

**2018 Annual Social and Economic Supplement  
Items Booklet - Feb/March/April 2018**

**2018 ANNUAL SOCIAL AND ECONOMIC SUPPLEMENT  
CPS FIELD REPRESENTATIVE / CATI INTERVIEWER  
ITEMS BOOKLET**

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# 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, 2017?**

- 1 Yes
- 2 No

### HH32d

**Did any of the following household members live here during the week of November 19, 2017?**

- 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 2017?

1 Yes  
2 No

### Q29b

Did (you/he/she) do any temporary, part-time, or seasonal work even for a few days during 2017?

\* Include any Military Reserves or National Guard work.

1 Yes  
2 No

### Q30

Even though (name/you) did not work in 2017, 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 2017?**

\* 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 2017 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 2017 because (you/he/she)  
(were/was) on layoff from a job or lost a job?**

\* Number of weeks worked in 2017: (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 2017?**

\* 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 2017?  
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 2017, 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 2017?**

\* Number of weeks worked in 2017: (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 2017?**

**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 2017?))**

\* 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 2017)

---

**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**

Beginning with the 2015 CPS ASEC, 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 2017?**

- \* 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 2017?**

- 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 2017?**

- 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 2017?**

\* (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 2017 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 2017 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 2017?**

- 1 Yes
- 2 No

**Q48aad**

**How much did (name/you) earn in tips, bonuses, overtime pay, or commissions from this employer in 2017?**

\* 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 2017?**

- 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 2017?**

- 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 2017?**

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

**Q48b char**

- \* Enter "L" for Lost Money
- 

**Q48BL**

- \* Enter amount of money lost in 2017
  - \* Enter annual amount only
- 

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

**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 business/farm after expenses during 2017?**

- 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 2017?**

- 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 2017?**

- \* 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 2017?**

- \* 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 2017?**

- \* 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 2017.

---

**Q48b4**

**What were (name's/your) net earnings from this business/farm during the SECOND quarter of 2017?**

- \* 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 2017.

---

**Q48b5**

**What were (name's/your) net earnings from this business/farm during the THIRD quarter of 2017?**

- \* 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 2017.

---

**Q48b6**

**What were (name's/your) net earnings from this business/farm during the FOURTH quarter of 2017?**

- \* 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 2017.
- 

**Q48b7**

**Does this amount include all tips, bonuses, overtime pay, or commissions (name/you) may have received from this business in 2017?**

- 1 Yes
- 2 No

**Q48bad**

**How much did (name/you) earn in tips, bonuses, overtime pay, or commissions in 2017?**

- \* 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 2017?**

- 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 2017?**

- 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 2017?**

- 1 Yes
- 2 No

**Q49b1d**

**How much did (name/you) earn from all other employers before taxes and other deductions during 2017?**

- \* Enter dollar amount
- \* Enter "0" for None

\_\_\_\_\_

**Q49b1drn1 Ask only if the respondent "Doesn't know" or "Refused" Q48b1d.**

**Could you 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 2017?**

- 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 2017?**

- 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 2017?**

\* (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 2017. 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 2017?**

- \* 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 2017?**

- 1 Yes
- 2 No

**Q49B1A**

**How much did (name/you) earn in tips, bonuses, overtime pay, or commissions from all other employers in 2017?**

\* 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 2017?**

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

**Q49B1ARN2**

**Did (name/you) receive**

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

**in tips, bonuses, overtime pay, or commissions from all other employers in 2017?**

- 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 (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

**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.

<b>Default</b>		<b>Low Income</b>		<b>Householder or Spouse 62 Years +</b>	
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 2017 did (you/anyone in the household) receive any State or Federal unemployment compensation?**

- 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?

Enter persons line number (1-16)

##### **Q51A2**

**At any time during 2017 did (you/anyone in the household) receive any Supplemental Unemployment Benefits (SUB)?**

- 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?

Enter persons line number (1-16)

##### **Q51A3**

**At any time during 2017 did (you/anyone in the household) receive any Union Unemployment or Strike Benefits?**

- 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?

Enter persons line number (1-16)

**Q52A**

**During 2017 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.

- 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.

Enter persons line number (1-16)

**Q52b**

**What was the source of (your/name's Fill Q52Ab) payments?**

- \* Read Categories if necessary

- 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 2017 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.

Enter persons line number (1-16)

### SSR

**What were the reasons (name/you) (was/were) getting Social Security in 2017?**

- \* Mark all that apply
- \* 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 15 were receiving Social Security in 2017?**

- \* Probe: Anyone Else?
- \* Enter all that apply, separate by commas.
- \* Enter 0 if none listed

Enter persons line number (1-16)

### **SSCR**

**What were the reasons (Child's name/the children) (was/were) getting Social Security in 2017?**

- \* Mark all that apply
- \* Probe: Any Other Reason?

