Cohort Profile

Cohort Profile: The Panel Study of Income Dynamics’ Child Development Supplement and Transition into Adulthood Study

Katherine A McGonagle* and Narayan Sastry

Institute for Social Research, University of Michigan, Ann Arbor, MI, USA

*Corresponding author. Institute for Social Research, University of Michigan, Ann Arbor, MI, USA.
E-mail: kmcgon@umich.edu

Accepted 7 March 2014

Abstract

The Child Development Supplement (CDS) was started in 1997 to collect information on children and caregivers in families in the USA that participated in the Panel Study of Income Dynamics (PSID), an ongoing national longitudinal household survey that began in 1968. CDS was launched with the goal of creating a comprehensive, nationally representative, prospective database of young children and their families for studying the dynamic process of children’s health and development. The same children and their caregivers were interviewed in up to three waves approximately every 5 years (1997, 2002–03, and 2007–08), with a child-based response rate of 90% in the most recent wave. Upon reaching age 18 years and finishing or leaving high school, the children in the CDS cohort shifted to a six-wave follow-up study launched in 2005 called the PSID Transition into Adulthood (TA) study. The TA data have been collected biennially through 2013, with a final wave planned for 2015. Once these young adults form their own economically independent households, they join the PSID. The main categories of data emphasize the major developmental tasks of childhood and young adulthood, including influences on successful development in the domains of family, schools and neighbourhoods. The majority of data and documentation are freely and publicly available through the PSID Online Data Center.
Key Messages

- The CDS sample is drawn from the world’s longest-running household panel study, the PSID, which includes extensive health-related measures of individuals from up to four generations, providing the opportunity for researchers to model the intergenerational transmission of health-related behaviours and status.
- The data collected over 18 years in the CDS and TA yield a rich CDS-TA panel of children from birth and preschool through primary and secondary school and then through entry into the world of work or higher education in conjunction with early family formation.
- The TA data support analyses of period effects on key transitions during early adulthood—between the ages of 18 and 21 years—across the years from 2005 to 2015, with a nationally representative sample of 700 to 900 young adults in each wave. These data offer an unparalleled opportunity to examine the early transition to adulthood before, during and after a major economic downturn.

Why was the cohort set up?

The Child Development Supplement (CDS) to the Panel Study of Income Dynamics (PSID) was started in 1997 with the goal of providing researchers with a comprehensive, nationally representative, prospective database of young children and their families for studying the dynamic process of human capital formation. The data were intended to support models of how time, money and social capital at the family, neighbourhood and school levels, as well as parental psychological resources and sibling characteristics, influence cognitive and behavioural development and health. Children and caregivers were re-interviewed 5 years and 10 years after the original interview. Between 2005 and 2015, the same children were followed once they turned 18 years of age and had left or completed high school as part of the six-wave PSID Transition into Adulthood (TA) study. Together, the resulting CDS-TA archive provides up to 18 years of prospective information on children in the cohort.

What was the rationale for setting up the cohort including the original research questions it was set up to address?

The key motivation for starting the cohort was to collect data early in life from children in sample families who will participate over their entire lives in PSID, an ongoing study with a nationally representative sample. Until CDS was launched in 1997, very little data had been collected about PSID children, despite the fact that the children are the future adult sample members in the study. With its long-term genealogical design that collects information over succeeding generations of the same families, PSID is a unique and exceptional platform to collect such early life data, providing an opportunity for studying how health, development and well-being during childhood affect outcomes later in childhood, during the transition into adulthood and across the adult years—and to study these effects across siblings and cousins, cohorts and generations.

Where is it located and how is it funded?

The CDS and TA studies are directed by a multidisciplinary team of doctoral-level social scientists at the Institute for Social Research at the University of Michigan, with main sponsorship by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) and the Economic Research Service of the US Department of Agriculture.

Who is in the cohort?

Children in the cohort belonged to PSID families who completed the 1997 PSID interview and had at least one child under age 13 years in the household, although a small number of children were interviewed after their 12th birthday. Up to two children were randomly chosen to participate in families with more than two eligible children.

