# 2014 PEW RESEARCH CENTER'S AMERICAN TRENDS PANEL WAVE 7 SEPTEMBER FINAL TOPLINE SEPTEMBER 9-OCTOBER 3, 2014 TOTAL N=3154 WEB RESPONDENTS N=2811 MAIL RESPONDENTS N=343<sup>1</sup>

## **QUESTIONS 1-17 PREVIOUSLY RELEASED**

#### **ASK ALL:**

E3 Are you now employed full-time, part-time or not employed?

Sep 15-Oct 3	
<u>2014</u>	
43	Full-time
16	Part-time
40	Not employed
1	No answer

# ASK IF EMPLOYED (E3=1,2)

E4 And how many jobs do you currently work?

## BASED ON TOTAL [N=3,134]

Sep 15-Oct 3	
<u>2014</u>	
47	One
10	Two
*	Three or more
41	Not employed/No answer

# ASK IF EMPLOYED (E3=1,2) [N=1923]:

Q.18 Overall, how satisfied are you with your current job(s)?

Sep 15-Oct 3	
<u>2014</u>	
31	Very satisfied
53	Mostly satisfied
11	Mostly dissatisfied
4	Very dissatisfied
*	No answer

# **ASK IF EMPLOYED (E3=1,2) [N=1,923]:**

Q.19 If you lost your job, how long would it be before you exhausted your savings?

Sep 15-Oct 3 2014	
<u>2014</u> 30	I have no savings
36	Less than 6 months
15	6 months to 12 months
19	More than 12 months
*	No answer

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<sup>&</sup>lt;sup>1</sup> Question wording in this topline is that from the web version of the survey unless otherwise noted. Question wording and format was adapted for the paper questionnaire delivered by mail; this questionnaire is available on request. All questions asked in both modes unless noted.

#### **ASK ALL:**

**FINANCE** 

The next part of the interview asks questions about your financial situation and how you are getting along these days. Everything you tell us will be kept completely confidential, and you can decline to answer any question that you are not comfortable answering.

Do you have any of the following? [RANDOMIZE RESPONSE OPTIONS, KEEPING OPTIONS F, G, AND H AT THE BOTTOM] [Check all that apply]

		Yes, <u>selected</u>	Did not select item	Skipped all items <sup>2</sup>
a.	A savings account Sep 15-Oct 3, 2014	62	37	2
b.	A checking account Sep 15-Oct 3, 2014	81	18	2
c.	A credit card Sep 15-Oct 3, 2014	62	38	2
d.	An IRA, 401K or a similar kind of retirement account Sep 15-Oct 3, 2014	40	58	2
e.	A pension plan Sep 15-Oct 3, 2014	23	77	2
f.	Another kind of retirement savings or investment Sep 15-Oct 3, 2014	18	82	2
g.	Another kind of non-retirement savings or investment Sep 15-Oct 3, 2014	15	85	2

# ASK IF HAVE A CREDIT CARD (FINANCEc=1) [N=2,388]: [PROGRAMMING NOTE: ROTATE CARRY BALANCE/PAY OFF CARD IN STEM AND RESPONSE OPTIONS, KEEPING ORDER CONSISTENT]

CARD Do you generally carry a balance on any of your credit cards, or do you generally pay off your balances in full each month?

Sep	15-	-Oct	3
	201	4	
	45		

45 Generally carry balance

55 Generally pay off balances in full each month

\* No answer

<sup>&</sup>lt;sup>2</sup> Respondents were given an explicit response option to indicate that they were not skipping the question entirely, but rather that they intentionally did not select any of the prior options.

**ASK ALL:** 

Do you have any of the following types of loans or debt? [RANDOMIZE RESPONSE OPTIONS, **DEBT KEEPING OPTIONS F AT THE BOTTOM]** [Check all that apply]

		Yes, <u>selected</u>	Did not select item	Skipped all <u>items<sup>3</sup></u>
a.	Credit card debt Sep 15-Oct 3, 2014	37	62	2
b.	Car loan Sep 15-Oct 3, 2014	30	68	2
c.	Student loans Sep 15-Oct 3, 2014	21	78	2
d.	A mortgage or a home loan Sep 15-Oct 3, 2014	35	64	2
e.	Other outstanding debts or loans Sep 15-Oct 3, 2014	18	80	2