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

### **SSDIa1**

**Did (name/you) receive (your/his/her) first Social Security Disability payment in 2017?**

- 1 Yes
- 2 No

## **4.3 SOCIAL SECURITY FOR CHILDREN (Source)**

### **Q56f**

**Did anyone in this household receive any Social Security income in 2017 that we have not already counted on behalf of children in this household?**

- \* Includes all children under 19 years of age
- \* Social Security Income previously reported will appear here

LN	Name	Amount reported in Q56d amount
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?

Enter persons line number (1-16)

**SSC-R**

**Which children under age 19 were receiving Social Security in 2017?**

- \* 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

Enter persons line number (1-16)

**SSCR**

**What were the reasons (Child's name/the children) (was/were) getting Social Security in 2017?**

- \* 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 2017 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?

Enter persons line number (1-16)

**SSIR**

**What were the reasons (name/you) (was/were) getting Supplemental Security Income in 2017?**

- \* 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 2017 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?

Enter persons line number (1-16)

**RSSI**

**What were the reasons (name/you) (was/were) getting Supplemental Security Income on behalf of children in 2017?**

- \* 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 2017?**

- \* 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

Enter persons line number (1-16)

***4.6 DISABILITY INCOME (Source)***

**Q59AR**

**At any time in 2017 (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?

Enter persons line number (1-16)

**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?

Enter persons line number (1-16)

**Q61b**

**Did (you/name) receive any disability income in 2017 as a result of (your/his/her) disability or health problem (other than Social Security Disability/other than VA benefits/ other than Social Security Disability or VA Benefits)?**

- 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 Reason?

- 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 2017 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?

Enter persons line number (1-16)

**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 2017 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?

Enter persons line number (1-16)

**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 2017, 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)?**

Include cash from:  
 Welfare or welfare to work  
 TANF  
 General Assistance  
 Diversion payments  
 Refugee Cash  
 Gen Assist Indian Affairs

Don't include:  
 Food stamps (SNAP)  
 AFDC/Aid to Families SSI  
 Energy assistance  
 WIC  
 School meals  
 Childcare  
 Education Assistance

- 1 Yes
- 2 No

**Q59A89**

**Just to be sure, in 2017, did anyone receive CASH assistance from a state or county welfare program, on behalf of CHILDREN in the household?**

- 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?

Enter persons line number (1-16)

**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

Probe: Any Other Program?

- 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)

**(If respondent mentions any of the following categories 7 through 12, note this, but explain: "Right now we are interested in CASH assistance" and seek answers using the accepted categories:**

Food stamps/Supplemental Nutrition Assistance Program (SNAP) benefits  
SSI  
Energy assistance  
WIC  
School meals  
Transportation, childcare, rental or education assistance

**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 2017, 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 2017, even for one month, did (you/ anyone in this household) receive any food assistance from (State Program name)?**

\* Do not include WIC benefits.

- 1 Yes
- 2 No

**Q88**

**Which of the people now living here were covered by that food assistance during 2017?**

- \* 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?

Enter persons line number (1-16)

***4.11 PENSIONS (Source)***

**Q62Ar**

**During 2017 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 or retirement income?**

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

Enter persons line number (1-16)

**Q62Cra**

**Was (name's/your) pension income from a:**

**Company or union pension (include profit sharing)?**

- \* Enter all that apply, separate using the space bar or a comma.
- \* If "Yes," probe to identify which source

- 1 Company Pension
- 2 Union Pension
- 3 Neither

**Q62Crb**

**Was (name's/your) pension income from a:**

**Federal, State or Local Government pension?**

- \* Enter all that apply, separate using the space bar or a comma.
- \* If "Yes," probe to identify which source

- 1 Federal Government Pension
- 2 State Government Pension
- 3 Local Government Pension
- 4 None of the above

**Q62Crc**

**Was (name's/your) pension income from:**

**a U.S Military pension?**

- 1 Yes
- 2 No

**Q62Crd**

**Did (you/name) receive pension income from some other source?**

- 1 Yes
- 2 No



**Q62Dr**

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

Enter all that apply

Probe as needed: Who received this source?

Probe: Any Other pension income?

- 1 U.S. Railroad Retirement
- 2 Other sources or don't know – Specify –

Enter other source of pension income

---

**Q62Cs1**

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

***4.12 ANNUITIES (Source)***

**Q96Ar**

**During 2017 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?

Enter persons line number (1-16)

***4.13 RETIREMENT ACCOUNTS (Source)***

**Q97Ar**

**At any time during 2017 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?

Enter persons line number (1-16)

**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)      | 5. KEOGH plan ("KEE-OH")                  |
| 2. 403(b)      | 6. SEP plan (Simplified Employee Pension) |
| 3. Roth IRA    | 7. another type of retirement account     |
| 4. Regular IRA |   |

**Q97Dr**

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

- \* Enter all that apply, separate using the space bar or a comma.
- \* Probe: Anyone Else?
- \* Probe: Any Other retirement income?