PSID has an oversample of low-income families and, with the addition in 1997 of a new sample of post-1968 immigrant families, the PSID sample from which the CDS sample was drawn had a substantial number of African American and other racial and ethnic minority families. The CDS interviewed 2380 families, including 1085 White families, 992 African American families, 166 non-White, non-African American Hispanic families, 42 Asian families, 12 Native American families and 77 families of other nationalities (Table 1). There are a total of 3563 children whose primary caregiver was interviewed. Male children are slightly more represented in the sample than female children (Table 1).

How often have they been followed up?

CDS interviews were conducted with children and caregivers over three waves spaced about 5 years apart, and
were administered by professional interviewers employed by the Survey Research Center at the University of Michigan. The study used a mixed mode approach, conducting all interviews and assessments with children during in-home visits, and with caregivers using the modes of in-person visits and the telephone. Table 2 provides information about the number of completed interviews at each wave and child-based response rates for each of the main modules. As the table illustrates, the CDS data were collected from both children and caregivers with an emphasis on the sample child’s social and physical environment. CDS-I collected data on 3563 children 0–13 years of age residing in 2380 families (88%). In 2002–03, families remaining active in the PSID panel as of 2001 were re-contacted for a second wave of data collection. A total of 2015, Vol. 44, No. 2

Table 1.  Race and Gender Composition of the Child Development Supplement*

<table>
<thead>
<tr>
<th>Race</th>
<th>Total Families</th>
<th>Total Children</th>
<th>Male Children</th>
<th>Female Children</th>
<th>% Children by Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1085</td>
<td>1642</td>
<td>818</td>
<td>824</td>
<td>46.1%</td>
</tr>
<tr>
<td>African American</td>
<td>992</td>
<td>1455</td>
<td>765</td>
<td>690</td>
<td>40.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>166</td>
<td>267</td>
<td>135</td>
<td>132</td>
<td>7.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>42</td>
<td>64</td>
<td>32</td>
<td>32</td>
<td>1.8%</td>
</tr>
<tr>
<td>Native American</td>
<td>12</td>
<td>19</td>
<td>8</td>
<td>11</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other</td>
<td>77</td>
<td>108</td>
<td>51</td>
<td>57</td>
<td>3.0%</td>
</tr>
<tr>
<td>Refused</td>
<td>6</td>
<td>8</td>
<td>4</td>
<td>4</td>
<td>0.2%</td>
</tr>
<tr>
<td>Total</td>
<td>2380</td>
<td>3563</td>
<td>1813</td>
<td>1750</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*The numbers in this table are unweighted.

Once the children in the CDS cohort turn 18 years of age and have completed or left high school, they are followed in the Transition into Adulthood (TA) study with the goal of capturing the later stages of the full process of child development into early adulthood. Table 3 provides information about each wave of the TA study. The first wave was piloted in 2005 (TA-2005) and included children from the CDS sample who had been interviewed in CDS-I or CDS-II and had families still active in the 2005 PSID study. During TA-2005, interviews were obtained from 745 young adults who ranged in age from 18 to 21 for a response rate of 89%. The second wave of TA was fielded in 2007 and included re-interviews with 656 of the respondents who participated in the first wave, and first interviews with 459 respondents from the CDS cohort who had turned age 18 and completed or left high school. Newly eligible sample members continued to be added in TA-2009 and TA-2011, with an overall re-interview response rate of 92% in each wave. As Table 3 shows, the proportion of TA respondents who are also participants in the core PSID study grows as the cohort ages, from 13% in 2005 to an estimated 68% by 2015. In all waves of TA, fieldwork overlapped with data collection for the core PSID study in order to collect synchronous information for the TA individuals from their families in the PSID.

Data collection is currently under way for TA-2013 (through the spring of 2014), with approximately 2200 interviews expected. Funding has been secured for another wave of TA in 2015, at which time there will be at least one TA interview completed with all eligible children from the CDS cohort. The plan is to continue the TA study until all of the original CDS respondents have reached age 26 years, and to continue following these individuals over their life course as part of PSID.

What has been measured?

