Welcome to the 2013 HRS Internet Survey conducted by the University of Michigan.

If you are a study participant, please enter your login ID and password listed in the letter. Then click on the "Start Survey" button to begin.

Login ID: 

Password: 

Here are the basics for "navigating" this survey:

- When you finish answering all questions on a screen, click on the "Next" button. To return to an earlier screen, click the "Previous" button.

- If you need to break off at any point in the survey and return later, simply close your browser. Your answers will be saved, and when you login again, you will go to the place where you left off.

Select "Start Survey" to continue

This survey is conducted by the University of Michigan as part of the Health and Retirement Study. We very much appreciate your continued participation in the HRS. We have included a number of new topics that we hope you will enjoy. We greatly value your input on all of these topics.

We understand that some of the questions in the survey are of a personal nature and want to emphasize that your responses are confidential. As always, your participation is voluntary and you may skip over any questions that you would prefer not to answer. However, please remember that your answers are extremely important to us and it helps us a great deal if you respond as completely, honestly and accurately as possible.

Thank you for your participation!

If you come to any question that you do not want to answer, you can skip it by selecting "Next" without giving an answer.
Now we have a few questions about your background.

What is your current marital status?

- Married
- Living with a partner as if married
- Separated
- Divorced
- Widowed
- Never married
- Don't know
Question: A002_WORKFORPAY

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<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Don't know (Error!) or (A002_WORKFORPAY is-any-of 8:(Don't know))</td>
<td></td>
</tr>
</tbody>
</table>

Are you doing any work for pay at the present time?

- [ ] Yes
- [ ] No
- [ ] Don't know
Is your doing any work for pay at the present time?

- Yes
- No
What is the highest level of schooling that you completed?

- No formal schooling
- 8th grade or less
- Some high school
- High school graduate
- Some college
- College graduate
- Post college education
How old were you when you finished your schooling?
These next questions are about your use of the Internet. Which of the following devices do you own or have access to?

Please select all that apply.

- Desktop computer
- Laptop computer
- Tablet computer (such as iPad)
- eReader (such as Kindle, Nook)
- Gaming device (such as Wii, Xbox, Playstation) that connects to Internet
- Internet-enabled TV or device to stream Internet video (such as Roku, Netflix or Hulu)
- Smartphone (such as iPhone, Android phone, or Blackberry)
- Cell phone, other than smartphone
- Conventional telephone (landline)
- Other
Question: A007_WEBDEVICESUSEDLY

Show if: (A006_EQUIPMENT is-any-of [Desktop computer]) or (A006_EQUIPMENT is-any-of [Laptop computer]) or (A006_EQUIPMENT is-any-of [Tablet computer (such as iPad)]) or (A006_EQUIPMENT is-any-of [eReader (such as Kindle, Nook)]) or (A006_EQUIPMENT is-any-of [Gaming device (such as Wii, xBox, Playstation) that connects to Internet]) or (A006_EQUIPMENT is-any-of [Internet-enabled TV or device to stream Internet video (such as Roku, Netflix or Hulu)]) or (A006_EQUIPMENT is-any-of [Smartphone (such as iPhone, Android phone, or Blackberry)])

Please think of all activities that might access the Internet, not just e-mail and surfing the web.

- Desktop computer
- Laptop computer
- Tablet computer (such as iPad)
- eReader (such as Kindle, Nook)
- Gaming device (such as Wii, xBox, Playstation) that connects to Internet
- Internet-enabled TV or device to stream Internet video (such as Roku)
- Smartphone (such as iPhone, Android phone, or Blackberry)
### Question: A008_WEBCONNECTMOSTOF

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>High-speed Internet wired or wireless connection in my home</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>High-speed Internet wired or wireless connection in my workplace</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Dial-up Internet connection in my <strong>home</strong></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Dial-up Internet connection in my <strong>workplace</strong></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Cellular network through smartphone or other device</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Computer at a library or community center</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**How do you **_usually_** connect to the Internet?**

Please select only one response.

- High-speed Internet wired or wireless connection in my **home**
- High-speed Internet wired or wireless connection in my **workplace**
- Dial-up Internet connection in my **home**
- Dial-up Internet connection in my **workplace**
- Cellular network through smartphone or other device
- Computer at a library or community center
- Other
Do you use the Internet to access any of the following?

Please select all that apply.

- [ ] Bank account
- [ ] Brokerage, retirement, or mutual fund accounts
- [ ] Credit card account
- [ ] Mortgage
- [ ] Utility or other bills
- [ ] None of the above
<table>
<thead>
<tr>
<th>Question: A010_FINANCESOFTWARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you use any of the following software and/or online services to track your finances?</td>
</tr>
<tr>
<td>Please select all that apply.</td>
</tr>
<tr>
<td>☐ Specific financial software on my computer (such as Quicken)</td>
</tr>
<tr>
<td>☐ Online service or application that tracks my finances across different accounts (such as adaptu, doxo, Mint, or Pageonce)</td>
</tr>
<tr>
<td>☐ Online service to file my tax return</td>
</tr>
<tr>
<td>☐ Other software or online service</td>
</tr>
<tr>
<td>☐ None of the above</td>
</tr>
</tbody>
</table>
Please indicate whether you have used the Internet anytime in the past year for any of the following.

Please select all that apply.

- View bank balance or transactions
- Make a banking transaction
- View credit card balance or activity
- View a brokerage, retirement, or mutual fund account
- File a tax return
- View a utility or other bill
- None of the above
Please indicate whether you have used the Internet anytime in the past year for any of the following.

Please select all that apply.

- [ ] Buy an item online
- [ ] Pay bills online
- [ ] Book travel online
- [ ] Buy tickets online (sports, movie, concerts)
- [ ] Make a reservations at a restaurant
- [ ] Get a discount coupon
- [ ] Buy or sell something using an online marketplace such as eBay
- [ ] Buy or sell something using an online classified site such as Craigslist
- [ ] None of the above
Do you use any of the following social networking sites for communicating with other people?

Please select all that apply.

- MySpace
- Facebook
- Twitter
- LinkedIn
- Other
- None - I do not use any social networking sites
### Question: A014_HOWUSESOCIALMEDIA
Show if: (A013_USESOCIALMEDIA is any of [MySpace] or [Facebook] or [Twitter] or [LinkedIn] or [Other])

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<tr>
<th>Scale Summary</th>
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<tbody>
<tr>
<td>Code</td>
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<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

You indicated that you use a social networking site(s).
Do you use the site(s) only to read content or do you also post content or send messages?

Please check only one response.

- Read content only
- Also post content or send messages
- Have account, but do not use it
Question: A015_USEWEBOTHER

Please indicate whether you have used the Internet anytime in the past year for any of the following.

Please select all that apply.

☐ Send or read e-mail
☐ “Phone” others using Skype, Facetime, or other such services
☐ Get recommendations on restaurants
☐ Get recommendations on service providers such as plumbers or electricians
☐ Get news online
☐ Follow financial markets
☐ Get information about health and healthcare
☐ Watch movies or TV shows
☐ Research (e.g., ancestry, dictionary, Wikipedia)
☐ Hobbies or interests (e.g., gardening, woodwork, recipes, household maintenance, quilting, knitting)
☐ Get directions and maps
☐ Take a survey (in addition to this one)
☐ Use the Internet for work
☐ None of the above
Earlier you indicated that you have the devices listed below. Please tell us how often you use these devices to access the Internet for any of the activities just mentioned.

Please select one answer for each type of device listed below.

<table>
<thead>
<tr>
<th>Often</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
</table>

Page Break
Question: A017_HRSUSEWEBPASTWK

Roughly how many hours did you spend using the Internet in the past week for all the activities you just mentioned, except watching TV or movies?

Please round to the nearest hour. Enter 0 if you did not use the Internet last week at all.

[ ] hours in total over the last week.
Could you please provide your best estimate on about how many hours you spent using the Internet in the past week for all the activities you mentioned?

Again, do not include watching TV or movies on the Internet.

- No hours in the past week
- Less than one hour
- 1-7 hours
- 8-14 hours
- 15+ hours
<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No, I usually use the Internet more</td>
</tr>
<tr>
<td>3</td>
<td>No, I usually use the Internet less</td>
</tr>
</tbody>
</table>

Was last week typical of your Internet usage?

- Yes
- No, I usually use the Internet more
- No, I usually use the Internet less
**Question:** A020_PERCENTREAD  
**Show if:** [A006_EQUIPMENT is any of [Tablet computer (such as iPad)] or [eReader (such as Kindle, Nook)]]

<table>
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<th>Label</th>
<th>Show-If</th>
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<tr>
<td>00</td>
<td>All Traditional</td>
<td>0%</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
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<td>80</td>
<td>80</td>
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<tr>
<td>90</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>100</td>
<td>All eReader</td>
<td>100%</td>
</tr>
<tr>
<td>1001</td>
<td>All eReader</td>
<td>Never Shown</td>
</tr>
</tbody>
</table>

**What fraction of your reading do you do on a tablet or eReader?**

Please select a number from 0 to 100, where "0" means "All traditional books", and "100" means "All eReader".

| All Traditional | 0% | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100% | All eReader | 100% |
|-----------------|----|----|----|----|----|----|----|----|----|----|------|-----------|------|------|
|                 | ○  | ○  | ○  | ○  | ○  | ○  | ○  | ○  | ○  | ○  | ○    | ○         | ○    |

Page Break
Do you subscribe to a daily newspaper that is delivered to your home?

- Yes
- No
Do you have an Internet subscription to a newspaper or magazine?

- Yes
- No
Do you receive paychecks, Social Security payments, or regular pension payments by direct deposit to a bank account, or do you receive checks in the mail?

- Only checks in mail
- Some of both
- Only direct deposit
- Does not apply
Question: A024_SECURITYCONCERNS

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Very concerned</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Somewhat concerned</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A little concerned</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Not at all concerned</td>
<td></td>
</tr>
</tbody>
</table>

Are you concerned about the security of your financial information on the Internet?

- [ ] Very concerned
- [ ] Somewhat concerned
- [ ] A little concerned
- [ ] Not at all concerned
Is security the main reason you choose not to use the Internet for financial transactions?

☐ Yes
☐ No
What is the main reason you choose not to use the Internet for financial transactions?
Research has shown that where we live can have important effects on our health. The next questions are about different places you’ve lived during your life.

Where did you live for the longest period of time when you were growing up, between birth and age 18? Please provide as much information as you can about the location, but if you don’t remember something, you may just leave that part blank.

If you lived outside of the United States, enter "Other country (OC)" which is at the bottom of the list of states.
Question: B005_OTHERCOUNTRY
Show if: B_H_B003_STATE = 97: [Other Country(OC)]

Please enter name of country
Question: B006

How long did you live there?

If you lived at this address more than once, please think about the longest time that you lived there.

☐ Years

Question: B007

Besides yourself, how many people ever lived with you at this address?

☐ Number of people
Who lived with you there?

Please select all that apply.

- Parent(s)
- Sibling(s)
- Grandparent(s)
- Other Relative(s)
- Other Non-Relative(s)

Did you or your family own that home, did you rent it, or what?

- Own
- Rent
- Other: [ ]

How many bedrooms did the home at this address have?

[ ] Bedrooms
How many bedrooms did the home at this address have?

*Your answers are important to us. Please try to answer as best you can. If you would like to change your answer please press the "Previous" button.*
Now please think about the places you lived between ages **20 and 29**. Where did you live for the longest period of time between ages 20 and 29?

- Same as previous address ( )
- Different address

<table>
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<tr>
<th>Code</th>
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<th>Show-If</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Same as previous address ( )</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Different address</td>
<td></td>
</tr>
</tbody>
</table>
Where did you live for the longest period of time between ages 20 and 29?

Please provide as much information as you can about the location, but if you don’t remember something, you may just leave that part blank. If you lived in a number of places for about the same amount of time, please enter the one for which you remember the most information.

If you lived outside of the United States, enter "Other country (OC)" which is at the bottom of the list of states.

<table>
<thead>
<tr>
<th>STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY/TOWN</td>
</tr>
<tr>
<td>STATE</td>
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</tbody>
</table>
| ZIPCODE                             | (only for U.S.)

Page Break
<table>
<thead>
<tr>
<th>Question: B016_OTHERCOUNTRY</th>
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<tbody>
<tr>
<td>Show if: (B_H_B014_STATE = 97: [Other Country(OC)]) and (B011 ≠ 1: [Same as previous address ( )])</td>
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</table>

Please enter name of country
<table>
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<th>Code</th>
<th>Label</th>
<th>Show-If</th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Do you still live at this address? ()**

- [ ] Yes
- [ ] No
How long?