Enter other source of retirement income

---

**Q98Ar**

**Did (you/NAME) withdraw any money or receive a distribution from (your/his/her) [ACCOUNT TYPE\_ FILL IN FROM Q97CR or Q97DR] account in 2017?**

**(IF AGE 70+ ADD: including distributions you may have been required to take?)**

- 1 Yes
- 2 No

**4.14 INCOME-EARNING ACCOUNTS OUTSIDE OF RETIREMENT**  
**(Source)**

**Q99ArA**

**IF ANY RETIREMENT ACCOUNTS IN HH, READ TRANSITION:**

**(Now I will ask about assets that may have paid interest or dividends in 2017 outside of the retirement account(s).)**

**At anytime during 2017, did (you/anyone in this household):**

**Have money in an interest-earning checking account?**

- 1 Yes ( \*Probe as needed: Who received this source?)
- 2 No

**Q99ArB**

**At anytime during 2017, did (you/anyone in this household):**

**Have a savings account?**

- 1 Yes ( \*Probe as needed: Who received this source?)
- 2 No

**Q99ArC**

**At anytime during 2017, did (you/anyone in this household):**

**Have a money-market fund?**

- 1 Yes ( \*Probe as needed: Who received this source?)
- 2 No

**Q99ArD**

**At anytime during 2017, did (you/anyone in this household):**

**Have CDs (certificates of deposit)?**

- 1 Yes ( \*Probe as needed: Who received this source?)
- 2 No

**Q99ArE**

**At anytime during 2017, did (you/anyone in this household):**

**Have Savings bonds?**

- 1 Yes ( \*Probe as needed: Who received this source?)
- 2 No

**Q99ArF**

**At anytime during 2017, did (you/anyone in this household):**

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

- 1 Yes ( \*Probe as needed: Who received this source?)
- 2 No

**Q99ArG**

**Any other savings or investments that pay interest or dividends?**

- 1 Yes
- 2 No

**CAPGDIS**

**Did (you/NAME) receive any capital gains from (your/his/her) shares of stocks or mutual funds in 2017?**

- 1 Yes
- 2 No

**Q99Br**

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

- \*Enter all that apply
- \*Probe as needed: Who received this source?

Enter other source of retirement income

---

***4.15 PROPERTY INCOME (Source)***

**Q65A1**

**During 2017 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 anytime during 2017 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 anytime during 2017 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) ?**

- \* 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?

Enter persons line number (1-16)

***4.16 EDUCATION ASSISTANCE (Source)***

**Q66a**

**During 2017 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 2017?**

- \* 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?

Enter persons line number (1-16)

**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 2017 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?

Enter persons line number (1-16)

#### ***4.18 REGULAR FINANCIAL ASSISTANCE (Source)***

##### **Q72a**

**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?

Enter persons line number (1-16)

#### ***4.19 OTHER MONEY INCOME (Source)***

##### **Q73A1R**

**During 2017 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?**

- 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?

Enter persons line number (1-16)

**Q73A1Rc1**

**What was the source of this income?**

- \* [Asking about: \(fill from Q73A1b\)](#)
- \* 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: \(fill from Q73A1b\)](#)
- 

## **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 2017.**

### ***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 2017?**

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 2017?**

- 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 2017?**

- 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 2017 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 2017?**

(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 2017. 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 2017?**

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 2017?**

Enter dollar amount

---

**Q51A21r1**

**Could you 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 2017?**

- 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 2017?**

- 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 2017 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 2017?**

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

---

**Q51A23**

**According to my calculations (name/you Fill) received (total) altogether from Supplemental Unemployment Benefits during 2017. 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 2017?**

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 2017?**

Enter dollar amount

---

**Q51A31r1**

**Could you 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 2017?**

- 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 2017?**

- 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 2017 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 2017?**

(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 2017. 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 2017?**

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) (Fill Q52b or Q52Cs1); 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 (Fill Q52b or Q52Cs1) during 2017?**

Enter dollar amount

---

**Q52cr1**

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

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

**in (Fill Q52b or Q52Cs1) during 2017?**

- 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 (Fill Q52b or Q52Cs1) during 2017?**

- 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 2017

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 (Fill Q52b or Q52Cs1) during 2017?**