The CDS questionnaire was designed to capture the major developmental tasks of early, middle and late childhood, and influences on successful development in the domains of family, schools and neighbourhoods. Content was also selected to mirror the central themes of PSID, including employment, health, time use and education. The instrument includes several modules administered to caregivers and to children. CDS modules include: (i) PCG Interview that focused on the child and household characteristics, with each PCG completing one interview for up to two
children; (ii) Child Interview for children aged 8 years and older, including an Audio Computer-Assisted Self-Interview (ACASI) component for sensitive topics asked of adolescents; (iii) Standardized Educational Achievement Assessments for all children using the Woodcock-Johnson Tests of Achievement and Wechsler Intelligence Scale for Children Digit Span Test for children aged 3 years and older; (iv) Time Diary for weekday and weekend day accounts of use of children’s time completed by either the child alone or the child in collaboration with the PCG; and (v) Other Caregiver (OCG) Questionnaire that focused on the child and household characteristics, with each OCG completing one interview for up to two children (CDS User Guides on the PSID website provide additional information: http://psidonline.isr.umich.edu/Guide/documents.aspx).

The TA questionnaire was designed to link content domains from CDS with those in PSID. Like CDS, the TA questionnaire domains were chosen to capture the major developmental tasks for this age period, as well as the mental, physical and social assets known to influence the successful transition through this period of life, to maintain longitudinal continuity with the data already collected in the CDS and to create continuity with the data that will be

**Table 3. TA study characteristics by wave**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age range of respondents</td>
<td>18–21</td>
<td>18–23</td>
<td>18–25</td>
<td>18–27</td>
<td>18–29</td>
<td>18–31</td>
</tr>
<tr>
<td>Number of interviews</td>
<td>745</td>
<td>1115</td>
<td>1554</td>
<td>1907</td>
<td>~2200</td>
<td>~2400</td>
</tr>
<tr>
<td>Response rate</td>
<td>89%</td>
<td>91%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>Number new in wave</td>
<td>745</td>
<td>459</td>
<td>499</td>
<td>452</td>
<td>450</td>
<td>450</td>
</tr>
<tr>
<td>Number 18–21 years of age</td>
<td>745</td>
<td>805</td>
<td>795</td>
<td>802</td>
<td>800</td>
<td>800</td>
</tr>
<tr>
<td>% PSID head/spouse</td>
<td>13%</td>
<td>24%</td>
<td>33%</td>
<td>43%</td>
<td>53%</td>
<td>68%</td>
</tr>
</tbody>
</table>

---

**Table 2. Number of completed interviews and child-based response rates in the Child Development Supplement**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0–13</td>
<td>5–19</td>
<td>10–19</td>
</tr>
<tr>
<td>Total number of eligible children, all ages</td>
<td>3563</td>
<td>3191</td>
<td>1676</td>
</tr>
<tr>
<td>Child interviewsa</td>
<td>number</td>
<td>2762</td>
<td>2182</td>
</tr>
<tr>
<td></td>
<td>response rate</td>
<td>86%</td>
<td>91%</td>
</tr>
<tr>
<td>Child assessmentsb</td>
<td>number</td>
<td>2223</td>
<td>2644</td>
</tr>
<tr>
<td></td>
<td>response rate</td>
<td>80%</td>
<td>91%</td>
</tr>
<tr>
<td>Child time diaries</td>
<td>number</td>
<td>2904</td>
<td>2569</td>
</tr>
<tr>
<td></td>
<td>response rate</td>
<td>82%</td>
<td>88%</td>
</tr>
<tr>
<td>PCG Interviews about child(ren)c</td>
<td>number</td>
<td>3563</td>
<td>2907</td>
</tr>
<tr>
<td></td>
<td>response rate</td>
<td>100%</td>
<td>91%</td>
</tr>
<tr>
<td>PCG Interviews about household/selfc</td>
<td>number</td>
<td>1513</td>
<td>2891</td>
</tr>
<tr>
<td></td>
<td>response rate</td>
<td>64%</td>
<td>91%</td>
</tr>
<tr>
<td>OCG Interviews about child(ren)c</td>
<td># children with OCG</td>
<td>2741</td>
<td>2009</td>
</tr>
<tr>
<td></td>
<td>number</td>
<td>1395</td>
<td>1686</td>
</tr>
<tr>
<td></td>
<td>response rate</td>
<td>51%</td>
<td>84%</td>
</tr>
<tr>
<td>OCG Interviews about household/selfc</td>
<td>number</td>
<td>1362</td>
<td>1686</td>
</tr>
<tr>
<td></td>
<td>response rate</td>
<td>50%</td>
<td>84%</td>
</tr>
</tbody>
</table>

