DMACS Wave 14 Questionnaire ● November 3 - December 15, 2021

For additional information about the Detroit Metro Area Communities Study (DMACS), this survey instrument, or survey findings, please see detroitsurvey.umich.edu or contact: DMACS-info@umich.edu.

This survey wave was undertaken as part of a collaborative data collection effort across 22 states through the NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities. Questions common to survey instruments across this collaborative are indicated as CEAL core survey items.

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To complete this survey in Spanish click "ES" in the dropdown menu in the upper righthand corner.

INTRODUCTION: Welcome to the University of Michigan's Detroit Metro Area Communities Study survey! Your participation in this study is completely voluntary. You may skip any question that you do not wish to answer. However, your participation is important because it helps researchers understand how Detroiters perceive changes in their community and experience the impact of COVID-19, and this information can be used to inform policy decisions affecting the region.

When filling out this questionnaire, please remember there are no right or wrong answers, we are just interested in what you think. We take our promise of confidentiality very seriously. All of your answers will be kept strictly confidential. No personally identifying information will ever appear in any study report. If you find that you are disturbed by the content of any of the questions or if you have any questions about the study, please contact us at 734-764-4145.

We may contact you in the future to participate in additional surveys. If you do not wish to complete this survey or any future Detroit Metro Area Communities Study surveys, please let us know by calling 734-764-4145 or sending an email to DMACS-info@umich.edu with "opt out of surveys" in the subject line. Please provide your name and address in the email or voicemail and we will not contact you about DMACS surveys in the future.

A brochure with additional information about the study is available on the DMACS website at detroitsurvey.umich.edu/about/brochure. An information sheet will also be available to download for your records at the end of the survey.

Block 0: Panelist Screening

We want to confirm that you are the person whom we asked to fill out this questionnaire.

| Please confirm that your name is [FIRSTNAME LASTNAME] [panelist_confirm_d14] | Yes I am this person (GO TO Q1) | o |
| | Yes I am this person but need to | o |

correct my name	
No	o

IF [panelist_confirm_d14] IS "Yes I am this person but I need to correct my name"

Please enter your name as you would like us to record it. This is important because we will use this information to process your check or gift card after you complete the survey.
[panelist_name_correct_d14]

First name: (TEXT BOX)
Last name: (TEXT BOX)

IF [panelist_confirm_d14] IS "No"

We are sorry, but since you are not the person we are intending to reach with this survey we cannot continue. If you know [insert first and last name], please encourage him/her to complete this questionnaire. If you have any questions, please feel free to contact us at DMACS-info@umich.edu or 734-764-4145.

To confirm, do you live at [INSERT ADDRESS]?[address_confirm_d14]	Yes	o
	No	o

IF [address_confirm_d14] IS "No"

What is your current address?
Address: (TEXT BOX)   [updateaddress_street_d14]
City: (TEXT BOX)   [updateaddress_city_d14]
State: (TEXT BOX)   [updateaddress_state_d14]
Postal Code: (TEXT BOX)   [updateaddress_zip_d14]

Block 1: Residence

1. About how long have you lived at your current address? [current_res_len_d14]	Less than six months	o
	Six months to 1 year	o
	1 to 5 years	o
	6 to 10 years	o
	11 to 20 years	o

More than 20 years	o

2. Is your current residence....
   [housing_d14]

Owned by you or someone in this household **with a mortgage** or loan (which could be a home equity loan)	o
Owned by you or someone in this household **free and clear** (without a mortgage or loan)	o
Occupied without payment of rent	o
Rented	o

IF [housing_d14] IS "Owned by you or someone in this household with a mortgage or loan (which could be a home equity loan)" OR "Owned by you or someone in this household free and clear (without a mortgage or loan)"

3. Do you own the home where you are living or does someone else in your household own it?
   [home_owner_d14]

I own it	o
Someone else in this household owns it	o
I and someone else own it together	o

4. Including yourself, how many adults in each category live in your household?
   18 to 64 years old (NUMBER TEXT BOX) [hhcat_18to64_d14]
   65 years or older (NUMBER TEXT BOX) [hhcat_65plus_d14]
   CEAL core survey item

5. Are there any children under age 18 living in your household? [hhcat_child_d14]

Yes	o
No	o

IF [hhcat_child_d14] IS "Yes"

6. How many children in each age group live in your household?
   Children aged 4 or under (NUMBER TEXT BOX) [hhcat_0to4_d14]
   Age 5 to 11 years old (NUMBER TEXT BOX)   [hhcat_5to11_d14]
   Age 12 to 17 years old (NUMBER TEXT BOX)   [hhcat_12to17_d14]

IF [hhcat_0to4_d14] OR [hhcat_5to11_d14] OR [hhcat_12to17_d14] IS "Yes"

A custodial parent is a parent who has the child living with him or her and has primary care, custody and responsibility for the child.

