/you) received from (your/his/her) (fill from first answer in Q58C or Q58Cs1) payments during 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q58e1rn2

Did (name/you) receive

- less than \$1,000**
- between \$1,000 and \$5,000**
- or over \$5,000**

from (you/his/her) (fill from first answer in Q58C or Q58Cs1) payments during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q58E12

How many (weekly/every other week/twice a month/monthly) payments did (name/you) receive in (fill from first answer in Q58C or Q58Cs1) in 2024?

◆ (1-52)

Q58E1C

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total (fill from first answer in Q58C or Q58Cs1) received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q58E13

According to my calculations (name/you) received \$(total) altogether from (fill from first answer in Q58C or Q58Cs1) in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q58E14

What is your best estimate of the correct amount (name/you) received from (your/his/her) (fill from first answer in Q58C or Q58Cs1) payments during 2024?

- ◆ **PREVIOUS ENTRIES:** Q58E1: (amount)
Q58E1P: (periodicity)
Q58E12: (number of pay periods)
 - ◆ Enter dollar amount
-

Q58E2P

What is the easiest way for you to tell us (name's/your) (fill from second answer in Q58C or Q58Cs1) payments?

Weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week
- 3 Twice a month
- 4 Monthly
- 7 **Yearly**

Q58E2

How much did (name/you) receive (weekly/every other week/twice a month/monthly) in (fill from second answer in Q58C or Q58Cs1) in 2024?

- ◆ Enter dollar amount

Q58e2rn1

Could you please tell me if (name/you) received

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

for the TOTAL amount (name/you) received from (your/his/her) (fill from second answer in Q58C or Q58Cs1) payments during 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q58e2rn2

Did (name/you) receive

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

from (your/his/her) (fill from second answer in Q58C or Q58Cs1) payments during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q58E22

How many (weekly/every other week/twice a month/monthly) payments did (name/you) receive from (your/his/her) (fill from second answer in Q58C or Q58Cs1) in 2024?

◆ (1-52)

Q58E2C

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total (fill from second answer in Q58C or Q58Cs1) received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q58E23

According to my calculations (name/you) received \$(total) altogether from (your/his/her) (fill from second answer in Q58C or Q58Cs1) payments in 2024.

Does that sound about right?

- 1 Yes
- 2 No

Q58E24

What is your best estimate of the correct amount (name/you) received from (your/his/her) (fill from second answer in Q58C or Q58Cs1) payments during 2024?

- ◆ PREVIOUS ENTRIES: Q58E2: (amount)
Q58E2P: (periodicity)
Q58E22: (number of pay periods)

◆ Enter dollar amount

Q58E3P

What is the easiest way for you to tell us (name's/your) (fill from third answer in Q58C or Q58Cs1); weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week
- 3 Twice a month
- 4 Monthly
- 7 Yearly

Q58E3

How much did (name/you) receive (weekly/every other week/twice a month/monthly) in (fill from third answer in Q58C or Q58Cs1) in 2024?

◆ Enter dollar amount

Q58e3rn1

Could you please tell me if (name/you) received

- less than \$10,000**
- between \$10,000 and \$20,000**
- or over \$20,000**

for the TOTAL amount (name/you) received from (your/his/her) (fill from third answer in Q58C or Q58Cs1) payments during 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q58e3rn2

Did (name/you) receive

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

from (your/his/her) (fill from third answer in Q58C or Q58Cs1) payments during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q58E32

How many (weekly/every other week/ twice a month/ monthly) payments did (name/you) receive from (your/his/her) (fill from third answer in Q58C or Q58Cs1) in 2024?

◆ (1-52)

Q58E3C

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total (fill from third answer in Q58C or Q58Cs1) received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q58E33

According to my calculations (name/you) received (total) altogether from (your/his/her) (fill from third answer in Q58C or Q58Cs1) payments in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q58E34

What is your best estimate of the correct amount (name/you) received from (your/his/her) (fill from third answer in Q58C or Q58Cs1) payments during 2024?

- ◆ PREVIOUS ENTRIES: Q58E3: (amount)
Q58E3P: (periodicity)
Q58E32: (number of pay periods)

◆ Enter dollar amount

5.10 PUBLIC ASSISTANCE (Amounts)

Q59ep

What is the easiest way for you to tell us (name's/your) TOTAL CASH assistance payments from (fill from Q59C8r); Is it weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week
- 3 Twice a month
- 4 Monthly
- 7 Yearly

Q59e

During 2024, how much TOTAL CASH assistance did (name/you) receive (per week/every other week/twice a month/monthly): (fill from Q59C8r)?

◆ Do NOT include federal stimulus payments due to the Coronavirus pandemic.

◆ Enter dollar amount

Q59ern1

Could you tell me if (name/you) received

**less than \$1,000
between \$1,000 and \$3,000
or over \$3,000**

in TOTAL CASH assistance payments in 2024?

- 1 Less than \$1,000

- 2 Between \$1,000 and \$3,000
- 3 Over \$3000

Q59ern2

Did (name/you) receive

**less than \$100
between \$100 and \$500
or over \$500**

in TOTAL CASH assistance payments in 2024?

- 1 Less than \$100
- 2 Between \$100 and \$500
- 3 Over \$500

Q59e2

How many (weekly/every other week/ twice a month/ monthly) cash assistance payments did (name/you) receive in 2024?

♦ (1-12/1-24/1-26/1-52)

Q59eC2

- ♦ Do not read to the respondent.
- ♦ The annual rate appears out of range. The total cash assistance received in 2024 was \$(amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q59e3

According to my calculations (name/you) received \$(total) altogether in cash assistance from a state or county program in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q59e4

What is your best estimate of the correct amount of cash assistance (name/you) received during 2024?

♦ PREVIOUS ENTRIES: Q59e: (amount)

Q59ep: (periodicity)
Q59e2: (number of pay periods)

◆ Enter dollar amount

Q59f

Was the cash assistance for adults AND children in the household, or JUST children?

- 1 Both adults AND children
- 2 Children only
- 3 Adults only

Q59g

(Who/Which children) in your household was the cash assistance for?

- ◆ Probe: Anyone Else?
- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Enter 0 if none listed
- ◆ Enter 96 for all persons

5.11 FOOD STAMPS/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) (Amounts)

Q90p

What is the easiest way for you to tell us the value of the food assistance: monthly or yearly?

- 1 Monthly
- 2 Yearly
- 3 Already included with TANF/AFDC payment

Q90

What is the (monthly) value of the food assistance received in 2024?

◆ Enter dollar amount

Q90rn1

Could you tell me if the value of food assistance received in 2024 was

**less than \$1,000
between \$1,000 and \$3,000**

or over \$3,000

- 1 Less than \$1,000
- 2 Between \$1,000 and \$3,000
- 3 Over \$3000

Q90rn2

Was the value

**less than \$100
between \$100 and \$500
or over \$500**

in food assistance in 2024?

- 1 Less than \$100
- 2 Between \$100 and \$500
- 3 Over \$500

Q902

How many months was food assistance received in 2024?

♦ (1-12)

Q90C2

- ♦ Do not read to the respondent.
- ♦ The annual rate appears out of range. The total food assistance payments received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q903

According to my calculations \$(total) was received altogether from food assistance in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q904

What is your best estimate of the correct amount of food assistance received during 2024?

♦ PREVIOUS ENTRIES: Q90: (amount)

Q90p: (periodicity)
Q902: (number of pay periods)

◆ Enter dollar amount

5.12 PENSIONS (Amounts)

Q62E1PR

What is the easiest way for you to tell us (name's/your) (first answer fill-in from Q62CR/Q62cS1); weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week
- 3 Twice a month
- 4 Monthly
- 7 Yearly

Q62E1R

How much did (name/you) receive (weekly/every other week/ twice a month/ monthly) in (first answer fill-in from Q62CR/Q62cS1) in 2024?

◆ Enter dollar amount

Q62E1rn1

Could you tell me if (you/name) received

less than \$10,000
between \$10,000 and \$20,000
or over \$20,000

in (first answer fill-in from Q62CR/Q62cS1) in 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q62E1rn2

Did (you/name) receive

less than \$1,000
between \$1,000 and \$5,000

or over \$5,000

in (first answer fill-in from Q62CR/Q62cS1) in 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q62E12R

How many (weekly/every other week/ twice a month/ monthly) payments did (name/you) receive in (first answer fill-in from Q62CR/Q62cS1) in 2024?