---

**Notes:**

- a Age 8 years and older.
- b Age 3 years and older.
- c Each primary caregiver (PCG) and other caregiver (OCG) report on up to 2 children.
collected when these respondents become full participants in the PSID. TA respondents who joined the PSID (with eligibility based on establishing their own independent household) have a shorter TA instrument because many of the questions of interest (e.g. employment and income) are already asked in the PSID interview. The module is longer for remaining TA respondents to allow the full sets of questions on all domains from the PSID interview to be administered. Content domains for the CDS modules and the TA questionnaire are presented in Table 4.

What has it found? Key publications and findings

Approximately 350 peer-reviewed papers have been published to date using the CDS and TA data, and publications continue to accrue at a rapid and increasing pace. All publications using the data are archived in a searchable bibliographical index on the PSID website (psidonline.org).

Some of the most influential results use the CDS and TA data in combination with data collected in the PSID to examine associations across multiple generations. For example, an article in the American Economic Review cited more than 600 times examines the effect of parents’ income on children’s health as a mechanism underlying the intergenerational transmission of socioeconomic status. The CDS child height and weight data were the basis of the first national study to examine the intergenerational transmission of body weight over three generations, finding an association of childhood obesity with grandparental obesity distinct from parental obesity. As illustrated in Figure 1, the risk of childhood obesity is elevated when parents and grandparents are overweight or obese. The study found that the prevalence of child obesity was 18% when parents were of normal weight; the risk increased by 50% to 27% when parents were obese. The risk of obesity was even higher if grandparents were obese, with 31% of children with obese grandparents developing obesity themselves.

Other influential work including an article in the Journal of Marriage & the Family has demonstrated positive effects of structured social and sport activities on developmental outcomes for young children, and for older children and adolescents as featured in Developmental Psychology. Articles in Child Development and Archives of Pediatrics & Adolescent Medicine documented insufficient night-time sleep duration among infants and preschool-aged children as an important risk factor for the development of childhood obesity.

The CDS time diary data in particular have been the basis of a large and influential body of research examining the relationships among time spent in various activities, the family environment, and outcomes related to achievement, social and behavioural development and health. A highly cited article in the Journal of Marriage & the Family showed that there are marked differences in child time use as a function of poverty and maternal employment, with poor children spending substantially less time with fathers and more time with extended kin such as grandmothers; among poor children, those whose mothers were employed spent more time per week watching television and in day care and less time in sport activities. Using the rich codes for television programme content in CDS, an article in JAMA Pediatrics found that violent television programming was associated with an increased risk for antisocial behaviour for boys but not for girls. Neither educational nor non-violent programming was associated with increased risk for boys or girls.

Several studies have used the time diary data to provide national portraits of time use among American children in various domains. A recent article in JAMA Pediatrics used the data to establish nationally representative sleep duration norms for US children. The data were featured in an article in Child Development to document time spent by American children 6–12 years of age playing video games, using the computer and watching TV in 1997 and 2003, and the association of early media use with academic achievement and behaviour in adolescence, and differences in outcomes by race.

Main strengths and weaknesses

There are several notable strengths of the CDS and TA data archive, including its national representation of US families (with child-based weights), high response rates and very low item-missing data rates. All data collected from CDS children were obtained through in-home visits, using ACASI to collect sensitive information. In-home visits included the collection of anthropometry and cognitive assessments. The study features the collection of time diaries from children in all waves, providing the only source of national time use data obtained from a broad age range of children in the USA. Finally, a major strength of the study is that the data are collected from families who participate in PSID, the world’s longest running genealogical household panel. The PSID data archive has grown in scientific value over time, as more observations are made on the same families and their offspring. These rich data support increasingly complex models of outcomes over the life course and across multiple generations of the same family.