If you lived at this address more than once, please think about the longest time that you lived there.

___ Years

Besides yourself, how many people ever lived with you at this address?

If you lived by yourself enter '0'

___ Number of people
Who lived with you there?

Please select all that apply.

- Spouse/Partner
- Child(ren)
- Parent(s)
- Sibling(s)
- Grandparent(s)
- Other Relative(s)
- Other Non-Relative(s)

Did you or your family own that home, did you rent it, or what?

- Own
- Rent
- Other: __________

How many bedrooms did the home at this address have?

Bedrooms
How many bedrooms did the home at this address have?

*Your answers are important to us. Please try to answer as best you can. If you would like to change your answer please press the "Previous" button.*
Now please think about the places you lived between ages 30 and 39. Where did you live for the longest period of time between ages 30-39?

- O Same as previous address ( )
- O Different Address
Where did you live for the longest period of time between ages 30 and 39?

Please provide as much information as you can about the location, but if you don't remember something, you may just leave that part blank. If you lived in a number of places for about the same amount of time, please enter the one for which you remember the most information.

If you lived outside of the United States, enter "Other country (OC)" which is at the bottom of the list of states.

<table>
<thead>
<tr>
<th>STREET</th>
<th>CITY/TOWN</th>
<th>STATE</th>
<th>ZIPCODE</th>
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<tbody>
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<td>(only for U.S.)</td>
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</tbody>
</table>
Question: B028_OTHERCOUNTRY
Show if: (B_H_B026_STATE = 97: [Other Country(OC)]) and (B023 ≠ 1: [Same as previous address ( )])

Please enter name of country
Question: B029
Show If: (B017 ≠ 1;[Yes])

<table>
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<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Do you still live at this address? ( )

- [ ] Yes
- [ ] No
How long?
If you lived at this address more than once, please think about the longest time that you lived there.

[ ] Years

Besides yourself, how many people ever lived with you at this address?
If you lived by yourself enter ‘0’

Number of people

Page Break
Who lived with you there?

Please select all that apply.

- Spouse/Partner
- Child(ren)
- Parent(s)
- Sibling(s)
- Other Relative(s)
- Other Non-Relative(s)

Did you or your family own that home, did you rent it, or what?

- Own
- Rent
- Other: [ ]

How many bedrooms did the home at this address have?

[ ] Bedrooms
How many bedrooms did the home at this address have?

Your answers are important to us. Please try to answer as best you can. If you would like to change your answer please press the "Previous" button.
Now please think about the places you lived between ages 40 and 49. Where did you live for the longest period of time between ages 40 and 49?

- Same as previous address
- Different Address
Where did you live for the longest period of time between ages 40 and 49?

Please provide as much information as you can about the location, but if you don’t remember something, you may just leave that part blank. If you lived in a number of places for about the same amount of time, please enter the one for which you remember the most information.

If you lived outside of the United States, enter "Other country (OC)" which is at the bottom of the list of states.

<table>
<thead>
<tr>
<th>STREET.........................</th>
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</thead>
<tbody>
<tr>
<td>CITY/TOWN....................</td>
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<tr>
<td>STATE.........................</td>
</tr>
<tr>
<td>ZIPCODE...................... (only for U.S.)</td>
</tr>
</tbody>
</table>
Question: B040_OTHERCOUNTRY
Show if: (B_H_B038_STATE = 97: [Other Country(OC)]) and (B035 ≠ 1: [Same as previous address ()])

Please enter name of country
Do you still live at this address? ()

- Yes
- No
Question: B042

How long?

If you lived at this address more than once, please think about the longest time that you lived there.

[ ] Years

Question: B043_

Besides yourself, how many people ever lived with you at this address?

If you lived by yourself enter '0'

[ ] Number of people
Question: B044_
Show if: (B043_ > 0)

Who lived with you there?

Please select all that apply.

- [ ] Spouse/Partner
- [ ] Child(ren)
- [ ] Parent(s)
- [ ] Sibling(s)
- [ ] Other Relative(s)
- [ ] Other Non-Relative(s)

Question: B045_

Did you or your family own that home, did you rent it, or what?

- [ ] Own
- [ ] Rent
- [ ] Other:

Question: B046_

How many bedrooms did the home at this address have?

[ ] Bedrooms
How many bedrooms did the home at this address have?

       Your answers are important to us. Please try to answer as best you can. If you would like to change your answer please press the “Previous” button.
Now please think about the places you lived between ages 50 and 59. Where did you live for the longest period of time between ages 50 and 59?

- Same as previous address ()
- Different Address
Where did you live for the longest period of time between ages 50 and 59?

Please provide as much information as you can about the location, but if you don't remember something, you may just leave that part blank. If you lived in a number of places for about the same amount of time, please enter the one for which you remember the most information.

If you lived outside of the United States, enter "Other country (OC)" which is at the bottom of the list of states.
Question: B052_OTHERCOUNTRY

Show if: (B_H_B050_STATE = 97: [Other Country(OC)]) and (B047 ≠ 1: [Same as previous address ()])

Please enter name of country
Question: B053
Show if: (B041 ≠ 1;[Yes])

Scale Summary

<table>
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<tr>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Do you still live at this address? ()

- [ ] Yes
- [ ] No
How long?

If you lived at this address more than once, please think about the longest time that you lived there.

[ ] Years

Besides yourself, how many people ever lived with you at this address?

If you lived by yourself enter '0'

[ ] Number of people
Who lived with you there?

Please select all that apply.

- Spouse/Partner
- Child(ren)
- Parent(s)
- Sibling(s)
- Other Relative(s)
- Other Non-Relative(s)

Did you or your family own that home, did you rent it, or what?

- Own
- Rent
- Other: 

How many bedrooms did the home at this address have?
How many bedrooms did the home at this address have?

*Your answers are important to us. Please try to answer as best you can. If you would like to change your answer please press the "Previous" button.*
Now please think about the places you lived between ages 60 and 69. Where did you live for the longest period of time between ages 60 and 69?

- Same as previous address ()
- Different Address
Where did you live for the longest period of time between ages 60 and 69?

Please provide as much information as you can about the location, but if you don’t remember something, you may just leave that part blank. If you lived in a number of places for about the same amount of time, please enter the one for which you remember the most information.

If you lived outside of the United States, enter "Other country (OC)" which is at the bottom of the list of states.

<table>
<thead>
<tr>
<th>STREET...</th>
<th>CITY/TOWN...</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE......</td>
<td>ZIPCODE......</td>
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<tr>
<td>(only for U.S.)</td>
<td>(only for U.S.)</td>
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<tr>
<td>Question: B064_OTHERCOUNTRY</td>
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<td>-----------------------------</td>
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</tr>
<tr>
<td>Show if: (B_H_B062_STATE = 97: [Other Country(OC)]) and (B059 ≠ 1: [Same as previous address()])</td>
<td></td>
</tr>
</tbody>
</table>

Please enter name of country

Page Break
Do you still live at this address? ()

- Yes
- No
How long did you live there?

If you lived at this address more than once, please think about the longest time that you lived there.

______________________

Besides yourself, how many people ever lived with you at this address?

If you lived by yourself enter ‘0’

______________________
Who lived with you there?

Please select all that apply.

☐ Spouse/Partner  
☐ Child(ren)  
☐ Parent(s)  
☐ Sibling(s)  
☐ Other Relative(s)  
☐ Other Non-Relative(s)

Did you or your family own that home, did you rent it, or what?

☐ Own  
☐ Rent  
☐ Other: 

How many bedrooms did the home at this address have?

   Bedrooms
How many bedrooms did the home at this address have?

*Your answers are important to us. Please try to answer as best you can. If you would like to change your answer please press the "Previous" button.*
Now please think about the places you lived between ages 70 and 79. Where did you live for the longest period of time between ages 70 and 79?

- Same as previous address
- Different Address
**Where did you live for the longest period of time between ages 70 and 79?**

Please provide as much information as you can about the location, but if you don't remember something, you may just leave that part blank. If you lived in a number of places for about the same amount of time, please enter the one for which you remember the most information.

If you lived outside of the United States, enter "Other country (OC)" which is at the bottom of the list of states.

<table>
<thead>
<tr>
<th>Custom Layout Question: B072_B075</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET...........................</td>
</tr>
<tr>
<td>CITY/TOWN.......................</td>
</tr>
<tr>
<td>STATE............................</td>
</tr>
<tr>
<td>ZIPCODE.........................</td>
</tr>
</tbody>
</table>
Question: B076_OTHERCOUNTRY
Show if: (B_H_B074_STATE = 97:[Other Country(OC)]) and (B071 ≠ 1:[Same as previous address ()])

Please enter name of country
Question: B077
Show If: (B065 ≠ 1; [Yes])

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Do you still live at this address? ()

- ○ Yes
- ○ No

Page Break
Question: B078

How long did you live there?

If you lived at this address more than once, please think about the longest time that you lived there.

☐ Years

Question: B079

Besides yourself, how many people ever lived with you at this address?

If you lived by yourself enter ‘0’

☐ Number of people
Who lived with you there?

Please select all that apply.

- Spouse/Partner
- Child(ren)
- Parent(s)
- Sibling(s)
- Other Relative(s)
- Other Non-Relative(s)

Did you or your family own that home, did you rent it, or what?

- Own
- Rent
- Other: [Blank]

How many bedrooms did the home at this address have?

[Blank] Bedrooms
How many bedrooms did the home at this address have?

Your answers are important to us. Please try to answer as best you can. If you would like to change your answer please press the "Previous" button.
Now please think about the places you lived between ages 80 and 89. Where did you live for the longest period of time between ages 80 and 89?

- Same as previous address ()
- Different Address
Where did you live for the longest period of time between ages 80 and 89?

Please provide as much information as you can about the location, but if you don’t remember something, you may just leave that part blank. If you lived in a number of places for about the same amount of time, please enter the one for which you remember the most information.

If you lived outside of the United States, enter "Other country (OC)" which is at the bottom of the list of states.

STREET........................
CITY/TOWN...................
STATE......................
ZIPCODE...................(only for U.S.)
Question: B088_OTHERCOUNTRY
Show if: (B_H_B086_STATE = 1:[Alabama(AL)]) and (B083 ≠ 1:[Same as previous address ()])

Please enter name of country
Question: B089
Show If: (B077 ≠ 1; [Yes])

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Do you still live at this address? ()

- [ ] Yes
- [ ] No
Question: B090

How long did you live there?

If you lived at this address more than once, please think about the longest time that you lived there.

☐ Years

Question: B091

Besides yourself, how many people ever lived with you at this address?

If you lived by yourself enter '0'

☐ Number of people
Who lived with you there?

Please select all that apply.

- Spouse/Partner
- Child(ren)
- Parent(s)
- Sibling(s)
- Other Relative(s)
- Other Non-Relative(s)

Did you or your family own that home, did you rent it, or what?

- Own
- Rent
- Other:

How many bedrooms did the home at this address have?

---
How many bedrooms did the home at this address have?

Your answers are important to us. Please try to answer as best you can. If you would like to change your answer please press the "Previous" button.
TESTING SCREEN
B001
,
B011
,
B023
,
B035
,
B047
,
B059
,
B071
,
B083
,
B_C_STILLLIVESAME
According to our records, the last time we spoke with you, you were living at:

Are you still living at this address?

- Yes
- No
**In what month and year did you move to this address?**

**Month:**

**Scale Summary**

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
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<td>January</td>
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<td>12</td>
<td>December</td>
<td></td>
</tr>
</tbody>
</table>

**Question:** B096

**Show if:** (B095 = 1; [Yes])

**Scale Summary**

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<tr>
<td>113</td>
<td>2013</td>
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</tbody>
</table>
**What is your current address?**

<table>
<thead>
<tr>
<th>STREET</th>
<th>CITY/TOWN</th>
<th>STATE</th>
<th>ZIPCODE (only for U.S.)</th>
</tr>
</thead>
</table>

Page Break
Question: B102_OTHERCOUNTRY
Show If: (B_H_B100_STATE = 97; other Country(OC))

Please enter name of country
**Question: B103**  
Show if: (B095 = 5: [No]) or (B_P_PWSTREETADDR was-not-answered) or (B_P_PWCITY was-not-answered) or (B_P_PWSTATE was-not-answered)

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
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<td>12</td>
<td>December</td>
<td></td>
</tr>
</tbody>
</table>

**In what month and year did you move to this address?**

**Month:** [Select One]  

**Question: B104**  
Show if: (B095 = 5: [No]) or (B_P_PWSTREETADDR was-not-answered) or (B_P_PWCITY was-not-answered) or (B_P_PWSTATE was-not-answered)

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
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</tr>
<tr>
<td>65</td>
<td>1965</td>
<td></td>
</tr>
</tbody>
</table>
Now I have some questions about your brothers and sisters.