- ◆ Pension/Retirement #1 (1-12; 1-52)

Q62E1CR

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total (fill from first answer in Q62CR/Q62cS1) payments received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q62E13R

According to my calculations (name/you) received (total) dollars altogether from (first answer fill-in from Q62CR/Q62cS1) in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q62E14R

What is your best estimate of the correct amount (name/you) received in (first answer fill-in from Q62CR/Q62cS1) during 2024?

- ◆ PREVIOUS ENTRIES: Q62E1: (amount)
Q62E1P: (periodicity)
Q62E12: (number of pay periods)
- ◆ Enter dollar amount

Q62E2PR

What is the easiest way for you to tell us (name's/your) (second answer fill-in from Q62CR/Q62cS1); weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly

- 2 Every other week
- 3 Twice a month
- 4 Monthly
- 7 Yearly

Q62E2R

How much did (name/you) receive (weekly/every other week/ twice a month/ monthly) in (second answer fill-in from Q62CR/Q62cS1) in 2024?

◆ Enter dollar amount

Q62E2rn1

Could you please tell me if (name/you) received

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

in (second answer fill-in from Q62CR/Q62cS1) payments in 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q62E2rn2

Did (name/you) receive

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

in (second answer fill-in from Q62CR/Q62cS1) in 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q62E22R

How many (weekly/every other week/ twice a month/ monthly) payments did (name/you) receive in (second answer fill-in from Q62CR/Q62cS1) in 2024?

◆ Pension/Retirement #1 (1-12; 1-52)

Q62E2CR

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total (fill from second answer in Q62CR/Q62cS1) payments received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q62E23R

According to my calculations (name/you) received \$(total) dollars altogether from (second answer fill-in from Q62CR/Q62cS1) in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q62E24R

What is your best estimate of the correct amount (name/you) received in (second answer fill-in from Q62CR/Q62cS1) during 2024?

- ◆ PREVIOUS ENTRIES: Q62E1: (amount)
Q62E1P: (periodicity)
Q62E12: (number of pay periods)
- ◆ Enter dollar amount

5.13 ANNUITIES (Amounts)

ANNNEW1

What is the easiest way for you to tell us (name/your) annuity income; weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week
- 3 Twice a month
- 4 Monthly
- 7 Yearly

ANNNEW2

How much did (name/you) receive (weekly/every other week/twice a month/monthly) in annuities in 2024?

- ◆ Enter dollar amount

ANNNEWrn1

Could you tell me if (name/you) received

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

in annuity payments in 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

ANNNEWrn2

Did (name/you) receive

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

in annuity payments in 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

ANNNEW3

How many (weekly/every other week/ twice a month/monthly) payments did (name/you) receive in 2024?

✦ (1-12; 1-52)

ANNNEW4

According to my calculations (name/you) received \$(total) dollars altogether from annuities in 2024. Does that sound about right?

- 1 Yes
- 2 No

ANNNEW5

What is your best estimate of the correct amount (name/you) received in annuities

in 2024?

◆ Enter dollar amount

**5.14 WITHDRAWALS/DISTRIBUTIONS FROM RETIREMENT PLAN
(Amounts)**

DISTNEW1

What is the easiest way for you to tell us the amount of money withdrawn or distributed from (name's/your) (1st account type fill-in from Q97CR or Q97DR) in 2024: monthly, quarterly, every 6 months, or yearly?

- 4 Monthly
- 5 Quarterly
- 6 Every 6 months
- 7 Yearly

DISTNEW2

How much was (name's/your) withdrawal or distribution (weekly/every other week/ twice a month/ monthly) from (1st account type fill-in from Q97CR or Q97DR) in 2024?

◆ Enter dollar amount

DISTNEW3

How many (monthly/quarterly) withdrawals did (name/you) make or distributions did (name/you) receive in 2024 from the (1st account type fill-in from Q97CR or Q97DR)?

◆ Valid entries are 1-12 if monthly; 1-4 if quarterly; 1-2 if every six months

DISTNEWrn1

Could you please tell me if (name's/your) withdrawal or distribution was

- less than \$10,000**
- between \$10,000 and \$20,000**
- or over \$20,000**

from (your/his/her) (1st account type fill-in from Q97CR or Q97DR) in 2024?

- 1 Less than \$10,000

- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

DISTNEWrn2

Was (name's/your) withdrawal or distribution

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

from (your/his/her) (1st account type fill-in from Q97CR or Q97DR) in 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

DISTNEW4

According to my calculations (name/you) withdrew or received a distribution of \$(total) altogether from the (1st account type fill-in from Q97CR or Q97DR) in 2024. Does that sound about right?

- 1 Yes
- 2 No

DISTNEW5

What is your best estimate of the correct amount (name/you) withdrew or the distribution received from the (1st account type fill-in from Q97CR or Q97DR) during 2024?

◆ [Enter dollar amount](#)

ROLLA

Did (you/name) re-invest or "roll over" any of the money into an IRA or some other kind of retirement plan?

- 1 Yes
- 2 No

ROLLAMTA

How much did (you/name) re-invest or "roll over" into an IRA or some other kind of retirement plan in 2024?

- ✦ Enter dollar amount
 - ✦ Dollar amount should not exceed amount of withdrawals reported.
 - ✦ Amount of withdrawals reported: \$(amount)
-

ROLLB

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

- 1 Yes
- 2 No

ROLLAMTB

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

- ✦ Enter dollar amount
 - ✦ Dollar amount should not exceed amount of withdrawals reported.
 - ✦ Amount of withdrawals reported: \$(amount)
-

DISTNEW6

What is the easiest way for you to tell us the amount of money withdrawn or distributed from (name's/your) (2nd account type fill-in from Q97CR or Q97DR) in 2024: monthly, quarterly, every 6 months, or yearly?

- 4 Monthly
- 5 Quarterly
- 6 Every 6 months
- 7 Yearly

DISTNEW7

How much was (name's/your) withdrawal or distribution (weekly/every other week/ twice a month/ monthly) from (your/his/her) (2nd account type fill-in from Q97CR or Q97DR) in 2024?

- ✦ Enter dollar amount
-

DISTNEW8

How many (monthly/quarterly) withdrawals did (name/you) make or distributions did (name/you) receive in 2024 from the (2nd account type fill-in from Q97CR or Q97DR)?

(1-12), (1-4), (1-2)

DISTNEWrn3

Could you please tell me if (name's/your) withdrawal or distribution was

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

from (your/his/her) (2nd account type fill-in from Q97CR or Q97DR) in 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

DISTNEWrn4

Was (name's/your) withdrawal or distribution

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

from (your/his/her) (2nd account type fill-in from Q97CR or Q97DR) in 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

DISTNEW9

According to my calculations (name/you) withdrew or received a distribution of \$(total) altogether from the (2nd account type fill-in from Q97CR or Q97DR) in 2024. Does that sound about right?

- 1 Yes
- 2 No

DISTNEW10

What is your best estimate of the correct amount (name/you) withdrew or the distribution received from the (2nd account type fill-in from Q97CR or Q97DR) during 2024?

◆ Enter dollar amount

ROLLC

Did (you/name) re-invest or "roll over" any of the money into an IRA or some other kind of retirement plan?

- 1 Yes
- 2 No

ROLLAMTC

How much did (you/name) re-invest or "roll over" into an IRA or some other kind of retirement plan in 2024?

- ◆ Enter dollar amount
- ◆ Dollar amount should not exceed amount of withdrawals reported.
- ◆ Amount of withdrawals reported: \$(amount)

ROLLD

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

- 1 Yes
- 2 No

ROLLAMTD

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

- ◆ Enter dollar amount
- ◆ Dollar amount should not exceed amount of withdrawals reported.
- ◆ Amount of withdrawals reported: \$(amount)

5.15 INTEREST/DIVIDENDS ON RETIREMENT ACCOUNTS (Amounts)

RETIRENEW1

Within the (1st account type fill-in from Q97CR/Q97DR) account, how much did (name/you) earn in interest or dividends during 2024? Please include small amounts reinvested or credited to the account.

◆ Enter dollar amount

RETIRENEWrn1

Could you tell me if (name/you) earned

less than \$1,000
between \$1,000 and \$3,000
or over \$3,000

in interest or dividends from (your/his/her) (1st account type fill-in from Q97CR/Q97DR) during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$3,000
- 3 Over \$3,000

RETIRENEWrn2

Did (name/you) earn

less than \$100
between \$100 and \$500
or over \$500

in interest or dividends from (your/his/her) (1st account type fill-in from Q97CR/Q97DR) during 2024?

