

Date of Interview \_\_\_\_\_  
Initials of Interviewer \_\_\_\_\_  
Survey Control # \_\_\_\_\_

Location of Interview \_\_\_\_\_  
Interviewer Gender 1=Male 2=Female  
Client Gender 1=Male 2=Female

*“Hello, my name is \_\_\_\_\_. Thank you very much for your help today. We would like to find out what type of services people need and how to make the ones that are already available better. We will not use your name in this questionnaire. All responses are completely anonymous and confidential. If there are any questions you are not comfortable answering, please tell me that you do not want to respond instead of saying “I don’t know.”*

*“First, I would like to ask you some questions so we can learn more about you and your family.”*

1. What is your age? (Don’t know = 98, No answer = 99) \_\_\_\_\_

2. What do you consider your race and ethnic background to be? (Circle all that apply)

- |                     |                    |                 |                 |
|---------------------|--------------------|-----------------|-----------------|
| 1. White/Caucasian  | 4. Middle Eastern  | 7. Multi-Racial | 98. Don’t Know  |
| 2. African-American | 5. Native American | 8. Other_____   | 99. No response |
| 3. Latino/Hispanic  | 6. Asian-American  |                 |                 |

3. Including yourself, how many people age 18, and older, live with you including family and non-family members?

- |               |                 |                       |                 |
|---------------|-----------------|-----------------------|-----------------|
| 0. None       | 3. Three adults | 6. More than 5 adults | 98. Don’t know  |
| 1. One adult  | 4. Four adults  |                       | 99. No response |
| 2. Two adults | 5. Five adults  |                       |                 |

4. How many children under the age of 18 live with you including family and non-family members?

- |                 |                   |                         |                 |
|-----------------|-------------------|-------------------------|-----------------|
| 0. None         | 3. Three children | 6. Six children         | 98. Don’t know  |
| 1. One child    | 4. Four children  | 7. More than 6 children | 99. No response |
| 2. Two children | 5. Five children  |                         |                 |

5. How old are the children in your household? (Don’t know = 98, No answer = 99)

- |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| 1 <sup>st</sup> Child _____ | 4 <sup>th</sup> Child _____ | 7 <sup>th</sup> Child _____ |
| 2 <sup>nd</sup> Child _____ | 5 <sup>th</sup> Child _____ | 8 <sup>th</sup> Child _____ |
| 3 <sup>rd</sup> Child _____ | 6 <sup>th</sup> Child _____ | 9 <sup>th</sup> Child _____ |

6. What is your marital status?

- |                                      |                                  |                |
|--------------------------------------|----------------------------------|----------------|
| 1. Single, never married             | 4. Partnered Couple, same gender | 7. Widowed     |
| 2. Married                           | 5. Separated                     | 98. Don’t Know |
| 3. Partnered Couple, opposite gender | 6. Divorced                      | 99. No Answer  |

7. What is your highest level of schooling completed?

- |                            |                       |                         |                     |
|----------------------------|-----------------------|-------------------------|---------------------|
| 1. Elementary School (1-4) | 4. High School (9-12) | 7. Associates Degree    | 10. Graduate Degree |
| 2. Middle School (5-8)     | 5. Trade School       | 8. Bachelor’s Degree    | 98. Don’t know      |
| 3. GED                     | 6. Some college       | 9. Some Graduate School | 99. No response     |

☞ If the respondent is not married, skip to Question #9.

8. What is your spouse or partner's highest level of schooling completed?

- |                            |                       |                         |                     |
|----------------------------|-----------------------|-------------------------|---------------------|
| 1. Elementary School (1-4) | 4. High School (9-12) | 7. Associates Degree    | 10. Graduate Degree |
| 2. Middle School (5-8)     | 5. Trade School       | 8. Bachelor's Degree    | 98. Don't know      |
| 3. GED                     | 6. Some college       | 9. Some Graduate School | 99. No response     |

*“Now I am going to ask you some questions about where you live.”*

9. Do you rent a house or apartment, do you own your own home, or do you have some other living arrangement?

- |                             |                         |                     |                 |
|-----------------------------|-------------------------|---------------------|-----------------|
| 1. Homeless, in shelter     | 4. Rent apartment/house | 7. Live with friend | 98. Don't know  |
| 2. Homeless, not in shelter | 5. Rent room            | 8. Other _____      | 99. No response |
| 3. Own house                | 6. Live with relative   |                     |                 |