Due to budgetary constraints, the study was able to select only up to two randomly chosen children in each family, thus missing some children in larger families. This gap is being addressed with a new data collection starting in...
<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Status and Behaviours</strong></td>
<td>CDS and TA: health-related limitations and chronic conditions; obesity; healthcare utilization and expenditures; nutrition; exercise; sleep; smoking; health insurance</td>
</tr>
<tr>
<td></td>
<td>TA: Self-rated health</td>
</tr>
<tr>
<td><strong>Psychological and Social Well-being</strong></td>
<td>CDS and TA: Behaviour problems, depression, self-esteem, worry, social well-being; risky behaviours, thrill seeking, antisocial behaviours; drug and alcohol abuse / dependence</td>
</tr>
<tr>
<td></td>
<td>TA: positive psychological development, social integration, social identity, social anxiety</td>
</tr>
<tr>
<td><strong>Family Environment</strong></td>
<td>CDS and TA: involvement, closeness, time spent and conflict with father and mother</td>
</tr>
<tr>
<td></td>
<td>CDS: HOME scale for cognitive and emotional stimulation, parental warmth; household tasks</td>
</tr>
<tr>
<td><strong>Sibling Relationships</strong></td>
<td>CDS: type and frequency of cooperation with, kindness towards and helping behaviours towards siblings</td>
</tr>
<tr>
<td><strong>Peer Influence</strong></td>
<td>TA: characteristics of peers; deviant, motivated, conventional and socially-involved peers</td>
</tr>
<tr>
<td><strong>Parental Monitoring</strong></td>
<td>CDS: caregivers’ knowledge of the child’s whereabouts, activities and associations; child disclosure of activities</td>
</tr>
<tr>
<td><strong>Absent Parents</strong></td>
<td>CDS: frequency/types of activities with absent parents; conflict between resident and absent parent</td>
</tr>
<tr>
<td><strong>Child Rearing</strong></td>
<td>TA: current parenting experiences and practices; self-evaluation of parenting abilities; expectations for parenthood; traditional family beliefs</td>
</tr>
<tr>
<td><strong>Child Care</strong></td>
<td>CDS: type, frequency of use and costs of arrangements for CDS children up to kindergarten</td>
</tr>
<tr>
<td><strong>Caregiver Social and Psychological Resources</strong></td>
<td>CDS: self-esteem, self-efficacy, 30-day psychological distress; social support; parenting attitudes; aggravation in parenting; gender role beliefs; family conflict; economic strain; work schedules; community involvement</td>
</tr>
<tr>
<td><strong>Spending and Savings</strong></td>
<td>CDS: variety of expenditures for child; savings mechanisms</td>
</tr>
<tr>
<td><strong>Work and Wages</strong></td>
<td>TA: current and prior work experiences (occupation and industry, dates, work hours, earnings, benefits); experiences with job searches; military experiences (dates, job descriptions, college savings plan, career military); evaluation of employment and training experiences</td>
</tr>
<tr>
<td><strong>Income and Wealth</strong></td>
<td>TA: unemployment compensation, worker’s compensation, dividends, interest, child support, financial assistance from government, parents and other relatives, value of personal vehicles, stocks, mutual funds, other investments, current and savings accounts; credit card and student loan debt</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>CDS: parental expectations; enrolment; type of school; tuition; attendance; government lunch and breakfast programmes; attended special class/school for gifted students; special education; repeated grade; dropped out</td>
</tr>
<tr>
<td></td>
<td>TA: current educational attainment; college history and details (name and location, dates attended, degrees earned and worked towards, grade point average, major); vocational training; evaluation of college and vocational training experiences</td>
</tr>
<tr>
<td><strong>Future Work and Education Expectations</strong></td>
<td>CDS and TA: economic expectations; occupational identity; job values, career orientation and expectations for future work and schooling</td>
</tr>
<tr>
<td><strong>Intellectual Achievement and Skills and Abilities</strong></td>
<td>CDS: Woodcock-Johnson Tests of Achievement; course grades; Wechsler Intelligence Scale for Children Digit Span Short-Term Memory; ability self-concepts in reading and math</td>
</tr>
<tr>
<td></td>
<td>TA: self-rated skills and abilities in: leadership, working with others, intellectual tasks, professional, public and performing arts careers, math and science</td>
</tr>
<tr>
<td><strong>Responsibilities</strong></td>
<td>TA: self-rated level of responsibility for financial independence; ability to solve own problems</td>
</tr>
<tr>
<td><strong>Time Use</strong></td>
<td>CDS: activities with parents; extracurricular; part-time jobs; Time Diary measures of type, number, duration and location of activities for weekdays and weekend days</td>
</tr>
<tr>
<td></td>
<td>TA: participation in organized sports, arts, community-based volunteer activities, religious activities; time spent reading, TV watching, using internet, with friends and family</td>
</tr>
<tr>
<td><strong>Discrimination</strong></td>
<td>TA: daily experiences of and perceived reasons for discrimination</td>
</tr>
<tr>
<td><strong>Religiosity</strong></td>
<td>CDS and TA: comfort from and importance of religious affiliation or spirituality</td>
</tr>
</tbody>
</table>
the fall of 2014 which will obtain data from all children in all PSID families. A second weakness is that minimal school-based data have been directly collected. However, an extensive set of school characteristic data is available through restricted data contract, based on linkages between CDS school identifiers and data from the National Center for Education Statistics. A third weakness is that the 5–6 year gap between CDS waves means that only longer-term trajectories and changes in child development and health are captured by the study. A fourth weakness is that no direct health assessments—other than anthropometry—are obtained, with the study relying instead on child or primary caregiver reports.