- 1 Less than \$100
- 2 Between \$100 and \$500
- 3 Over \$500

RETIRENEW2

The Census Bureau can estimate the amount earned in this account based on the size of the account. So can you tell me how much money was in (name's/your) (1st account type fill-in from Q97CR/Q97DR) account at the end of 2024?

◆ Enter dollar amount

RETIRENEW3

Within the (2nd account type fill-in from Q97CR/Q97DR) account, how much did (name/you) earn in interest or dividends during 2024? Please include small amounts reinvested or credited to the account.

◆ [Enter dollar amount](#)

RETIRENEWrn3

Could you tell me if (name/you) earned

**less than \$1,000
between \$1,000 and \$3,000
or over \$3,000**

in interest or dividends from (your/his/her) (2nd account type fill-in from Q97CR/Q97DR) during 2024?

- 4 Less than \$1,000
- 5 Between \$1,000 and \$3,000
- 6 Over \$3,000

RETIRENEWrn4

Did (name/you) earn

**less than \$100
between \$100 and \$500
or over \$500**

in interest or dividends from (your/his/her) (2nd account type fill-in from Q97CR/Q97DR) during 2024?

- 4 Less than \$100
- 5 Between \$100 and \$500
- 6 Over \$500

**5.16 INTEREST/DIVIDENDS ON NON-RETIREMENT ACCOUNTS
(Amounts)**

NONRETIRENEW(1-7)1

How much did (you/name) receive in (interest/dividends) from [fill-in from Q99AR or Q99BR] during 2024, including even small amounts reinvested or credited to accounts?

- ◆ If a joint account please split interest income in half for each person.
- ◆ Enter dollar amount

NONRETIRENEW(1-7)rn1

Could you tell me if (you/name) received:

**less than \$1,000
between \$1,000 and \$3,000
or over \$3,000**

in (interest/dividends) from [fill-in from Q99AR or Q99BR] during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$3,000
- 3 Over \$3,000

NONRETIRENEW(1-7)rn2

Did (you/name) receive:

**less than \$100
between \$100 and \$500
or over \$500**

in (interest/dividends) from [fill-in from Q99AR or Q99BR] during 2024?

- 1 Less than \$100
- 2 Between \$100 and \$500
- 3 Over \$500

NONRETIRENEW(1-7)2

The Census Bureau can estimate the amount earned in this account based on the size of the account. How much money did (you/name) have in [fill-in from Q99AR or Q99BR] at the end of 2024?

◆ Enter dollar amount

Q63(c-i)p

◆ Read if necessary

Is this a weekly, every other week, twice a month, monthly, quarterly, every 6 months, or yearly amount?

- 1 Weekly
- 2 Every other week
- 3 Twice a month
- 4 Monthly
- 5 Quarterly
- 6 Every 6 months
- 7 Yearly

Q63(c-i)2

How many (weekly/ every other week/ twice a month/ monthly/ quarterly/ every 6 months) payments did (you/name) receive in interest/dividend income in 2024 from [fill-in from Q99AR or Q99BR]?

Q63(c-i)3

According to my calculations (you/name) received \$(total) from interest/dividend income from [fill-in from Q99AR or Q99BR] in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q63(c-i)4

What is your best estimate of the correct amount (you/NAME) received from interest payments during 2024?

◆ PREVIOUS ENTRIES: Q63(c-i): (amount)
Q63(c-i)p: (periodicity)
Q63(c-i)2: (number of pay periods)

◆ Enter dollar amount

CAPGDAMT

How much did (you/name) receive in capital gains in 2024?

◆ Enter dollar amount

CAPGDAMTrn1

Could you tell me if (name/you) received:

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

in capital gains during 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

CAPGDAMTrn2

Did (name/you) receive:

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

in capital gains distributions during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

5.17 PROPERTY INCOME (Amounts)

Q65c

How much did (name/you) receive in income from rent AFTER EXPENSES during 2024?

- ◆ Separate amounts for joint ownership
 - ◆ If response is "Broke Even" then enter 1.
 - ◆ Enter dollar amount
 - ◆ If already included in amount reported for another household member, press Enter
 - ◆ If response is "None" or "Lost Money" press <Enter> key
-

Q65c Char

- ◆ Enter "A" for Already included
 - ◆ Enter "L" for Lost Money
 - ◆ Enter "X" for None
-

Q65cL

- ◆ Enter amount of money lost in 2024.
-

Q65crn1

Could you please tell me if (name/you) received:

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

for the TOTAL amount (name/you) received in income from rent AFTER EXPENSES during 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q65crn2

Did (name/you) receive:

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

in income from rent AFTER EXPENSES during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q65cp

Is this a weekly, every other week, twice a month, monthly, quarterly, or yearly amount?

- 1 Weekly
- 2 Every other week

- 3 Twice a month
- 4 Monthly
- 5 Quarterly
- 7 Yearly

Q65c2

What is your best estimate of (name's/your) ANNUAL net income from rent AFTER EXPENSES in 2024?

◆ PREVIOUS ENTRIES: Q65c: (amount)
Q65cp: (periodicity)

◆ Enter dollar amount

Q65cC2

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total income received from rent (roomers or boarders, estates, trusts, or royalties) was (amount) in 2024. Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q65c2L

What is your best estimate of (name's/your) ANNUAL LOSS from rent AFTER EXPENSES in 2024?

◆ PREVIOUS ENTRIES: Q65cL: (amount)
Q65cp: (periodicity)

◆ Enter dollar amount

5.18 EDUCATIONAL ASSISTANCE (Amounts)

Q69F88

How much did (name/you) receive in Pell Grants during 2024?

◆ Enter annual amount only

Q69Frn1

Could you please tell me if (name/you) received:

**less than \$1,000
between \$1,000 and \$3,000
or over \$3,000**

for the TOTAL amount (name/you) received in Pell Grants during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$3,000
- 3 Over \$3,000

Q69Frn2

Did (name/you) receive:

**less than \$100
between \$100 and \$500
or over \$500**

in Pell Grants during 2024?

- 1 Less than \$100
- 2 Between \$100 and \$500
- 3 Over \$500

Q66HP

What is the easiest way for you to tell us (name's/your) (other/blank) educational assistance during 2024; weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week (bi-weekly)
- 3 Twice a month
- 4 Monthly
- 7 Yearly

Q66H

(Aside from the Pell Grant assistance, how/How) much did (name/you) receive (weekly/every other week/ twice a month/ monthly) in educational assistance during 2024?

◆ [Enter dollar amount](#)

Q66H2

How many (weekly/every other week/ twice a month/ monthly) payments did (name/you) receive in educational assistance in 2024?

◆ (1-12/1-24/1-26/1-52)

Q66Hrn1

Could you please tell me if (name/you) received:

**less than \$1,000
between \$1,000 and \$3,000
or over \$3,000**

for the TOTAL amount (name/you) received in educational assistance during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$3,000
- 3 Over \$3,000

Q66Hrn2

Did (name/you) receive:

**less than \$100
between \$100 and \$500
or over \$500**

in educational assistance during 2024?

- 1 Less than \$100
- 2 Between \$100 and \$500
- 3 Over \$500

Q66HC2

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total educational assistance received in 2024 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q66H3

According to my calculations (name/you) received \$(total) altogether from educational assistance in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q66H4

What is your best estimate of the correct amount (name/you) received from educational assistance during 2024?

- ◆ Previous entries: Q66h: (amount)
Q66hp: (periodicity)
Q66h2: (number of pay periods)

- ◆ Enter dollar amount
-

5.19 CHILD SUPPORT (Amounts)

Q70cp

What is the easiest way for you to tell us (name's/your) child support payments; weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week (bi-weekly)
- 3 Twice a month
- 4 Monthly
- 7 Yearly

Q70c

How much did (name/you) receive (weekly/ every other week/ twice a month/ monthly) in child support payments in 2024?

- ◆ Enter dollar amount
-

Q70c2

How many (weekly/every other week/ twice a month/ monthly) child support payments did (name/you) receive in 2024?

- ◆ (1-12/1-24/1-26/1-52)
-

Q70c1rn1

Could you please tell me if (name/you) received:

**less than \$10,000
between \$10,000 and \$20,000
or over \$20,000**

for the TOTAL amount (name/you) received in child support payments in 2024?