#### **ASK ALL:**

Have you or anyone in your household received any of the following government services and Q.20 benefits in the past twelve months? [RANDOMIZE RESPONSE OPTIONS, KEEPING NONE AT **THE BOTTOM**] [Check all that apply]

		Yes, <u>selected</u>	Did not select item	Skipped all items <sup>4</sup>
a.	Food assistance, such as SNAP benefits Sep 15-Oct 3, 2014	16	83	1
b.	Medicaid benefits Sep 15-Oct 3, 2014	19	80	1
c.	Unemployment benefits Sep 15-Oct 3, 2014	4	95	1
d.	Welfare benefits Sep 15-Oct 3, 2014	2	97	1
e.	Housing vouchers or housing assistance Sep 15-Oct 3, 2014	4	95	1

#### **ASK ALL:**

Q.21 How would you describe your household's financial situation?

Sep 15-Oct 3 2014 25 Live comfortably Meet your basic expenses with a little left over for extras 36 Just meet your basic expenses 24 14 Don't even have enough to meet basic expenses 1 No answer

<sup>3</sup> Respondents were given an exclusive responsive option to indicate that they were not skipping the question entirely, but rather that they intentionally did not select any of the prior options.

4 Respondents were given an exclusive responsive option to indicate that they were not skipping the question entirely, but

rather that they intentionally did not select any of the prior options.

# **ASK ALL:**

Q.22 In the past year, have any of the following happened to you? [RANDOMIZE ITEMS A-K] [Check all that apply]

a.	Had trouble getting or paying for medical care for	<u>Yes</u>	Not selected/ No answer
	yourself or your family Sep 15-Oct 3, 2014	29	71
b.	Had problems paying your rent or mortgage Sep 15-Oct 3, 2014	21	79
c.	Been laid off or lost your job Sep 15-Oct 3, 2014	11	89
d.	Had trouble paying your bills Sep 15-Oct 3, 2014	39	61
e.	Gotten a pay raise at your current job or gotten a better job Sep 15-Oct 3, 2014	29	71
f.	Took out a payday or other short term loan Sep 15-Oct 3, 2014	8	92
g.	Borrowed money from friends or family Sep 15-Oct 3, 2014	33	67
h.	Declared personal bankruptcy Sep 15-Oct 3, 2014	2	98
i.	Gotten food from a food bank or food pantry Sep 15-Oct 3, 2014	14	86
j.	Taken a vacation Sep 15-Oct 3, 2014	43	57
k.	Loaned money to family and friends Sep 15-Oct 3, 2014	41	59

# **ASK ALL:**

Q.23 Are you, yourself, now covered by any form of health insurance or health plan or do you not have health insurance at this time?

Sep 15-Oct 3	
<u>2014</u>	
83	Covered by health insurance
17	Not covered by health insurance
1	No answer

# **ASK ALL:**

DISAB1 Does a health problem, disability, or handicap CURRENTLY keep you from participating fully in work, school, housework, or other activities?

Sep 15-Oct 3	
<u>2014</u>	
24	Yes
76	No
*	No answer

# ASK IF YES (DISAB1=1):

DISAB2

Please indicate which of the following problems, disabilities or handicaps you are experiencing. [Check all that apply]

# BASED ON DISABLED [N=634]:

		Yes, <u>selected</u>	Did not <u>select item</u>	Skipped all <u>items<sup>5</sup></u>
a.	I am deaf or have serious difficulty hearing Sep 15-Oct 3, 2014	7	93	*
b.	I am blind or have serious difficulty seeing even with glasses Sep 15-Oct 3, 2014	4	96	*
c.	Because of a physical, mental or emotional condition, I have serious difficulty concentrating, remembering or making decisions Sep 15-Oct 3, 2014	32	68	*
d.	I have serious difficulty walking or climbing stairs Sep 15-Oct 3, 2014	47	53	*
e.	I have difficulty dressing or bathing Sep 15-Oct 3, 2014	9	91	*
f.	Because of a physical, mental or emotional condition, I have difficulty doing errands alone Sep 15-Oct 3, 2014	21	79	*

# **QUESTIONS 24 - 40 HELD FOR FUTURE RELEASE**

<sup>&</sup>lt;sup>5</sup> Respondents were given an exclusive responsive option to indicate that they were not skipping the question entirely, but rather that they intentionally did not select any of the prior options.