10. How much do you pay in rent or mortgage costs each month (include shelter costs, if applicable).

- |                    |              |                  |                 |
|--------------------|--------------|------------------|-----------------|
| 1. Less than \$100 | 4. \$300-399 | 7. \$600-699     | 98. Don't know  |
| 2. \$100-199       | 5. \$400-499 | 8. \$700-799     | 99. No response |
| 3. \$200-299       | 6. \$500-599 | 9. \$800 or more |                 |

11. Does this amount include heat?

- |        |       |                |                 |
|--------|-------|----------------|-----------------|
| 1. Yes | 2. No | 98. Don't know | 99. No response |
|--------|-------|----------------|-----------------|

12. How much per month do you pay for utilities like gas and electric in addition to the rent or mortgage?

- \$ \_\_\_\_\_
- |  |                 |
|--|-----------------|
|  | 98. Don't know  |
|  | 99. No response |

13. How many times have you moved in the past year?

- |         |                |                       |                 |
|---------|----------------|-----------------------|-----------------|
| 0. None | 2. Twice       | 4. Four or more times | 98. Don't know  |
| 1. Once | 3. Three times |                       | 99. No response |

14. Here is a list of things people may or may not have in their homes. Tell me whether or not you have each item.

	Yes	No	Don't Know	No Response
Telephone	1	2	98	99
Cellular Phone	1	2	98	99
Long Distance Service	1	2	98	99
Radio	1	2	98	99
Cable Television	1	2	98	99
Computer	1	2	98	99
Internet Access	1	2	98	99
Stove or oven	1	2	98	99
Microwave	1	2	98	99
Refrigerator	1	2	98	99
Bathroom	1	2	98	99
Washer	1	2	98	99
Dryer	1	2	98	99

15. Do you own, lease, or make payments on a car or truck?

- 1. Own
- 2. Lease
- 3. Make Payments
- 4. Do not have vehicle
- 98. I don't know
- 99. No response

16. Here is a list of bills that people may or may not have trouble paying each month. For each, please tell me if you never have trouble paying the bill, have trouble 1-3 times per year, or have trouble 4 or more times a year.

	Never	1-3 times/year	4+ times/year	I don't know	No response
Rent/Mortgage	0	1	2	98	99
Heat	0	1	2	98	99
Electric	0	1	2	98	99
Telephone	0	1	2	98	99
Car Expenses	0	1	2	98	99
Credit Cards	0	1	2	98	99
Long Distance Service	0	1	2	98	99
Cable Television	0	1	2	98	99
Internet Access	0	1	2	98	99

*“The next few questions are about your health and healthcare.”*

17. In general, how would you describe your health? Is it excellent, good, or poor?

- 1. Excellent
- 2. Fair/Average
- 3. Poor
- 98. I don't know
- 99. No response

18. I'm going to read a list of places where you can go see a doctor. Please tell me if you have been to any of these places in the last 5 years.

	Yes	No	I don't know	No response
Hospital	1	2	98	99
Veteran's Clinic	1	2	98	99
Emergency Room	1	2	98	99
Doctor's Office	1	2	98	99
WIC Clinic	1	2	98	99
VNA Clinic	1	2	98	99
School Health Center	1	2	98	99
Community Clinic	1	2	98	99
Other	1	2	98	99

19. Which do you use the most?

\_\_\_\_\_

- 98. Don't know
- 99. No response

20. Do you currently have health insurance?

- 1. Yes
- 2. No
- 98. I don't know
- 99. No response

21. I'm going to read a list of the types of health insurance. Please tell me if you have any of them.

- |                                      |                                   |                 |
|--------------------------------------|-----------------------------------|-----------------|
| 0. No insurance                      | 3. Medicaid (Access, Mercy, etc.) | 6. Other _____  |
| 1. Health insurance paid by employer | 4. Medicare                       | 98. Don't know  |
| 2. Health insurance paid by you      | 5. Blue Cross/Blue Shield Special | 99. No response |

22. If you do not have insurance, why? \_\_\_\_\_

23. What is the main reason that you are currently using medical assistance as your health insurance?

\_\_\_\_\_ 98. Don't Know 99. No response

☛ **If the respondent does not have children, skip to Question #25.**

24. Do your children have health insurance?

- |        |       |                  |                 |
|--------|-------|------------------|-----------------|
| 1. Yes | 2. No | 98. I don't know | 99. No response |
|--------|-------|------------------|-----------------|