- 1 Less than \$10,000
- 2 Between \$10,000 and \$20,000
- 3 Over \$20,000

Q70c1rn2

Did (name/you) receive:

**less than \$1,000
between \$1,000 and \$5,000
or over \$5,000**

in child support payments in 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$5,000
- 3 Over \$5,000

Q70cC2

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total child support payments received in 2024 was \$(amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q70c3

According to my calculations (name/you) received \$(total) altogether from child support payments in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q70c4

What is your best estimate of the correct amount (name/you) received from child support payments during 2024?

- ◆ PREVIOUS ENTRIES: Q70c: (amount)
Q70cp: (periodicity)
Q70c2: (number of pay periods)

◆ Enter dollar amount

5.20 REGULAR FINANCIAL ASSISTANCE (Amounts)

Q72cp

What is the easiest way for you to tell us (name's/your) regular financial assistance; weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week (bi-weekly)
- 3 Twice a month
- 4 Monthly
- 7 Yearly

Q72c

How much did (name/you) receive (weekly/every other week/twice a month/monthly) in regular financial assistance in 2024?

◆ Enter dollar amount

Q72c2

How many (weekly/every other week/twice a month/monthly) payments did (name/you) receive in regular financial assistance in 2024?

◆ (1-12/1-24/1-26/1-52)

Q72crn1

Could you please tell me if (name/you) received:

**less than \$1,000
between \$1,000 and \$3,000
or over \$3,000**

in regular financial assistance in 2024?

- 1 Less than \$1,000

- 2 Between \$1,000 and \$3,000
- 3 Over \$3,000

Q72crn2

Did (name/you) receive

**less than \$100
between \$100 and \$500
or over \$500**

in regular financial assistance in 2024?

- 1 Less than \$100
- 2 Between \$100 and \$500
- 3 Over \$500

Q72cC2

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total regular financial assistance payments received in 2024 was \$(amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q72c3

According to my calculations (name/you) received \$(total) altogether from regular financial assistance in 2024. Does that sound about right?

- 1 Yes
- 2 No

Q72c4

What is your best estimate of the correct amount (name/you) received from regular financial assistance during 2024?

- ◆ PREVIOUS ENTRIES: Q72c: (amount)
 Q72cp: (periodicity)
 Q72c2: (number of pay periods)
-

5.21 OTHER MONEY INCOME (Amounts)

Q731P

What is the easiest way for you to tell us (name's/your) income from (fill from Q73A1Rc);

weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week (bi-weekly)
- 3 Twice a month
- 4 Monthly
- 7 Yearly

Q731

How much did (name/you) receive (weekly/every other week/twice a month/monthly) in income from (fill from Q73A1Rc) during 2024?

- ◆ Do NOT include federal stimulus payments due to the Coronavirus pandemic.
- ◆ Enter dollar amount

Q7312

How many (weekly/every other week/twice a month/monthly) payments did (name/you) receive in income from (fill from Q73A1Rc) during 2024?

- ◆ (1-12/1-24/1-26/1-52)

Q73rn1

Could you please tell me if (name/you) received:

- less than \$1,000
- between \$1,000 and \$3,000
- or over \$3,000

in income from (Alaska Permanent Fund Dividend/fill-in from Q73a1Rc)?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$3,000
- 3 Over \$3,000

Q73rn2

Did (name/you) receive:

**less than \$100
between \$100 and \$500
or over \$500**

in income from (Alaska Permanent Fund Dividend/fill-in from Q73a1Rc)?

- 1 Less than \$100
- 2 Between \$100 and \$500
- 3 Over \$500

Q731C2

- ◆ Do not read to the respondent.
- ◆ The annual rate appears out of range. The total income from (fill from Q73A1Rc) in 2024 was \$(amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

Q7313

According to my calculations (name/you) received \$(total) altogether from (Alaska Permanent Fund Dividend/fill-in from Q73a1Rc) in 2024.

Does that sound about right?

- 1 Yes
- 2 No

Q7314

What is your best estimate of the correct amount (name/you) received in income from (Alaska Permanent Fund Dividend/fill-in from Q73a1Rc) in 2024?

- ◆ PREVIOUS ENTRIES: Q731: (amount)
Q731P: (periodicity)
Q7312: (number of pay periods)

◆ Enter dollar amount

5.22 CONTRIBUTIONS TO RETIREMENT ACCOUNTS (Amounts)

CONTRIB1

Earlier we recorded that (you/name) (have/has) a retirement account, such as a

401(k), 403(b), IRA, or other account designed specifically for retirement savings.

Did (you/he/she) contribute any money to (your/his/her) plan(s), for example, through payroll deductions?

(Do not include amounts reinvested or “rolled over” from other retirement accounts.)

- 1 Yes
- 2 No

CONTRIB2

How much did (you/he/she) contribute to (your/his/her) account(s) in 2024?

✦ **Total contributions to all accounts.**

6 HEALTH INSURANCE

6.1 INTRODUCTION TO HEALTH INSURANCE SECTION

HINTRO

These next questions are about health coverage between January 1, 2024 and now.

✦ **Press 1 to Continue**

- 1 Enter 1 to Continue

PINTRO

(First/Next) I'm going to ask about (name's/your) health coverage.

✦ **Press 1 to Continue**

- 1 Enter 1 to Continue

FHINTRO

Next, I'm going to ask about (name's/your) health coverage.

✦ **Press 1 to Continue**

6.2 CURRENT COVERAGE

MCARE1

?[F1]

Medicare is health insurance for people 65 years and older and people under 65 with disabilities. (Is/Are) (name/you) NOW covered by Medicare?

◆ Code Medicare Parts A, B, and C and Medicare Advantage as "Yes"

- 1 Yes
- 2 No

ANYCOV

(Does/Do) (name/you) NOW have any type of health plan or health coverage?

- 1 Yes
- 2 No

MEDI

?[F1]

(Are/Is/Was/Were) (name/you) covered by Medicaid, Medical Assistance, or (CHIP/or Medicare)?

- 1 Yes
- 2 No

OTHGOVT

(Is/Are) (name/you) NOW covered by a state or government assistance program that helps pay for healthcare, such as: State Medicaid, CHIP, Exchange/Portal, or other State Health program?

◆ Stop reading list if respondent says "YES"

- 1 Yes
- 2 No

VET

(Is/Are) (name/you) NOW covered by Veteran's Administration (VA) care?

- 1 Yes
- 2 No

VERIFY

I recorded that (name/you) (is/are) not currently covered by a health plan. Is that correct?

- 1 Yes, is NOT covered
- 2 No, is covered

6.3 TYPE OF COVERAGE

SRCEGEN

?[F1]

◆ ASK OR VERIFY

For the coverage (name/you) (has/have/had) NOW, (do/does/did) (he/she/you) get it through a job, the government or state, or some other way?

◆ **1. JOB**

Former job/Retiree
 Union
 Spouse/parent's job
 Job with the government
 COBRA
 TRICARE/TRICARE For Life

2. GOVERNMENT OR STATE

Medical Assistance
 Medicaid
 Medicare (Parts A+B; Part C)
 Medicare Advantage
 State-provided health coverage
 VA Care/CHAMPVA/other military

3. OTHER WAY

Privately purchased
 Parent or spouse
 Medicare Supplements
 Exchange plan/Marketplace
 Group or association
 School

◆ IF RESPONDENT CHOOSES MORE THAN ONE: Let's talk about one plan at a time. Which would you like to tell me about first?

[◆ If respondent is not covered, go back to VERIFY and select "Yes"]

- 1 Job (current or former)
- 2 Government or State
- 3 Some other way

SRCEDEPDIR

◆ ASK OR VERIFY

(Does/Do/Did) (name/you) get that coverage through a parent or spouse, (does/do/did) (he/she/you) buy it (himself/herself/yourself), or (does/did/do) (he/she/you) get it some other way?

◆ **1. PARENT OR SPOUSE**

Parent
Spouse

2. BUY IT DIRECTLY

Buy it
Parent or spouse buys it
Medicare Supplement

3. SOME OTHER WAY

Former employer
Group or association
Indian Health Service
School

- 1 Parent or spouse
- 2 Buy it
- 3 Some other way

SRCEOTH

◆ **ASK OR VERIFY**

(Does/Do/Did) (name/you) get it through a former employer, a union, a group or association, the Indian Health Service, a school, or some other way?