How many living sisters do you have?

Please include adopted or half-sisters but do not count step-sisters

Use zero for none
How many living brothers do you have?

Please include adopted or half-brothers but do not count step-brothers

Use zero for none
Custom Layout Question: NAMES

Please enter the first name for any siblings below.

Do not include step-brothers or step-sisters

Please add only your own siblings not the siblings of your spouse/partner

Sibling name
The next questions are about your living brothers and sisters. Below is a list of your siblings based on information we obtained in a previous interview. In the middle set of columns, for each person listed please indicate whether that sibling is still living, if they have died, or if the person is not a sibling of yours. Also, if the name needs correction, please type the correct name in the column on the far right.

We will collect the names of any siblings we may have missed on the next screen.

<table>
<thead>
<tr>
<th>Name from our records</th>
<th>Please indicate if the sibling is still living, is now deceased, or if the person is not a sibling.</th>
<th>Please correct the first name below, if it is incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sibling is living</td>
<td>Sibling is deceased</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not a sibling</td>
</tr>
</tbody>
</table>
**Question:** C008

<table>
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<td>-----</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

**Do you have any other living brothers or sisters?**

- Do not include step-brothers or step-sisters or the siblings of your spouse/partner

  - [ ] Yes
  - [ ] No
Custom Layout Question: ADDITIONAL

Please enter the first name for any other siblings below.

Do not include step-brothers or step-sisters

Please add only your own siblings not the siblings of your spouse/partner

<table>
<thead>
<tr>
<th>Sibling Name</th>
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<tr>
<td></td>
</tr>
</tbody>
</table>

Page Break
Please answer the questions in the columns to the right about each sibling.

<table>
<thead>
<tr>
<th>What is this sibling’s relationship to you?</th>
<th>How old is this sibling?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brother</td>
<td></td>
</tr>
<tr>
<td>Sister</td>
<td></td>
</tr>
</tbody>
</table>
Next, we would like to ask some questions about your reported living siblings, shown below. To answer these questions, you will click on the gray "Answer questions” button, located next to the first sibling listed.

On the next screen you will answer questions about that sibling, and then you'll come back to this screen to continue with the next sibling on the list. As questions about each sibling are answered, a green check mark will appear next to that sibling. When all siblings have a check mark, select "Next" to continue.

If you need to make additional corrections to a sibling that already has the check mark, just click on the check mark to make the change.

<table>
<thead>
<tr>
<th>Sibling Name</th>
<th>Coupled</th>
<th>Children</th>
<th>Education</th>
<th>Work Status</th>
<th>Income</th>
</tr>
</thead>
</table>

Auto Page Break
Question: C013

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<th>Show-If</th>
</tr>
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<td></td>
</tr>
<tr>
<td>2</td>
<td>Living with a partner</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Not married or living with a partner</td>
<td></td>
</tr>
</tbody>
</table>

Is married or living with a partner?
- Married
- Living with a partner
- Not married or living with a partner

Question: C014

How many children does have?
Please enter zero for none

Question: C012

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No formal schooling</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>8th grade or less</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Some high school</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>High school graduate</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Some college</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>College graduate</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Post college education</td>
<td></td>
</tr>
</tbody>
</table>

What is the highest level of schooling that completed?
- No formal schooling
- 8th grade or less
- Some high school
- High school graduate
- Some college
- College graduate
- Post college education

Question: C015

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30 or more hours</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Less than 30 hours</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Not at all</td>
<td></td>
</tr>
</tbody>
</table>

Is working 30 or more hours per week, less than 30 hours, or not at all?
- 30 or more hours
- Less than 30 hours
- Not at all

Question: C016

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than $25,000</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Between $25,000 and $50,000</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Between $50,000 and $75,000</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Above $75,000</td>
<td></td>
</tr>
</tbody>
</table>

Was the total household income of during less than $25,000, between $25,000 and $50,000, between $50,000 and $75,000 or above $75,000?
Please give your best estimate if you’re unsure.
- Less than $25,000
- Between $25,000 and $50,000
- Between $50,000 and $75,000
- Above $75,000
<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Do any of your siblings live with you?

- [ ] Yes
- [ ] No
Question: C018
Show if: (C017 = 1;Yes)

Which sibling(s) live(s) with you?

Please select all that apply.

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐ Other, not on list
Please click on the gray "Answer questions" button, located next to the first sibling listed to provide more information about each of your siblings.

When all siblings have a green check mark, select "Next" to continue.

If you need to make additional corrections to a sibling that already has the check mark, just click on the check mark to make the change.

<table>
<thead>
<tr>
<th>Siblings Not Living with You</th>
<th>Frequency of Contact per:</th>
<th>Method of contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Auto Page Break
Question: C019

How often do you have contact -- either in person or by phone, mail or e-mail -- with?

Please enter 0 (zero) if you have no contact, and skip questions below.

# of times

Question: C020

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Day</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Week</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Month</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Year</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Almost never</td>
<td></td>
</tr>
</tbody>
</table>

Day  Week  Month  Year  Almost never

Question: C021

What is your primary mode of communication?

- In person visits
- Talking on the phone
- Email/text
- Other

Auto Page Break
### Question: C022

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Have you **given** financial assistance totaling $500 or more in the past 12 months to any of your siblings?

- Please include money given to your sibling’s spouse/partner or children.

- [ ] Yes
- [ ] No

---

HRS Internet Survey 05/15/2015

http://127.0.0.1:13124/Previewer/Survey.ashx?XmlDocument=localhost-internal-HRSIS1...
Which of them was given such assistance?

Choose all that apply

☐

☐

☐

☐

☐

☐

☐

☐

☐ Other, not on list
<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question: C02S</td>
</tr>
<tr>
<td>Scale Summary</td>
</tr>
<tr>
<td>Code</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

Have you received financial assistance totaling $500 or more in the past 12 months from any of your siblings?

- [ ] Yes
- [ ] No
Which of them gave you such assistance?

Choose all that apply

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐ Other, not on list
<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
</table>

Please answer the question(s) in the column to the right about each sibling.
<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

If you were faced with a financial emergency would you be able to rely on any of your siblings for help?

- [ ] Yes
- [ ] No
Question: C029_WSIBSRRELY
Show if: (C028_RRELYSIBS = 1;Yes)

Which ones?

Choose all that apply

☐

☐

☐

☐

☐

☐

☐

☐

☐ Other, not on list

Page Break
### Now I have some questions about your parents.

**Is your mother still living?**

- [ ] Yes
- [ ] No
Is your father still living?

- Yes
- No
Question: C032_MAWHISIBASSTPN

- Me
- All siblings equally
- Other, not on list
- No help needed
- None
Question: C033_MAWHISIBASSTFN

- Me
- All siblings equally
- Other, not on list
- No help needed
- None
Question: C034_PAWHISIBASSTPN

☐ Me
☐ All siblings equally
☐ Other, not on list
☐ No help needed
☐ None
Me
All siblings equally
Other, not on list
No help needed
None
Now you will read some statements about thoughts you might have about the future. Please respond to the statements by choosing a number from the scale below them that represents how much you agree with the statement.
<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very Untrue</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Very True</td>
<td></td>
</tr>
</tbody>
</table>

Many opportunities await me in the future.
### Question: E002_POSSIBILITIES

#### Scale Summary

<table>
<thead>
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<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very Untrue</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Very True</td>
<td></td>
</tr>
</tbody>
</table>

#### My future is filled with possibilities.

<table>
<thead>
<tr>
<th>Very Untrue</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
Question: E003_LIFEAHEAD

<table>
<thead>
<tr>
<th>Scale Summary</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
<td>Label</td>
</tr>
<tr>
<td>1</td>
<td>Very Untrue</td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Very True</td>
</tr>
</tbody>
</table>

Most of my life lies ahead of me.

<table>
<thead>
<tr>
<th>Very Untrue</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
My future seems infinite to me.

<table>
<thead>
<tr>
<th>Very Untrue</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
Question: E005_LIMITEDTIME

<table>
<thead>
<tr>
<th>Scale Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
</tbody>
</table>

I have limited time left to live my life.

Very Untrue | Very True
-------------|-------------
1 | 7
2 | 6
3 | 5
4 | 4
5 | 3
6 | 2
7 | 1
I could do anything I want in the future.
**Question:** E007_TIMENEWPLANS

<table>
<thead>
<tr>
<th>Scale Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
</tbody>
</table>

There is plenty of time in my life to make new plans.
Question: E008_TIMERUNOUT

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very Untrue</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Very True</td>
<td></td>
</tr>
</tbody>
</table>

I have a sense that time is running out.
**Question:** E009_TIMELIMITED

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-if</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very Untrue</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Very Untrue</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Very Untrue</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Very Untrue</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Very Untrue</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Very Untrue</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Very True</td>
<td></td>
</tr>
</tbody>
</table>

As I get older, I begin to experience time as limited.
The next set of questions asks about prescription medications you may be taking
take prescription medications for any of the following common health problems:

Please select all that apply.

- To help lower cholesterol
- To reduce hypertension or high blood pressure
- To keep my heart beating right or in rhythm
- For stomach problems
- For diabetes or high blood sugar
- For asthma, allergies, or other breathing problems
- To help relieve anxiety or depression
- For osteoarthritis or joint pain
- For erectile dysfunction or to improve sexual performance
- To help you sleep
- Other, please specify
- None of the above
### How many different prescription medications are you currently taking?

- None
- One
- Two
- Three
- Four
- Five
- Six or more
Please enter the name of the first prescription medication you are currently taking.
Question: F007_1_HOWLONG
Show if: (F002_1_NAMEMEDSTEXT was-answered)

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-if</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I just started</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1-5 months</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>6-12 months</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1-2 years</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>3-5 years</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>More than 5 years</td>
<td></td>
</tr>
</tbody>
</table>

About how long have you been taking this medication?

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years
Please enter the name of the second prescription medication you are currently taking.
## Question: F007_2_HOWLONG

### Show If: (F002_2_NAMENEDIPTEXT was-answered)

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-if</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I just started</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1-5 months</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>6-12 months</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1-2 years</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>3-5 years</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>More than 5 years</td>
<td></td>
</tr>
</tbody>
</table>

**About how long have you been taking this medication?**

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years
Question: F002_3_NAMEMEDSTEXT
Show if: (F001_1NUMMEDS >= 3; [Three])

Please enter the name of the third prescription medication you are currently taking.
About how long have you been taking this medication?

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years
Please enter the name of the fourth prescription medication you are currently taking.
About how long have you been taking this medication?

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years
Please enter the name of the fifth prescription medication you are currently taking.
**Question:** F007_S_HOWLONG
Show if: (F002_S_NAMENEDTEXT was answered)

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-if</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I just started</td>
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<td>2</td>
<td>1-5 months</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>6-12 months</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>5</td>
<td>3-5 years</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>More than 5 years</td>
<td></td>
</tr>
</tbody>
</table>

---

![About how long have you been taking this medication?](image)

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years
Please use the drop-down list below to select the first prescription medication you are currently taking.

If the drug you are taking is not on the list, please select “Other drug not listed above” from the bottom of the list.

Select one
You have selected "Other drug not listed above". Please enter the name of this drug.
Did you have any technical difficulties in providing the name of the prescription drug?

- Yes
- No, I didn't have any problems

If yes, please tell us more about the problem you experienced:

If you did have difficulty using the list, we'll have you enter the remaining drug(s) using a simple text box.
About how long have you been taking this medication?

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years
Please use the drop-down list below to select the second prescription medication you are currently taking.

If the drug you are taking is not on the list, please select “Other drug not listed above” from the bottom of the list.
You have selected "Other drug not listed above". Please enter the name of this drug.
**About how long have you been taking this medication?**

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years

<table>
<thead>
<tr>
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<td></td>
</tr>
<tr>
<td>4</td>
<td>1-2 years</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>3-5 years</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>More than 5 years</td>
<td></td>
</tr>
</tbody>
</table>
Please use the drop-down list below to select the third prescription medication you are currently taking.