25. If yes, do any of your children have CHIP?

- |        |       |                  |                 |
|--------|-------|------------------|-----------------|
| 1. Yes | 2. No | 98. I don't know | 99. No response |
|--------|-------|------------------|-----------------|

26. Have you, or any other member of your family, put off getting medical care because the care cost too much?

- |        |       |                  |                 |
|--------|-------|------------------|-----------------|
| 1. Yes | 2. No | 98. I don't know | 99. No response |
|--------|-------|------------------|-----------------|

27. Do you have dental insurance?

- |        |       |                  |                 |
|--------|-------|------------------|-----------------|
| 1. Yes | 2. No | 98. I don't know | 99. No response |
|--------|-------|------------------|-----------------|

28. Have you, or any other member of your family, put off getting dental care because it cost too much?

- |        |       |                  |                 |
|--------|-------|------------------|-----------------|
| 1. Yes | 2. No | 98. I don't know | 99. No response |
|--------|-------|------------------|-----------------|

29. Have you, or any member of your family, taken less medicine than you were supposed to because the medicine was expensive?

- |        |       |                  |                 |
|--------|-------|------------------|-----------------|
| 1. Yes | 2. No | 98. I don't know | 99. No response |
|--------|-------|------------------|-----------------|

30. Do you or any other member of your family have any unpaid medical bills?

- |        |       |                  |                 |
|--------|-------|------------------|-----------------|
| 1. Yes | 2. No | 98. I don't know | 99. No response |
|--------|-------|------------------|-----------------|

31. If yes, how much do you/they owe?

- |                    |                     |                 |
|--------------------|---------------------|-----------------|
| 0. Nothing         | 3. \$500-999        | 98. Don't know  |
| 1. Less than \$100 | 4. More than \$1000 | 99. No response |
| 2. \$100-499       |                     |                 |

*“Now I would like to ask you some questions about your general nutrition.”*

32. How many meals do you usually eat in a day?

- |                  |                 |                  |
|------------------|-----------------|------------------|
| 0. Less than one | 3. Three        | 98. I don't know |
| 1. One           | 4. Four         | 99. No response  |
| 2. Two           | 5. Five or more |                  |

33. During the last month, have you had to skip meals because there was not enough money to buy food?

- |        |       |                  |                 |
|--------|-------|------------------|-----------------|
| 1. Yes | 2. No | 98. I don't know | 99. No response |
|--------|-------|------------------|-----------------|

34. If yes, how many meals did you skip for that reason in the last month?

- |                         |                      |                     |                 |
|-------------------------|----------------------|---------------------|-----------------|
| 0. None                 | 2. 1-2x/month        | 4. 1-2x/week        | 98. Don't know  |
| 1. Less than once/month | 3. 3 or more x/month | 5. 3 or more x/week | 99. No response |

☛ **If the respondent does not have children, skip to question #42.**

35. How many meals does the oldest child in your household eat in a day?

- |                  |                 |                              |                 |
|------------------|-----------------|------------------------------|-----------------|
| 0. Less than one | 3. Three        | 6. I don't have any children | 98. Don't know  |
| 1. One           | 4. Four         |                              | 99. No response |
| 2. Two           | 5. Five or more |                              |                 |

36. During the last month, has your oldest child had to skip meals because there was not enough money to buy food?

- |        |       |                              |                 |
|--------|-------|------------------------------|-----------------|
| 1. Yes | 2. No | 3. I don't have any children | 98. Don't know  |
|        |       |                              | 99. No response |

37. If yes, how many meals did your oldest child skip for that reason in the last month?

- |                         |                      |                     |                 |
|-------------------------|----------------------|---------------------|-----------------|
| 0. None                 | 2. 1-2x/month        | 4. 1-2x/week        | 98. Don't know  |
| 1. Less than once/month | 3. 3 or more x/month | 5. 3 or more x/week | 99. No response |

38. Do all of your school-aged children eat breakfast?

- |        |  |                 |
|--------|--|-----------------|
| 1. Yes | 3. Sometimes                             | 98. Don't know  |
| 2. No  | 4. I don't have any school-aged children | 99. No response |