IF [hhcat_0to4_d14] IS "Yes"

7. Are you the custodial parent or guardian of any of the children ages 0-4 years old that are living in your household?	Yes	o
	No	o
	Prefer not to answer	o

[parentguard_0to4_d14]

IF [hhcat_5to11_d14] IS >0

8. Are you the custodial parent or guardian of any of the children ages 5-11 years old that are living in your household?	Yes	o
	No	o
	Prefer not to answer	o

[parentguard_5to11_d14]

IF [hhcat_12to17_d14] IS "Yes"

9. Are you the custodial parent or guardian of any of the children ages 12-17 years old that are living in your household?	Yes	o
	No	o
	Prefer not to answer	o

[parentguard_12up_d14]

10. How long have you lived in the City of Detroit? [detroit_res_len_d14]	Less than six months	o
	Six months to 1 year	o
	1 to 5 years	o
	6 to 10 years	o
	11 to 20 years	o
	More than 20 years	o
	I do not/no longer live in Detroit	o

IF [detroit_res_len_d14] IS "I do not/no longer live in Detroit"]

11. In your previous response, you indicated that you no longer live in Detroit. Please confirm here:
[detroit_res_confirm_d14]

I no longer live in Detroit	o
I do live in Detroit	o

IF [detroit_res_confirm_d14] IS "I do live in Detroit"

12. Please describe the reason you selected 'I do live in Detroit' in the previous question: (TEXT BOX)
[detroit_res_text_d14]

IF [detroit_res_confirm_d14] IS "I no longer live in Detroit"

13. Since you do not live in Detroit, you are no longer eligible for our regular survey, but we would still like to ask you a few questions about why you moved. Please indicate below whether you are interested in completing a very brief survey for $5.
[nonres_shorsurvey_d14]

Yes, I'd like to complete the short survey	o
No, I do not want to complete the short survey	o

IF [nonres_shorsurvey_d14] IS "No, I do not want to complete the short survey" SKIP TO END OF SURVEY

Block 2: Questions for Movers

IF [nonres_shorsurvey_d14] IS "Yes, I'd like to complete the short survey"] OR
[IF [current_res_len_d14] IS "Less than six months" OR "Six months to 1 year"]

Consider the following list of reasons that people often consider moving. Which of these are reasons for your recent move? Please indicate yes or no for each reason.
(ORDER RANDOMIZED)

		Yes	No
14.	Job or business opportunities [reasonstomove_jobs_d14]		
15.	Cost of living [reasonstomove_cost_d14]		
16.	Family ties [reasonstomove_family_d14]		
17.	Schools or educational opportunities [reasonstomove_edu_d14]		
18.	Climate/weather [reasonstomove_climate_d14]		
19.	Crime/safety [reasonstomove_safety_d14]		

20. Recreational and outdoor activities [reasonstomove_recreation_d14]		
21. Cultural activities [reasonstomove_cultural_d14]		
22. Medical or health reasons [reasonstomove_health_d14]		
23. Retirement [reasonstomove_retirement_d14]		
24. Transportation issues [reasonstomove_transit_d14]		
25. Neighborhood blight (e.g., abandoned buildings, vacant lots) [reasonstomove_blight_d14]		
26. Financial hardship [reasonstomove_finhardship_d14]		
27. Landlord issues [reasonstomove_landlord_d14]		
28. Reasons related to the COVID-19 pandemic [reasonstomove_covid_d14]		
29. Other [Reasonstomove_other_d14]		

30. In a sentence or two, please explain why you moved: (TEXT BOX)
[reasontomove_text_d14]

31. How has your last move changed your quality of life? [move_qol_d14]	My quality of life has gotten worse	o
	My quality of life has not changed	o
	My quality of life has gotten better	o
	Don't know	o

[IF [detroit_res_confirm_d14] IS "I no longer live in Detroit"]

32. How likely is it that you would move back to Detroit sometime in the future? [detroit_return_d14]	Very unlikely	o
	Somewhat unlikely	o
	Neutral (neither likely nor unlikely	o

Somewhat likely	o
Very likely	o
Don't know	o

33. If you have any other thoughts about leaving Detroit, please share them here. (TEXT BOX)
[expat_open_d14]

Block 3: Neighborhood Satisfaction

Now we have some questions about the conditions of your **neighborhood**.

34. On a scale of 1 to 7, where 1 means <u>very dissatisfied</u> and 7 means <u>very satisfied</u>, how satisfied overall are you with <u>your neighborhood</u> as a place to live?
[nb_satis_d14]

1- Very dissatisfied	o
2- Mostly dissatisfied	o
3- Somewhat dissatisfied	o
4- Neither satisfied nor dissatisfied	o
5- Somewhat satisfied	o
6- Mostly satisfied	o
7- Very satisfied	o

35. Thinking about the quality of life in <u>your neighborhood</u>, over the **past year** do you feel it is improving, declining, or staying the same?
[nb_qol_d14]

Improving	o
Declining	o
Staying the same	o
Don't know	o

36. In the **past year** I have noticed…
[nb_chng_pop_d14]

More people moving into my neighborhood	o
More people moving out of my neighborhood	o
No change in people moving in or out of my neighborhood	o
Don't know	o

37.	In the **past year** I have noticed… [nb_chng_bus_d14]	More businesses opening in my neighborhood	o
		More businesses closing in my neighborhood	o
		No change in businesses opening or closing in my neighborhood	o
		Don't know	o

38.	In the **past year** I have noticed… [nb_chng_safety_d14]	My neighborhood is safer	o
		My neighborhood is less safe	o
		Safety in my neighborhood hasn't changed	o
		Don't know	o

39.	In the **past year** I have noticed… [nb_chng_attractive_d14]	My neighborhood is more attractive	o
		My neighborhood is less attractive	o
		My neighborhood's attractiveness hasn't changed	o
		Don't know	o

40.	When you walk in your neighborhood, how safe do you feel? [walk_safety_d14]	Not safe	o
		Somewhat safe	o
		Very safe	o
		Don't know	o

| 41. | Over the **past several months**, have you had thoughts about moving from the place where you live now?
[relocation1_d14] | Yes | o |
| | | No | o |

IF [relocation1_d14] IS "Yes"

42. If you were to move from the place where you live now, where would you be most likely to move? [relocation2_d14]	Another location within the City of Detroit	o
	Another place in the Metro Detroit area (outside of the City of Detroit)	o
	Outside of the Metro Detroit area	o
	Don't know	o

Block 4: Healthcare

Now we have some questions about your experience with **healthcare**.