If the drug you are taking is not on the list, please select "Other drug not listed above" from the bottom of the list.
You have selected "Other drug not listed above". Please enter the name of this drug.
About how long have you been taking this medication?

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
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- More than 5 years
Please use the drop-down list below to select the fourth prescription medication you are currently taking.

If the drug you are taking is not on the list, please select “Other drug not listed above” from the bottom of the list.
You have selected "Other drug not listed above". Please enter the name of this drug.
**About how long have you been taking this medication?**

- [ ] I just started
- [ ] 1-5 months
- [ ] 6-12 months
- [ ] 1-2 years
- [ ] 3-5 years
- [ ] More than 5 years

---

**Scale Summary**

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-if</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I just started</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1-5 months</td>
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<tr>
<td>3</td>
<td>6-12 months</td>
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<td>4</td>
<td>1-2 years</td>
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<td>5</td>
<td>3-5 years</td>
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<td></td>
</tr>
<tr>
<td>6</td>
<td>More than 5 years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please use the drop-down list below to select the fifth prescription medication you are currently taking.

If the drug you are taking is not on the list, please select "Other drug not listed above" from the bottom of the list.
Question: F004_5_NAMEOTHER

Show if: [F_H_F003_15_STORAGE = 11355]

You have selected "Other drug not listed above". Please enter the name of this drug.
About how long have you been taking this medication?

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years
Please type in the first few letters of the first prescription medication you are currently taking. Then select the drug from the list that appears.

If the drug you are taking is not on the list, please select “Other drug not listed above” from the bottom of the list.
You have selected "Other drug not listed above". Please enter the name of this drug.
Did you have any technical difficulties in providing the name of the prescription drug?

- Yes
- No, I didn't have any problems

If you did have difficulty using the list, we'll have you enter the remaining drug(s) using a simple text box.
**Question:** F009_1_HOWLONG

**Show If:** (F_H_F005_11_STORAGE was-answered)

<table>
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<tr>
<td>4</td>
<td>1-2 years</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>3-5 years</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>More than 5 years</td>
<td></td>
</tr>
</tbody>
</table>

**About how long have you been taking this medication?**

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years
Please type in the first few letters of the second prescription medication you are currently taking. Then select the drug from the list that appears. If the drug you are taking is not on the list, please select "Other drug not listed above" from the bottom of the list.
Question: F006_2_NAMEOTHER
Show If: (F_H_F005_12_STORAGE = 11355)

You have selected "Other drug not listed above". Please enter the name of this drug.

[Input field for drug name]
Question: F009_2_HOWLONG
Show if: (F_H_F005_12_STORAGE was-answered)

### Scale Summary

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I just started</td>
<td></td>
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<tr>
<td>2</td>
<td>1-5 months</td>
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<td>6-12 months</td>
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<tr>
<td>4</td>
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<td></td>
</tr>
<tr>
<td>5</td>
<td>3-5 years</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>More than 5 years</td>
<td></td>
</tr>
</tbody>
</table>

About how long have you been taking this medication?

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years
Please type in the first few letters of the third prescription medication you are currently taking. Then select the drug from the list that appears.

If the drug you are taking is not on the list, please select "Other drug not listed above" from the bottom of the list.
Question: F006_3_NAMEOTHER
Show if: (F_H_F005_13_STORAGE = 11355)

You have selected "Other drug not listed above". Please enter the name of this drug.

[Text Box]
About how long have you been taking this medication?

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years
Please type in the first few letters of the fourth prescription medication you are currently taking. Then select the drug from the list that appears.

If the drug you are taking is not on the list, please select "Other drug not listed above" from the bottom of the list.
You have selected "Other drug not listed above". Please enter the name of this drug.
**Question: F009_4_HOWLONG**

Show if: (F_H_F005_14_STORAGE was-answered)

<table>
<thead>
<tr>
<th>Scale Summary</th>
</tr>
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<tbody>
<tr>
<td><strong>Code</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
</tbody>
</table>

**About how long have you been taking this medication?**

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years
Please type in the first few letters of the fifth prescription medication you are currently taking. Then select the drug from the list that appears.

If the drug you are taking is not on the list, please select "Other drug not listed above" from the bottom of the list.
You have selected "Other drug not listed above". Please enter the name of this drug.
Question: F009_5_HOWLONG
Show if: (F_H_F005_15_STORAGE was-answered)

<table>
<thead>
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<tbody>
<tr>
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<td>3</td>
<td>6-12 months</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1-2 years</td>
<td></td>
</tr>
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<td>5</td>
<td>3-5 years</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>More than 5 years</td>
<td></td>
</tr>
</tbody>
</table>

About how long have you been taking this medication?

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years

Page Break
Please enter the name of the second prescription medication you are currently taking.
About how long have you been taking this medication?

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years
Please enter the name of the third prescription medication you are currently taking.
Question: F027_3_HOWLONG
Show if: (F022_3_NAMENEDTEXT was-answered)

<table>
<thead>
<tr>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>I just started</td>
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</tr>
<tr>
<td>2</td>
<td>1-5 months</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>6-12 months</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1-2 years</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>3-5 years</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>More than 5 years</td>
<td></td>
</tr>
</tbody>
</table>

About how long have you been taking this medication?

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years
Please enter the name of the fourth prescription medication you are currently taking.
### Scale Summary

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-if</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>3-5 years</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>More than 5 years</td>
<td></td>
</tr>
</tbody>
</table>

#### About how long have you been taking this medication?

- [ ] I just started
- [ ] 1-5 months
- [ ] 6-12 months
- [ ] 1-2 years
- [ ] 3-5 years
- [ ] More than 5 years
Please enter the name of the fifth prescription medication you are currently taking.
About how long have you been taking this medication?

- I just started
- 1-5 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years
take prescription medications for any of the following common health problems:

Please select all that apply.

- To help lower cholesterol
- To reduce hypertension or high blood pressure
- To keep my heart beating right or in rhythm
- For stomach problems
- For diabetes or high blood sugar
- For asthma, allergies, or other breathing problems
- To help relieve anxiety or depression
- For osteoarthritis or joint pain
- For erectile dysfunction or to improve sexual performance
- To help you sleep
- Other, please specify
- None of the above
The next questions are about health insurance, both public and private. Medicare is a public health insurance program for people 65 or older and for disabled persons. Medicaid is a public health insurance program for people with low incomes.
Question: F010_MEDICOVERAGE
Show If: (F_P_PWMEDICARECOV ≠ 1) or (Z_C_RS_AGE < 67)

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Assigned Yes</td>
<td>Never Shown</td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Are you currently covered by Medicare health insurance?

- [ ] Yes
- [ ] Assigned Yes
- [ ] No
Are you currently covered by Medicaid?

- Yes
- No

**Scale Summary**

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
**Question:** F012_MEDCAREHMO  
**Show If:** (F010_MEDICOVERAGE = 1:[Yes]) or (F010_MEDICOVERAGE = 3:[Assigned Yes]) or (F011_MCAIDCOVER = 1:[Yes])

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

---

**We are interested in how your**

- [ ] Yes
- [ ] No

---

We are interested in how your
Question: F013_PLANHELP

Show if: ([F010_MEDICOVERAGE = 1: [Yes]] or [F010_MEDICOVERAGE = 3: [Assigned Yes]] or [F011_MCAIDCOVER = 1: [Yes]]) and [F012_MEDCAREHMO ≠ 5: [No]]

<table>
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<tbody>
<tr>
<td><strong>Code</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

Does this plan cover or provide help with paying for regular prescription drugs?

- [ ] Yes
- [ ] No
Part D of Medicare provides coverage for prescription drugs, usually through a private insurance provider. Are you enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

- Yes
- No
Did you choose your own plan, did someone you know choose for you, or were you enrolled in it automatically?

- Chose plan myself
- Someone else chose
- Enrolled automatically
- Other
Do you have prescription drug coverage from source?

- Yes
- No
Question: F017_TIMESEARCHPL
Show if: (F014_ENROLPARTD = 1:[Yes]) or (F013_PLANHELP = 1:[Yes]) or (F016_OTHSOURCE ≠ 1:[Yes])

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<tr>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

How much time would you say you have spent looking at?

- A lot
- Some
- A little
- None at all
What sources of information, if any, did you use to assist you in answering these questions about your prescription medication and health insurance coverage for prescription medications?

Please select all that apply.

☐ Labels on the pill bottles or other container
☐ Prescriptions from doctor or pharmacy
☐ List of medications provided by pharmacy
☐ Insurance records
☐ Social Security statements
☐ I asked someone else
☐ Other sources (please specify) 
☐ I did not use any sources of information
Part of this study is concerned with people's memory, and ability to think about things.

First, how would you rate your memory at the present time?

- Excellent
- Very good
- Good
- Fair
- Poor
<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Excellent</td>
</tr>
<tr>
<td>2</td>
<td>Very good</td>
</tr>
<tr>
<td>3</td>
<td>Good</td>
</tr>
<tr>
<td>4</td>
<td>Fair</td>
</tr>
<tr>
<td>5</td>
<td>Poor</td>
</tr>
</tbody>
</table>

How would you rate your ability to think quickly at the present time?

- [ ] Excellent
- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Poor
For this next set of items, you will need to have your computer sound turned on. Please check that your speakers are turned on and that the volume is set so that you can hear it. Click the "Play" button below to test the sound.

► Play

If you can hear the person speaking, please select the first option below to continue.

If you cannot hear the person speaking (after adjusting the volume), please select the second option below to go to the next section.

- Yes, I can hear the person speaking, please continue
- I am unable to hear the person speaking, please take me to the next section
Please press the "Play" button to hear the rest of the instructions for this task.
Please press "Play" and listen to the words as they are read to you, then click "Next" to continue.

User note: Word list 1 included the following items, presented in this order. These words were read aloud to the respondent, they did not appear on the screen.

HOTEL
RIVER
TREE
SKIN
GOLD
MARKET
PAPER
CHILD
KING
BOOK
Please select the words you heard.

- KING
- DOLLAR
- MACHINE
- GOLD
- OCEAN
- MARKET
- HOTEL
- COLLEGE
- FLAG
- SKY
- HOME
- TREE
- BOOK
- WIFE
- EARTH
- SKIN
- CHILD
- RIVER
- PAPER
- BUTTER
Please press "Play" and listen to the words as they are read to you, then click "Next" to continue.

User note: Word list 2 included the following items, presented in this order. These words were read aloud to the respondent, they did not appear on the screen.

SKY
OCEAN
FLAG
DOLLAR
WIFE
MACHINE
HOME
EARTH
COLLEGE
BUTTER
Please select the words you heard.

- College
- Corner
- Letter
- Wife
- Rock
- Machine
- Sky
- Valley
- Blood
- Woman
- Girl
- Flag
- Butter
- Shoes
- House
- Dollar
- Earth
- Ocean
- Home
- Engine
User note: The verbal analogies test that follows is modeled after the Woodcock-Johnson Revised (WJ-R) tests (Woodcock, 1990) and is described in the HRS user guide at this link: http://hrsonline.isr.umich.edu/sitedocs/userg/dr-027b.pdf


In this next task, you will see several words on each screen, followed by a blank box. Please type the word that best completes the phrase. You may enter answers in uppercase or lowercase.

For example, please type the word that best completes the phrase:

Question: G200_VEEXAMP1

Mother is to Daughter as Father is to ___

Page Break
Mother is to Daughter as Father is to son.

The correct answer is son.
Instructions:

- You will now be asked to complete six more phrases like the example you just saw.
- Please enter the word that best completes each phrase.
- Some of the problems may be easy, but others may be hard. Just do the best you can.
- It is more important to answer the item correctly than it is to answer quickly, so take a little time to think before answering.
- In a few cases, more than one word could be correct. If your answer is one of the correct answers, you will receive credit.
- You can go on to the next item at any time by clicking “Next.”

If you are ready to begin, please click “Next.”
Please type the word that best completes the phrase.

**Question**:

Night is to Dark as Day is to _
Please type the word that best completes the phrase.

**Question:** G204_VEASET3ITEM2

Tomato is to Carrot as Red is to _

Page Break
Please type the word that best completes the phrase.

Question: G205_VEASET3ITEM3

Two is to Duet as Three is to _
Please type the word that best completes the phrase.

