

**DMACS Wave 18 Questionnaire • November 2 - December 19, 2023**

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

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Para completar esta encuesta en español, haga clic en “Español (América Latina)” en el menú desplegable de la esquina superior derecha.

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 Detroiters’ health, transportation practices, comfort with new technology, grocery shopping routines, and changes in employment. This information can be used to inform policy decisions affecting the region.

We expect that this survey will take you approximately 20 to 25 minutes to complete. 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. We will ask for your name and contact information so we can send you a token of appreciation for participating. 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](mailto: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 [detroitssurvey.umich.edu/about/brochure](http://detroitssurvey.umich.edu/about/brochure). The brochure will also be available for download for your records at the end of the survey.

**Panelist Screening and Short Survey for Movers**

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_d18]	Yes I am this person	<input type="radio"/>
	Yes I am this person but need to correct my name	<input type="radio"/>
	No	<input type="radio"/>

IF [panelist\_confirm\_d18] 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.**

First name: (TEXT BOX) [panelist\_name\_correct\_first\_d18]

Last name: (TEXT BOX) [panelist\_name\_correct\_last\_d18]

IF [panelist\_confirm\_d18] 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 the person who completed our last survey, 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_d18]	Yes	<input type="radio"/>
	No	<input type="radio"/>

IF [address\_confirm\_d18] IS “No”

Do you live in the city of Detroit? [city_confirm_d18]	Yes	<input type="radio"/>
	No	<input type="radio"/>

IF [city\_confirm\_d18] IS “No”

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	Yes, I’d like to complete the short survey	<input type="radio"/>
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below whether you are interested in completing a very brief survey for \$5.

[nonres\_shorsurvey\_d18]

No, I do not want to complete the short survey	<input type="radio"/>
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IF [nonres\_shorsurvey\_d18] IS “No, I do not want to complete the short survey“

Thank you so much for your previous participation in DMACS surveys! If you have any questions, please feel free to contact us at DMACS-info@umich.edu or 734-764-4145.

[END OF SURVEY]

IF [nonres\_shorsurvey\_d18] IS “Yes, I’d like to complete the short survey“

Consider the following list of reasons that people often consider moving. Please indicate whether each of the following reasons contributed to your decision to move. Please select “Yes” or “No” for each. (ORDER RANDOMIZED, keep reasonstomove\_other and reasonstomove\_none at the end)

	Yes	No
Job or business opportunities [reasonstomove_jobs_d18]	<input type="radio"/>	<input type="radio"/>
Cost of living [reasonstomove_cost_d18]		
Family ties [reasonstomove_family_d18]		
Schools or educational opportunities [reasonstomove_edu_d18]		
Climate/weather [reasonstomove_climate_d18]		
Crime/safety [reasonstomove_safety_d18]		
Recreational and outdoor activities [reasonstomove_recreation_d18]		
Cultural activities [reasonstomove_cultural_d18]		
Medical or health reasons [reasonstomove_health_d18]		
Retirement [reasonstomove_retirement_d18]		
Transportation issues [reasonstomove_transit_d18]		

Neighborhood blight (e.g., abandoned buildings, vacant lots) [reasonstomove_blight_d18]		
Financial hardship [reasonstomove_finhardship_d18]		
Not satisfied with the house/apartment where I was living in Detroit [reasonstomove_cur_housing_d18]		
Not satisfied with choices of other houses/apartments where I could move in Detroit [reasonstomove_other_housing_d18]		
Landlord issues [reasonstomove_landlord_d18]		
Other [reasonstomove_other_d18]		
None of these reasons [reasonstomove_none_d18]		

In a sentence or two, please explain why you moved: (TEXT BOX)  
[reasonstomove\_text\_d18]

IF [reasonstomove\_cur\_housing\_d18] OR [reasonstomove\_other\_housing\_d18] IS “Yes”

In a sentence or two, please explain why you were not satisfied with the house/apartment where you were living or other houses/apartments where you could move in Detroit: (TEXT BOX)  
[reasonstomove\_housing\_text\_d18]

IF [nonres\_shorsurvey\_d18] IS “Yes, I’d like to complete the short survey”

How has your last move changed your quality of life?  
[move\_qol\_d18]

