

USC Center for Economic and Social Research Understanding America Study
UAS 385: Financial Health Pulse - April - May 2021

This survey focuses on you and on your household's financial situation. For all questions, please answer to the best of your ability, and if you are not sure about the answer to a question, just your best guess will do.

Q001. Are you currently attending school of any kind, either full time or part time?¹

1. No, I am not attending school
2. Yes, I am a full-time student
3. Yes, I am a part-time student

Q105. Do you or your family own the place where you live, or do you pay rent, or do you live rent free?

1. Own
2. Rent
3. Live rent free
4. Other (Please Specify)

Q003. Overall, how satisfied are you with your current financial situation?

1. Extremely satisfied
2. Very satisfied
3. Somewhat satisfied
4. Not very satisfied
5. Not at all satisfied

QB01. Overall, which one of the following best describes how well you are managing financially these days?

1. Finding it difficult to get by
2. Just getting by
3. Doing okay
4. Living comfortably

Q013. How much stress, if any, do your finances cause you?

1. High stress
2. Moderate stress
3. Some stress
4. No stress

¹ Question numbers are not necessarily in sequential order to preserve continuity with question numbering from prior surveys.

CFPB Financial Wellbeing Scale

The next questions ask you to read a statement and tell us how well that statement describes you or your situation.

Q007. How well does this statement describe you or your situation? “Because of my money situation, I feel like I will never have the things I want in life.”

1. Completely
2. Very well
3. Somewhat
4. Very little
5. Not at all

Q008. How well does this statement describe you or your situation? “I am just getting by financially.”

1. Completely
2. Very well
3. Somewhat
4. Very little
5. Not at all

Q009. How well does this statement describe you or your situation? “I am concerned that the money I have or will save won’t last.”

1. Completely
2. Very well
3. Somewhat
4. Very little
5. Not at all

Q010. How often does this statement apply to you? “I have money left over at the end of the month.”

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never

Q011. How often does this statement apply to you? “My finances control my life.”

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never

Many of the questions in the remainder of this survey will ask about your “household’s” financial situation. “Household” includes you and others living with you who contribute financially to your home. As you answer these questions, please think about all of your household members’ finances, taken as a whole. If you live alone, or do not consider anyone else to be a member of your household, please answer these questions as an individual.

Life Events

The next few questions ask about events that may have happened to you in the last 12 months. For these questions please think back to events that have occurred since [month], [year].

In the past 12 months (that is, since [month] 2020), have you or anyone in your household experienced any of the following life events?

- Q150. Marriage
- Q151. Divorce or separation
- Q152. Death of a family member
- QB153. Became the primary caregiver of a child (because I had a baby or for other reasons)
- Q154. Became the primary caregiver of an older adult
- Q155. Began college or graduate school
- Q156. Graduated college or graduate school
- Q157. Started a new job or employment opportunity
- Q158. Received a significant promotion and/or raise at an existing job
- Q159. Lost a job, had hours cut, or worked less than expected
- QA1. Moved to a new home, apartment, or residence
- Q160. Bought a home
- QA2. Purchased a car
- Q161. Had a major medical expense
- QA3. Experienced a natural disaster (for example, a wildfire, hurricane, flood, or other natural event)
- QB161 Had a major change in health or physical ability that limits my daily activities
- QB162. Filed for bankruptcy
- Q162. Other life event [Please Specify]

Response Options:

- Yes

- No

Financial Hardships

For each of the next questions, please indicate whether the statements were often, sometimes, or never true for you or your household, in the past 12 months.

Q019. In the past 12 months, I worried whether our food would run out before I got money to buy more.

1. Often
2. Sometimes
3. Rarely
4. Never

Q020. In the past 12 months, we had trouble paying our rent or mortgage.

1. Often
2. Sometimes
3. Rarely
4. Never

Q021. In the past 12 months, I or someone in my household did not get healthcare we needed because we couldn't afford it.

1. Often
2. Sometimes
3. Rarely
4. Never

Q022. In the past 12 months, I or someone in my household stopped taking a medication or took less than directed due to the costs.

1. Often
2. Sometimes
3. Rarely
4. Never

Income and Benefits

The next questions ask about your household benefits and income.

In the last 12 months, did you or anyone in your household receive any of the following government benefits?