**Question:** G206_VEASET1ITEM1

Cat is to Kittens as Dog is to _

Page Break
Please type the word that best completes the phrase.

<table>
<thead>
<tr>
<th>Question:</th>
<th>G207_VEASET1ITEM2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sky is to Blue as Tree is to _</td>
<td></td>
</tr>
</tbody>
</table>
Please type the word that best completes the phrase.

**Question:** G208_VEASET1ITEM3

Son is to Father as Daughter is to _
Collection: VEA2
Contains: G209_VEASET2ITEM1, G210_VEASET2ITEM2, G211_VEASET2ITEM3
Show if: (G_P_XS26 = 2) and (G_C_VEASCORE1 = 1).

Please type the word that best completes the phrase.

Question: G209_VEASET2ITEM1

Lion is to Den as Bird is to _

Page Break
Please type the word that best completes the phrase.

**Question:** G210_VEASETITEM2

Bird is to Feather as Sheep is to _

Page Break

--------------------------------------------------------------------------------------------------------------------------
Please type the word that best completes the phrase.

**Question:** Car is to Gasoline as Computer is to __

---

[Image 65x688 to 77x699]

[67x704]Question: G211_VEASETT2ITEM3

Car is to Gasoline as Computer is to __
Please type the word that best completes the phrase.

**Question:** G212_VEASET4ITEM1

Lion is to Kangaroo as Africa is to _

Page Break
Please type the word that best completes the phrase.

Question: G213_VEASET4ITEM2

Doctor is to Veterinarian as Person is to ___
Please type the word that best completes the phrase.

**Question:** G214_VEASET4ITEM3

> **Walnut** is to **Corn** as **Shell** is to _

---

Page Break
Please type the word that best completes the phrase.

**Question:** G215_VEASETSITEM1

Ring is to Belt as Finger is to _
Please type the word that best completes the phrase.

Switch is to Dark as Doorknob is to __
Please type the word that best completes the phrase.

**Question: G217_VEASETITEM3**

Bedroom is to Kitchen as Sleep is to ____________
Spring is to Winter as Fall is to _
Please type the word that best completes the phrase.

**Question:** Ear is to Two as Finger is to __________
Please type the word that best completes the phrase.

**Question:** G220_VEBSET3ITEM3

Sentence is to Equation as Word is to _
G_C_VEBSCORE3:
Collection: VEB1
Contains: G221_VEBSET1ITEM1, G222_VEBSET1ITEM2, G223_VEBSET1ITEM3
Show if: (G_P_X526 = 1) and (G_C_VEBSCORE1 = 0)

Please type the word that best completes the phrase.

Question: G221_VEBSET1ITEM1

Dad is to Man as Mom is to __

Page Break
Please type the word that best completes the phrase.

**Question**: Grandmother is to Mother as Grandfather is to __
Please type the word that best completes the phrase.

**Question: G223_VEBSET1ITEM3**

Dog is to Bark as Bird is to _

Page Break

http://127.0.0.1:13124/Previewer/Survey.ashx?XmlDocument=localhost-internal-HRSIS1... 05/15/2015
Please type the word that best completes the phrase.

Question: G224_VEBSET2ITEM1

Man is to Men as Woman is to_
Please type the word that best completes the phrase.

**Question:** G225_VEBSITEM2

| Summer is to Winter as Heat is to _ |

Page Break
Please type the word that best completes the phrase.

**Question:** G226_VEBSET2ITEM3

Milk is to Egg as Cow is to _
Please type the word that best completes the phrase.

**Question:** G227_VEBSET4ITEM1

- Egg is to Yolk as Cherry is to _
Please type the word that best completes the phrase.

**Question: G228_VEBSITEM2**

Shampoo is to Toothpaste as Hair is to _

Page Break
Please type the word that best completes the phrase.

Today is to Yesterday as Winter is to _
The question is: "Flooding is to Abundant as Drought is to ___." Please type the word that best completes the phrase.
Please type the word that best completes the phrase.

<table>
<thead>
<tr>
<th>Question:</th>
<th>G231_VEBSETSITEM2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenger is to Champion as Entrant is to _</td>
<td></td>
</tr>
</tbody>
</table>

Page Break

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Please type the word that best completes the phrase.

**Picture is to Field as Frame is to** __

---
TEST SCREEN

G_C_VEAScore1:
G_C_VEAScore2:
G_C_VEBScore1:
G_C_VEBScore2:
In this task, on each screen you will be presented with several numbers that make up a series. There will be one or more empty boxes somewhere in the series. Sometimes the empty boxes will be at the end of the series, and sometimes they will be in the middle.

For example:
Please enter the number that belongs in the empty box.

1 2 3 4
The answer we were looking for is 3, so the completed sequence is:

1  2  3  4
Below is another example.

Please enter the number that belongs in the empty box.

2 4 6
The answer we were looking for is 8 because the numbers (2, 4, 6, 8) increase by 2. The completed sequence is:

| 2 | 4 | 6 | 8 |

Page Break
Instructions:

- Please enter the number that belongs in each empty box.
- An empty box could be at the end of a series or it could be in the middle.
- You may be asked a question with more than one empty box in the sequence.
- The numbers might increase, like 2, 4, 6, or decrease, like 6, 4, 2.
- Some of the problems may be easy but others may be hard. Just do the best you can.
- It is more important to answer the item correctly than to answer quickly, so take a little time to think before answering.
- In a few cases, more than one number may be correct. Please give only one answer per box. If your answer is one of the correct answers, you will receive credit.
- You can go on to the next item at any time by clicking "Next."

If you are ready to begin, please click "Next."
Collection: COLLECTION_1
Contains: G305_G307, G_COLLECTION_1_GROUPS_1_TO_4
Show if: (G_P_XS25 = 2)

Collection: G305_G307
Contains:

Custom Layout Question: G305_NSASET3ITEM1

Please enter the number that belongs in the empty box.

8 [ ] 12 14
You did not give an answer for:

Please enter the number that belongs in the empty box.

8  12  14

Your answers are important to us. Please try to answer as best you can. If you would like to answer the question please press the “Previous” button.
Custom Layout Question: G306_NSASET3ITEM2

Please enter the number that belongs in the empty box.

23  26  30  35  

Page Break
You did not give an answer for:

Please enter the number that belongs in the empty box.

23  26  30  35

Your answers are important to us. Please try to answer as best you can. If you would like to answer the question please press the "Previous" button.
Please enter the number that belongs in the empty box.

18  17  15  
8
Please enter the number that belongs in the empty box.

<p>| | | | | |</p>
<table>
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<tbody>
<tr>
<td>6</td>
<td>7</td>
<td></td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>
Please enter the number that belongs in the empty box.

6 4 3
Please enter the number that belongs in the empty box.

5 8 11 [ ]
Collection: G311_G313
Contains: Show if: (G_C_NSASCORE1 = 1)

Custom Layout Question: G311_NSASET2ITEM1

Please enter the number that belongs in the empty box.

[ ] 4 [ ] 6 [ ] 8
Please enter the number that belongs in the empty box.

1 3 3 5 7 7
Please enter the number that belongs in the empty box.

18  10  6  [ ]  3
Collection: G314_G316
Contains: Show if: (G_C_NSASCORE1 = 2)

Custom Layout Question: G314_NSASET4ITEM1

Please enter the number that belongs in the empty box.

17 [ ] 12 8

Page Break

http://127.0.0.1:13124/Previewer/Survey.ashx?XmlDocument=localhost-internal-HRSIS1... 05/15/2015
Please enter the number that belongs in the empty box.

| 10 |   | 3 | 1 |
Please enter the number that belongs in the empty box.

17  16  14  10  [ ]
Collection: G317_G319
Contains: Show if: (G_C_NSASCORE1 = 3)

Custom Layout Question: G317_NSASET5ITEM1

Please enter the number that belongs in the empty box.

|   | 20 | 26 | 38 | 62 |

Page Break
Please enter the number that belongs in the empty box.

5  [ ]  11  19  35
Please enter the numbers that belong in the empty boxes.

Use 'Tab' key to move to the second empty box.

<table>
<thead>
<tr>
<th></th>
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<th>84</th>
</tr>
</thead>
</table>
G305: 
G305RESL: 
G306: 
G306RESL: 
G307: 
G307RESL: 

G_C_NSASCORE1: 

G308: 
G308RESL: 
G309: 
G309RESL: 
G310: 
G310RESL: 
G311: 
G311RESL: 
G312: 
G312RESL: 
G313: 
G313RESL: 
G314: 
G314RESL: 
G315: 
G315RESL: 

G316: 
G316RESL: 
G317: 
G317RESL: 
G318: 
G318RESL: 
G319_1: 
G319_2: 
G319RESL: 

G_C_NSASCORE2: 

Page Break
Please enter the number that belongs in the empty box.

7  10  13  

Page Break
You did not give an answer for:

Please enter the number that belongs in the empty box.

[ ] 7  [ ] 10  [ ] 13

Your answers are important to us. Please try to answer as best you can. If you would like to answer the question please press the “Previous” button.
Please enter the number that belongs in the empty box.

[ ] 13 [ ] 15 [ ] 18 [ ] 22
You did not give an answer for:

Please enter the number that belongs in the empty box.

13 15 18 22

Your answers are important to us. Please try to answer as best you can. If you would like to answer the question please press the "Previous" button.
Please enter the number that belongs in the empty box.

18  17  

12  8
Please enter the number that belongs in the empty box.

4 5 6

Page Break
Custom Layout Question: G324_NSBSET1ITEM2

Please enter the number that belongs in the empty box.

5  4  3  

Page Break
Please enter the number that belongs in the empty box.

11  [ ]  15  17
Please enter the number that belongs in the empty box.

|   | 15 | 13 | 11 |
Custom Layout Question: G327_NSBBSET2ITEM2

Please enter the number that belongs in the empty box.

10 6 3  }
Please enter the number that belongs in the empty box.

11  9  6  
Please enter the number that belongs in the empty box.

1 3 9 [ ]
Please enter the number that belongs in the empty box.

13  15  19  

Page Break
Please enter the numbers that belong in the empty boxes.

Use 'Tab' key to move to the second empty box.

3 3 4 6 6 7 8
Collection: G332_G334
Contains: Show if: \((G_{C_{NSBSCORE1}} = 3)\)

Custom Layout Question: G332_NSBSET5ITEM1

Please enter the number that belongs in the empty box.

<p>| | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>6</td>
<td></td>
<td>15</td>
<td>27</td>
</tr>
</tbody>
</table>
Please enter the number that belongs in the empty box.

18  24  36  60
Please enter the number that belongs in the empty box.

60  33  24  21  [Blank]
Now let's try some subtraction of numbers.

What is 100 minus 7?
<table>
<thead>
<tr>
<th>Question: G402_SERIES2</th>
</tr>
</thead>
<tbody>
<tr>
<td>And 7 subtracted from that?</td>
</tr>
</tbody>
</table>
And 7 subtracted from that?
And 7 subtracted from that?
| Collection: | G405 |
| Contains:   | G405_SERIES5 |
| Show if:    | (G404_SERIES4 was answered) |

Question: G405_SERIES5

And 7 subtracted from that?

Page Break

---

http://127.0.0.1:13124/Previewer/Survey.ashx?XmlDocument=localhost-internal-HRSIS1... 05/15/2015
Next I would like to ask you some questions which assess how people use numbers in everyday life.

If the chance of getting a disease is 10 percent, how many people out of 1,000 would be expected to get the disease?

Number of people: [ ]
If 5 people all have the winning numbers in a lottery and the prize is 2 million dollars, how much will each of them get?

$ 

Let's say you have $200 in a savings account. The account earns 10 percent interest per year. How much would you have in the account at the end of two years?

$ 

Page Break
User note: The abstract reasoning test that follows comes from Project Talent (Flanagan et al., 1964).


Each item in this task consists of a set of figures arranged in a pattern, formed according to certain rules. Look at the following patterns in example S1, to the right.

The question mark in the lower right corner of the box shows where a figure is missing in the pattern. You are to decide which of the five figures (A, B, C, D or E) under the pattern belongs where the question mark is.
In the case of the example to the right, the figure in the bottom left is larger than the one above it but otherwise the same. In the top row, the figure at the right is the same as the one to the left of it except that it has been turned upside down. Following these rules, the missing figure should be larger than the one above it, and exactly the same size as the one to the left of it, but upside down. Therefore, E is the answer to this problem.
In each problem, you are to decide what figure belongs where the question mark is in the pattern. To do this you have to figure out what the rule is according to which the drawings change, going from row to row, and what the rule is for the changes going from column to column. The items have different kinds of patterns and different rules by which the drawings change.
Would you like to see another example, or are you ready to start this task?