My quality of life has gotten worse	<input type="radio"/>
My quality of life has not changed	<input type="radio"/>
My quality of life has gotten better	<input type="radio"/>
Don’t know	<input type="radio"/>

IF [nonres\_shorsurvey\_d18] IS “Yes, I’d like to complete the short survey”

How likely is it that you would move back to Detroit sometime in the future?  
[detroit\_return\_d18]

Very unlikely	<input type="radio"/>
Somewhat unlikely	<input type="radio"/>

Neutral (neither likely nor unlikely)	<input type="radio"/>
Somewhat likely	<input type="radio"/>
Very likely	<input type="radio"/>
Don't know	<input type="radio"/>

IF [nonres\_shorsurvey\_d18] IS "Yes, I'd like to complete the short survey"

If you have any other thoughts about leaving Detroit, please share them here: (TEXT BOX)  
[expat\_text\_d18]

Where would you like us to mail the payment?

Address: (TEXT BOX)

City: (TEXT BOX)

State: (TEXT BOX)

Postal Code: (TEXT BOX)

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IF [city\_confirm\_d18] IS "Yes", change of address.

What is your current address?

Address: (TEXT BOX) [updateaddress\_street\_d18]

City: (TEXT BOX) [updateaddress\_city\_d18]

State: (TEXT BOX) [updateaddress\_state\_d18]

Postal Code: (TEXT BOX) [updateaddress\_zip\_d18]

When were you born?

Month (DROPDOWN) [age\_month\_d18]

Year (DROPDOWN) [age\_year\_d18]

IF [age\_year\_d18] IS greater than 2005

To confirm, are you less than 18 years old?  
[age\_confirm\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>

IF [age\_confirm\_d18] IS "No"

We are sorry, but since you are not at least 18 years old you are not eligible for this survey. If you have any questions, please feel free to contact us at DMACS-info@umich.edu or 734-764-4145.

[END SURVEY]

## Block 1: Household Composition, Length of Residence, Housing Status

Next, we have some questions about your current living situation.

- |   |     |                       |
|---|-----|-----------------------|
| 1. <b>Besides yourself</b> , are there any other adults (age 18 or older) living in your household?<br>[hhanyoneelse_d18] | Yes | <input type="radio"/> |
|   | No  | <input type="radio"/> |

IF [hhanyoneelse\_d18] is "Yes"

2. **Besides yourself**, how many adults in each category live in your household?  
 18 to 64 years old (DROP DOWN) [hhcat\_18to64\_d18]  
 (please select "Zero (0)" if you there are no adults in this age range living in the household)  
 65 years old or older (DROP DOWN) [hhcat\_65plus\_d18]  
 (please select "Zero (0)" if you there are no adults 65 years or older living in the household)

- |  |     |                       |
|--|-----|-----------------------|
| 3. Are there any children under age 18 living in your household? [hhcat_child_d18] | Yes | <input type="radio"/> |
|  | No  | <input type="radio"/> |

IF [hhcat\_child\_d18] IS "Yes"

4. How many children under the age of 18 currently live in your household?  
 (please select "Zero (0)" if there are no children living in the household)  
 [hhcat\_under18\_d18]

- |  |                      |                       |
|--|----------------------|-----------------------|
| 5. About how long have you lived at your current address?<br>[current_res_len_d18] | Less than six months | <input type="radio"/> |
|  | Six months to 1 year | <input type="radio"/> |
|  | 1 to 5 years         | <input type="radio"/> |
|  | 6 to 10 years        | <input type="radio"/> |
|  | 11 to 20 years       | <input type="radio"/> |
|  | More than 20 years   | <input type="radio"/> |

- |  |                      |                       |
|--|----------------------|-----------------------|
| 6. About how long have you lived in Detroit?<br>[city_res_len_d18] | Less than six months | <input type="radio"/> |
|  | Six months to 1 year | <input type="radio"/> |
|  | 1 to 5 years         | <input type="radio"/> |
|  | 6 to 10 years        | <input type="radio"/> |

11 to 20 years	<input type="radio"/>
More than 20 years	<input type="radio"/>

7. Is your current residence....  
[housing\_d18]

Owned by you or someone in this household <b>with a mortgage</b> or loan (which could be a home equity loan)	<input type="radio"/>
Owned by you or someone in this household <b>free and clear</b> (without a mortgage or loan)	<input type="radio"/>
Occupied without payment of rent	<input type="radio"/>
Rented	<input type="radio"/>

## Block 2: Health, Social Determinants of Health and Long COVID

Now we would like to ask you some questions about your health and healthcare.