		Yes	No	Don't know
Q027	Medicaid			
Q027A	Medicare			
Q027B	Social Security			
Q028	Supplemental Security Income (SSI) Benefits			
Q029	Social Security Disability Insurance (SSDI)			
Q032	Supplemental Nutrition Assistance Program (SNAP or food stamps)			
Q035	Other government benefits not listed here (such as WIC, TANF, CHIP, or Section 8 (Please Specify)			

Q024. In the last 12 months, how often were you able to easily predict your household's income for the following month?

1. Every month
2. Most months
3. About half the time
4. A few months
5. I was never able to easily predict my next month's income over the last 12 months

Q025. In the last 12 months, which of the following statements best describes how your household's income varied from month to month, if at all?

My household's income:

1. Was roughly the same each month
2. Occasionally varied from month to month
3. Varied quite often from month to month

Spending and Expenses

The next questions ask about your total household spending over the last 12 months. For each of these questions, please think about your personal spending, as well as how much other members of your household may have spent.

Q036. [Indicator 1] Which of the following statements best describes how your household's total spending compared to total income, over the last 12 months?

1. Spending was much less than income
2. Spending was a little less than income
3. Spending was about equal to income
4. Spending was a little more than income
5. Spending was much more than income

Q039. [Indicator 2] Which of the following statements best describes how your household has paid its bills over the last 12 months?

My household has been financially able to:

1. Pay all of our bills on time
2. Pay nearly all of our bills on time
3. Pay most of our bills on time
4. Pay some of our bills on time
5. Pay very few of our bills on time

Q043. Suppose now that you have an emergency expense that costs \$400. Based on your current financial situation, how would you pay for this expense? If you would use more than one method, please select all that apply.

1. Put it on my credit card and pay it off in full at the next statement
2. Put it on my credit card and pay it off over time
3. With the money currently in my checking/savings account or with cash
4. Using money from a bank loan or line of credit
5. By borrowing from a friend or family member
6. Using a payday loan, deposit advance, or overdraft
7. By selling something
8. I wouldn't be able to pay for the expense right now
9. Other (please specify)

Savings and Assets

The next questions ask about your household's savings, retirement funds, and investments.

Q044. [Indicator 3] At your current level of spending, how long could you and your household afford to cover expenses, if you had to live only off the money you have readily available, without withdrawing money from retirement accounts or borrowing?

1. 6 months or more
2. 3-5 months

3. 1-2 months
4. 1-3 weeks
5. Less than 1 week

Q045. [Indicator 4] Thinking about your household's longer term financial goals such as saving for a vacation, starting a business, buying or paying off a home, saving up for education, putting money away for retirement, or making retirement funds last... How confident are you that your household is currently doing what is needed to meet your longer-term goals?

1. Very confident
2. Moderately confident
3. Somewhat confident
4. Slightly confident
5. Not at all confident

Do you or anyone in your household have any of the following financial assets or accounts? You can select more than one "yes" response. If you and someone in your household both own an account or have a "joint" account, please mark "Yes, I do" AND "Yes, someone else in my household does".

		Yes, I do	Yes, someone else in my household does	No	Don't know
Q046	Checking account				
Q047	Savings account				
Q173	Prepaid card [roll-over text: A prepaid card is a card that you use to access money that you load onto it in advance. A prepaid card is different from a debit card or gift card because it is not tied to a bank account and can be spent at many locations.]				
Q048	Employer-provided retirement account (such as a 401k, 403(b) or Thrift Savings Plan (TSP), etc.)				
Q050	Employer-provided traditional pension or cash balance plan				
Q049	Individual retirement account not provided by an employer (such as an IRA, Keogh, SEP, or any other retirement fund)				
Q052	Savings in cash				
Q051	Cash management, money market, health savings account (HSA), and/or certificate of deposit (CD)				

Q052a	Brokerage account, annuity, profit sharing/stock plan, and/or 529 plan				
Q053	Other financial assets or accounts (Please do <u>not</u> include real estate or housing) (Please Specify)				

For each of the following financial assets or accounts, please estimate the current value of that account. Just your best guess will do.

	Show only endorsed accounts but do not include pension	Approximate Current Value
Q054	Checking account	
Q055	Savings account	
Q174	Prepaid card	
Q056	Employer-provided retirement account (such as a 401k, 403(b) or Thrift Savings Plan (TSP), etc.)	
Q057	Individual retirement account not provided by an employer (such as an IRA, Keogh, SEP, or any other retirement fund)	
Q059	Savings in cash	
Q058	Cash management, money market, health savings account (HSA), and/or certificate of deposit (CD)	
Q059a	Brokerage account, annuity, profit sharing/stock plan, and/or 529 plan	
Q060	Other financial assets or accounts (Please do <u>not</u> include real estate or housing) (Please Specify)	

Please indicate if you or anyone in your household has saved in any of your financial assets or accounts in the past 12 months. If so, did you save regularly (for example, monthly or from each paycheck) or irregularly (adding savings whenever you could), or not at all?