- Another example
- Start task
Please see the next example. Going from left to right, the circles get larger, and going from top to bottom they get darker. Therefore the answer has to be a circle which is the largest of the three sizes, and the darkest. Choices C and E are both the right size, but E is the only large circle with the correct shading. Thus E is the only drawing that fits in the pattern formed by the other circles. E is the answer that should be chosen.
Question: G505_STARTNOW
Show if: (G503_STARTNOW ≠ 2) [Start task]
Question: G506_AREXAMPLE3
Show if: (G503_STARTNOW ≠ 2:[Start task]) and (G505_STARTNOW ≠ 2:[Start task])

Scale Summary
<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
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<tr>
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</tbody>
</table>

Now look at another problem, which is quite different from either of the previous ones.

Choose the answer that belongs in “?” below, then click “Next” to continue.

<p>| | | | | |</p>
<table>
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<tr>
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</tbody>
</table>
What is the missing figure here? If you study the pattern you will see that going from left to right there is one more line in each figure than in the one to the left of it. Going from top to bottom, the number of lines in any figure is one less than in the figure just above it. Therefore, the missing figure should have three lines. The answer is choice C (the three lines, slanting in the proper direction).

Choose the answer that belongs in "?" below, then click "Next" to continue.

<p>| | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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</tbody>
</table>
Instructions:
• You will now be asked six more questions like the ones you just did.
• For each problem, decide what rules the pattern follows.
  Choose the answer that belongs in “?” by clicking on the answer or on the radio button below it.
• Many of the patterns are based on rules that are different from the ones in the sample items.
• Do not spend too much time on any one problem.

If you are ready to begin, please click "Next."

Page Break
Choose the answer that belongs in “?” below, then click “Next” to continue.
Choose the answer that belongs in “?” below, then click “Next” to continue.
Choose the answer that belongs in “?” below, then click “Next” to continue.

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<table>
<thead>
<tr>
<th>Code</th>
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</tbody>
</table>

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HRS Internet Survey

G_C_ARSCORE1:

Page Break

http://127.0.0.1:13124/Previewer/Survey.ashx?XmlDocument=localhost-internal-HRSIS1... 05/15/2015
**Question: G512_ARSET1ITEM1**

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<tr>
<td>2</td>
<td>V</td>
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<tr>
<td>5</td>
<td>&lt;</td>
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</tbody>
</table>

Choose the answer that belongs in "?" below, then click "Next" to continue.

<table>
<thead>
<tr>
<th>&gt;</th>
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</table>

Choose the answer that belongs in “?” below, then click “Next” to continue.
<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
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<tbody>
<tr>
<td>1</td>
<td><img src="image1.png" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><img src="image2.png" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><img src="image3.png" alt="Image" /></td>
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<tr>
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<td><img src="image4.png" alt="Image" /></td>
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</tr>
<tr>
<td>5</td>
<td><img src="image5.png" alt="Image" /></td>
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</tbody>
</table>

Choose the answer that belongs in “?” below, then click “Next” to continue.
Choose the answer that belongs in "?" below, then click "Next" to continue.
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</table>

Choose the answer that belongs in “?” below, then click “Next” to continue.
<table>
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<tr>
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<tbody>
<tr>
<td>1</td>
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<td><img src="image2" alt="Shape 2" /></td>
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<tr>
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</tr>
<tr>
<td>5</td>
<td><img src="image5" alt="Shape 5" /></td>
<td></td>
</tr>
</tbody>
</table>

Choose the answer that belongs in "?” below, then click "Next" to continue.

![Question Image]
Collection: ARS4
Contains: G518_ARSET4ITEM1, G519_ARSET4ITEM2, G520_ARSET4ITEM3
Show if: (G_C_ARSCORE1 = 2)

Question: G518_ARSET4ITEM1

<table>
<thead>
<tr>
<th>Scale Summary</th>
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<td>Code</td>
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Choose the answer that belongs in “?” below, then click “Next” to continue.
Choose the answer that belongs in “?” below, then click “Next” to continue.
Choose the answer that belongs in "?" below, then click "Next" to continue.
Choose the answer that belongs in "?" below, then click "Next" to continue.
<table>
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<tbody>
<tr>
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<td></td>
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<tr>
<td>5</td>
<td>![Image]</td>
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</tbody>
</table>

Choose the answer that belongs in “?” below, then click “Next” to continue.
Choose the answer that belongs in "?" below, then click "Next" to continue.
The following questions are about certain places where you have possibly borrowed money in the past five years.
<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

In the last five years, have you sold off any of your personal possessions, such as jewelry, silver or other valuables, in order to obtain extra money for necessities, things that you needed right away?

- [ ] Yes
- [ ] No
Did you do this in the past year?

- Yes
- No
Was the amount you received more than $500?

If you sold possessions more than once, please think of the largest amount you received.

- Yes
- No
<table>
<thead>
<tr>
<th>Scale Summary</th>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>5</td>
<td>No</td>
<td></td>
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</tr>
</tbody>
</table>

**Have you borrowed money from a pawn shop?**

- [ ] Yes
- [ ] No
Question: I005_BORPAAWPASTYR
Show if: (I004_BORRPAWN = 1:[Yes])

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
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<tbody>
<tr>
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<td>Yes</td>
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<td>5</td>
<td>No</td>
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</tbody>
</table>

Did you do this in the past year?

- [ ] Yes
- [ ] No
**Was the loan more than $500?**

If you had more than one loan of this type, please think of the largest loan.

- [ ] Yes
- [ ] No
In the last five years, have you borrowed money for a few weeks or months, using your next paycheck as collateral, to be paid back after your next paycheck comes? These are often called “payday” loans.

- [ ] Yes
- [ ] No
Did you do this in the past year?

- Yes
- No
Was the loan more than $500?

If you had more than one loan of this type, please think of the largest loan.

- [ ] Yes
- [ ] No
Have you borrowed money, to be paid back in the next few weeks or months, using the title to your car to secure this loan? Please do not include borrowing to lease or buy a new or different car.

- Yes
- No
Did you do this in the past year?

- Yes
- No
Was the loan more than $500?

If you had more than one loan of this type, please think of the largest loan.

- Yes
- No
In the last five years, have you borrowed money that would be paid back in a few weeks or months, where the money would come from a tax refund?

- Yes
- No
Question: I014_BORTAXPASTYR
Show If: [I013_BORRGNITYICTAX = 1:Yes]

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
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<tr>
<td>1</td>
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<td>5</td>
<td>No</td>
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</tbody>
</table>

Did you do this in the past year?

- [ ] Yes
- [ ] No
Was the loan more than $500?

If you had more than one loan of this type, please think of the largest loan.

- Yes
- No
<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<td>5</td>
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</tbody>
</table>

Have you rented (paying on a weekly or monthly basis) furniture, appliances, home electronics, jewelry or other goods that you would own if you paid the weekly or monthly fees over a period of a few years? Please do **not** include paying off a loan over time where you’ve bought these items from the start.

- [ ] Yes
- [ ] No
Did you do this in the past year?

- Yes
- No
Was the loan more than $500?

If you had more than one loan of this type, please think of the largest loan.

- Yes
- No
Apart from the situations we've just asked about, have you borrowed money from anyone other than a family member, friend or a formal lending institution such as a bank or credit union, because you needed the money for necessities or emergencies?

- [ ] Yes
- [ ] No
Question: I020_BORANYOTPASTYR
Show If: [I019_BORROWANYOTH = 1;{Yes}]

<table>
<thead>
<tr>
<th>Code</th>
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<tr>
<td>1</td>
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<td>5</td>
<td>No</td>
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</tbody>
</table>

Did you do this in the past year?

- Yes
- No
Was the loan more than $500?

If you had more than one loan of this type, please think of the largest loan.

- Yes
- No
Now we would like to ask you a few questions about recent tax changes.

In January of this year, a two-year cut in the payroll tax expired. For most households, other Federal income tax rates remain unchanged. Therefore, payroll taxes have increased by 2 percent of earnings and take-home pay was decreased. The exact increase in payroll taxes and decrease in take-home pay this year depends on the amount of earnings.

For example, for someone earning $40,000 a year, the payroll tax increase was $800 for the year, resulting in a decrease in take-home pay of $66 per month. Each earner in a household was subject to this tax increase.
Thinking about your (family's) financial situation this year, did this payroll tax increase lead you mostly to decrease spending, mostly to decrease saving, or mostly to increase borrowing?

- Decrease spending
- Decrease saving
- Increase borrowing
Thinking about your (family’s) financial situation this year, did this payroll tax increase lead you mostly to decrease spending, mostly to decrease saving, or mostly to pay off less debt?

- Decrease spending
- Decrease saving
- Pay off less debt
As a result of this change in the tax law, has your employer increased your payroll taxes?

- Yes
- No
- Self-employed
Had you heard any information about this payroll tax increase before taking part in this survey?

- Yes
- No
Now I would like you to think about the payroll tax cut that just expired.
Thinking about your (family’s) financial situation in the past two years when the payroll tax was lower, did this payroll tax cut lead you mostly to increase spending, mostly to increase saving, or mostly to decrease borrowing?

- [ ] Increase spending
- [ ] Increase saving
- [ ] Decrease borrowing
Thinking about your (family’s) financial situation in the past two years when the payroll tax was lower, did this payroll tax cut lead you mostly to increase spending, mostly to increase saving, or mostly to pay off debt?

- Increase spending
- Increase saving
- Pay off debt
If you or your family had an unexpected expense, such as a one-time car repair, would you pay for it mostly by taking the money out of savings, mostly by cutting back on other spending, or mostly by using credit or borrowing?

- Take money out of savings
- Cut other spending
- Use credit or borrowing
In the last year, were you turned down for credit, not given as much credit as you applied for, or did you put off applying for credit because you thought you might be turned down?

- Yes
- No
Do you have a mortgage, a home equity loan, or a home equity line of credit?

☐ Yes
☐ No
How does the current value of your home compare to the amount still owed on your mortgage, home equity loans, and lines of credit? Is your home worth much more, more, same, less, or much less than mortgage, home equity loans and home equity lines.

- Much more
- More
- Same
- Less
- Much less
In the last five years has the amount you owe on your mortgage or home equity lines of credit increased, stayed the same, or decreased?

- Increased
- Stayed same
- Decreased
Do you have any other debts, such as credit cards, student loans, and auto loans?

☐ Yes
☐ No
<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
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<tbody>
<tr>
<td>1</td>
<td>Increased</td>
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</tr>
<tr>
<td>2</td>
<td>Stayed the same</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Decreased</td>
<td></td>
</tr>
</tbody>
</table>

In the past few years has the total amount of all your family’s debt increased, stayed the same, or decreased?

- [ ] Increased
- [ ] Stayed the same
- [ ] Decreased
Some people keep money in the bank or have lines of credit or other assets to use as a "rainy day fund" for unexpected expenses. In the past few years has your (family's) rainy day fund increased, stayed the same, or decreased?

- Increased
- Stayed same
- Decreased
- No fund
Question: J016_INCRDECFUND
Show If:  (J015_MONEYBANK ≠ 5) ([No fund])

<table>
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<tr>
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<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
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<td>Leave unchanged</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Decrease</td>
<td></td>
</tr>
</tbody>
</table>

Over the next year, do you plan to increase or decrease your “rainy day fund” or do you plan to leave it largely unchanged?

- [ ] Increase
- [ ] Leave unchanged
- [ ] Decrease
Many people want to maintain some savings to pay for future plans or for potential needs that may arise. By savings we mean amounts held in checking and saving accounts, money market funds, stocks and bonds, including amounts held in retirement accounts such as IRAs and 401(k)s.

The next questions are about the different ways people may plan to use their savings and assets for future needs.
Below is a list of reasons that people may have for holding savings in reserve. Please order the list beginning with the reason that is most important to you and ending with the reason that is least important. You can do this by simply clicking on the box and holding it while "dragging" it to a new position. The most important reason should be at the top and the least important reason at the bottom. When you are done, select 'Next' to continue.