43. When was the last time you saw a doctor or other health care professional for a physical or regular check-up? [doctor_visit_d14] CEAL core survey item	Never	o
	Within the past 12 months/1 year	o
	1 to 2 years ago	o
	3 to 4 years ago	o
	5 to 9 years ago	o
	10 years ago or more	o

44. Is there a place that you usually go when you are sick? [sick_place_d14]	Yes [GO TO [place_for_care_d14]]	o
	No [GO TO [insured_d14]]	o
	Don't know [GO TO [insured_d14]]	o

[IF [sick_place_d14] IS "Yes"]

45. What kind of place do you go most often? [place_for_care_d14]	Clinic or health center	o
	Doctor's office	o
	Hospital Emergency Room	o
	Other urgent care clinic	o
	Hospital outpatient department	o
	Some other place	o

Don't know	o

46. Do you have any kind of health insurance or health care plan? This includes health insurance you get from your job or school, that you buy yourself, and programs like Medicare and Medicaid. CEAL core survey item [insured_d14]	Yes [GO TO [insurance_type_d14]]	o
	No [GO TO [insurance_lost_covid_d14]]	o
	Don't know [GO TO [challenges_d14]]	
		o

[IF [insured_d14] IS "No"]

47. Did you lose health care coverage during the COVID-19 pandemic? CEAL core survey item [insurance_lost_covid_d14]	Yes [GO TO [challenges_d14]]	o
	No	
		o

[IF [insured_d14] IS "Yes"]

48. What is the <u>primary</u> kind of health insurance or health care plan that you have now? CEAL core survey item [insurance_type_d14]	Private health insurance through a job or school	o
	Insurance bought through a government exchange such as healthcare.gov	o
	Insurance bought from a health plan or company	o
	Medicare	o
	Medi-Gap	o
	Medicaid	o
	CHIP or kid's state insurance	o
	Military health care	o
	Indian Health Service	o
	Other	o
	Don't know	o

[IF [insurance_type_d14] IS "Other"]

49. Please describe the reason you selected 'other' in the previous question: (TEXT BOX)

Block 5: Pandemic Experience and Testing

Now we will shift to asking questions about how you are experiencing the impacts of the COVID-19 pandemic.

The COVID-19 pandemic may cause challenges for some people, whether they get COVID-19 or not. In the **past month** have you or your family experienced any of the below challenges?
CEAL core survey items

	No, this is not a challenge	Yes, this is a minor challenge	Yes, this is a major challenge
50. Getting the health care I need (including for mental health) [challenge_health_d14]	o	o	o
51. Having a place to live [challenge_house_d14]	o	o	o
52. Getting enough food to eat [challenge_food_d14]	o	o	o
53. Having clean water to drink [challenge_water_d14]	o	o	o
54. Getting the medicine I need [challenge_meds_d14]	o	o	o
55. Getting to where I need to go [challenge_transpo_d14]	o	o	o
56. Taking care of my children or other people in my care [challenge_care_d14]	o	o	o

57. Have you ever been tested for COVID-19?
CEAL core survey item
[covid_test_ever_d14]

Yes	o
No	o

IF [covid_test_ever_d14] IS "Yes"

58. Have you ever tested positive for COVID-19?
CEAL core survey item
[covid_postest_d14]

Yes	o
No	o

Block 6: Vaccination

59. Have you received a COVID-19 vaccine?
    CEAL core survey item
    [vac_received_d14]

Yes (I have received at least one dose/injection of a vaccine)	o
No	o

IF [vac_received_d14] IS "Yes"

60. Where did you receive the COVID-19 vaccine?
    [vac_where_d14]

Vaccination Clinic	o
Pharmacy	o
My health care provider's office	o
At home	o
Other	o

[IF [vac_where_d14] IS "Other"]

61. Please indicate where you received the COVID-19 vaccine: (TEXT BOX) [vac_where_other_text_d14]

IF [vac_received_d14] IS "Yes"

62. Which type of COVID-19 vaccine did you receive?
    [vac_type_d14]

I got a one-dose vaccine (e.g., Johnson & Johnson or AstraZeneca)	o
I got the first dose/injection of a two-dose vaccine (e.g., Moderna or Pfizer)	o
I got both doses/injections of a two-dose vaccine (e.g., Moderna or Pfizer)	o
Other	o
Don't know	o

IF [vac_type_d14] IS "I got the first dose/injection of a two-dose vaccine (e.g., Moderna or Pfizer)"

63. How likely are you to get the second dose of your COVID-19 vaccine? [vac_dose2_d14]

1 - Not at all likely	o
2	o
3	o
4 - Neutral	o
5	o
6	o
7 - Very likely	o

If [vac_received_d14] IS "No"

64. How likely are you to get a COVID-19 vaccine in the next several months?
CEAL core survey item
[vac_future_d14]

1 - Not at all likely	o
2	o
3	
	o
4 - Neutral	o
5	o
6	o
7 - Very likely	o

IF [vac_received_d14] IS "Yes"

65. What is the main reason you chose to get vaccinated? (TEXT BOX)
[vac_received_reason_text_d14]

IF [covid_postest_d14] IS "Yes" and [vac_received_d14] IS "Yes"