Please remember to include automatic savings, contributions that were taken out of your paycheck by your employer, and automatic transfers to investment accounts.

		Saved	Saving whenever possible	Did not save
Q061	Checking account			
Q062	Savings account			

Q063	Employer-provided retirement account (such as a 401k, 403(b) or Thrift Savings Plan (TSP), etc.)			
Q064	Individual retirement account not provided by an employer (such as an IRA, Keogh, SEP, or any other retirement fund)			
Q067	Savings in cash			
Q066	Cash management, money market, health savings account (HSA), and/or certificate of deposit (CD)			
Q067a	Brokerage account, annuity, profit sharing/stock plan, and/or 529 plan			
Q068	Other financial assets or accounts (Please do <u>not</u> include real estate or housing) (Please Specify)			

Q194. Are you currently setting aside money for an emergency?

1. Yes
2. No
3. Don't know

In the past 12 months, did you or anyone in your household do any of the following activities at **some place other than a bank or credit union**?

		Yes	No	Don't know
Q070	Purchased a money order (at a location that was not a bank or credit union)			
Q071	Cashed a check using a check-cashing service (at a location that was not a bank or credit union)			
Q072	Sent money to friends or family living outside the US (at a location that was not a bank or credit union)			
Q073	Took out a payday loan or received a payday advance loan			
Q074	Used a pawn shop loan			
Q075	Used rent-to-own services			
Q076	Took out a tax refund anticipation loan			

Borrowing and Debts

The next questions ask about you and your household's credit and debts.

Q004. [Indicator 6] How would you rate your credit score? Your credit score is a number that tells lenders how risky or safe you are as a borrower.

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
6. Don't know

Q176. Do you currently have one or more credit cards?

1. Yes
2. No
3. Don't Know

Q077. [Indicator 5] Now thinking about all of your household's current debts, including mortgages, bank loans, student loans, money owed to people, medical debt, past-due bills, and credit card balances that are carried over from prior months ...

As of today, which of the following statements describes how manageable your household debt is?

1. Have a manageable amount of debt
2. Have a bit more debt than is manageable
3. Have far more debt than is manageable
4. Do not have any debt

[Ask if Q077 < 4 or missing]

Do you or anyone in your household currently have any of the following types of debt? You can select more than one "yes" option.

		Yes, I do	Yes, someone else in my household does	No	Don't know
Q078	Auto loans				
Q079	Student loans				
Q080	Small business loans				
Q081	Mortgages				
Q175	Home equity line of credit				
Q082	Past-due medical bills				

Q083	Outstanding credit card balances carried over from previous months				
QB83	Loan from a retirement plan				
Q084	Other debts or loans not listed (such as payday loans, auto title loans, personal loans, other past due bills, and money borrowed from family or friends)				

[Display debt categories respondent indicates are held in Q078 - Q084]

For each of the following types of debt, please estimate the amount your household currently owes. If you aren't sure, your best guess will do.

		The approximate total amount you owe on this debt
Q086	Auto loans	
Q087	Student loans	
Q088	Small business loans	
Q089	Mortgages	
Q177	Home equity line of credit	
Q090	Past-due medical bills	
Q091	Outstanding credit card balances carried over from previous months	
QB93	Loan from a retirement plan	
Q093	Display value of "Other" open end here	

QA12. In the past 12 months, have you engaged with or been contacted persistently by a debt collector?

1. Yes
2. No
3. Don't know

Insurance

The next few questions ask about the different types of insurance that you and your household might have.

Q106. Do you or does anyone in your household have car insurance on all your automobiles?

1. Yes

2. No
3. Don't Know
4. Not applicable (we don't own a car)

[ask if housing type = "own"]

Q107. Is your household currently covered by homeowner's insurance?

1. Yes
2. No
3. Don't Know

[ask if housing type = "rent"]

Q108. Is your household currently covered by renter's insurance?

1. Yes
2. No
3. Don't Know

Q109. Do you currently have life insurance?

1. Yes
2. No
3. Don't Know

Q110. Do you currently have short-term or long-term disability insurance?