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

---

**Q52c3**

**Then (name/you) received (total) altogether from (Fill Q52b or Q52Cs1) during 2017. Does that sound about right?**

- 1 Yes
- 2 No

**Q52c4**

**What is your best estimate of the correct total amount (name/you) received from (Fill Q52b or Q52Cs1) during 2017?**

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 2017?**

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 tell me if (name/you) received**

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

**in Social Security payments in 2017?**

- 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 2017?**

- 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 2017?**

(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 all of (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 2017 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 2017. 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 2017?**

PREVIOUS ENTRIES: (amount)  
Q56dp: (periodicity)  
Q56d2: (number of pay periods)  
Q56d3: (amount added per month)

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 2017?**

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 2017?**

(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 2017?**

- 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 2017?**

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

**Q562d3**

**Is this \$(amount from Q562d/amount from Q562d1) 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 all of (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 2017 was (amount). Is this a correct entry? If Yes, enter "S" to Suppress. If No, press enter and correct entry.

**BACKPAY1**

**During 2017, did (name/you) receive an initial Social Security Disability payment that was larger than the usual payment that we haven't accounted for yet?**

**(This is sometimes done to make up for a delay in the start of payments)**

- 1 Yes
- 2 No

**BACKPAY2**

**How much was that initial disability payment?**

\* Enter dollar amount

---

**Q562d5**

**According to my calculations (name/you) received \$(total) altogether from Social Security Disability in 2017. 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 2017?**

PREVIOUS ENTRIES: (amount)  
Q56dp: (periodicity)  
Q56d2: (number of pay periods)  
Q56d3: (amount added per month)

Enter dollar amount

---

***5.4 SOCIAL SECURITY FOR CHILDREN (Amounts)***

**Q56r**

**Now we're going to ask you to report the amount of Social Security received on behalf of children in the household.**

**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 2017?**

- \* 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 tell me if (name/you) received**

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

**in Social Security payments for children in this household in 2017?**

- 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 2017?**

- 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 2017?**

\* (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 2017 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 2017. 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 2017?**

- \* 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 fill) 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 2017?**

- \* Enter dollar amount

\_\_\_\_\_

**Q57crn1**

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

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

**in Supplemental Security Income payments in 2017?**

- 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 2017?**

- 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 2017?**

\* (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 2017 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 2017. 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 2017?**

- \* Previous entries: (amount)
  - Q57cp: (periodicity)
  - Q57c2: (number of pay periods)
  - Q57c3: (amount subtracted per month)

- \* Enter Dollar Amount

---

**5.6 SUPPLEMENTAL SECURITY INCOME FOR CHILDREN (Amounts)**

**Q57R**

Now we're going to ask you to report the amount of Supplemental Security Income received on behalf of children in the household. What would be the easiest way for you to report the amount (name/you) received for [fill in from Q57d] – Is it easiest to report for them combined, or separately?

- 1 Separately
- 2 Combined

**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 2017?

- \* Enter dollar amount

---

**Q57irn1**

Could you tell me if (name/you) received

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

in Supplemental Security Income on behalf of children in 2017?



- 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 on behalf of children in 2017?**

- 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 2017?**

\* (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 2017 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 2017.  
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 2017?**

\* PREVIOUS ENTRIES: (amount)

Q57ip: (periodicity)  
Q57i2: (number of pay periods)  
Q57i3: (amount subtracted per month)

\* 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 2017?**

\* Enter dollar amount

---

### Q61e1rn1

**Could you 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 2017?**

- 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 2017?

- 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 2017?

- \* 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 2017 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 2017. 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 2017?

- \* PREVIOUS ENTRIES: Q61E1: (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 2017?**

\* Enter dollar amount

\_\_\_\_\_

**Q61e2rn1**

**Could you 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 2017?**

- 1 Less than \$10,000 (proceed to **next question**)
- 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 2017?**

- 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 2017?**

\* 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 2017 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 2017. 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 2017?**

- \* PREVIOUS ENTRIES: Q61E2: (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 (bi-weekly)
- 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 2017?**

\* Enter dollar amount

\_\_\_\_\_

**Q60v1rn1**

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

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

**in (fill from first answer in Q60c8) payments in 2017?**

- 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 in 2017?**

- 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 2017?**

\* (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 2017 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 fill) received \$(total) altogether from (fill from first answer in Q60c8) in 2017. 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 2017?**

- \* 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 2017?**

\* Enter dollar amount

\_\_\_\_\_

**Q60v2rn1**

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

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

**in (fill from second answer in Q60c8) payments in 2017?**

- 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 in 2017?**

- 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 2017?**

\* (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 2017 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 2017. 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 2017?**



- \* 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); 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) in (fill from first answer in Q58C or Q58Cs1) in 2017?

\* Enter dollar amount

---

### Q58e1rn1

Could you tell me if (name/you) received

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

in (fill from first answer in Q58C or Q58Cs1) payments in 2017?