- Buy new car or other high-cost item
- Buy new home
- Buy second home
- Financing day-to-day consumption
- Home improvement or repairs
- Leave money for your children or grandchildren
- Other bequests
- Pay for assisted living
- Pay for future health care
- Pay for schooling for your grandchildren
- Planned travel
- Unanticipated emergencies
- Other
### Question: K038
Show if: (CA_JAVASCRIPT_ON = 1) and (CA_BROWSER_CHECK_SECK = 1) and (K_H_DRAGSORTRESULT = 1~2~3~4~5~6~7~8~9~10~11~12~13)

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<th>Show-If</th>
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<tr>
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<td>Yes</td>
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</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

You left the order of the items on the previous screen unchanged. Is that because you felt the order we suggested fits your situation best?

- [ ] Yes
- [ ] No
The next question is about different ways people can use savings to increase their monthly income.
Enter 0 if the reason is not applicable or you do not wish to hold any savings for that reason. Please round your answer to the nearest dollar.

<table>
<thead>
<tr>
<th>Dollar amount</th>
<th>Don't know amount</th>
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</thead>
<tbody>
<tr>
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</table>

Code | Label          | Show-If |
-----|----------------|---------|
1    | Dollar amount  |         |
8    | Don't know amount |     |
**Question:** K014B_BIGTICKETRANGE  
*Show If: (K014A_PRIORITY1.TEXT was-notanswered)*

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<td>Please indicate the approximate amount that you would like to hold in savings for this reason.</td>
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<tr>
<td>2</td>
<td>$5,000 to $9,999</td>
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<tr>
<td>3</td>
<td>$10,000 to $24,000</td>
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<tr>
<td>4</td>
<td>$25,000 to $49,999</td>
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</tr>
<tr>
<td>5</td>
<td>$50,000 or more</td>
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<td>8</td>
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<td></td>
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<tr>
<td>8</td>
<td>Don’t know</td>
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</table>

**Question:** K015B_BUYHOMERANGE  
**Show if:** (K015A_PRIORITY2.TEXT was-not-answered)

**Scale Summary**

You left the answer blank or entered "Don’t know" for ""

Please indicate the approximate amount that you would like to hold in savings for this reason.

- $0
- Less than $5,000
- $5,000 to $9,999
- $10,000 to $24,000
- $25,000 to $49,999
- $50,000 or more
- Don’t know
**Question:** K0168_BUY2NDHOMERANGE

**Show If:** (K016A_PRIORITY3.TEXT was-not-answered)

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<td>$50,000 or more</td>
</tr>
<tr>
<td>8</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

*You left the answer blank or entered "Don't know" for "*

Please indicate the approximate amount that you would like to hold in savings for this reason.

- [$] 0
- [$] Less than $5,000
- [$] $5,000 to $9,999
- [$] $10,000 to $24,000
- [$] $25,000 to $49,999
- [$] $50,000 or more
- [$] Don't know
Question: K017B_DAYTODAYRANGE
Show if: (K017A_PRIORITY4.TEXT was-not-answered)

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<td>$50,000 or more</td>
</tr>
<tr>
<td>8</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

You left the answer blank or entered "Don't know" for 

Please indicate the approximate amount that you would like to hold in savings for this reason.

- $0
- Less than $5,000
- $5,000 to $9,999
- $10,000 to $24,000
- $25,000 to $49,999
- $50,000 or more
- Don't know
Question: K018B_HOMEIMPROVERANGE
Show If: (K018A_PRIORITY5.TEXT was-not-answered)

You left the answer blank or entered "Don't know" for ""

Please indicate the approximate amount that you would like to hold in savings for this reason.

- $0
- Less than $5,000
- $5,000 to $9,999
- $10,000 to $24,000
- $25,000 to $49,999
- $50,000 or more
- Don't know
**Question: K019B_BEQUESTCHILDREN_RANGE**

**Show If:** (K015A_PRIORITY6_TEXT was-not-answered)

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<td>$50,000 or more</td>
</tr>
<tr>
<td>8</td>
<td>Don’t know</td>
</tr>
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</table>

You left the answer blank or entered "Don’t know" for "".

Please indicate the approximate amount that you would like to hold in savings for this reason.

- $0
- Less than $5,000
- $5,000 to $9,999
- $10,000 to $24,000
- $25,000 to $49,999
- $50,000 or more
- Don’t know
Question: K020B_BEQUESTOTHERRANGE

Show If: (K020A_PRIORITY7.TEXT was-not-answered)

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<td>5</td>
<td>$50,000 or more</td>
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<tr>
<td>8</td>
<td>Don't know</td>
<td></td>
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</tbody>
</table>

You left the answer blank or entered "Don't know" for ""

Please indicate the approximate amount that you would like to hold in savings for this reason.

- $0
- Less than $5,000
- $5,000 to $9,999
- $10,000 to $24,000
- $25,000 to $49,999
- $50,000 or more
- Don't know
**Question:** K021B_ASSISTLIVERANGE  
**Show if:** (K021A_PRIORITY8.TEXT was-not-answered)

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<td></td>
<td>8</td>
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-arrow You left the answer blank or entered "Don’t know" for ""

Please indicate the approximate amount that you would like to hold in savings for this reason.

- $0
- Less than $5,000
- $5,000 to $9,999
- $10,000 to $24,000
- $25,000 to $49,999
- $50,000 or more
- Don’t know
You left the answer blank or entered "Don't know" for ""

Please indicate the approximate amount that you would like to hold in savings for this reason.

- $0
- Less than $5,000
- $5,000 to $9,999
- $10,000 to $24,000
- $25,000 to $49,999
- $50,000 or more
- Don't know
Question: K023B_SCHOOLINGRANGE
Show If: (K023A_PRIORITY10.TEXT was-not-answered)

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<td>$50,000 or more</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Don't know</td>
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You left the answer blank or entered "Don’t know" for ""

Please indicate the approximate amount that you would like to hold in savings for this reason.

- $0
- Less than $5,000
- $5,000 to $9,999
- $10,000 to $24,000
- $25,000 to $49,999
- $50,000 or more
- Don’t know
You left the answer blank or entered "Don't know" for "".

Please indicate the approximate amount that you would like to hold in savings for this reason.

- $0
- Less than $5,000
- $5,000 to $9,999
- $10,000 to $24,000
- $25,000 to $49,999
- $50,000 or more
- Don't know
You left the answer blank or entered "Don’t know" for ""

Please indicate the approximate amount that you would like to hold in savings for this reason.

- $0
- Less than $5,000
- $5,000 to $9,999
- $10,000 to $24,000
- $25,000 to $49,999
- $50,000 or more
- Don’t know
Question: K026B_OTHEREXPRANGE
Show If: (K026A_PRIORITY13 = 8) [Don't know amount]

You left the answer blank or entered "Don't know" for ""

Please indicate the approximate amount that you would like to hold in savings for this reason.

- $0
- Less than $5,000
- $5,000 to $9,999
- $10,000 to $24,000
- $25,000 to $49,999
- $50,000 or more
- Don't know
Collection: SEC_K_COLLECTION_3_SCENARIOS
Contains: K041_AB, K042_AC, K043_AD
Show if: (K_P_SAVINGS >= 1000) and (K_C_SCENARIO > 0)

K_P_PWEarnings:
K_C_SS_DB:
K_C_AA100:
K_C_AA50:
K_C_AA25
K_P_Savings:
K_C_SS100:
K_C_SS50:
K_C_SS25:
K_P_HousingEquity:
Page Break
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<tbody>
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<td></td>
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<tr>
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<td>B</td>
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**Question:** K041_AB

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**Question:** K042_AC

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**Question:** K043_AD

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<td></td>
</tr>
<tr>
<td>2</td>
<td>B</td>
<td></td>
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</table>

**If the choice were between A and B, which option would you prefer?  A or B?**
- [ ] A
- [ ] B

**If the choice were between A and C, which option would you prefer?  A or C?**
- [ ] A
- [ ] C

**If the choice were between A and D, which option would you prefer?  A or D?**
- [ ] A
- [ ] D
We are interested in how you think the stock market will change over the next year. In the next questions, we will ask you to give a number on a scale from 0 to 100, where "0" means that you think there is absolutely no chance and "100" means that you are absolutely sure that the event will happen.

Question: L001_STOCKSMORE

By next year at this time, what is the percent chance that mutual fund shares invested in blue chip stocks like those in the Dow Jones Industrial Average will be worth more than they are today?

%
Question: L002_STOCK10UP
Show if: (L001_STOCKSMORE > 0)

By next year at this time, what is the percent chance that mutual fund shares invested in blue chip stocks will have gained in value by more than 10% compared to what they are worth today?

%
By next year at this time, what is the percent chance that mutual fund shares invested in blue chip stocks will have gained in value by more than 20% compared to what they are worth today?

%
By next year at this time, what is the percent chance that mutual fund shares invested in blue chip stocks will be worth less than they are today?
Question: L005_STOCK10LESS
Show if: (L004_STOCKSLESS > 0)

By next year at this time, what is the percent chance that mutual fund shares invested in blue chip stocks will have fallen in value by more than 10% compared to what they are worth today?

%
By next year at this time, what is the percent chance that mutual fund shares invested in blue chip stocks will have fallen in value by more than 20% compared to what they are worth today?

%  

By next year at this time, what is the percent chance that mutual fund shares invested in blue chip stocks like those in the Dow Jones Industrial Average will be worth more than they are today?

%  

... will have gained in value by more than 10% compared to what they are worth today?

%  

... will have gained in value by more than 20% compared to what they are worth today?

%  

... will be worth less than they are today?

%  

... will have fallen in value by more than 10% compared to what they are worth today?

%  

... will have fallen in value by more than 20% compared to what they are worth today?

%  

... will be worth more than they are today?

%  

... will be worth less than they are today?

%  

... will be worth the same as they are today?

%  

... will be worth more than they are today?

%  

By next year at this time, what is the percent chance that mutual fund shares invested in blue chip stocks like those in the Dow Jones Industrial Average will be worth more than they are today?

%  

... will be worth the same as they are today?

%  

... will be worth less than they are today?
By next year at this time, what is the percent chance that mutual fund shares invested in blue chip stocks...

... will have gained in value by more than 10% compared to what they are worth today?


... will have gained in value by more than 20% compared to what they are worth today?


By next year at this time, what is the percent chance that mutual fund shares invested in blue chip stocks...

... will have fallen in value by more than 10% compared to what they are worth today?


... will have fallen in value by more than 20% compared to what they are worth today?


Page Break
The next set of questions is about your health and your finances.
How confident are you filling out medical forms by yourself?

- Extremely confident
- Quite confident
- Somewhat confident
- A little confident
- Not at all confident
<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Extremely confident</td>
</tr>
<tr>
<td>2</td>
<td>Quite confident</td>
</tr>
<tr>
<td>3</td>
<td>Somewhat confident</td>
</tr>
<tr>
<td>4</td>
<td>A little confident</td>
</tr>
<tr>
<td>5</td>
<td>Not at all confident</td>
</tr>
</tbody>
</table>

**How confident are you filling out tax forms by yourself?**

- [ ] Extremely confident
- [ ] Quite confident
- [ ] Somewhat confident
- [ ] A little confident
- [ ] Not at all confident
Which member of your immediate family is most knowledgeable about your family’s assets, debts, and retirement planning?

- Me
- My
- Both me and my
- Someone else in the family
<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Me</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>My and I decide together, but it is more my responsibility</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>My and I decide equally</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>My and I decide together, but it is more the responsibility of my</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>My</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Someone else</td>
<td></td>
</tr>
</tbody>
</table>

Who (among members of your immediate family) makes the decisions about how to save for retirement and other large expenses?

- Me
- My and I decide together, but it is more my responsibility
- My and I decide equally
- My and I decide together, but it is more the responsibility of my
- My
- Someone else
Do you file a tax return?

- Yes
- No
Does someone help you prepare your tax return?

- Yes
- No
Question: M007_TAXPREPWHO
Show if: (M006_TAXPREP = 1: [Yes])

Who outside your household helps you prepare your tax return?

Please select all that apply.

☐ My child/one of my children
☐ Another family member
☐ A friend
☐ A paid tax preparer (an accountant, H&R Block, etc.)
☐ Someone else
Who in your household puts together the forms and information to take to the person who will prepare your taxes?

- I do it
- My and I do it together, but it is more my responsibility
- My and I do it together
- My and I do it together, but it is more the responsibility of my
- My does it
- We do this separately
Who prepares your tax return?