39. If yes, does he/she eat free breakfast at school?

- |        |                                       |                 |
|--------|---------------------------------------|-----------------|
| 1. Yes | 3. Sometimes                          | 98. Don't know  |
| 2. No  | 4. Breakfast is not offered at school | 99. No response |

40. Do all of your school-aged children eat lunch?

- |        |  |                 |
|--------|--|-----------------|
| 1. Yes | 3. Sometimes                             | 98. Don't know  |
| 2. No  | 4. I don't have any school-aged children | 99. No response |

41. If yes, does he/she eat free lunch at school?

- |        |              |                 |
|--------|--------------|-----------------|
| 1. Yes | 3. Sometimes | 98. Don't know  |
| 2. No  |              | 99. No response |

42. At what type of store does your household get most of its food?

- |                                   |                  |                 |
|-----------------------------------|------------------|-----------------|
| 1. Supermarket                    | 4. Food Pantries | 98. Don't know  |
| 2. Neighborhood Store             | 5. Other_____    | 99. No response |
| 3. Convenience Store (7-11, Wawa) |                  |                 |

43. In your household, how does the person who shops usually get to the store?

- |            |                        |               |                 |
|------------|------------------------|---------------|-----------------|
| 1. Walking | 4. Family/Friend's car | 7. Other_____ | 98. Don't know  |
| 2. Bus     | 5. Shelter Service     |               | 99. No response |
| 3. Own car | 6. Taxi                |               |                 |

44. In your household, how does the person who shops usually get home from the store?

- |            |                        |               |                 |
|------------|------------------------|---------------|-----------------|
| 1. Walking | 4. Family/Friend's car | 7. Other_____ | 98. Don't know  |
| 2. Bus     | 5. Shelter Service     |               | 99. No response |
| 3. Own car | 6. Taxi                |               |                 |

45. How many times during the past month have you and your family received food from a food bank or pantry?

- |        |          |                   |                 |
|--------|----------|-------------------|-----------------|
| 1. One | 3. Three | 5. More than four | 98. Don't know  |
| 2. Two | 4. Four  |                   | 99. No response |

46. How many different pantries did you visit last month?

- |        |          |                 |
|--------|----------|-----------------|
| 1. One | 3. Three | 98. Don't Know  |
| 2. Two | 4. Four  | 99. No response |

47. Are there particular times of the year when you use food pantries more often?

- |        |       |                              |                  |                 |
|--------|-------|------------------------------|------------------|-----------------|
| 1. Yes | 2. No | 3. I don't use food pantries | 98. I don't know | 99. No response |
|--------|-------|------------------------------|------------------|-----------------|

48. If yes, when?\_\_\_\_\_

49. How many times during the past month have you or your family visited a soup kitchen?

- |                |                               |                 |
|----------------|-------------------------------|-----------------|
| 0. None        | 2. Twice a week               | 98. Don't know  |
| 1. Once a week | 3. Three or more times a week | 99. No response |

50. Are there particular times of the year when you use soup kitchens more often?

- |        |       |                              |                  |                 |
|--------|-------|------------------------------|------------------|-----------------|
| 1. Yes | 2. No | 3. I don't use soup kitchens | 98. I don't know | 99. No response |
|--------|-------|------------------------------|------------------|-----------------|

51. If yes, when?\_\_\_\_\_

52. Does your household currently participate in the food stamp program?

1. Yes                      2. No                      98. I don't know                      99. No response

☛ If the answer to #52 is yes, proceed to question #53; if it is negative, skip to question #56.

53. How long has your family been participating in the food stamp program?

1. 0-12 months                      3. 25-36 months                      5. 49+ months                      98. Don't know  
2. 13-24 months                      4. 37-48 months                      6. Do not use Food Stamps                      99. No response

54. How often, if ever, do you run out of Food Stamps before the end of the month?

1. Never                      3. Sometimes                      5. Always                      98. Don't know  
2. Almost never                      4. Almost Always                      7. Do not use Food Stamps                      99. No response

55. What is your monthly benefit? \_\_\_\_\_

98. Don't Know                      99. No response

56. Have you, or anyone else in your household, applied for Food Stamps in the past year?

- 1 Yes                      2 No                      98. I don't know                      99. No response

57. If you applied for Food Stamps, what is the status of your application?

- 1 Not sure if I was approved                      4. My family already participates                      98 Don't know  
2 Not approved Why \_\_\_\_\_                      99 No answer  
3 Other \_\_\_\_\_

