

Appendix A

Instructions and questionnaires:

Questions about You and Your Household

Section 1: General Household Information

The following questions are about your household.

First, we need to explain what we mean by certain words.

- **Household (also called HH)** is a group of people who live in the same home and share finances. Sharing finances means that money (some, not necessarily all) is shared among these people. Your household may include your spouse or partner, children or parents who live with you, brothers, sisters and other relatives, or roommates who combine their money to pay for the household's expenses (other than just rent and utilities).

[Enumerator should pause and ask if they have any questions. Re-enforce that only roommates/housemates who contribute to the non-rent finances count as part of their household. All children qualify as members of a household, regardless of age or contribution.]

- **Sole Head of household** means a person who makes all important decisions in the household. This means all financial and non-financial decisions.
- **Shared Head of household** means a person who shares in making the important decisions in the household. This includes all financial and non-financial decisions.

In the first column, we will record each person in your household.

- Start with yourself.
- For every other person in the household, list them as "Adult 1," "Adult 2," "Child 1," etc.
- Include babies and children.
- Include people who live in your household that may be away temporarily. This might include a person who is away in school, working, or in military service.

Then, for each person, answer each question. We will record the answers as you go.

If you are not sure about the answer, provide your best guess.

For some questions, you will need to look at a list of possible answers and choose the best one. This list of answers can be found on the page immediately after the chart. When you identify the right answer, we will write the number in the box.

In order to protect your anonymity, these forms containing your personal information will be stored and kept private in locked briefcases, cabinets, and password and firewall protected computers.

After this document we will only use a code assigned to your household and each member of your household on each document.

HR00	HR01	HR02	HR03	HR04	HR05	HR06	HR07	HR08a	HR08b	HR09	HR10
No. of HHM (PID)	Household Member [Include members temporarily away] (List as: ADULT 1, ADULT 2, CHILD 1, etc.)	Sex if Male, write 1 in the box if Female, write 2	Age What age did this person turn on their most recent birthday?	What race(s) or ethnicity is this person? Look for answer in HR04.	What relation is this person to you? Look for answers in HR05.	Is this person a Head of the Household? Please indicate if they are the sole Head of Household, if they share the Head of Household or if they are not a Head of Household.	What is this person's current marital status? Look for answers in HR07.	How many years has this person lived with the Household?	If this person does not always live in the Household, how many months out of the last 12 have they lived there?	What is the highest level of formal education this person has completed? Look for answers in HR09.	If the person is 15 years or older, what was their primary activity during the last 12 months? If multiple primary activities, indicate the most important to that individual. Look for answers in HR10.
01	[do not write names]				<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.						
02	[do not write names]				<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.						
03	[do not write names]				<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.						
04	[do not write names]				<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.						
05	[do not write names]				<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.						
06	[do not write names]				<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.						
07	[do not write names]				<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.						
08	[do not write names]				<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.						
09	[do not write names]				<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.						
10	[do not write names]				<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.						

[Reference the chart on page 4 for HR categories]

HR00	HR01	HR02	HR03	HR04	HR05	HR06	HR07	HR08a	HR08b	HR09	HR10
No. of HHM (PID)	Household Member [Include members temporarily away] (List as: ADULT 1, ADULT 2, CHILD 1, etc.)	Sex if Male, write 1 in the box if Female, write 2	Age What age did this person turn on their most recent birthday?	What race(s) or ethnicity is this person? Look for answer in HR04.	What relation is this person to you? Look for answers in HR05.	Is this person a Head of the Household? Please indicate if they are the sole Head of Household, if they share the Head of Household or if they are not a Head of Household.	What is this person's current marital status? Look for answers in HR07.	How many years has this person lived with the Household?	If this person does not always live in the Household, how many months out of the last 12 have they lived there?	What is the highest level of formal education this person has completed? Look for answers in HR09.	If the person is 15 years or older, what was their primary activity during the last 12 months? If multiple primary activities, indicate the most important to that individual. Look for answers in HR10.
11	[do not write names]					<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.					
12	[do not write names]					<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.					
13	[do not write names]					<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.					
14	[do not write names]					<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.					
15	[do not write names]					<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.					
16	[do not write names]					<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.					
17	[do not write names]					<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.					
18	[do not write names]					<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.					
19	[do not write names]					<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.					
20	[do not write names]					<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Not a H.O.H.					