- 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

in (fill from first answer in Q58C or Q58Cs1) payments in 2017?

- 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 2017?

\* (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 2017 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 2017. Does that sound about right?

- 1 Yes
- 2 No

**Q58E14**

What is your best estimate of the correct amount (name/you) received from (fill from first answer in Q58C or Q58Cs1) during 2017?

- \* 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); 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 2017?**

\* Enter dollar amount

\_\_\_\_\_

**Q58e2rn1**

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

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

**in (fill from second answer in Q58C or Q58Cs1) payments in 2017?**

- 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**

**in (fill from second answer in Q58C or Q58Cs1) payments in 2017?**

- 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 in (fill from second answer in Q58C or Q58Cs1) in 2017?**

\* (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 2017 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 (fill from second answer in Q58C or Q58Cs1) in 2017.**

**Does that sound about right?**

- 1 Yes
- 2 No

**Q58E24**

**What is your best estimate of the correct amount (name/you) received from (fill from second answer in Q58C or Q58Cs1) during 2017?**

- \* 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 2017?**

\* Enter dollar amount

---

**Q58e3rn1**

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

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

**in (fill from third answer in Q58C or Q58Cs1) payments in 2017?**

- 1 Less than \$10,000 (proceed to **Q58e3rn2**)
- 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**

**in (fill from third answer in Q58C-R or Q58D-R) payments in 2017?**

- 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 in (fill from third answer in Q58C or Q58Cs1) in 2017?**

\* (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 2017 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 (fill from third answer in Q58C or Q58Cs1) in 2017. Does that sound about right?

- 1 Yes
- 2 No

**Q58E34**

What is your best estimate of the correct amount (name/you) received from (fill from third answer in Q58C or Q58Cs1) during 2017?

- \* 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 fill from Q59b88] CASH assistance payments from [fill from Q59C8-R]; 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 2017, how much CASH assistance did [name's/your] receive (per week/every other week/twice a month/monthly)?

\* Enter dollar amount

\_\_\_\_\_

**Q59ern1**

Could you tell me if (name's/your fill) received

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

**or over \$3,000**

**in TOTAL CASH assistance payments in 2017?**

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

**Q59ern2**

**Did (name's/your) receive**

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

**in TOTAL CASH assistance payments in 2017?**

- 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's/your) receive in 2017?**

\* (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 2017 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's/your) received \$(total) altogether in cash assistance from a state or county program in 2017. Does that sound about right?**

- 1 Yes
- 2 No

**Q59e4**

**What is your best estimate of the correct amount of cash assistance**

(name's/your) received during 2017?

- \* PREVIOUS ENTRIES: Q59e: (amount)  
Q59ep: (periodicity)  
Q59e2: (number of pay periods)
  - \* Enter dollar amount
- 

**Q59f**

**Was the cash assistance for adults AND children, 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

Enter persons line number (1-16)

***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 2017?**

- \* Enter dollar amount
- 

**Q90rn1**



**Could you tell me if the value of food assistance received in 2017 was**

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

**in food assistance in 2017?**

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

**Q90rn2**

**Did (name/you) receive**

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

**in food assistance in 2017?**

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

**Q902**

**How many months was food assistance received in 2017?**

\* (1-12)

---

**Q90C2**

- \* Do not read to the respondent.
- \* The annual rate appears out of range. The total food assistance payments received in 2017 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 2017. Does that sound about right?**

- 1 Yes
- 2 No

**Q904**

**What is your best estimate of the correct amount of food assistance received during 2017?**

- \* 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 Q62C-R or Q62DR); 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's/your) receive (weekly/every other week/ twice a month/ monthly/ ) in (first answer FILL IN FROM Q62C-R or Q62DR) in 2017?**

\* 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 or Q62DR) payments in 2017?**

- 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 or Q62DR) payments in 2017?**

- 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 or Q62DR) in 2017?**

\* 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 Q62c or Q62cs1) payments received in 2017 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 or Q62DR) in 2017. 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 or Q62DR) during 2017?**

\* 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 or Q62DR); 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's/your) receive (weekly/every other week/ twice a month/ monthly) in (second answer FILL IN FROM Q62CR or Q62DR) in 2017?**

\* [Enter dollar amount](#)

---

**Q62E2rn1**

**Could you 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 or Q62DR) payments in 2017?**

- 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 or Q62DR) payments in 2017?**

- 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 or Q62DR) in 2017?**

\* 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 first answer in Q62c or Q62cs1) payments received in 2017 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) altogether from (second answer FILL IN FROM Q62CR or Q62DR) in 2017. 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 or Q62DR) during 2017?**

\*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 2017?**

\* 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 2017?**

- 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 2017?**

- 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) annuity payments did (name/you) receive in 2017?**

\* (1-12; 1-52)

\_\_\_\_\_

**ANNNEW4**

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

in 2017. Does that sound about right?