- 1 Former employer
- 2 Union
- 3 Group or association
- 4 Indian Health Service
- 5 School
- 6 Some other way

JOBCOV

(Is/Was) that coverage related to a JOB with the government or state?

◆ **READ IF NECESSARY: Include coverage through FORMER employers and unions, and COBRA plans.**

- 1 Yes
- 2 No

MILPLAN

◆ **ASK OR VERIFY**

(Is/Was) that plan related to military service in any way?

◆ **Examples of military plans include:**

- VA Care
- TRICARE
- TRICARE for Life
- CHAMPVA
- Other military care

- 1 Yes
- 2 No

GOVTYPE

?[F1]

◆ ASK OR VERIFY

(Is/Was) that coverage Medicaid, CHIP, Medicare, a plan through the military, or some other program?

- ◆ Code Medicare Parts A, B, and C and Medicare Advantage as "Medicare"
- ◆ IF RESPONDENT CHOOSES MORE THAN ONE: Let's talk about one plan at a time. Which would you like to tell me about first?

- 1 Medicaid or Medical Assistance
- 2 CHIP
- 3 Medicare
- 4 Military
- 5 Other

MILTYPE

◆ ASK OR VERIFY

(Is/Was) that plan through TRICARE, TRICARE for Life, CHAMPVA, VA Care, military health care, or something else?

- 1 TRICARE
- 2 TRICARE for Life
- 3 CHAMPVA
- 4 Veterans Administration (VA) care
- 5 Military health care
- 6 Other

POLHOLDER

◆ ASK OR VERIFY

Whose name (is/was) the policy in? (Who (is/was) the policyholder?)

- 1-16 Name on roster
- 17 Someone living outside the household

Enter persons line number (1-16), or 17 for person not in the household

SRCEPTSP

◆ ASK OR VERIFY

(Do/Did) they get that coverage through their job, (do/did) they buy it themselves, or (do/did) they get it some other way?

- 1 Job (current or former)
- 2 Buy it
- 3 Some other way

GOVPLAN

◆ ASK OR VERIFY

What do you call the program?

◆ IF RESPONDENT ANSWERS WITH INSURANCE COMPANY NAME: OK, so that would be the plan name. What do you call the program? Some examples of programs in (state) are [read full list below].

- 1 Medicaid
- 2 Medical Assistance
- 3 Indian Health Service (IHS)
- 4-12 State Medicaid Programs Names
- 13-15 State Exchange Programs Names
- 16 Plan through State Exchange Portal
- 17 Other government plan
- 18 Other (please specify)

MISCSPEC

Please Specify

Write in plan name

PORTAL

◆ ASK OR VERIFY

(Is/Was) that coverage through (State Exchange Portal Name), which may also be known as (State Exchange Program Name 1, Name 2, Name 3)?

- 1 Yes
- 2 No

EXCHTYPE

◆ ASK OR VERIFY

What do you call it – State Exchange Program (Portal, Name 1, Name 2, Name 3)?

1-4 State Exchange Programs Names

HIP Aid

(Does/Did) (your/policyholder name's/the policyholder's) employer or union pay for all, part, or none of the health insurance premium?

◆ Report here employer's contribution to employee's health insurance premiums, not the employee's medical bills.

- 1 All
- 2 Part
- 3 None

SHOP

Small businesses can offer health coverage to their employees through (State Exchange SHOP Portal Name). (Is/Was) the coverage at all related to (State Exchange SHOP Portal Name), (such as State SHOP Name 1, Name 2, Name 3)?

- 1 Yes
- 2 No

POLHOLDER2

◆ ASK OR VERIFY

Whose name (is/was) the policy in? (Who [is/was] the policyholder?)

- 1-16 Name on roster
- 17 Someone living outside the household

Enter persons line number (1-16), or 17 for person not in the household

PREMYN

Is there a monthly premium for this plan?

◆ A monthly premium is a fixed amount of money people pay each month to have health coverage. It does not include copays or other expenses such as prescription costs.

- 1 Yes
- 2 No

PREMSUBS

Is the cost of the premium subsidized based on (your/family) income?

- ◆ A monthly premium is a fixed amount of money people pay each month to have health coverage. It does not include copays or other expenses such as prescription costs.
- ◆ Subsidized health coverage is insurance with a reduced premium. Low and middle income families are eligible to receive tax credits that allow them to pay lower premiums for insurance bought through healthcare exchanges or marketplaces.

- 1 Yes
- 2 No

6.4 MONTHS OF COVERAGE

BEFORAFT

Did (name's/your) coverage from (plan type) start before January 1, 2024?

- ◆ READ IF NECESSARY: Your best estimate is fine.
- ◆ (READ IF NECESSARY: If (policyholder) switched employers or plans through (your/their) employer, consider it the same plan.)
- ◆ (READ IF NECESSARY: If (policyholder) switched plans that (you/he/she) (buy/buys), consider it the same plan.)

- 1 Yes
- 2 No

MNTHBEG1/2

In which month did (that/this) coverage start?

- ◆ READ IF NECESSARY: Your best estimate is fine.
- ◆ (READ IF NECESSARY: If (policyholder) switched employers or plans through (your/their) employer, consider it the same plan.)
- ◆ (READ IF NECESSARY: If (policyholder) switched plans that (you/he/she) (buy/buys), consider it the same plan.)
- ◆ This question refers to (plan type).

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

YEARBEG

- ◆ ASK OR VERIFY

Which year was that?

- ◆ (READ IF NECESSARY: If (policyholder) switched employers or plans through (your/their) employer, consider it the same plan.)
- ◆ (READ IF NECESSARY: If (policyholder) switched plans that (you/he/she) (buy/buys), consider it the same plan.)
- ◆ This question refers to (plan type).

- 1 2024
- 2 2025

CNTCOV

Has it been continuous since (beginning month)?

- ◆ (READ IF NECESSARY: If (policyholder) switched employers or plans through (your/their) employer, consider it the same plan.)
- ◆ (READ IF NECESSARY: If (policyholder) switched plans that (you/he/she) (buy/buys), consider it the same plan.)
- ◆ READ IF NECESSARY: If the gap in coverage was less than 3 weeks, consider the coverage "continuous."
- ◆ This question refers to (plan type).

- 1 Yes
- 2 No

SPELLADD

I have recorded that (name/you) (was/were) covered by (plan type) in (months of coverage). Were there any OTHER months between January 2024 and now that (name/you) (was/were) also covered by (plan type)?

- 1 Yes
- 2 No

ANYTHIS

Which months (was/were) (name/you) covered by (plan type) THIS year -- in 2025?

- 1 January 2025
- 2 February 2025
- 3 March 2025
- 4 April 2025
- 20 All months of 2025
- 21 No months of 2025

ANYLAST

Which months (was/were) (name/you) covered by (plan type) LAST year -- in 2024?

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December
- 20 All months from January 2024 until December 2024
- 21 No months from January 2024 until December 2024

WMNTHS

Which months between January 2024 and now (was/were) (name/you) covered by (plan type)?

- 1 January 2024
- 2 February 2024
- 3 March 2024

- 4 April 2024
- 5 May 2024
- 6 June 2024
- 7 July 2024
- 8 August 2024
- 9 September 2024
- 10 October 2024
- 11 November 2024
- 12 December 2024
- 13 January 2025
- 14 February 2025
- 15 March 2025
- 16 April 2025
- 20 All months from January 2024 until now
- 21 No months from January 2024 until now

6.5 OTHER HOUSEHOLD MEMBERS

OTHMEMB

Between January 1, 2024 and now, was anyone in the household other than (name/you) ALSO covered by (plan type)?

- 1 Yes
- 2 No

COVWHO

Who else was covered? Who else was covered by (plan type)?

◆ **PROBE: Anyone else?**

- 0 No one listed
- 1-16 Person 1 through 16's name
- 96 All persons listed

SAMEMNTHS

(Was/Were) (name/names) also covered from January 2024 until now?

◆ **This question refers to (plan type)**

- 1 All also covered from January 2024 until now
- 2 None covered from January 2024 until now

MNTHS P(1-16)M

Which months between January 2024 and now was (NAME) covered? [How about (NAME)?]

◆ This question refers to (plan type)

- 1 January 2024
- 2 February 2024
- 3 March 2024
- 4 April 2024
- 5 May 2024
- 6 June 2024
- 7 July 2024
- 8 August 2024
- 9 September 2024
- 10 October 2024
- 11 November 2024
- 12 December 2024
- 13 January 2025
- 14 February 2025
- 15 March 2025
- 16 April 2025
- 20 All months from January 2024 until now
- 21 No months from January 2024 until now

OTHOUT

Does that plan cover anyone living outside this household?