66. Since being vaccinated have you tested positive for COVID-19? [vac_postvac_pos_d14]

Yes	o
No	o

If [vac_received_d14] IS "Yes"

67. If you qualified for a booster dose of the COVID-19 vaccine recommended by the FDA and the CDC would you get it? [booster_intent_d14]

I have already gotten a booster	o
Yes, I will definitely get a booster	o
I will probably get a booster	o
I will probably not get a booster	o
No, I will definitely not get a booster	o

IF [vac_received_d14] IS "No"

68. What is the main reason you have not been vaccinated? (open ended) [vac_notreceived_reason_text_d14]

You indicated that you have not yet received a COVID-19 vaccine. Please indicate which, if any, of the following are reasons why you have not been vaccinated. For each of the reasons below, please indicate "yes" (if it is a reason) or "no" (if it is not a reason). (ORDER RANDOMIZED, EXCEPT WHERE NOTED)

CEAL core survey item	Yes	No
69. I do not get vaccines in general. [novac_belief_d14]	o	o
70. I have concerns about the effectiveness of COVID-19 vaccines. [novac_efficacy_d14] (PLACEMENT FIXED)	o	o
71. I have concerns about the safety or side effects of COVID-19 vaccines. [novac_safetysideeffect_d14] (PLACEMENT FIXED)	o	o
72. I feel my risk of getting COVID-19 is low. [novac_lowrisk_d14] (PLACEMENT FIXED)	o	o
73. I don't know how to schedule a vaccine appointment. [novac_appt_d14]	o	o
74. I don't have transportation to get to a vaccine site. [novac_transport_d14]	o	o
75. I don't have time to get vaccinated. [novac_time_d14]	o	o
76. I might need to miss work if the side effects of the vaccine make me feel sick. [novac_work_d14]	o	o

77. How confident are you that the COVID-19 vaccines currently available in the U.S. are safe? CEAL core survey item [vac_safe_d14]

Very confident	o
Somewhat confident	o
Not too confident	o
Not at all confident	o
Don't know	o

Block 7: Vaccines for Children

The following block of questions is only shown to respondents who indicated they were the legal guardian or custodial parent of a child aged 5-18 in their household IF [parentguard_5to11_d14] IS "Yes" OR [parentguard_12up_d14] IS "Yes"

IF [hhcat_12to17_d14] IS GREATER THAN 0

78. Has your child/children ages 12-17 already been vaccinated against COVID-19? [vac_kids_older_d14]

Yes	o
No	o

IF [hhcat_12to17_d14] IS GREATER THAN 1 AND [vac_kids_older_d14] IS "No"

79. For your child/children ages 12-17, how comfortable are you getting your child/children vaccinated against COVID-19 in the future? [vac_kids_older_comfort_d14]

1 - Not at all comfortable	o
2	o
3	o
4 - Neutral	o
5	o
6	o
7 - Very comfortable	o

IF [hhcat_5to11_d14] IS GREATER THAN 1

80. Has your child/children ages 5-11 already been vaccinated against COVID-19? [vac_kids_younger_d14]

Yes	o
No	o

IF [vac_kids_younger_d14] IS No

81. For your child/children under age 5-11, how comfortable are you getting your child/children vaccinated against COVID-19 once they are eligible? [vac_kids_younger_comfort_d14]

1 - Not at all comfortable	o
2	o
3	o
4 - Neutral	o
5	o
6	o
7 - Very comfortable	o

Block 8: Vaccine Attitudes and Trust

82. How much do you support or oppose **businesses** requiring proof of COVID-19 vaccine in order to enter their business? [vac_require_business_d14]

Strongly oppose	o
Somewhat oppose	o
Neither support nor oppose	o
Somewhat support	o
Strongly support	o

83. How much do you support or oppose **employers** requiring employees to get a COVID-19 vaccine in order to remain employed? [vac_require_employer_d14]

Strongly oppose	o
Somewhat oppose	o
Neither support nor oppose	o
Somewhat support	o
Strongly support	o

84. Do you typically get a flu vaccine **each year**? [flushot_d14]

Yes	o
No	o

85. How likely, if at all, are you to get the flu vaccine **this fall** or **winter**?

[flushot_intent_d14]

I have already received a flu vaccine this year	o
Very likely	o
Somewhat likely	o
Not very likely	o
Not at all likely	o

Block 9: Research Participation

Now we are going to ask you some questions about COVID-19 clinical trials.

A **clinical trial** is a kind of research study. Clinical trials study if treatments or vaccines are safe for people and if they work like they are supposed to.

Right now, clinical trials are being done across the U.S. to see if new treatments and vaccines for COVID-19 work to keep people healthy.

86. Have you ever enrolled in a COVID-19 clinical trial?

CEAL core survey item

Yes, I signed up for a clinical trial for a COVID-19 <u>vaccine</u>. [trial_signup_vac_d14]	o
Yes, I signed up for a clinical trial for a COVID-19 <u>treatment</u>. [trial_signup_treat_d14]	o
No, I have never signed up for a COVID-19 clinical trial. [trial_signup_no_d14]	o

87. If you get COVID-19, how willing would you be to sign up for a clinical trial for a COVID-19 treatment?

CEAL core survey item
[trial_signup_willing_d14]

1 - Not at all willing	o
2	o
3	o
4 - Neutral	o
5	o

6		○
7 - Very willing		○

Block 10: Information, Trust, Risk Perception

How much do you trust each of these sources to provide correct information about COVID-19? (ORDER RANDOMIZED)