\* PREVIOUS ENTRIES: ANNNEW2: (amount)  
ANNNEW3: (periodicity)

- 1 Yes
- 2 No

**ANNNEW5**

What is your best estimate of the correct amount (name/you) received in annuities in 2017?

\* 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) [(ACCOUNT TYPE) FILL FROM Q97CR or Q97DR] in 2017: 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 [(ACCOUNT TYPE) FILL FROM Q97CR or Q97DR] in 2017?

\* Enter dollar amount

\_\_\_\_\_

**DISTNEW3**

How many (monthly/quarterly) withdrawals did (name/you) make or distributions did (name/you) receive in 2017 from the [(ACCOUNT TYPE) FILL FROM Q97CR or Q97DR]?

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

**DISTNEWrn1**

**Could you 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 [(ACCOUNT TYPE) FILL FROM Q97CR or Q97DR] in 2017?**

- 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 [(ACCOUNT TYPE) FILL FROM Q97CR or Q97DR] in 2017?**

- 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 [(ACCOUNT TYPE) FILL FROM Q97CR or Q97DR] in 2017. 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 [(ACCOUNT TYPE) FILL FROM Q97CR or Q97DR] during 2017?**

**\* 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 2017?**

\* Enter dollar 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

\_\_\_\_\_

**DISTNEW6**

**What is the easiest way for you to tell us the amount of money withdrawn or distributed from (name's/your) [(SECOND ACCOUNT TYPE) FILL FROM Q97CR or Q97DR] in 2017: 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 [(SECOND ACCOUNT TYPE) FILL FROM Q97CR or Q97DR] in 2017?**

\* Enter dollar amount

\_\_\_\_\_

**DISTNEW8**

**How many (monthly/quarterly) withdrawals did (name/you) make or distributions did (name/you) receive in 2017 from the [(SECOND ACCOUNT TYPE) FILL FROM Q97CR or Q97DR]?**

\* Enter dollar amount

\_\_\_\_\_

**DISTNEWrn3**

**Could you 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 [(ACCOUNT TYPE) FILL FROM Q97CR or Q97DR] in 2017?**

- 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 [(ACCOUNT TYPE) FILL FROM Q97CR or Q97DR] in 2017?**

- 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 [(SECOND ACCOUNT TYPE) FILL FROM Q97CR or Q97DR] in 2017. 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 [(SECOND ACCOUNT TYPE) FILL FROM Q97CR or Q97DR)] during 2017?**

\* 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 2017?**

\* Enter dollar amount

\_\_\_\_\_

**ROLLD**

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

- 1 Yes (If 'yes,' go to ROLLAMTD)
- 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

\_\_\_\_\_

***5.15 INTEREST/DIVIDENDS ON RETIREMENT ACCOUNTS(Amounts)***

**RETIRENEW1**

Within [(ACCOUNT TYPE) FILL FROM Q97CR or Q97DR] account, how much did (name/you) earn in interest or dividends during 2017? 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 [(ACCOUNT TYPE) FILL FROM Q97CR or Q97DR] during 2017?

- 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 [(ACCOUNT TYPE) FILL FROM Q97CR or Q97DR] during 2017?

- 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) [(ACCOUNT TYPE) FILL FROM Q97CR or Q97DR] at the end of 2017?

\* Enter dollar amount

---

**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 Q99AR or Q99BR] during 2017, 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 or dividends from [FILL IN Q99AR or Q99BR] during 2017?

- 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 or dividends from [FILL IN Q99AR or Q99BR] during 2017?

- 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 Q99AR or Q99BR] at the end of 2017?

\* Enter dollar amount

\_\_\_\_\_

**Q63cp**

\* 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

**Q63c2**

**How many (weekly/ every other week/ twice a month/ monthly/ quarterly/ every 6 months) payments did (you/name) receive in interest/dividend income in 2017 from [FILL IN Q99AR or Q99BR]?**

\_\_\_\_\_

**Q63c3**

**According to my calculations (you/name) received \$(total) from interest/dividend income from [FILL IN Q99AR or Q99BR] in 2017. Does that sound about right?**

- 1 Yes
- 2 No

**Q63c4**

**What is your best estimate of the correct amount (you/NAME) received from interest payments during 2017?**

\* PREVIOUS ENTRIES: Q63c: (amount)  
Q63cp: (periodicity)  
Q63c2: (number of pay periods)