- I do it
- My and I do it together, but it is more my responsibility
- My and I do it together
- My and I do it together, but it is more the responsibility of my
- My does it
- We prepare our taxes separately
Which member of your immediate family is most knowledgeable about your family’s health insurance coverage?

- Me
- My
- Both me and my
- Someone else in the family
Who makes the decisions about your health insurance coverage?

- Me
- My and I decide together, but I take the lead
- My and I decide equally
- My and I decide together, but my takes the lead
- My
- We make our health insurance decisions separately
<table>
<thead>
<tr>
<th>Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>No</td>
</tr>
</tbody>
</table>

Does anyone other than your help you with decisions about health insurance?

- Yes
- No
Who else helps you with decisions about health insurance?

Please select all that apply.

- Our daughter or daughter-in-law
- Our son or son-in-law
- Another close family member (sibling, cousin, parent)
- Friend or neighbor
- Health care provider (doctor, nurse, pharmacist)
- Someone else
When you make decisions about your health and health care (for example, filling out medical forms or deciding which doctor to see), which of the following best describes how you make those decisions?

- I make those decisions by myself
- I make those decisions with some advice from my
- My and I decide together

<table>
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</thead>
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<td>1</td>
<td>I make those decisions by myself</td>
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</tr>
<tr>
<td>2</td>
<td>I make those decisions with some advice from my</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>My and I decide together</td>
<td></td>
</tr>
</tbody>
</table>
Does anyone other than your participate in decisions about health and health care?

- Yes
- No
Who else participates in decisions about health and health care?

Please select all that apply.

- Our daughter or daughter-in-law
- Our son or son-in-law
- Another close family member (sibling, cousin, parent)
- Friend or neighbor
- Health care provider (doctor, nurse, pharmacist)
- Someone else: [ ]
Does anyone go to your doctor’s appointments with you?

- Yes, always
- Yes, sometimes
- No, never
Who goes to your doctor’s appointments with you?

Please select all that apply.

- My
- My daughter or daughter-in-law
- My son or son-in-law
- Another close family member (sibling, cousin, parent)
- Friend or neighbor
- Someone else: 
- Don't know
What does your do to help at your doctor’s appointments?

Please select all that apply.

- ☐ Remembers what the doctor says/takes notes
- ☐ Explains my condition or needs to the doctor
- ☐ Explains the doctor's instructions to me
- ☐ Asks questions
- ☐ Translates
- ☐ Schedules appointments
- ☐ Keeps me company, provides moral support
- ☐ Provides transportation
- ☐ Provides physical assistance
- ☐ Other
Question: M019_APPHELPDAUG  
Show if: (M018_APPTSWHO is any of [My daughter or daughter-in-law])

What does your daughter or daughter-in-law do to help at your doctor's appointments?

Please select all that apply.

☐ Remembers what the doctor says/takes notes
☐ Explains my condition or needs to the doctor
☐ Explains the doctor's instructions to me
☐ Asks questions
☐ Translates
☐ Schedules appointments
☐ Keeps me company, provides moral support
☐ Provides transportation
☐ Provides physical assistance
☐ Other
What does your son or son-in-law do to help at your doctor’s appointments?

Please select all that apply.

- Remembers what the doctor says/takes notes
- Explains my condition or needs to the doctor
- Explains the doctor's instructions to me
- Asks questions
- Translates
- Schedules appointments
- Keeps me company, provides moral support
- Provides transportation
- Provides physical assistance
- Other
What does your close family member (sibling, cousin, parent) do to help at your doctor's appointments?

Please select all that apply.

☐ Remembers what the doctor says/takes notes
☐ Explains my condition or needs to the doctor
☐ Explains the doctor's instructions to me
☐ Asks questions
☐ Translates
☐ Schedules appointments
☐ Keeps me company, provides moral support
☐ Provides transportation
☐ Provides physical assistance
☐ Other
Question: M019_APPHELPFRIEND
Show if: ([M018_APPTSWHO is-any-of [Friend or neighbor]])

What does your friend or neighbor do to help at your doctor’s appointments?

Please select all that apply.

- [ ] Remembers what the doctor says/takes notes
- [ ] Explains my condition or needs to the doctor
- [ ] Explains the doctor’s instructions to me
- [ ] Asks questions
- [ ] Translates
- [ ] Schedules appointments
- [ ] Keeps me company, provides moral support
- [ ] Provides transportation
- [ ] Provides physical assistance
- [ ] Other
What does do to help at your doctor’s appointments?

Please select all that apply.

- Remembers what the doctor says/takes notes
- Explains my condition or needs to the doctor
- Explains the doctor's instructions to me
- Asks questions
- Translates
- Schedules appointments
- Keeps me company, provides moral support
- Provides transportation
- Provides physical assistance
- Other
Earlier you mentioned that you take prescription medication. Is there anyone who helps you remember to take it?

- Yes
- No, I do it myself
Who helps you remember to take it?

Please select all that apply.

- My
- My daughter or daughter-in-law
- My son or son-in-law
- Another close family member (sibling, cousin, parent)
- Friend or neighbor
- Health care provider (doctor, nurse, pharmacist)
- Someone else: [ ]
What does your do to help you remember to take your medication?

Please select all that apply.

- Reminds me in person
- Calls to remind me
- Puts my pills in a daily or weekly organizer
- Puts my medication by my plate at meals
- Sets a timer/alarm to remind me
- Makes a medication checklist for me
What does your daughter or daughter-in-law do to help you remember to take your medication?

Please select all that apply.

- ☐ Reminds me in person
- ☐ Calls to remind me
- ☐ Puts my pills in a daily or weekly organizer
- ☐ Puts my medication by my plate at meals
- ☐ Sets a timer/alarm to remind me
- ☐ Makes a medication checklist for me
What does your son or son-in-law do to help you remember to take your medication?

Please select all that apply.

- Reminds me in person
- Calls to remind me
- Puts my pills in a daily or weekly organizer
- Puts my medication by my plate at meals
- Sets a timer/alarm to remind me
- Makes a medication checklist for me
What does your close family member (sibling, cousin, parent) do to help you remember to take your medication?

Please select all that apply.

- Reminds me in person
- Calls to remind me
- Puts my pills in a daily or weekly organizer
- Puts my medication by my plate at meals
- Sets a timer/alarm to remind me
- Makes a medication checklist for me
What does your friend or neighbor do to help you remember to take your medication?
Please select all that apply.

- [ ] Reminds me in person
- [ ] Calls to remind me
- [ ] Puts my pills in a daily or weekly organizer
- [ ] Puts my medication by my plate at meals
- [ ] Sets a timer/alarm to remind me
- [ ] Makes a medication checklist for me
What does your health care provider (doctor, nurse, pharmacist) do to help you remember to take your medication?

Please select all that apply.

- Reminds me in person
- Calls to remind me
- Puts my pills in a daily or weekly organizer
- Puts my medication by my plate at meals
- Sets a timer/alarm to remind me
- Makes a medication checklist for me
Question: M023_MEDSHelpOTHER
Show if: (M022_MEDSHelpWHO is any of [Someone else:]).

What does do to help you remember to take your medication?

Please select all that apply.

- Reminds me in person
- Calls to remind me
- Puts my pills in a daily or weekly organizer
- Puts my medication by my plate at meals
- Sets a timer/alarm to remind me
- Makes a medication checklist for me
Question: M024_SPAPPT
Show if: (A001_MARITALSTATUS = 1:[Married]) or (A001_MARITALSTATUS = 2:[Living with a partner as if married])

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-if</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, always</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Yes, sometimes</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>No, never</td>
<td></td>
</tr>
</tbody>
</table>

If your has a doctor’s appointment, do you go with him/her?

- Yes, always
- Yes, sometimes
- No, never
Question: M025_SPAPPTHELP
Show if: (M024_SPAPPT = 1:[Yes, always]) or (M024_SPAPPT = 2:[Yes, sometimes])

What do you do to help?

Please select all that apply.

- I remember what the doctor says and/or take notes
- I explain my’s condition or needs to the doctor
- I explain the doctor’s instructions to my
- I ask questions
- I translate
- I schedule appointments
- I keep my company and/or provide moral support
- I provide transportation
- I provide physical assistance
- Other

Page Break:
Question: M026_SPMEDS
Show If: (A001_MARITALSTATUS = 1:[Married]) or (A001_MARITALSTATUS = 2:[Living with a partner as if married])

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Does your take any medication regularly?

- Yes
- No
Is there anyone who helps you remember to take it?

- Yes
- No, my does that alone
Who else helps your remember to take their medication?

Please select all that apply.

- I help my remember to take medication
- Daughter or daughter-in-law
- Son or son-in-law
- Another close family member (sibling, cousin, parent)
- Friend or neighbor
- Health care provider (doctor, nurse, pharmacist)
- Someone else: [ ]
What do you do to help your remember to take his/her medication?

Please select all that apply.

- [ ] I remind my in person
- [ ] I call to remind him/her
- [ ] I put his/her pills in a daily or weekly organizer
- [ ] I put medication by his/her plate at meals
- [ ] I set a timer/alarm as a reminder
Finally, we are interested in understanding how couples share household tasks. For each of the following tasks, please check the option that best describes what you and your do:

<table>
<thead>
<tr>
<th></th>
<th>I do all of it</th>
<th>I do most of it</th>
<th>We share the task equally</th>
<th>My does most of it</th>
<th>My does all of it</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deciding what to have for dinner</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Making a shopping list for the supermarket</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Going to the supermarket</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Cooking dinner</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Doing the dishes</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Taking out the garbage</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Doing laundry</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Paying bills</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Please look back 5 years to the year 2008. What kind of a person were you in 2008?

Please select the 3 words that best describe what you were like 5 years in the past.

- Unique
- Smart
- Practical
- Dependable
- Sincere
- Responsible
- Caring
- Helpful
You did not give 3 answers for:
Please look back 5 years to the year 2008. What kind of a person were you in 2008?

Please check the 3 words that best describe what you were like 5 years in the past.

Your answers are important to us. Please try to answer as best you can. If you would like to answer the question please press the “Previous” button.
Question: N002
Show If: (N_P_ORDER = 2)

Please look back 5 years to the year 2008. What kind of a person were you in 2008?

Please select the 3 words that best describe what you were like 5 years in the past.

- Helpful
- Caring
- Responsible
- Sincere
- Dependable
- Practical
- Smart
- Unique

Page Break
You did not give 3 answers for:

Your answers are important to us. Please try to answer as best you can. If you would like to answer the question please press the "Previous" button.
Please look back 5 years to the year 2008. What kind of a person were you in 2008?

Please select the 3 words that best describe what you were like 5 years in the past.

- Unique
- Smart
- Practical
- Dependable
- Sincere
- Responsible
- Caring
- Helpful
You did not give 3 answers for:
Please look back 5 years to the year 2008. What kind of a person were you in 2008?

Please select the 3 words that best describe what you were like 5 years in the past.

- Helpful
- Caring
- Responsible
- Sincere
- Dependable
- Practical
- Smart
- Unique
You did not give 3 answers for:
Please look ahead 5 years to the year 2018. What kind of a person will you be in 2018?

Please select the 3 words that best describe what you will be like 5 years in the future.

- Unique
- Smart
- Practical
- Dependable
- Sincere
- Responsible
- Caring
- Helpful
You did not give 3 answers for:
Please look ahead 5 years to the year 2018. What kind of a person will you be in 2018?

Please select the 3 words that best describe what you will be like 5 years in the future.

- Helpful
- Caring
- Responsible
- Sincere
- Dependable
- Practical
- Smart
- Unique
You did not give 3 answers for:
Please look ahead 5 years to the year 2018. What kind of a person will you be in 2018?

Please select the 3 words that best describe what you were like 5 years in the future.

- Unique
- Smart
- Practical
- Dependable
- Sincere
- Responsible
- Caring
- Helpful
You did not give 3 answers for:
Please look ahead 5 years to the year 2018. What kind of a person will you be in 2018?

Please select the 3 words that best describe what you will be like 5 years in the future.

- [ ] Helpful
- [ ] Caring
- [ ] Responsible
- [ ] Sincere
- [ ] Dependable
- [ ] Practical
- [ ] Smart
- [ ] Unique
You did not give 3 answers for:
Congratulations! You have completed the survey. We are interested in your feedback about the survey. Please feel free to enter your comments below.

We thank you very much for your participation in our survey. We cannot stress enough how important it is to our research team to learn how you are doing -- both personally and economically -- these days. Thank you again for taking the time to help our research.

Click on the "Submit" button to send your responses.