58. Why haven't you, or someone in your household, applied for Food Stamps?

- \_\_\_\_\_                      7. My family already uses Food Stamps                      98. Don't know  
99. No response

***“The next two questions are about your children under 5 years old.”***

59. Are the children under the age of 5 in your household participating in the WIC program?

0. No children under 5                      2. No, Why? \_\_\_\_\_                      98. I don't know  
1. Yes                      99. No response

60. When you contacted the WIC office, how long did you have to wait for an appointment?

1. 1 to 10 days                      3. 21 to 30 days                      5. No children under 5                      98. Don't know  
2. 11 to 20 days                      4. More than 30 days                      99. No response

61. I am going to read you a list of sources of income. Please tell me if you receive income from any of these sources.

- |                    |                                 |                  |                 |
|--------------------|---------------------------------|------------------|-----------------|
| 1. Employment      | 5. Social Security Disability   | 9. Child Support | 98. Don't Know  |
| 2. Unemployment    | 6. Supplemental Security Income | 10. Alimony      | 99. No response |
| 3. TANF            | 7. Pension/Survivors Benefits   | 11. Other _____  |                 |
| 4. Social Security | 8. General Assistance           |                  |                 |

62. What amount do you receive from each source every month?

- |                         |                                      |                       |                 |
|-------------------------|--------------------------------------|-----------------------|-----------------|
| 1. Employment_____      | 5. Social Security Disability_____   | 9. Child Support_____ | 98. Don't Know  |
| 2. Unemployment____     | 6. Supplemental Security Income_____ | 10. Alimony_____      | 99. No response |
| 3. TANF_____            | 7. Pension/Survivors Benefits_____   | 11. Other _____       |                 |
| 4. Social Security_____ | 8. General Assistance_____           |                       |                 |

☞ **If the participant is not working, proceed to question #63; if working, skip to question 65.**

63. Are you currently looking for employment?

- |        |       |                                  |                  |                 |
|--------|-------|----------------------------------|------------------|-----------------|
| 1. Yes | 2. No | 7. No, disabled/retired/employed | 98. I don't know | 99. No response |
|--------|-------|----------------------------------|------------------|-----------------|

64. If yes, how long have you been looking for employment?

- \_\_\_\_\_ months/years
- |                |                 |
|----------------|-----------------|
| 98. Don't know | 99. No response |
|----------------|-----------------|

65. I am going to read you a list of sources of income. Please tell me if your spouse/partner receives income from any of these sources.

- |                    |                                 |                  |                 |
|--------------------|---------------------------------|------------------|-----------------|
| 1. Employment      | 5. Social Security Disability   | 9. Child Support | 98. Don't Know  |
| 2. Unemployment    | 6. Supplemental Security Income | 10. Alimony      | 99. No response |
| 3. TANF            | 7. Pension/Survivors Benefits   | 11. Other _____  |                 |
| 4. Social Security | 8. General Assistance           |                  |                 |

66. What amount does your spouse/partner receive from each source every month?

- |                         |                                      |                       |                 |
|-------------------------|--------------------------------------|-----------------------|-----------------|
| 1. Employment_____      | 5. Social Security Disability_____   | 9. Child Support_____ | 98. Don't Know  |
| 2. Unemployment____     | 6. Supplemental Security Income_____ | 10. Alimony_____      | 99. No response |
| 3. TANF_____            | 7. Pension/Survivors Benefits_____   | 11. Other _____       |                 |
| 4. Social Security_____ | 8. General Assistance_____           |                       |                 |

☞ **If the participant's spouse/partner is not working, proceed to question #67; if working, skip to question 69.**

67. Is your spouse/partner currently looking for employment?

- |        |       |                                  |                  |                 |
|--------|-------|----------------------------------|------------------|-----------------|
| 1. Yes | 2. No | 3. No, disabled/retired/employed | 98. I don't know | 99. No response |
|--------|-------|----------------------------------|------------------|-----------------|

68. If yes, how long have you been looking for employment?

- \_\_\_\_\_ months/years
- |                |                 |
|----------------|-----------------|
| 98. Don't know | 99. No response |
|----------------|-----------------|

69. I'm going to read you a list of other sources of income. Please tell me if your household receives assistance from any of these sources.