1. Yes
2. No
3. Don't Know

Q111. Do you currently have health insurance (including employer-paid, private, Medicare/Medicaid, Military, Veterans, Indian Health Service, insurance you purchased through federal or state marketplaces, or any other type of medical coverage)?

1. Yes
2. No
3. Don't Know

if Q111 = 1

Q134. Which of the following is your main source of health insurance coverage?

1. Your employer
2. Your spouse's employer
3. Your parent or guardian
4. Medicare or Medicaid

5. Through an insurance company or a state or federal marketplace that you purchased yourself (including Affordable Care Act (ACA) plans)
6. Veterans' Health Administration (VHA) benefits, including Choice Act
7. TRICARE or other military health benefits
8. Indian Health Services
9. Other (Please Specify)
10. Don't know

[ask if any of the insurance questions = yes]

Q112. [Indicator 7] Thinking about all of the types of personal and household insurance you and others in your household have, how confident are you that those insurance policies will provide enough support in case of an emergency?

1. Very confident
2. Moderately confident
3. Somewhat confident
4. Slightly confident
5. Not at all confident

Planning and Financial Behaviors

The next question asks about the extent to which your household plans ahead financially, that is, to cover upcoming expenses, or to save up for long-term goals or to cover emergencies.

Q113. [Indicator 8] To what extent do you agree or disagree with the following statement: "My household plans ahead financially."

1. Agree strongly
2. Agree somewhat
3. Neither agree nor disagree
4. Disagree somewhat
5. Disagree strongly

The next questions ask about various financial activities that you may or may not have done in the last 12 months that is, since [month] 2020). For each of the following questions, please indicate whether you have done the activity in the past 12 months.

Q178. In the past 12 months, have you used internet banking? [Using the internet to access your bank or credit union account. This can be done by accessing your bank's web page through the browser on your phone, tablet, or computer.]

1. Yes

2. No
3. Don't know

Q179. In the past 12 months, have you used mobile banking? [Using a mobile phone to access your bank or credit union account. This can be done either by accessing your bank's web page through the web browser on your mobile phone, via text messaging, or by using an application downloaded to your mobile phone.]

1. Yes
2. No
3. Don't know

For the next few questions, please indicate how often, if ever, you have done each activity in the last 12 months.

[If Q176 = yes]

Q189. In the past 12 months, how often did you carry a balance on one or more of your credit cards and pay interest on that balance?

1. Never - I pay off the balance(s) every month
2. 1 - 2 months
3. 3 - 4 months
4. More than 5 months
5. Don't know

Q190. In the last 12 months, how often, if ever, did you overdraw your checking account?

1. Never
2. 1 - 2 times
3. 3 - 4 times
4. More than 5 times
5. Don't know

Q149_2. In the past 12 months, how often has your household **provided** financial assistance to family members or friends who do not live in your household?

1. Never
2. 1 - 2 times
3. 3 - 4 times
4. More than 5 times
6. Don't know

The next few questions ask about your medical bills.

QB05. In the past 12 months, have you or has anyone in your household had trouble paying medical

bills?

1. Yes
2. No
3. I don't know
4. Not applicable (I haven't received any medical bills)

[Ask if QB05 = yes)

QB06. In the past 12 months, I or someone in my household has done the following in order to pay medical bills. Please select all that apply.

1. Reduced spending on basic needs (food, clothing, household needs, etc.)
2. Used up all or most of my savings
3. Withdrawn money from a retirement, college, or other long-term savings account
4. Increased my credit card debt
5. Borrowed money from friends or family
6. Borrowed money from a payday lender
7. Sought assistance from a charity or non-profit organization
8. Other (please specify)
9. None of the above

QB27. Are you using a personal financial management service that is not part of your bank, which provides overviews and summaries of your accounts (such as Mint. com, You Need a Budget, HelloWallet, Personal Capital, LearnVest, Prism, Mvelopes)?

- 1 No
- 2 Yes

Employment and Gig Economy

The following questions ask about your employment.

laborstatus. What is your labor force status? Please choose all that apply.

- 1 Currently working
- 2 On sick or other leave
- 3 Unemployed - on layoff
- 4 Unemployed - looking
- 5 Retired
- 6 Disabled
- 7 Other

The following questions ask about your job. If you have more than one job, please think about the one that you think of as your main job in the last 30 days. If you don't think of any of your jobs as your "main job" please just pick one of them, and answer all questions about that job.