[Reference the chart on page 4 for HR categories]

Reference Categories for Household Roster

HR04	HR05	HR07	HR09	HR10
<ol style="list-style-type: none"> 1. White (not Hispanic) 2. Hispanic/Latino 3. African American 4. Black or African-American 5. American Indian or Alaskan Native 6. Asian 7. Asian-American 8. Native Hawaiian or Pacific Islander 9. Two or more races (please specify) 10. Other (please specify) 	<ol style="list-style-type: none"> 1. Self 2. Husband/wife/partner 3. Child 4. Son- or daughter-in-law 5. Parent 6. Father- or mother-in-law 7. Brother or sister 8. Grandparent 9. Brother- or sister-in-law 10. Grandchild 11. Uncle/aunt 12. Nephew or Niece 13. Cousin 14. Relative, other 15. Non-relative or other (friend, etc.) 16. Renter 17. Ex-husband or wife 	<ol style="list-style-type: none"> 1. Single 2. Married 3. Domestic Partnership 4. Separated 5. Divorced 6. Widowed 	<ol style="list-style-type: none"> 1. Pre-K/Preschool (currently enrolled) 2. Home School (currently enrolled) 3. K – 12 (currently enrolled) 4. No formal school 5. Some school but no High School 6. Some High School 7. High School Completed 8. GED or Equivalent Degree 9. Some College 10. Technical School 11. Associate or other 2-Year Degree 12. 4-Year Degree 13. Graduate Degree 14. Not sure 	<ol style="list-style-type: none"> 1. Unemployed 2. Self-employed 3. Agriculture or Landscaping 4. Food and restaurant services 5. Sales and related occupations 6. Construction 7. Mechanical and maintenance work 8. Housekeeping and janitorial services 9. Manual labor (other) 10. Student 11. Incarcerated 12. Management occupations 13. Military service 14. Healthcare occupation 15. Caretaking for other member(s) of HH 16. Caretaking for other person (not in HH) 17. Personal assistant 18. Government occupations 19. Office and Administrative Support 20. Arts, Design, and other occupations 21. Other (please explain in box)

The next few questions will be more detailed. Some questions will be about you, specifically, and some will be about your entire household. Select all answers that apply.

1) What is your role in the household?

Sole head of household – in charge of all important household decisions (skip to question 3)

Shared head of household

Handle all or the majority of important financial decisions

Do not handle most financial decisions but have complete insight into all finances

Handle all or the majority of important non-financial decisions

Other (please explain): _____

Not head of household

Know about all or most finances

Know about all or most non-financial household decisions

Other (please explain): _____

2) If you are not the sole head of household:

2a) Using the number(s) of the HH Member(s) from the chart above, please indicate who is the head of household and/or with whom you share head of household responsibilities: _____

2b) If someone other than you is listed as the head of household, or if you share head of household responsibilities, is that person available to answer some questions today?

Yes

No → Would they be available to answer some questions when we visit with you at the next session?

Yes

No → Will you be able to provide information for them?

Yes

No → Please explain (discuss how this effects eligibility for study) _____

3) What is the highest level of formal education that your father (or male guardian) completed?

- No formal school
- Some school but no High School
- Some High School
- High School completed
- GED or Equivalent Degree
- Some college
- Technical School
- Associates or other 2-year Degree
- 4-year Degree
- Graduate Degree

4) What is the highest level of formal education that your mother (or female guardian) completed?

- No formal school
- Some school but no High School
- Some High School
- High School completed
- GED or Equivalent Degree
- Some college
- Technical School
- Associates or other 2-year Degree
- 4-year Degree
- Graduate Degree

5) In what type of residence do you live in?

- House
- Apartment
- Mobile home
- Room or rooms in someone else's home
- Other (please explain):

6) Do you or your household...?

- Own your home (no mortgage or loan payment)
- Own your home with a mortgage or loan
- Rent
- Other (please explain):

7) Do you receive money from the government or another agency to help pay for housing?

- No
- Yes

8) What is the square footage of your residence? _____

9) How many bedrooms/bathrooms does your residence have? _____bed / _____ bath

10) Have you, or has anyone in your household, participated in any other study? (select all that apply)

- No
- Yes, in the past 30 days
- Yes, in the past 12 months

10a) If you answered yes to Question 10, was this a study for a governmental agency, or for a private agency, such as a non-profit group?

- Public or government agency
- Private agency, such as a non-profit group

Please provide a short description of the study(s) as well as any benefits that you received – this can include both monetary and non-monetary (food, transportation services, etc.) benefits

Work and Earnings Questions:

1) Over the past 30 days:

- 1a) How many hours did you typically work per week? _____
- 1b) How many hours did you work in total for the month? _____
- 1c) How much did you typically earn per week? _____
- 1d) How much did you typically earn in total for the month? _____
- 1e) How much money came to you from sources other than work per week? _____
- 1f) How much money came to you from sources other than work in total for the month?

1g) If you answered questions 1e) or 1f) with a positive amount, what was the source(s) of this money?