◆ This question refers to (plan type)

- 1 Yes
- 2 No

OTHWHO

How old are they -- under 19, 19-25, or older than 25?

◆ Mark all that apply

- 1 Under 19
- 2 19-25 years old
- 3 Older than 25

6.6 ADDITIONAL PLANS

ADDGAP

So far, I have recorded that (name/you) (was/were) NOT covered in (months of no coverage). (Was/Were) (name/you) covered by any type of health plan or health coverage in (those months/that month)?

♦ **READ IF NECESSARY: Do not include plans that cover only one type of care, such as dental or vision plans.**

- 1 Yes
- 2 No

ADDOTH

Other than (plan type[s]), (was/were) (name/you) covered by any other type of health plan or health coverage AT ANY TIME between January 1, 2024 and now?

♦ **READ IF NECESSARY: Do not include plans that cover only one type of care, such as dental or vision plans.**

- 1 Yes
- 2 No

6.7 EMPLOYER-SPONSORED INSURANCE OFFERS AND TAKEUP

ESIINTRO

Earlier I recorded that (name/you) (is/are) employed but (does/do) not have health coverage through (his/her/your) job.

- 1 Enter 1 to continue

OFFER

Does (employer name) offer a health insurance plan to any of its employees?

- 1 Yes
- 2 No

COULD

Could (name/you) be in this plan if (he/she/you) wanted to?

- 1 Yes
- 2 No

WNTAKE

Why (aren't/isn't) (you/he/she) in this plan?

◆ Choose all that apply

- 1 Covered by another plan
- 2 Traded health insurance for higher pay
- 3 Too expensive
- 4 Don't need health insurance
- 5 Have a pre-existing condition
- 6 Haven't yet worked for this employer long enough to be covered
- 7 Contract or temporary employees not allowed in plan
- 8 Other/specify

WNTAKESPEC

Please specify other reason why not in the plan

WNELIG

Why not? Why can't (name/you) be in this plan if (he/she/you) wanted to?

◆ Choose all that apply

- 1 Don't work enough hours per week or weeks per year
- 2 Contract or temporary employees not allowed in plan
- 3 Haven't yet worked for this employer long enough to be covered
- 4 Have a pre-existing condition
- 5 Too expensive
- 6 Other/specify

WNELIGSPEC

Please specify other reason why not eligible.

6.8 HEALTH STATUS

HealthStatus Intro

An important factor in evaluating a person's or family's health insurance situation is their current health status and/or the current health status of other family members.

Enter 1 to Continue

HealthStatus

Would you say (name's/your) health in general is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

6.9 MEDICAL EXPENDITURES

MedExp Intro

Next I would like to ask about out-of-pocket medical expenses during 2024.

◆ Press 1 to Continue

- 1 Enter 1 to continue

HIPREM

[Earlier I recorded that (your/name's) employer or union did not pay for (your/his/her) entire health insurance premium.] Last year, how much did (you/name) pay out-of-pocket for ALL health insurance premiums [covering (yourself/himself/herself) or others in the household]? Include both comprehensive and supplemental plans (such as vision and dental insurance).

[What about (you/name)?]

[DO NOT include the \$(amount reported) per month from Medicare deductions from (Social Security/ Social Security Disability/ Social Security and Social Security Disability) payments mentioned earlier.]

◆ Enter dollar amount

MEDAMT

?[F1]

Last year, how much was paid out-of-pocket for (your/name's) OWN medical care, such as copays for doctor and dentist visits, diagnostic tests, prescription medicine, glasses and contacts, and medical supplies?

[What about (you/name)? Last year, how much was paid out-of-pocket for (your/name's) OWN medical care, such as copays for doctor and dentist visits, diagnostic tests, prescription medicine, glasses and contacts, and medical supplies?]

Include any amount paid out-of-pocket on (your/his/her) behalf by anyone in this household.

◆ Enter dollar amount

OTCMEDAMT

Last year, how much was paid out-of-pocket for (your/name's) non-prescription healthcare products such as vitamins, allergy and cold medicine, pain relievers, quit smoking aids, AND anything else not yet reported?

[What about (you/name)? Last year, how much was paid out-of-pocket for (your/name's) non-prescription healthcare products such as vitamins, allergy and cold medicine, pain relievers, quit smoking aids, AND anything else not yet reported?]

Include any amount paid out-of-pocket on (your/his/her) behalf by anyone in this household.

◆ Enter dollar amount

◆ If unsure of the amount, a best guess is acceptable.

7 EMPLOYER'S PENSION PLAN

Q74a

Other than Social Security did (the/any) employer or union that (name/you) worked for in 2024 have a pension or other type of retirement plan for any of its employees?

- 1 Yes
- 2 No

Q74b

(Were/Was) (name/you) included in that plan?

- 1 Yes
- 2 No

8 LOW INCOME ITEMS

8.1 SCHOOL LUNCHES

Q80

During 2024 which of the children ages 5 to 18 in this household usually ate a complete lunch offered at school?

- ◆ “Usually” refers to days where school was being held in person, such as during the pre-pandemic period or in areas where schools remained open.
- ◆ Probe: Anyone else?
- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Enter 96 for All
- ◆ Enter 0 for None

Q83

During 2024 which of the children in this household received free or reduced priced lunches because they qualified for the Federal School Lunch Program or their school provided free lunches to all students?

- ◆ Probe: Anyone else?
- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Enter 96 for All
- ◆ Enter 0 for None

ECVDPEBT

During 2024, did you or anyone in this household receive Summer EBT?

- 1 Yes
- 2 No

8.2 PUBLIC HOUSING

Q85

Is this public housing, that is, is it owned by a local housing authority or other public agency?

- 1 Yes
- 2 No

Q86

Are you paying lower rent because the Federal, State, or local government is paying part of the cost?

- 1 Yes
- 2 No

8.3 *WOMEN, INFANTS, AND CHILDREN NUTRITION PROGRAM (WIC)*

SWRWIC

At any time during 2024, (was/were) (you/ anyone in this household) on WIC, the Women, Infants, and Children Nutrition Program?

- 1 Yes
- 2 No

SWRW

Who received WIC for themselves or on behalf of a child?

- ♦ Enter all that apply, separate using the space bar or a comma.
- ♦ Probe: Anyone else?

8.4 *ENERGY ASSISTANCE*

Q93

The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric company, gas company, or fuel dealer.

In 2024, (did you/did this household) receive assistance of this type from the federal, state, or local government?

- 1 Yes
- 2 No

Q93pr1

Do you remember receiving an additional or unexpected check that was sent during the year to help pay heating or cooling costs?

- 1 Yes
- 2 No

Q93pr2

Was it used to pay heating costs?

- 1 Yes
- 2 No

Q94

Altogether, how much energy assistance has been received in 2024?

♦ [Enter annual amount only](#)

Q94rn1

Could you tell me if you received:

**less than \$1,000
between \$1,000 and \$3,000
or over \$3,000**

in energy assistance during 2024?

- 1 Less than \$1,000
- 2 Between \$1,000 and \$3,000
- 3 Over \$3000

Q94rn2

Did you receive:

**less than \$100
between \$100 and \$500
or over \$500**

in energy assistance during 2024?

- 1 Less than \$100
- 2 Between \$100 and \$500
- 3 Over \$500

9 MIGRATION

9.1 5-YEAR MIGRATION

M5GSAM

(Were/Was) (reference person's name/you) living in this house (or apartment) five years ago?

- 1 Yes, this house (apt)
- 2 No, different house in U.S.
- 3 No, outside the U.S.

M5GPLC

Where did (reference person's name/you) live five years ago?

- ◆ Name of city/town/post office
 - ◆ Current: (city)
 - ◆ Enter correct city/town/post office or press ENTER for SAME
-

M5GSTA

?[F1]

Where did (reference person's name/you) live five years ago?

- ◆ Name of State
 - ◆ Current: (state)
 - ◆ Enter W for person living on a ship at sea
 - ◆ Enter correct State or press ENTER for SAME
-

M5GZIP

Where did (reference person's name/you) live five years ago?

- ◆ Zip Code
 - ◆ Current: (zip)
 - ◆ Enter correct Zip Code or press ENTER for SAME
-

M5GCLM

Did (reference person's name/you) live inside the city limits of (place name)?