\* Enter dollar amount

\_\_\_\_\_

**CAPGDAMT**

**How much did (you/name) receive in capital gains in 2017?**

\* 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**

**for the TOTAL yearly amount in capital gains during 2017?**

- 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 during 2017?**

- 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 (roomers or boarders, estates, trusts, or royalties/, roomers or boarders, or royalties/, estates or trusts fill from Q65A1-3) AFTER EXPENSES during 2017?**

- \* 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, or if response is "None", or if response is "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 2017.
- 

**Q65crn1**

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

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

**in income from rent (roomers or boarders, estates, trusts, or royalties/, roomers or boarders, or royalties/, estates or trusts fill from Q65A1-3) AFTER EXPENSES during 2017?**

- 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 (roomers or boarders, estates, trusts, or royalties/, roomers or boarders, or royalties/, estates or trusts fill from Q65A1-3) AFTER EXPENSES during 2017?**

- 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 (roomers or boarders, estates, trusts, or royalties/, roomers or boarders, or royalties/, estates or trusts) AFTER EXPENSES in 2017?**

\* 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 2017. 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/you) ANNUAL LOSS from rent (roomers or boarders, estates, trusts, or royalties/, roomers or boarders, or royalties/, estates or trusts fill from Q65A1-3) AFTER EXPENSES in 2017?**

\* 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 2017?**

\* Enter annual amount only

---

**Q69Frn1**

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

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

**in Pell Grants during 2017?**

- 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 2017?**

- 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 2017; 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**

**How much did (name/you) receive (weekly/every other week/ twice a month/ monthly/ ) in educational assistance during 2017?**

\* [Enter dollar amount](#)

---

**Q66H2**

**How many (weekly/every other week/ twice a month/ monthly) payments did (name/you fill Q66c) receive in educational assistance in 2017?**

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

---

**Q66Hrn1**

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

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

**in educational assistance during 2017?**

- 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 2017?**

- 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 2017 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 2017. 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 2017?**

- \* 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 2017?**

\* Enter dollar amount

---

**Q70c2**

**How many (weekly/every other week/ twice a month/ monthly) child support payments did (name/you) receive in 2017?**

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

---

**Q70c1rn1**

Could you tell me if (name/you fill Q70b) received:

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

in child support payments in 2017?

- 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 2017?

- 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 2017 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 2017. 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 2017?

- \* 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 2017?**

\* Enter dollar amount

---

### **Q72c2**

**How many (weekly/every other week/twice a month/monthly) payments did (name/you) receive in regular financial assistance in 2017?**

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

---

### **Q72crn1**

**Could you 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 2017?**

- 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 2017?**

- 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 2017 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 2017. Does that sound about right?**

- 1 Yes
- 2 No

**Q72c4**

**What is your best estimate of the correct amount (name/you fill) received from regular financial assistance during 2017?**

- \* 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 2017?**

\* 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 2017?**

\* (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 not already covered?**

- 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 not already covered?**



- 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 2017 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 (fill from Q73A1Rc) in 2017.**

**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 (fill from Q73A1Rc) in 2017?**

- \* 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 2017?**

- \* 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, 2017 and now.**

- \* Press 1 to Continue

1 Enter 1 to Continue

#### **PINTRO**

**First 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, 2017?**

- \* 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 2017
- 2 2018

**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 2017 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 2018?**

- 1 January 2018
- 2 February 2018
- 3 March 2018
- 4 April 2018
- 20 All months of 2018
- 21 No months of 2018

**ANYLAST**

**Which months (was/were) (name/you) covered by (plan type) LAST year -- in 2017?**

- 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 2017 until December 2017
- 21 No months from January 2017 until December 2017

**WMNTHS**

**Which months between January 2017 and now (was/were) (name/you) covered by (plan type)?**

- 1 January 2017
- 2 February 2017
- 3 March 2017
- 4 April 2017
- 5 May 2017
- 6 June 2017
- 7 July 2017
- 8 August 2017
- 9 September 2017
- 10 October 2017
- 11 November 2017
- 12 December 2017
- 13 January 2018
- 14 February 2018
- 15 March 2018
- 16 April 2018

- 20 All months from January 2017 until now
- 21 No months from January 2017 until now

## **6.5 OTHER HOUSEHOLD MEMBERS**

### **OTHMEMB**

**Between January 1, 2017 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 2017 until now?**

\* This question refers to (plan type)

- 1 All also covered from January 2017 until now
- 2 None covered from January 2017 until now

### **MNTHS P(1-16)M**

**Which months between January 2017 and now was (NAME) covered? [How about (NAME)?]**

\* This question refers to (plan type)

- 1 January 2017
- 2 February 2017
- 3 March 2017
- 4 April 2017
- 5 May 2017
- 6 June 2017
- 7 July 2017
- 8 August 2017
- 9 September 2017

- 10 October 2017
- 11 November 2017
- 12 December 2017
- 13 January 2018
- 14 February 2018
- 15 March 2018
- 16 April 2018
- 20 All months from January 2017 until now
- 21 No months from January 2017 until now

**OTHOUT**

**Does that plan cover anyone living outside this household?**

- 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, 2017 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

### **WNEIGSPEC**

**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 2017.**

\* 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 (ANY) employer or union that (name/you) worked for in 2017 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 2017 which of the children ages 5 to 18 in this household usually ate a complete lunch offered at school?**

\* Probe: Anyone else?