[ask If currently working or on sick or other leave]

Q120. In the main job that you had in the past 30 days did you:

1. Work full-time for someone else
2. Work part-time for someone else
3. Work for yourself (self-employed) or as a sole-proprietor
4. Work as a partner in a partnership (e.g. partner in law firm, medical practice)
5. Work as a consultant or contractor
6. Other (Please Specify)

QB17a.

[if employed]

"In what type of industry are you employed in your main job?"

[if not employed]

"In what type of industry were you most recently employed?"

- Agriculture, forestry, fishing, and hunting
- Mining, quarrying, and oil and gas extraction
- Construction
- Manufacturing
- Wholesale trade
- Retail
- Transportation and warehousing
- Utilities
- Telecom, information technology, broadcasting, or data services
- Finance and insurance
- Real estate and rental and leasing
- Professional and business services
- Educational services
- Healthcare and social assistance
- Arts, entertainment, and recreation
- Accommodation and food services
- Government
- Armed Forces
- Other type of industry (please specify)

[ask If currently working or on sick or other leave]

QB04A. Are you paid at an hourly rate at your main job?

1. Yes
2. No

[If QB04A = 1]

QB02. Excluding overtime pay, tips and commissions, what is your hourly rate of pay at your main job?

[insert dollar amount, maximum set to \$10,000]

[If QB04A = 2 or QB04A = missing]

QB02A. Including overtime pay, tips, and commissions, what are your usual annual earnings at your main job, before taxes or other deductions? [insert dollar amount, maximum set to \$10,000,000]

Q123 Still thinking about your main job, does your employer offer you any of the following benefits (even if you do not personally use the benefit)? Please select all that apply.

1. Paid sick leave
2. Paid vacation/personal leave
3. Paid parental leave
4. Student loan repayment
5. Health insurance
6. Disability insurance
7. Life insurance
8. Retirement plans (such as a 401k, 403(b), or Thrift Savings Plan (TSP))
9. Childcare
10. Ability to work from home
11. Pension or cash balance plan
12. Other (please specify)
14. None of these

QB17. Still thinking about your main job, on a scale of zero to ten, how likely is it that you would recommend this company as a place to work?

[response options: 0 “least likely” - 10 “most likely”]

Paid Leave Questions

These next few questions ask you to imagine a scenario where you or a family member became seriously ill or injured, and to indicate whether you would be able to take time off from work to provide care. If you are not sure about the answers to these questions, your best guess will do.

QB20. Still thinking about your “main” job, if you or a family member were to become seriously ill or injured, do you think you would be able to temporarily take time off from work to care for yourself or your family member and still receive some pay?

I think I would be able to...

	Yes	No	I don't know
QB20a. take time off work to care for <u>myself</u> and still receive some pay			
QB20b. take time off work to care for a <u>family member</u> and still receive some pay			

Roll-over text for “seriously ill”: “For the purposes of this survey, seriously ill means a condition that lasts more than 3 days and would require treatment by a health care provider, an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It could also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.” ([source](#))

[Ask if QB20a or QB20b = “yes”]

QB21. Approximately how much time do you think you would be able to take off from work to care for yourself or a family member who was seriously ill or injured and still receive some pay?

- a. Less than 1 week
- b. At least 1 week, but less than 4 weeks
- c. At least 4 weeks, but less than 12 weeks
- d. At least 12 weeks
- e. I don't know

[Ask if QB20a or QB20b = “yes”]

QB22. Please select the response that best describes how you would be paid during the time you took off from work to care for yourself or a family member who was seriously ill or injured. [Single-select]

- a. I would receive **full pay** the entire time
- b. I would receive **partial pay** the entire time
- c. I would receive **full pay** for part of the time, and **partial pay** for part of the time
- d. I would receive **partial pay** part of the time, and **no pay** for part of the time
- e. Other: (please specify)
- f. I don't know

These next questions ask you to reflect on your experiences since the coronavirus pandemic began in March 2020, and to indicate whether you needed to take time off from work to care for yourself or a family member who became seriously ill or injured.

QB23. Since the coronavirus pandemic began in March 2020, have you or a family member become seriously ill or injured, regardless of whether that illness or injury was related to the pandemic?

Since March 2020...

	Yes	No	I don't know
QB23a. I became seriously ill or injured			
QB23b. A family member became seriously ill or injured			

Roll-over text for "seriously ill": "For the purposes of this survey, seriously ill means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated." ([source](#))

[Ask if QB23a or QB23b = "yes"]

QB24. As a result of this illness or injury, did you take any of the following actions in order to care for yourself or a family member?