CEAL core survey items

	Not at all	A little	A great deal	Don't know	Does not apply
88. Your doctor or health care provider [trust_doctor_d14]	○	○	○	○	○
89. Your faith leader (e.g., pastor, minister, imam, rabbi) [trust_faith_leader_d14]	○	○	○	○	○
90. Your close friends and members of your family [trust_friends_d14]	○	○	○	○	○
91. People you go to work or class with or other people you know [trust_acquaint_d14]	○	○	○	○	○
92. News on the radio, TV, online, or in newspapers [trust_news_d14]	○	○	○	○	○
93. Your contacts on social media [trust_socialmedia_d14]	○	○	○	○	○
94. The federal government [trust_usgovt_d14]	○	○	○	○	○
95. State government [trust_stategovt_d14]	○	○	○	○	○
96. City government [trust_citygovt_d14]	○	○	○	○	○
97. Tribal leadership [trust_tribal_d14]	○	○	○	○	○
98. An organization that provides services and assistance in your community [trust_commorg_d14]	○	○	○	○	○

99. How much do you trust the federal government to ensure the COVID-19 vaccine is safe for the public?
CEAL core survey item
[vac_trust_covid_d14]

Fully trust	o
Mostly trust	o
Somewhat trust	o
Do not trust	o

100. How much do you trust the federal government to ensure a COVID-19 vaccine is safe **for children**?
CEAL core survey item
[vac_trust_covid_child_d14]

Fully trust	o
Mostly trust	o
Somewhat trust	o
Do not trust	o

101. How much do you trust doctors and healthcare providers to act in your best interest when treating you?
[trust_healthcare_d14]

Fully trust	o
Mostly trust	o
Somewhat trust	o
Do not trust	o

Whether you personally do these things or not, how safe or unsafe do you feel doing the following activities right now? (ORDER RANDOMIZED)

	Very unsafe	Somewhat unsafe	Somewhat safe	Very safe	Don't know	Does not apply
102. Grocery shopping [safe_shop_d14]	o	o	o	o	o	o
103. Attending gatherings of more than 10 people [safe_gather_d14]	o	o	o	o	o	o
104. Going to the hospital or doctor [safe_health_d14]	o	o	o	o	o	o
105. Dining in at restaurants [safe_restaur_d14]	o	o	o	o	o	o
106. Visiting with relatives or friends in their home [safe_visit_out_d14]	o	o	o	o	o	o
107. Playing on playground equipment [safe_play_d14]	o	o	o	o	o	o

108. Going outside to walk, hike, or exercise [safe_walk_d14]	○	○	○	○	○	○
109. Working outside the home [safe_work_d14]	○	○	○	○	○	○
110. Going to events (like sporting events and concerts) [safe_events_d14]	○	○	○	○	○	○
111. Exercising in gyms and studios [safe_gym_d14]	○	○	○	○	○	○

Block 11: Media Use

112. From which of the following sources do you typically get news? By news we mean information about events and issues that involve more than just your friends or family. Select all that apply.

Television [media_tv_d14]	○
Radio [media_radio_d14]	○
Print publications, like newspapers and magazines [media_print_d14]	○
News websites or apps [media_web_d14]	○
Social media such as YouTube, Twitter, Facebook or Instagram [media_social_d14]	○
Podcasts [media_podcasts_d14]	○

113. What specific programs or sources do you typically get your news from? (open ended) [media_text_d14]

Block 12: Economic Hardship

Now we have some questions about you and your family's **financial well-being**.

In the **past month**, have you received any of the following forms of public assistance or charity? (ORDER RANDOMIZED)

	Yes	No	Don't know
114. SNAP, Food Assistance Program, Food Stamps [fin_pubassist_snap_d14]	○	○	○
115. Unemployment Insurance (UI) benefits [fin_pubassist_ui_d14]	○	○	○

116. TANF (Temporary Assistance for Needy Families)/Family Independence Program [fin_pubassist_tanf_d14]	o	o	o
117. Social Security [fin_pubassist_socsecur_d14]	o	o	o
118. Supplemental Security Income (SSI) or Supplemental Security Disability Income (SSDI) [fin_pubassist_ssi_d14]	o	o	o
119. Assistance from a church or religious organization, community organization, labor union, or other organization [fin_pubassist_org_d14]	o	o	o
120. Food from a food bank or food pantry [fin_pubassist_food_d14]	o	o	o
121. Emergency cash assistance (State Emergency Relief) [fin_pubassist_cash_d14]	o	o	o
122. Rental/mortgage assistance program (e.g., the State's COVID Emergency Rental Assistance program, CERA) [fin_pubassist_rent_d14]	o	o	o
123. Water payment or subsidy plan (e.g., Water Residential Assistance Program (WRAP)) [fin_pubassist_water_d14]	o	o	o
124. Other public assistance [fin_pubassist_other_d14]	o	o	o

IF [fin_pubassist_other_d14] IS "Yes"

125. Please describe the reason you selected "other public assistance" in the previous question. [fin_pubassist_other_text_d14]

126. As of today, which of the following statements best describes how manageable your household debt is? [hhdebt_level_d14]	My household does not have any debt	o
	My household has a manageable amount of debt	o
	My household has a bit more debt than is manageable	o
	My household has far more debt than is manageable	o

In the past 12 months, have you or your household experienced any of the following events?