- 1 Yes, inside city limits
- 2 No, outside city limits or post office name only

M5GCOU

What (county/parish) is (place name) in?

◆ Enter "IND CITY" if an independent city, not a county

S_M5GCN1

What country did (reference person's name/you) live in five years ago?

M5GALL

There are (number) other persons in this household ages 5 years or over. Did all of these persons live with you in (City, State) five years ago?

M5GM

Which of the other members of this household did NOT live with (reference person's name/you) five years ago?

- ◆ PROBE: Anyone else?
- ◆ Enter all that apply, separate using the space bar or a comma.

Enter persons line number (1-16)

N5TSAM

Did (name/you) live in this house (apartment) five years ago?

- 1 Yes , this house
- 2 No, different house in U.S.
- 3 No, outside the U.S.

N5TPLC

Where did (name/you) live five years ago?

- ◆ Name of city/town/post office
 - ◆ Current: (city) Enter correct city/town/post office or
 - ◆ Press ENTER for SAME
-

N5TSTA

?[F1]

Where did (name/you) live five years ago?

- ◆ Name of State
 - ◆ Current: (state)
 - ◆ Enter correct State or press ENTER for SAME
-

N5TZIP

Where did (name/you) live five years ago?

- ◆ Zip Code Current: (zip)
 - ◆ Enter correct zip code or
 - ◆ Press ENTER for SAME
-

N5TCLM

Did (name/you) live inside the city limits of (place name)?

- 1 Yes, inside city limits
- 2 No, outside city limits or post office name only

N5TCOU

What (county/parish) is (place name) in?

- ◆ Enter "IND CITY" if an independent city, not a county
-

S N5TCN1

What country did (name/you) live in five years ago?

9.2 1-YEAR MIGRATION

MIGSAM

(Were/Was) (you/reference person's name) living in this house (or apartment) one year ago?

- 1 Yes, this house (apt)
- 2 No, different house in U.S.
- 3 No, outside the U.S.

MIGPLC

Where did (reference person's name/you) live one year ago?

- ◆ Name of city/town/post office
 - ◆ Current: (city)
 - ◆ Enter correct city/town/post office or press ENTER for SAME
-

MIGSTA

Where did (reference person's name/you) live one year ago?

- ◆ Name of State
 - ◆ Current: (state)
 - ◆ Enter W for person living on a ship at sea
 - ◆ Enter correct State or press ENTER for SAME
-

MIGZIP

Where did (reference person's name/you) live one year ago?

- ◆ Zip Code
 - ◆ Current: (zip)
 - ◆ Enter correct Zip Code or press ENTER for SAME
-

MIGCLM

Did (reference person's name/you) live inside the city limits of (place name)?

- 1 Yes, inside city limits
- 2 No, outside city limits or post office name only

MIGCOU

What (county/parish) is (place name) in?

- ◆ Enter "IND CITY" if an independent city, not a county
-

S MIGCN1

What country did (reference person's name/you) live in one year ago?

MI1RES

What was (your/name's) main reason for moving to this house (apartment)?

- ◆ The answer categories are separated into the following groups:

FAMILY-RELATED REASONS* 1-3

EMPLOYMENT-RELATED REASONS 5-9

HOUSING-RELATED REASONS 10-15

OTHER REASONS 4, 16-20

*Family-related reasons only include family as defined by the Census Bureau. Family consists of people who are related by birth, marriage, or adoption.

- 1 change in marital status
- 2 to establish own household
- 3 other family reason (specify)
- 4 relationship with unmarried partner (boy/girlfriend, fiancé, etc.)
- 5 new job or job transfer
- 6 to look for work or lost job
- 7 to be closer to work/easier commute
- 8 retired
- 9 other job-related reason (specify)
- 10 wanted to own home, not rent
- 11 wanted newer/better/larger house or apartment
- 12 wanted better neighborhood/less crime
- 13 cheaper housing
- 14 foreclosure/eviction
- 15 other housing reason (specify)
- 16 to attend or leave college
- 17 change of climate
- 18 health reasons
- 19 natural disaster (hurricane, tornado, etc.)
- 20 other reason (specify)

MI1s

What was the reason for moving?

MIGALL

**There are (number) other persons in this household ages 1 year or over.
Did (all of these persons/this person) live with (reference person's name/you) (in this house/in City, State/outside the U.S.) one year ago?**

- 1 Yes, all lived with (reference person's name/you)
- 2 No, some or all did not live with (reference person's name/you)

MIGM

Which of the other members of this household did NOT live with (reference person's name/you) one year ago?

- ◆ PROBE: Anyone else?
- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Enter Line Number(s)

NXTSAM

Did (name/you) live in this house (apartment) one year ago?

- 1 Yes, this house
- 2 No, different house in U.S.
- 3 No, outside the U.S.

NXTPLC

Where did (name/you) live one year ago?

- ◆ Name of city/town/post office
 - ◆ Current: (city) Enter correct city/town/post office or
 - ◆ Press ENTER for SAME
-

NXTSTA

Where did (name/you) live one year ago?

- ◆ Name of State
 - ◆ Current: (state)
 - ◆ Enter correct State or press ENTER for SAME
-

NXTZIP

Where did (name/you) live one year ago?

- ◆ Zip Code Current: (zip)
 - ◆ Enter correct zip code or
 - ◆ Press ENTER for SAME
-

NXTCLM

Did (name/you) live inside the city limits of (place name)?

- 1 Yes, inside city limits
- 2 No, outside city limits or post office name only

NXTCOU

What (county/parish) is (place name) in?

- ◆ Enter "IND CITY" if an independent city, not a county
-

S_NXTCN1

What country did (name/you) live in one year ago?

NX1RES

What was (name's/your) main reason for moving to this house (apartment)?

- ◆ The answer categories are separated into the following groups:
FAMILY-RELATED REASONS* 1-3
EMPLOYMENT-RELATED REASONS 5-9
HOUSING-RELATED REASONS 10-15
OTHER REASONS 4, 16-20

*Family-related reasons only include family as defined by the Census Bureau. Family are people who are related by birth, marriage, or adoption.

- 1 change in marital status
- 2 to establish own household
- 3 other family reason (specify)
- 4 relationship with unmarried partner (boy/girlfriend, fiancé, etc.)
- 5 new job or job transfer
- 6 to look for work or lost job
- 7 to be closer to work/easier commute

- 8 retired
- 9 other job-related reason (specify)
- 10 wanted to own home, not rent
- 11 wanted newer/better/larger house or apartment
- 12 wanted better neighborhood/less crime
- 13 cheaper housing
- 14 foreclosure/eviction
- 15 other housing reason (specify)
- 16 to attend or leave college
- 17 change of climate
- 18 health reasons
- 19 natural disaster (hurricane, tornado, etc.)
- 20 other reason (specify)

NX10TH

What was the reason for moving?

SUNITS

◆ Ask if necessary

How many housing units are in your building?

- 1 Only one
- 2 Two
- 3 Three or four
- 4 Five to nine
- 5 Ten or more

10 SUPPLEMENTAL POVERTY MEASURE

10.1 PROPERTY VALUE/PRESENCE OF MORTGAGE

VALPROP

About how much do you think this (house and lot/apartment/mobile home) would sell for if it were for sale?

◆ Enter dollar amount

VALPROPR

Could you tell me if you think this (house and lot/apartment/mobile home) would sell for:

less than \$100,000

between \$100,000 and \$250,000

between \$250,000 and \$500,000

or \$500,000 or more?

- 1 Less than \$100,000
- 2 Between \$100,000 and \$250,000
- 3 Between \$250,000 and \$500,000
- 4 \$500,000 or more

MORTYN

Not counting home equity loans, do you or any other member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

- 1 Yes
- 2 No

SMORTYN

Do you or any member of this household have a second mortgage or a home equity loan on THIS property?

- 1 Yes, home equity loan.
- 2 Yes, second mortgage.
- 3 Yes, second mortgage and home equity loan.
- 4 No

10.2 CHILD CARE

Q95

Now we want to ask about some of your expenses for children.

Did (you/ anyone in this household) PAY for the care of (your/their) (child/children) while (you/they) worked in 2024?

- ◆ Include: All child care expenses including preschool and nursery school expenses, before and after school care, and summer care.
- ◆ Do not include: cost of kindergarten or grade/elementary school.