	Yes	No	I don't know
QB24a. I temporarily took time off from work			

QB24b. I reduced the hours that I worked			
QB24c. I permanently quit my job or stopped working			

[Ask if QB24a = "yes"]

QB25. Please select the statement that best describes whether you received any pay during the time you temporarily took off from work due to your or someone else's illness or injury.

If you took time off work more than once since March 2020, **please answer these questions thinking about the most recent time you took time off from work.** [Single-select]

- a. I received **full pay** the entire time I was not working
- b. I received **partial pay** the entire time I was not working
- c. I received **full pay** part of the time, and **partial pay** part of the time I was not working
- d. I received **partial pay** part of the time, and **no pay** part of the time I was not working
- e. I did **not receive any pay** while I was not working

[Ask if QB25b, QB25c, or QB25d are endorsed]

Qb26. Which of the following actions did you or others in your household take to cope with having less pay when you were not working due to your or someone else's illness or injury? Please select all that apply.

- a. Reduced spending on non-essential items and/or services
- b. Reduced spending by going without essentials such as food and medicine
- c. Delayed paying bills or skipped rent or mortgage payments
- d. Increased my credit card debt
- e. Used savings set aside for an emergency
- f. Used savings set aside for something else
- g. Withdrew funds from a retirement savings account
- h. Borrowed money from friends or family
- i. Received a loan from a financial institution (such as a bank or credit union)
- j. Received a loan from a payday lender or other non-bank lender
- k. Applied for unemployment insurance
- l. Applied for other types of public assistance (such as food stamps)
- m. Started a new job or did other tasks to earn money
- n. Other: (please specify)

- o. None of the above

Some people earn money from independent, short-term, task-based, or temporary work. Please indicate whether you have engaged in the following types of work in the last 30 days, even if this was not your main job.

Q200. In the last 30 days, I worked as an independent contractor, an independent consultant, or freelance worker. [Roll-over text: these situations generally describe someone who has to find customers either online or in person to provide a product or service.]

- 1. Yes
- 2. No
- 3. Don't Know

Q201. In the last 30 days, I completed one-off tasks online or in-person that I found through companies that advertise through an app or website. [Roll-over text: These tasks could include jobs done entirely online where the companies coordinate payment for the work. Or they could include tasks done in-person like using your own car to drive people from one place to another, delivering groceries or other goods, or doing someone's household tasks or errands.]

- 1. Yes
- 2. No
- 3. Don't Know

Q202. In the last 30 days, I worked in a job where I was only called to work as needed, although I could be scheduled for several days or weeks in a row. [Roll-over text: This could include substitute teachers and construction workers supplied by a union hiring hall. These people are sometimes called "on-call" workers. Note: Some people with on-call work as part of their regular job — for example, doctors — are not on-call workers]

- 1. Yes
- 2. No
- 3. Don't Know

Q203. In the last 30 days, I worked for a company that provided my services to organizations or firms under short-term contracts. [Roll-over text: A few examples of services that can be contracted out are security, landscaping, or computer programming.]

- 1. Yes
- 2. No
- 3. Don't Know

Q204. In the last 30 days, I worked a job that lasted for a limited time period or until the completion of a project. [Roll-over text: These types of jobs may be provided by a temp agency.]

1. Yes
2. No
3. Don't Know

COVID-19 / Coronavirus

These next few questions ask about your experience with the coronavirus (also known as COVID-19), a disease with flu-like symptoms that has spread across the world. As you answer these questions, please think about your financial situation since March of last year, when the outbreak began in the United States.

Cv003. Please indicate if your household's total income and expenses have changed since March 2020, as a result of the coronavirus outbreak. *As you're thinking about your household's total income, please consider wages from employment, as well as government payments or income from other sources.*

1. Cv003a. My household's **income** has [increased/decreased/stayed the same]
2. Cv003b. My household's **expenses** have [increased/decreased/stayed the same]

QB13. Since the coronavirus outbreak began in March 2020, have you...

1. Been able to put **more** money into savings than usual
2. Been able to put **less** money into savings than usual
3. Been able to put the **same amount** of money into savings as usual
4. Usually not able to put any money into savings

QB14. Since the coronavirus outbreak began in March 2020, have you...

1. Been spending **more** money than usual
2. Been spending **less** money than usual
3. Been spending about the **same amount** of money as usual

QB050. Which of the following statements best describes your financial situation today compared to your financial situation in March 2020 before the coronavirus outbreak began?