	Yes	No	Don't know	Does not apply
127. Had the water shut off	o	o	o	o

[exp_water_d14]				
128. Had electricity and/or gas shut off [exp_elec_d14]	○	○	○	○
129. Had phone or internet service shut off [exp_phone_d14]	○	○	○	○
130. Was evicted or otherwise forced to leave a living arrangement [exp_evict_d14]	○	○	○	○
131. Experienced a foreclosure [exp_foreclose_d14]	○	○	○	○
132. Declared bankruptcy [exp_bankrupt_d14]	○	○	○	○

IF [exp_water_d14] IS "Yes"

133. When did the water shut off most recently happen? [exp_water_date_d14]

November 2020	○
December 2020	○
January 2021	○
February 2021	○
March 2021	○
April 2021	○
May 2021	○
June 2021	○
July 2021	○
August 2021	○
September 2021	○
October 2021	○
November 2021	○
December 2021	○

IF [exp_elec_d14] IS "Yes"

134. When did the electricity and/or gas shut off most recently happen? [exp_elec_date_d14]

November 2020	○
December 2020	○
January 2021	○
February 2021	○
March 2021	○

April 2021	o
May 2021	o
June 2021	o
July 2021	o
August 2021	o
September 2021	o
October 2021	o
November 2021	o
December 2021	o

IF [exp_phone_d14]IS "Yes"

135. When did the phone or internet service shut off most recently happen? [exp_phone_date_d14]

November 2020	o
December 2020	o
January 2021	o
February 2021	o
March 2021	o
April 2021	o
May 2021	o
June 2021	o
July 2021	o
August 2021	o
September 2021	o
October 2021	o
November 2021	o
December 2021	o

IF [exp_evict_d14]IS "Yes"

136. When did the eviction or forced change in a living arrangement most recently happen? [exp_evict_date_d14]

November 2020	o
December 2020	o
January 2021	o

February 2021	o
March 2021	o
April 2021	o
May 2021	o
June 2021	o
July 2021	o
August 2021	o
September 2021	o
October 2021	o
November 2021	o
December 2021	o

IF [exp_foreclose_d14] IS "Yes"

137. When did the foreclosure happen most recently happen? [exp_foreclose_date_d14]

November 2020	o
December 2020	o
January 2021	o
February 2021	o
March 2021	o
April 2021	o
May 2021	o
June 2021	o
July 2021	o
August 2021	o
September 2021	o
October 2021	o
November 2021	v
December 2021	o

IF [exp_bankrupt_date_d14]] IS "Yes"

138. When did the bankruptcy most recently happen? [exp_bankrupt_date_d14]

November 2020	o
December 2020	o
January 2021	o
February 2021	o
March 2021	o
April 2021	o
May 2021	o
June 2021	o
July 2021	o
August 2021	o
September 2021	o
October 2021	o
November 2021	o
December 2021	o

139. In the **past 12 months**, how often has your household been late on monthly housing payments (mortgage or rent) or has only made a partial housing payment? [freq_late_housing_d14]

Never	o
1-2 times	o
3-4 times	o
5-6 times	o
7 or more times	o
My household does not make any housing payments	o

140. What portion of your household's monthly income is spent on housing payments (mortgage or rent)? [housing_incomeport_d14]

0%-30%	o
31%-50%	o
51%-100%	o
Don't know	o

141. Compared to **one year ago**, is the financial situation of you and your household better, worse, or about the same?
[fin_sit_d14]

Better	o
Worse	o
About the same	o
Don't know	o

Block 13: Child Tax Credit

142. Have you heard of the Child Tax Credit? [ctc_aware_d14]

Yes	o
No	o

[Page break in Qualtrics]

The Child Tax Credit is a part of the Federal Government's 2021 American Rescue Plan. It provides eligible families up to $300 per month for each child 5 years of age and under, and $250 per month for each child 6-17 years old.

IF [parentguard_0to4_d14] IS "Yes" OR [parentguard_5to11_d14] IS "Yes"   OR [parentguard_12up_d14] IS "Yes"

143. Has your family received a Child Tax Credit payment?
[ctc_received_d14]

Yes	o
No, I don't believe my family is eligible	
No, my family has not received it yet but expects to	
Don't know	o

IF [ctc_received_d14] IS "No, my family has not received it yet but expect to"

144. How do you expect to receive the Child Tax Credit payment?
[ctc_mode_d14]

I expect to receive a monthly payment	
I expect to receive a lump sum payment at the end of the year	o
Don't know	o

If [ctc_received_d14] IS "Yes"

145. Thinking about your use of the payments from the Child Tax Credit did you:
[ctc_use_d14]

Mostly spend it	o
Mostly saved it	o
Mostly used it to pay off debt	o

146. Did your household file 2020 Federal income taxes? (As a reminder, 2020 income taxes were due on May 17, 2021)
[taxfile_d14]

Yes	o
No	o
Don't know	o

IF [taxfile_d14] IS "Yes"

147. Does your household typically file federal income taxes every year?
[taxfile_regular_d14]

Yes	o
No	o
Don't know	o

Block 14: Employment

Now we are going to ask about your **employment**.