\* Enter all that apply, separate using the space bar or a comma.

\* Enter 96 for All

\* Enter 0 for None

Enter persons line number (1-16)

### **Q83**

**During 2017 which of the children in this household received free or reduced priced lunches because they qualified for the Federal School Lunch Program?**

- \* Probe: Anyone else?
- \* Enter all that apply, separate using the space bar or a comma.
- \* Enter 96 for All
- \* Enter 0 for None

Enter persons line number (1-16)

## **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

### **SPHS8**

**Is this through Section 8 or through some other government program?**

- 1 Section 8
- 2 Some other government program
- 3 Not sure

## **8.3 WOMEN, INFANTS, AND CHILDREN NUTRITION PROGRAM (WIC)**

### **SWRWIC**

**At any time during 2017, (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?

Enter persons line number (1-16)

## **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 2017, (have you/has this household) received 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 or cooling costs?**

- 1 Yes
- 2 No

### **Q94**

**Altogether, how much energy assistance has been received in 2017?**

- \* Enter annual amount only

---

### **Q94rn1**

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

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

**or over \$3,000**

**in energy assistance during 2017?**

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

**Q94rn2**

**Did (name/you) receive:**

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

**in energy assistance during 2017?**

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

**9 MIGRATION**

***9.1 1- Year Migration***

**MIGSAM**

**(Were/Was) (reference person's name/you) 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**

?[F1]

**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?**

**MIRES**

**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 4-8
  - HOUSING-RELATED REASONS 9-14
  - OTHER REASONS 15-19

- 1 change in marital status
- 2 to establish own household
- 3 other family reason (specify)
- 4 new job or job transfer

- 5 to look for work or lost job
- 6 to be closer to work/easier commute
- 7 retired
- 8 other job-related reason (specify)
- 9 wanted to own home, not rent
- 10 wanted new or better house/ apartment
- 11 wanted better neighborhood/less crime
- 12 wanted cheaper housing
- 13 foreclosure/eviction
- 14 other housing reason (specify)
- 15 to attend or leave college
- 16 change of climate
- 17 health reasons
- 18 natural disaster (hurricane, tornado, etc.)
- 19 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 persons line number (1-16)

**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**

?[F1]

**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 4-8

HOUSING-RELATED REASONS 9-14

OTHER REASONS 15-19

- 1 change in marital status
- 2 to establish own household
- 3 other family reason (specify)
- 4 new job or job transfer
- 5 to look for work or lost job
- 6 to be closer to work/easier commute
- 7 retired
- 8 other job-related reason (specify)
- 9 wanted to own home, not rent
- 10 wanted new or better house/ apartment
- 11 wanted better neighborhood/less crime
- 12 wanted cheaper housing
- 13 foreclosure/eviction
- 14 other housing reason (specify)
- 15 to attend or leave college
- 16 change of climate
- 17 health reasons
- 18 natural disaster (hurricane, tornado, etc.)
- 19 other reason (specify)

## **NX1OTH**

**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 (name/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 2017?**

- \* 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 persons line number (1-16)

**CCFREQ**

**What is the easiest way for you to tell us how much (you/you and others in this household) paid for child care while (you/they) worked in 2017: 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 did (you/they) pay 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 2017?**

---

**CCTOT**

**Then (you/they) paid (total dollar amount) altogether in child care while (you/they) worked during 2017. 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 2017?**

---

***10.3 CHILD SUPPORT PAID***

**CSPCHILD**

**Does anyone in this household have any children who lived elsewhere with their other parent or guardian at anytime during 2017?**

- 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 2017, (were/was) (name/you) required to pay child support?**

- 1 Yes
- 2 No

**CSPAMT**

**How much child support did (name/you) pay in 2017?**

- ◆ 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

## 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)	PUDSTNEW1R1 PUDSTNEW3R1	Mid
Q97Cr	Retirement Interest (source 1) Retirement Interest (source 2)	PURETNEW1R1 PURETNEW3R1	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
CAPGDIS	Nonretirement Interest	PUCAPGDAMTRN1	Mid
Q65A1, Q65A2,	Property Income	PUQ65CRN1	Mid

<b>Source Screen</b>	<b>Income Source</b>	<b>Range Screen</b>	<b>Range Level</b>
Q65A3			
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



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