My financial situation today is:

1. Much better
2. A little better
3. About the same
4. A little worse
5. Much worse

QB15. In the next three months, do you expect your personal financial situation to ...

1. Improve a lot
2. Improve a little
3. Stay the same
4. Get a little worse
5. Get a lot worse

QA042. How much financial stress, if any, has the coronavirus outbreak caused you?

1. High financial stress
2. Moderate financial stress
3. Some financial stress
4. No financial stress

QA032. Have you or anyone in your household experienced any of the following issues since March 2020 **due to the coronavirus outbreak**? Please select all that apply. (Yes/No)

1. Laid off from a job
2. Furloughed, on temporary leave from a job, or employer temporarily closed
3. Employer reduced hours or pay
4. Employer closed or permanently went out of business
5. Worked less because of lower demand for services offered
6. Worked less due to childcare responsibilities or other personal constraints
7. A business that I or someone in my household owns earned less revenue or closed
8. Was unable to get to work due to childcare responsibilities or other personal constraints
9. Other employment issues because of the coronavirus outbreak (please specify)

QA054. Have you or anyone in your household taken any of the following actions since March 2020 to help you cope with the effects of the coronavirus outbreak? Please select all that apply. (yes/no)

1. Applied for a new job
2. Cut back on expenses
3. Spent down savings
4. Carried a balance on a credit card
5. Borrowed money from a retirement account
6. Borrowed money from friends and family
7. Borrowed money from a financial institution or online lender
8. Signed up for unemployment benefits
9. Signed up for other government benefits (SNAP, WIC, etc.)
10. Borrowed using a payday loan, deposit advance, or pawn shop loan
11. Sold something
12. Other (please specify)

[show section if QA054 == "Signed up for unemployment benefits"]

Unemployment

These next few questions ask about unemployment benefits you received during the coronavirus pandemic. As you answer these questions, please think about your experience since March 2020.

[if QA054 == "Signed up for unemployment benefits"]

Cv005. You indicated that you or someone in your household applied for unemployment benefits. Did you receive these benefits?

1. Yes
2. No, our application was rejected
3. No, our application is still being processed
4. No, some other reason
5. I'm not sure
6. Other (please specify)

If Cv005 = 1

Cv006. Are you or is anyone in your household currently receiving unemployment benefits from the federal or state government?

1. Yes, we are currently receiving unemployment benefits
2. No, we are no longer receiving unemployment benefits
3. I'm not sure

[If Cv005 = 1]

QB16. How, if at all, have you used the unemployment benefits? Please select all that apply.
(yes/no)

1. Paid bills (rent, mortgage, utilities, etc.)
2. Paid for basic necessities (food, medicine, etc.)
3. Paid off debt or credit card balances
4. Put it into savings
5. Contributed to investments
6. Gave money to friends and family
7. Donated it to charity
8. Haven't used the payment yet
9. Other (please specify)

[If Cv005 = 1]

QB18. How valuable would you say the unemployment benefits have been in helping your household make ends meet?

1. Very valuable
2. Somewhat valuable
3. Slightly valuable
4. Not very valuable

Stimulus Payments

These next few questions ask you about stimulus payments you may have received from the federal government to help you make ends meet during the coronavirus outbreak.

QB19. The federal government issued the latest round of stimulus payments beginning in March 2021, providing \$1,400 to individuals making up to \$75,000 (with married people and those with children receiving more). Have you or anyone in your household received this stimulus payment (also known as an "economic impact payment" or "stimulus check")?

1. Yes
2. No
3. I'm not sure

If QB19 = yes

QB44. How did you or anyone in your household receive this stimulus payment? Please select all that apply.

1. Direct deposit into a bank account
2. Paper check sent in the mail
3. Prepaid card from the government sent in the mail (also known as an EIPCard)
4. Direct deposit onto my Direct Express card or other prepaid card
5. I'm not sure

If QB19 = yes

QA039. How, if at all, have you used the stimulus payment? Please select all that apply. (yes/no)

1. Paid bills (rent, mortgage, utilities, etc.)
2. Paid for basic necessities (food, medicine, etc.)
3. Paid off debt or credit card balances
4. Put it into savings
5. Contributed to investments
6. Gave money to friends and family
7. Donated it to charity
8. Haven't used the payment yet
9. Other (please specify)

If QB19 = yes

QA041. How valuable would you say this most recent stimulus payment is in helping your household make ends meet?