148. In the **past month**, did you do any work for either pay or profit?
[anywork_d14]

Yes	o
No	o

IF [anywork_d14] IS "Yes"

149. In your main job, do you usually work:
[workhrs_d14]

Full-time (35 or more hours per week)	o
Part-time (less than 35 hours per week)	o

IF [anywork_d14] IS "No"

150. How long have you been out of work?
[nowork_length_d14]

Less than a month	o
1 to 2 months	o
3 to 5 months	o
6 to 11 months	o
1 to 3 years	o
More than 3 years	o

[IF [anywork_d14] IS "No"]

Did any of the following contribute to your not working?
[ORDER RANDOMIZED, "Other" FIXED AS LAST RESPONSE OPTION]

	Yes	No	Don't know
151. I am retired [lf_nowork_retired_d14]	o	o	o
152. I am going to school or training [lf_nowork_student_d14]	o	o	o
153. I have health/medical limitations or am disabled [lf_nowork_disabled_d14]	o	o	o
154. I did not want to work for pay at this time [lf_nowork_choice_d14]	o	o	o
155. I don't work due to family/personal obligations or am a homemaker [lf_nowork_homemaker_d14]	o	o	o
156. I have lost my job, been laid off, or am otherwise out of work [lf_nowork_layoff_d14]	o	o	o
157. Other [lf_nowork_other_d14]	o	o	o

IF [lf_nowork_other_d14] IS "Yes"

158. Please describe the reason you selected 'other' on the previous question about your work status: (TEXT BOX) [lf_nowork_other_text_d14]

IF [lf_nowork_xx_d14] IS GREATER THAN OR EQUAL TO 2 "Yes" RESPONSES

159. Among the several reasons you selected for not working during the **past month**, please tell us which is the <u>main</u> reason for not working.
[notworking_primary_d14]

[IF lf_nowork_retired_d14 IS "Yes"] I am retired	o
[IF lf_nowork_student_d14 IS "Yes"] I am going to school or training	o
[IF lf_nowork_disabled_d14 IS "Yes"] I have health/medical limitations or am disabled	o
[IF lf_nowork_choice_d14 IS "Yes"] I did not want to work for pay at this time	o
[IF lf_nowork_homemaker_d14 IS "Yes"] I don't work due to family/personal obligations or am a homemaker	o
[IF lf_nowork_layoff_d14 IS "Yes"] I have lost my job, been laid off, or am otherwise out of work	o
[IF nowork_other_d14 IS Yes"] Other	o

IF [lf_nowork_primary_d14] IS NOT "I am retired" AND [lf_nowork_primary_d14] IS NOT "I have health/medical limitations or am disabled"

160. Have you actively searched for a new job in the **past month**? [jobsearch_cur_d14]

Yes	o
No	o
Not applicable	o

IF [lf_nowork_primary_d14] IS NOT "I am retired" AND [lf_nowork_primary_d14] IS NOT "I have health/medical limitations or am disabled"

161. Have you quit, resigned, or voluntarily left a job in the last 12 months? [quit_d14]

Yes	
No	
Not applicable	

If quit_d14 IS "YES"

162. There are a number of reasons that people quit, resign, or voluntarily leave a job. What were some of yours? (TEXT BOX) [quit_reason_text_d14]

IF anywork_d14 IS "Yes" OR lf_nowork_layoff_d14 IS "Yes" OR lf_nowork_other_d14 IS "YES"

163. In the **last 12 months**, have you seriously considered changing your occupation or field of work?

Yes	o
No	o

IF [lf_nowork_primary_d14] IS NOT "I am retired" AND [lf_nowork_primary_d14] IS NOT "I have health/medical limitations or am disabled"

164. In the **last 12 months**, have you pursued any job retraining programs or education opportunities? [workforce_educ_d14]

Yes	o
No	o

IF [lf_nowork_primary_d14] IS NOT "I am retired" AND [lf_nowork_primary_d14] IS NOT "I have health/medical limitations or am disabled" AND anywork_d14 == No

165. How likely do you think it is that you will work for pay or profit in the **next month?**
[notworking_return_d14]

Very likely	o
Somewhat likely	o
Somewhat unlikely	o
Very unlikely	o
Not applicable	o

Block 15: Digital Inclusion

Now we have some questions about your **use of technology**.

Do you own or use any of the following types of computers at home?

	Yes	No	Don't know
166. Desktop or laptop [devices_desktop_d14]	o	o	
167. Smartphone [devices_smartphone_d14]	o	o	
168. Tablet or other portable wireless computer [devices_tablet_d14]	o	o	

| 169. Some other type of computer [devices_othercomputer_d14] | o | o | |

If [devices_othercomputer_d14] IS "Yes"

What other type of computer do you own or use at home? (open ended)
[devices_other_text_d14]

170. Do you have consistent access to the internet at home? [home_internet_d14]	Yes	o
	No	o
	Don't know	o

171. About how often do you use the internet? [internet_use_d14]	Almost constantly	o
	Several times a day	o
	About once a day	o
	Several times a week	o
	About once per week	o
	Never	o

172. How often do you need help doing the things you want to do on the internet? [internet_support_d14]	Most of the time	o
	Sometimes	o
	Rarely	o
	Never	o
	Not applicable	o

Block 16: Demographic and Background Characteristics

In our final section, we have some questions about your background.