- 1 Yes
- 2 No

Q95A

Which children needed care while their parents worked?

- ◆ Enter all that apply, separate using the space bar or a comma.
- ◆ Probe: Anyone else?
- ◆ Enter 96 for All persons
- ◆ Enter 0 if none

CCFREQ

What is the easiest way for you to tell us how much was paid for child care while (you/they) worked in 2024: weekly, every other week, twice a month, monthly, or yearly?

- 1 Weekly
- 2 Every other week
- 3 Twice a month
- 4 Monthly
- 7 Yearly

CCAMT

How much was paid (weekly/every other week/twice a month/monthly) for child care?

- ◆ Include child care payments made for all children in the household.
 - ◆ For example, if there are two adults in the household with childcare expenses use the total paid by both adults. Do not try to separate the payments. Record one total for the entire household.
-

CCNUMPAY

How many (weekly/every other week/twice a month/monthly) payments did (you/they) make during 2024?

(1-52), (1-26), (1-24), (1-12)

CCTOT

Then (you/they) paid \$(amount) altogether in child care while (you/they) worked during 2024. Does that sound about right?

- 1 Yes
- 2 No

CCEST

What is your best estimate of the correct amount (you/they) paid for child care while (you/they) worked in 2024?

CHCR_PROB

Did (you/anyone in this household) have any problems obtaining child care that prevented (you/them) from working more hours in 2024?

- 1 Yes
- 2 No

CHCR_PROBFREQ

What is the easiest way for you to report how much time you lost from work in 2024 because of trouble finding child care: hours, days, or weeks?

- 1 Hours
- 2 Days
- 3 Weeks

CHCR_PROBTIME

How many (Hours, days, weeks) did you lose in 2024 from work due to challenges with child care arrangements?

_____ (1-999)

CHCR_ADAPT

During 2024, did you or another adult take any of the actions below in order to care for your (child/children) because child care was closed, unavailable, or unaffordable, or you were concerned for your (child's/children's) safety in care?

♦ Read and select all that apply; separate with commas

- 1 Took unpaid leave
- 2 Used vacation, sick days, or other paid leave
- 3 Cut your work hours
- 4 Quit a job
- 5 Were fired from a job
- 6 Did not look for a job
- 7 Supervised one or more children while working
- 8 Other (specify)
- 9 None of the above

CHCR ADAPT SP

◆ Enter verbatim response

10.3 CHILD SUPPORT PAID

CSPCHILD

(Do you/Does anyone in this household) have any children who lived elsewhere with their other parent or guardian at any time during 2024?

- 1 Yes
- 2 No

CSPWHO

Who had children who lived elsewhere? Anyone else?

- ◆ Enter line number
- ◆ Enter all that apply, separate using the space bar or a comma.

CSPREQ

In 2024, did (name/you) pay any child support for children living elsewhere with their other parent or guardian?

- 1 Yes
- 2 No

CSPAMT

How much child support did (name/you) pay in 2024?

- ◆ Enter dollar amount

- ◆ COUNT ALL FORMS OF CHILD SUPPORTS PAYMENTS, INCLUDING:
...PAYMENTS MADE DIRECTLY TO THE OTHER PARENT/GUARDIAN;
...PAYMENTS MADE THROUGH A COURT OR AGENCY; AND
...PAYMENTS WITHHELD FROM THIS PERSON'S PAYCHECK

10.4 Affordable Connectivity Program

BBSUB

At any time during 2024, did you or anyone in this household receive benefits from the Affordable Connectivity Program or any other program that provided reduced price WIFI, broadband, or other home internet services?

1 Yes

2 No

BBSUB_MNTH

How many months did (you/anyone in this household) receive these benefits in 2024?

◆ (1-12)

Attachment A. Income Range Follow-up Questions

The three levels of income range follow-up questions are:

1) High-range income follow-up brackets:

- Less than \$45,000
- Between \$45,000 and \$60,000
- \$60,000 or more

If the respondent selects the lowest bracket (Less than \$45,000), then the following ranges will be presented to the respondent:

- Less than \$15,000
- Between \$15,000 and \$30,000
- \$30,000 or more

2) Mid-range income follow-up questions:

- Less than \$10,000
- Between \$10,000 and \$20,000
- \$20,000 or more

If the respondent selects the lowest bracket (Less than \$10,000), then the following ranges will be presented to the respondent:

- Less than \$1,000
- Between \$1,000 and \$5,000
- \$5,000 or more

3) Low-range income follow-up questions:

- Less than \$1,000
- Between \$1,000 and \$3,000
- \$3,000 or more

If the respondent selects the lowest bracket (Less than \$1,000), then the following ranges will be presented to the respondent:

- Less than \$100
- Between \$100 and \$500
- \$500 or more

Attachment B. Income Source and Follow-Up Question Range Level

The following table displays the income source and range level used in the follow-up range questions.

Source Screen	Income Source	Range Screen	Range Level
Q48AA	Earnings from Longest Job	PUQ48AARN1	High
Q48AAD	Longest Job: tips, bonuses, etc.	PUQ48AADRN1	Low
Q48B	Earnings from Business/ Farm	PUQ48BRN1	High
Q48BAD	Business/ Farm: tips, bonuses, etc.	PUQ48BADRN1	Low
Q49B1D	Earnings from All Other Employers	PUQ49B1DRN1	Mid
Q49B1A	All Other Employers: tips, bonuses, etc.	PUQ49B1ARN1	Low
Q49B2	Earnings from Any Other Business	PUQ49B2RN1	Mid
Q49B4	Earnings from Any Other Farm	PUQ49B4RN1	Mid
Q51A1	State or Federal Unemployment Compensation	PUQ51A11R1	Mid
Q51A2	Supplemental Unemployment Benefits	PUQ51A21R1	Mid
Q51A3	Union Unemployment or Strike Benefits	PUQ51A31R1	Mid
Q52A	Worker's Compensation	PUQ52CR1	Mid
Q56A	Social Security	PUQ656DRN1	Mid
Q56F	Social Security for Children	PUQ56IRN1	Mid
Q57A	Supplemental Security Income (SSI)	PUQ57CRN1	Mid
Q57D	SSI for Children	PUQ57IRN1C	Mid
Q59AR	Disability Income (source 1) Disability Income (source 2)	PUQ61E1RN1 PUQ61E2RN1	Mid
Q60A88	Veteran's Payments (source 1) Veteran's Payments (source 2)	PUQ60V1RN1 PUQ60V2RN1	Mid
Q58A	Survivor Benefits (source 1) Survivor Benefits (source 2) Survivor Benefits (source 3)	PUQ58E1RN1 PUQ58E2RN1 PUQ58E3RN1	Mid
Q59A88, Q59A89	Public Assistance/ TANF	PUQ59ERN1	Low
Q87R, Q87AR	Food Assistance/ SNAP	HUQ90RN1	Low
Q62AR	Pensions (source 1) Pensions (source 2)	PUQ62E1RN1 PUQ62E2RN1	Mid
Q96AR	Annuities	PUANNEWRN1	Mid
Q98Ar	Retirement Withdrawals/Distributions (source 1) Retirement Withdrawals/Distributions (source 2)	PUDSTNEWNR1 PUDSTNEWNR3	Mid
Q97Cr	Retirement Interest (source 1) Retirement Interest (source 2)	PURETNEWNR1 PURETNEWNR3	Low
Q99ARa	Checking Account Interest	PUQ63C1B	Low
Q99ARb	Savings Account Interest	PUQ63D1B	Low
Q99ARc	Money Market Account Interest	PUQ63e1B	Low
Q99ARd	CD Interest	PUQ63f1B	Low
Q99ARe	Saving Bonds Interest	PUQ63g1b	Low
Q99ARe	Stock Dividends	PUQ63h1b	Low
Q99ARg	Any Other Interest	PUQ63i1b	Low

Source Screen	Income Source	Range Screen	Range Level
CAPGDIS	Nonretirement Interest	PUCAPGDAMTRN 1	Mid
Q65A1, Q65A2, Q65A3	Property Income	PUQ65CRN1	Mid
Q66B	Pell Grant Other Education Assistance	PUQ69FRN1 PUQ66HRN1	Low
Q70A	Child Support	PUQ70C1RN1	Mid
Q72A	Regular Financial Assistance	PUQ72CRN1	Low
Q73A1	Other Money Income	PUQ73RN1	Low
Q93	Energy Assistance	HUQ94RN1	Low