1. Very valuable
2. Somewhat valuable
3. Slightly valuable
4. Not very valuable

Relief/Forbearance

These next few questions ask about other types of financial relief you might have received in response to the coronavirus outbreak. As you answer these questions, please think about your experience since March of 2020.

Cv008a-e. Have you or anyone in your household applied for **relief** (such as deferral, forbearance, or forgiveness) on any of the following payments since March 2020?

1. Student loans
2. Mortgage or rent
3. Credit cards
4. Auto loans
5. Other loans (Please Specify)

Response Options:

1. Yes
2. No
3. I'm not sure
4. Does not apply to my situation

For every endorsed answer in previous question:

Cv009a-e. You indicated that you or someone in your household applied for relief on: [list debt]. Have you received this relief?

1. Yes
2. No, my application was rejected
3. No, my application is still being processed
4. I'm not sure
5. Other (please specify)

Demographics

The next few questions are about you.

QB12. What is your race or ethnicity? Mark all boxes that apply. Note, you may report more than one group

1. White
2. Hispanic, Latino, Spanish, or Latinx
3. Black or African American
4. Asian or Asian American
5. American Indian or Alaska Native
6. Middle Eastern or North African
7. Native Hawaiian or other Pacific Islander
8. Some other race or ethnicity (please specify):

QB10. How would you define your gender identity?

1. Man
2. Woman
3. Non-binary, gender non-conforming, or genderqueer
4. Other (please specify)

QB11. Do you identify as transgender?

1. Yes
2. No

QB09. How would you describe your sexual orientation?

1. Homosexual, gay or lesbian
2. Bisexual, pansexual or queer
3. Heterosexual or straight
4. Asexual
5. Some other description (please specify)

Q002. Would you say that in general your physical health is:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

These next few questions have to do with physical, mental, or emotional conditions that can cause serious difficulty with daily activities.

QB08. Do you or someone in your household have severe difficulty with any of the following? Please select all that apply. (yes/no)

1. Serious difficulty hearing or is deaf
2. Serious difficulty seeing or is blind
3. Concentrating, remembering, or making decisions because of a physical, mental, or emotional condition
4. Walking or climbing stairs
5. Dressing or bathing
6. Doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition

The next six questions ask more specifically about physical, mental, or emotional conditions that can cause serious difficulty with daily activities.

Q138. Is anyone in your household deaf or does anyone have serious difficulty hearing? Select all that apply.

1. No
2. Yes, Myself
3. Yes, Other adult (age 18-65) in your household
4. Yes, Other adult (age 65 and over)
5. Yes, Child (age 5 - 17)
6. Yes, Other
7. I don't know

Q139. Is anyone in your household blind or does anyone have serious difficulty seeing even when wearing glasses? Select all that apply.

1. No
2. Yes, Myself
3. Yes, Other adult (age 18-65) in your household
4. Yes, Other adult (age 65 and over)
5. Yes, Child (age 5 - 17)
6. Yes, Other
7. I don't know

Q140. Because of a physical, mental, or emotional condition, does anyone in your household have serious difficulty concentrating, remembering, or making decisions? Select all that apply.

1. No
2. Yes, Myself
3. Yes, Other adult (age 18-65) in your household
4. Yes, Other adult (age 65 and over)
5. Yes, Child (age 5 - 17)
6. Yes, Other
7. I don't know

Q141. Does anyone in your household have serious difficulty walking or climbing stairs? Select all that apply.

1. No
2. Yes, Myself
3. Yes, Other adult (age 18-65) in your household
4. Yes, Other adult (age 65 and over)
5. Yes, Child (age 5 - 17)
6. Yes, Other

7. I don't know

Q142. Does anyone in your household have difficulty dressing or bathing? Select all that apply.

1. No
2. Yes, Myself
3. Yes, Other adult (age 18-65) in your household
4. Yes, Other adult (age 65 and over)
5. Yes, Child (age 5 - 17)
6. Yes, Other
7. I don't know

Q143. Because of a physical, mental, or emotional condition, does anyone in your household have difficulty doing errands alone such as visiting a doctor's office or shopping? Select all that apply.

1. No
2. Yes, Myself
3. Yes, Other adult (age 18-65) in your household
4. Yes, Other adult (age 65 and over)
5. Yes, Child (age 5 - 17)
6. Yes, Other
7. I don't know

Criminal Justice

The next question asks about your experience with the criminal justice system.

Q137. Have you or has anyone in your household spent time in jail or prison?

1. Yes, I have
2. Yes, someone else in my household has
3. Yes, I have AND someone else in my household has
4. No, no one in my household has