173. Do you speak a language other than English at home? CEAL core survey item [language_d14]	Yes [GO TO [language_spoken_d14]]	o
	No [GO TO [reading_help_d14]	o
	Prefer not to answer	o

174. What language(s) other than English do you speak at home? (TEXT BOX) [language_spoken_text_d14]

175. What month were you born? (DROPDOWN)
 CEAL core survey item
 [age_month_d14]

176. What year were you born? (DROPDOWN)
 CEAL core survey item
 [age_year_d14]

177. What is your gender? CEAL core survey item [gender_d14]	Man	o
	Woman	o
	Trans woman	o
	Trans man	o
	Nonbinary, genderqueer, or genderfluid	o
	I would use a different term to describe my gender	o
	I would prefer not to answer	o

IF [gender_d14] IS "I would use a different term to describe my gender"

178. If the categories in the previous question did not accurately describe you, and you would like to provide more detail, please describe your gender here: (TEXT BOX) [gender_term_d14]

179. Which of the following best describes how you think of yourself? CEAL core survey item [sexuality_d14]	Gay	o
	Lesbian	o
	Straight (that is, not gay, lesbian, bisexual, or other)	o
	Bisexual	o
	Other	o
	Prefer not to answer	o

IF [sexuality_d14] IS "Other"

180. If the categories in the previous question did not accurately describe you, and you would like to provide more detail, please do so here:
[sexuality_text_d14]

181. Are you of Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban?
CEAL core survey item
[hisp_d14]

Yes	o
No	o
Prefer not to answer	o

182. Are you of Arab, Persian, or Middle Eastern descent?
[mideastern_d14]

Yes	o
No	o
Prefer not to answer	o

183. Which of the following best describes your race? Please select all that apply
CEAL core survey item

White [race_white_d14]	o
Black or African-American [race_black_d14]	o
Asian or Asian-American [race_asian_d14]	o
American Indian or Alaska Native [race_native_d14]	o
Native Hawaiian or Other Pacific Islander [race_pacIsl_d14]	o
Other [race_other_d14]	o
Prefer not to answer [race_noanswer_d14]	o

184. If the categories in the previous question did not accurately describe your race, and you would like to provide more detail, please do so here: (TEXT BOX)
[race_text_d14]

185. What is the highest degree or level of school you have completed?
CEAL core survey item

No formal education	o

[educ_d14]	Some education but did not graduate from high school or receive a GED	o
	High school diploma or GED	o
	Some college, no degree	o
	Associate's degree (for example, AA or AS)	o
	Bachelor's degree (for example BA, BS, or AB)	o
	Graduate degree (e.g., Master's degree or doctorate)	o

186. What is your marital status?
[marital_d14]

Now married	o
Widowed	o
Divorced	o
Separated	o
Never married	o

IF [marital_d14] IS NOT "Now Married"

187. Are you currently living with a romantic partner? [cohab_d14]

Yes	o
No	o

The next questions are about the total income of your household for the past 12 months. Please include your income plus the income of all members living in your household (including cohabitating partners and armed forces members living at home). Please count income before taxes and from all sources (such as wages, salaries, tips, net income from a business, interest, dividends, child support, alimony, and social security, public assistance, pensions, or retirement benefits).

188. Was your total HOUSEHOLD income in the past 12 months . . .
[income_1_d14]

Below $35,000	o
$35,000 or more	o

189. We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it…
[income_d14]

Less than $5,000	o
$5,001 to $7,499	o
$7,500 to $9,999	o

$10,000 to $12,499	○
$12,500 to $14,999	○
$15,000 to $19,999	○
$20,000 to $24,999	○
$25,000 to $29,999	○
$30,000 to $34,999	○
$35,000 to $39,999	○
$40,000 to $49,999	○
$50,000 to $59,999	○
$60,000 to $74,999	○
$75,000 to $84,999	○
$85,000 to $94,999	○
$95,000 to $99,999	○
$100,000 to $124,999	○
$125,000 to $149,999	○
$150,000 to $174,999	○
$175,000 or more	○

Block 17: Survey Closing

190. If you have any other thoughts about this survey or the topics covered in this survey, please share them here: (Text Box) [feedback_d14]

191. As a token of appreciation for taking the survey, we are offering the option of receiving either a check or a gift card. Please select which you prefer. If neither option is selected, we will send you a gift card. [incentive_option_d14]	Gift card	o
	Check	
		o

192. We will mail your payment to this address: [Auto fill original address or corrected address]. Is this where you would like us to send this payment? [incentive_d14]	Yes	o
	No	
		o

[IF [incentive_d14] IS "No"]

193. Please enter the address where we should send the payment.
   Alternate Address: (TEXT BOX)   [incentive_street_d14]
   City: (TEXT BOX)   [incentive_city_d14]
   State: (TEXT BOX)   [incentive _state_d14]
   Postal Code: (TEXT BOX)   [incentive_zip_d14]

194. Please edit incorrect information and add any that is missing:
   Email address: [update_email_d14]
   Home phone   [update_hphone_d14]
   Cell phone: [update_cphone_d14]

195. May we text you with links to surveys in the future? [surv_text_d14]	Yes	o
	No	o

196. DMACS is partnering with University of Michigan researcher Kristin Seefeldt to learn more about how Detroiters are doing financially. In late fall and early winter she will be conducting one hour long interviews with randomly selected DMACS participants about their financial well-being. People who are part of this research will receive a $50 gift card for their participation. Please indicate if you would be interested in talking with Kristin or one of her research assistants about participating in this research project.	Yes, please contact me about participating in this research	o
	No thanks, please do not contact me about participating in this research	
		o

We will randomly select participants from the group of people who are interested. Your participation in this study is entirely voluntary and in no way affects your status as a DMACS panelist.
[ks_optin_d14]

IF [ks_optin_d14] is "Yes, please contact me about the research on financial well-being"

| 197. How would you like Kristin Seefeldt's team to contact you for this research on financial well-being? Please select all that apply. [ksoptin_contact_d14] | By email | o |
| | By phone | o |

198. I completed this survey… [surv_mode_d14]	On a computer (laptop or desktop)	o
	On a mobile device (e.g., cell phone or tablet)	o
	On the phone with a DMACS interviewer	o
	Other	o