- |                               |                                     |                 |
|-------------------------------|-------------------------------------|-----------------|
| 1. Energy assistance (LIHEAP) | 3. HUD Subsidy (Housing, Section 8) | 98. Don't know  |
| 2. Day care (DPW, Title XX)   | 4. Family/Friends                   | 99. No response |

70. Do you have a checking account at a bank?

- |        |       |                  |                 |
|--------|-------|------------------|-----------------|
| 1. Yes | 2. No | 98. I don't know | 99. No response |
|--------|-------|------------------|-----------------|

71. How do you normally cash checks?

- |         |                        |                |                 |
|---------|------------------------|----------------|-----------------|
| 1. Bank | 2. Check cashing store | 3. Other _____ | 98. Don't know  |
|         |                        |                | 99. No response |

72. Have you ever used a payday lending store?

- |        |       |                  |                 |
|--------|-------|------------------|-----------------|
| 1. Yes | 2. No | 98. I don't know | 99. No response |
|--------|-------|------------------|-----------------|

73. Do you have a credit card(s)?

- |        |       |                  |                 |
|--------|-------|------------------|-----------------|
| 1. Yes | 2. No | 98. I don't know | 99. No response |
|--------|-------|------------------|-----------------|

74. Currently, how much do you owe on your credit card(s)?

- |                    |                     |                 |
|--------------------|---------------------|-----------------|
| 0. Nothing         | 3. \$500-999        | 98. Don't know  |
| 1. Less than \$100 | 4. More than \$1000 | 99. No response |
| 2. \$100-499       |                     |                 |

75. What is the interest rate for your credit card(s)?

- |       |                 |
|-------|-----------------|
| _____ | 98. Don't know  |
|       | 99. No response |

76. I'm going to read you a list of types of debt. Please tell me what types of debt you have.

- |                 |                  |                     |                 |
|-----------------|------------------|---------------------|-----------------|
| 1. Credit card  | 4. Medical bills | 7. Home Equity Loan | 98. Don't know  |
| 2. Student loan | 5. Car loan      | 8. Second Mortgage  | 99. No response |
| 3. Mortgage     | 6. Payday loan   | 9. Other _____      |                 |

77. In the past 12 months, have you used a rent-to-own store?

- |        |       |                  |                 |
|--------|-------|------------------|-----------------|
| 1. Yes | 2. No | 98. I don't know | 99. No response |
|--------|-------|------------------|-----------------|

78. Did you file a tax return in the past 12 months?

- |        |       |                  |                 |
|--------|-------|------------------|-----------------|
| 1. Yes | 2. No | 98. I don't know | 99. No response |
|--------|-------|------------------|-----------------|

79. If yes, who prepared your tax return?

- |                                  |                                |                  |
|----------------------------------|--------------------------------|------------------|
| 1. Self                          | 4. Free service (CACLV, ACORN) | 98. I don't know |
| 2. Friend/Family                 | 5. Does not file               | 99. No response  |
| 3. Paid service (HR Block, etc.) |                                |                  |

80. How would you compare your current financial situation to your situation 12 months ago?

- |                |          |               |                 |
|----------------|----------|---------------|-----------------|
| 1. Much better | 3. Same  | 5. Much worse | 98. Don't know  |
| 2. Better      | 4. Worse |               | 99. No response |

81. How do you think your financial situation will change in the next 12 months?

- |                |          |               |                 |
|----------------|----------|---------------|-----------------|
| 1. Much better | 3. Same  | 5. Much worse | 98. Don't know  |
| 2. Better      | 4. Worse |               | 99. No response |

82. Are you registered to vote?

- |        |       |                  |                 |
|--------|-------|------------------|-----------------|
| 1. Yes | 2. No | 98. I don't know | 99. No response |
|--------|-------|------------------|-----------------|

83. Is your spouse/partner registered to vote?

- |        |       |                                  |                  |                 |
|--------|-------|----------------------------------|------------------|-----------------|
| 1. Yes | 2. No | 7. I don't have a partner/spouse | 98. I don't know | 99. No response |
|--------|-------|----------------------------------|------------------|-----------------|

84. Are you satisfied with your life?

- |        |       |                  |                 |
|--------|-------|------------------|-----------------|
| 1. Yes | 2. No | 98. I don't know | 99. No response |
|--------|-------|------------------|-----------------|