Can I get hold of the data? Where can I find out more?

The majority of data and documentation are freely and publicly available through the PSID Online Data Center (www.psidonline.org). User guides are available for each wave of CDS and TA (http://psidonline.isr.umich.edu/Guide/documents.aspx). Data use tools have been created to facilitate easy access to and use of the data. For example, users can easily create customized data extracts from any set of waves by searching or browsing for variables, choosing various options, creating customized codebooks specific to their data extract and archiving data extracts for shared and future use. An online cross-year variable index is available that provides a way to search and browse all waves of CDS and TA, as well as the nearly 70 000 variables across the full archive of the panel from 1968 onward. User tutorials are available on a variety of topics, including a webinar providing instruction on creating parent-adult child pairs to examine intergenerational transmission of wealth, health and other outcomes. Finally, a software application is available that automatically generates a customized data file containing identification variables of PSID respondents’ relatives (including biological and adoptive children, parents, grandparents, great-grandparents and siblings). Called the Family Identification Mapping System (FIMS), the application greatly simplifies the process of creating genealogical samples for analysis by automatically generating a data file based on user input.

All waves of CDS and TA data and documentation are publicly available on the PSID website. Moreover, all waves of data collected in the PSID since 1968 are also publicly available on PSID’s website, and include observations made on the great-grandparents, grandparents, parents, siblings and cousins of the children that participated in the CDS and TA. Several data files are available under restricted contract including geospatial indicators at the census tract and block-level that allow linkage to a broad range of publicly available contextual data on neighbourhoods and links to school characteristic data from the National Center for Education statistics, including the Common Core of Data and the Private School Survey for all waves of CDS, and to the Integrated Postsecondary Education Data System for all waves of TA.

Funding

Main sponsorship for the CDS and TA was provided by the Eunice Kennedy Shriver National Institute for Child Health and Human Development (R01-HD044027, R01-HD052646, R01-HD033474, R01-HD059779, R01-HD072493).

Acknowledgements

The authors wish to acknowledge all the individuals who played a key role in the development and implementation of CDS and TA, including: Sandra L Hofferth, Jeanne Brooks-Gunn, Pamela Davis-Kean, Greg Duncan, Martha Hill, Jacque Eccles, Robert F Schoeni, Frank P Stafford, Wei-Jean Yeung and the staff of the PSID and Survey Research Operations group.

Conflict of interest: None declared.

References

1. McGonagle KA, Schoeni RF, Sastry N, Freedman VA. The Panel Study of Income Dynamics: Overview, recent innovations, and


19. Panel Study of Income Dynamics (www.psidonline.org). Produced and distributed by the Survey Research Center, Institute for Social Research, University of Michigan, Ann Arbor, MI.