

PSID SAMPLE: AMERICA'S FAMILY TREE [↗](#)

The original PSID sample of roughly 18,000 people in 5,000 households consisted of a nationally representative sample and an oversample of low-income families. The oversample was included to facilitate investigations of poverty-related issues. PSID data include economic, social, and health information collected using in-person, telephone, and computer-assisted interviewing methods. PSID families are followed regardless of where they live. The sample grows naturally as children and grandchildren from these families form their own households and are invited to join the PSID. Samples of immigrants have been added to the PSID in 1997/1999 and 2017/2019 so that the sample continues to closely resemble the national population, making PSID America's Family Tree.

CONTENT OF CURRENT QUESTIONNAIRE [↗](#)

Employment	Education
Wages & Income	Marriage & Fertility
Expenditures	Health Status
Wealth	Health Behaviors
Mortgage Distress & Foreclosures	Health Insurance
Pensions	Program Participation
Philanthropy	Computer Use & Technology
Time Use	Housing Characteristics



STUDY DIRECTION AND OVERSIGHT [↗](#)

PSID is directed by faculty at the University of Michigan, with data collection conducted by the Survey Research Operations group within the Survey Research Center at the U-M Institute for Social Research. An external Board of Overseers, comprised of leading scientists from various disciplines, provides scientific input to the project.

SPONSORSHIP [↗](#)

Major sponsorship of the PSID is provided by: the National Science Foundation, the National Institute on Aging, the Eunice Kennedy Shriver National Institute on Child Health and Human Development, the Center on Philanthropy at Indiana University, and the United States Department of Agriculture.

DATA ACCESS: PSID.org [↗](#)

All waves of the PSID and study supplements are accessible via the PSID [Data Center](#), which provides:

- Automatic merges of all waves of data from the PSID and its major supplements
- Customized codebooks and data extracts in a variety of formats including SAS, Stata, SPSS, Excel, and text
- Instructional [web tutorials](#), [bibliographies](#), [technical papers](#), and [user documentation](#)

Some types of PSID data are available only under a [restricted contract](#). These include but are not limited to: geospatial data below the level of state; mortality data; assisted housing data from the U.S. Department of Housing and Urban Development; Medicare claims; and educational characteristics from the National Center for Education Statistics.

DATA ON AGING AND HEALTH

M PANEL STUDY OF INCOME DYNAMICS



PSID.org [↗](#)

PSID

PSID OVERVIEW [🔗](#)

The PSID is the world's longest running nationally representative household panel survey. With over 50 years of data on the same families and their descendants, the PSID is a cornerstone of the data infrastructure for empirically based social science research in the U.S. The PSID gathers data on the family as a whole and on individuals residing within the family, emphasizing the dynamic and interactive aspects of family economics, demography, and health. PSID data were collected annually from 1968-1997 and biennially after 1997.

With low attrition and high success in following young adults as they form their own families, the sample size grew from roughly 5,000 families in 1968 to more than 9,200 families and 24,000 individuals by 2021. The PSID has distributed data on more than 84,000 individuals over the course of the study, collected through 2023.

AGING AND HEALTH OVERVIEW [🔗](#)

Several design features of the PSID allow researchers to uniquely address research questions on aging. Thousands of PSID respondents have been interviewed each wave since 1968, covering a substantial portion of their life course. Content is broad, including health status, health insurance, health care expenditures, wealth, income, expenditures, demographic outcomes, and more. Because PSID follows adult children of sample members, researchers can compare economic, health, and social outcomes across generations. They can also explore outcomes among adult siblings and cousins within families.

HEALTH

PSID [health](#) modules support analyses of the evolution of health outcomes over the life course:

- Disability - ADLs, IADLs, and hospitalization
- Chronic health conditions - onset, duration, recency, and frequency
- Health status - since birth, adolescence, last interview, and current
- Body Mass Index - height and weight
- Health behaviors - exercise, smoking, drinking
- Health care expenditures - Medicaid, Medicare, insurance coverage and premiums

- Linkages to [Medicare](#) claims available with restricted data agreement
- [Mental health](#) - psychiatric disorders, 30 day distress, 12 month depression
- [Dementia Screener](#)-AD8 measure for those 65+
- Childhood health - physical and emotional conditions
- [Mortality](#) - date, state, and cause of death available under restricted contract

INTERGENERATIONAL TRANSFERS [🔗](#)

The 2013 wave of the PSID includes a Family Roster and Transfer Module that collects data on the living parents and adult children of respondents and their spouses/partners. Characteristics of family members include age, educational attainment, marital/partner status, income, home ownership, health, employment status, and number of children. Respondents also report recent or long-term transfers of time and money to and from them.

DISABILITY AND USE OF TIME SUPPLEMENT [🔗](#)



Supplemental data collections (DUST) were conducted in 2009 and 2013 to investigate the connections among disability, time use, and wellbeing for older adults. Time diaries provide information about:

- What respondents did and with whom
- Where they were during activities
- How they felt
- For whom the activities were carried out (household and care-related activities)

CHILDHOOD RETROSPECTIVE CIRCUMSTANCES STUDY [🔗](#)

PSID's first web study provides data on experiences in childhood and young adulthood from over 8,000 reference persons and spouses/partners ages 19 and older in 2014. Information was collected about:

- Health - Childhood physical and mental health, parental mental health
- Relationships - Parental relationship quality, childhood friendships, young adult mentoring

- Experiences - Childhood neighborhood quality, school experiences, exposure to the criminal justice system
- Socioeconomic Status - Parental employment status, program participation, and financial comparisons

WELLBEING AND DAILY LIFE SUPPLEMENT [🔗](#)

The Wellbeing supplement collected information on the wellbeing, personality, and cognitive ability from over 8,000 PSID household reference persons and spouses/partners ages 30 and older in 2016. The supplement obtained information on:

- Wellbeing - Life satisfaction, positive and negative emotions, and experienced wellbeing
- Personality - Personality, self-efficacy, trust-hostility, and achievement orientation
- Cognitive Ability - Verbal reasoning, health literacy, quantitative reasoning, and financial literacy

WEALTH AND PENSIONS

Since 1984, PSID has collected detailed information on wealth, pensions, and active savings. Questions about [mortgage distress and foreclosures](#) were added in 2009.

POTENTIAL RESEARCH AREAS

- Inter- and intragenerational connections in health and wellbeing: The genealogic design can be used to assess the similarities and differences in health between siblings, and among grandparents, parents, and adult children
- Socioeconomic status and health: Income, wealth, consumption, and education data can be combined with extensive health data to help understand the strong connections between socioeconomic outcomes and health
- Life course modeling: Baby boomers can be followed from childhood to adulthood and into retirement years, and then compared with other birth cohorts
- Contextual effects on health outcomes: With a confidential contract, resident census tract is identified, allowing data to be linked to externally measured neighborhood factors
- Mortality modeling: Over 7,800 PSID family members have died since 1968, supporting assessment of mortality using data in the restricted Mortality file, including variables such as year death was uncovered by PSID staff, month/year of death, age at death, location of birth and death, an accuracy indicator for date of death, and cause of death from the NDI.