8. In general, how would you rate your health?  
[self\_rate\_heath\_d18]

Poor	<input type="radio"/>
Fair	<input type="radio"/>
Good	<input type="radio"/>
Very good	<input type="radio"/>
Excellent	<input type="radio"/>

9. Is there a place where you usually go for medical care?  
[med\_care\_place\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know	<input type="radio"/>

IF [med\_care\_place\_d18] IS "Yes"

10. What kind of place do you go most often for medical care?  
[place\_for\_care\_d18]

Doctor's office	<input type="radio"/>
A VA medical center or VA outpatient clinic	<input type="radio"/>
Emergency Room	<input type="radio"/>
Walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store	<input type="radio"/>

Telehealth or telemedicine	<input type="radio"/>
Some other place	<input type="radio"/>
Don't know	<input type="radio"/>

11. What is the primary health insurance or health plan that you have now?  
[insurance\_type\_d18]

I don't have health insurance or a health plan	<input type="radio"/>
Private health insurance (through a job, school or bought directly)	<input type="radio"/>
Medicare	<input type="radio"/>
Medicaid, Medical Assistance (MA), Children's Health Insurance Program (CHIP) or kid's state insurance	<input type="radio"/>
Military health care (e.g., Tricare)	<input type="radio"/>
Indian Health Service	<input type="radio"/>
Other	<input type="radio"/>
Don't know	<input type="radio"/>

IF [insurance\_type\_d18] IS "Other"

12. Please describe the reason you selected 'Other' in the previous question. (TEXT BOX)  
[insurance\_type\_other\_text\_d18]

13. How often do you need someone to help you read written information from your doctor or drug store?  
[health\_reading\_help\_d18]

Never	<input type="radio"/>
Rarely	<input type="radio"/>
Sometimes	<input type="radio"/>
Usually	<input type="radio"/>
Always	<input type="radio"/>

14. If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?  
[daily\_activ\_help\_d18]

I don't need any help	<input type="radio"/>
I could use a little more help	<input type="radio"/>
I need a lot more help	<input type="radio"/>



I get all the help I need	<input type="radio"/>
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15. During the **past 12 months**, how often have you waited to get medical care because of cost?  
 [med\_care\_delay\_cost\_d18]

Never	<input type="radio"/>
Rarely	<input type="radio"/>
Sometimes	<input type="radio"/>
Usually	<input type="radio"/>
Always	<input type="radio"/>
Not applicable – I didn't need medical care in the past 12 months	<input type="radio"/>

Now we would like to ask you some additional questions about your health.

16. Have you ever had COVID-19?  
 [c3\_covid\_had\_d18]

Yes, I had it once	<input type="radio"/>
Yes, I had it more than once	<input type="radio"/>
No	<input type="radio"/>
Not sure	<input type="radio"/>

IF [c3\_covid\_had\_d18] IS "Yes, I had it once" OR "Yes, I had it more than once"

17. For any time you had COVID, did you experience any COVID symptoms that lasted **longer than a month**?  
 [c3\_covlong\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>
Not sure	<input type="radio"/>
I didn't have any symptoms when I had COVID	<input type="radio"/>

IF [c3\_covlong\_d18] IS “Yes”

Please indicate whether you experienced each of these symptoms for **longer than one month** when you had COVID. ITEMS RANDOMIZED, ‘Other’ fixed at the bottom.

	Yes	No
18. Changes to taste/smell [c3_covlong_smell_d18]		
19. Chest pain [c3_covlong_chest_d18]	<input type="radio"/>	<input type="radio"/>
20. Difficulty breathing or shortness of breath [c3_covlong_breath_d18]	<input type="radio"/>	<input type="radio"/>
21. Difficulty concentrating, forgetfulness, or memory problems (sometimes referred to as “brain fog”) [c3_covlong_fog_d18]	<input type="radio"/>	<input type="radio"/>
22. Dizziness on standing [c3_covlong_dizzy_d18]	<input type="radio"/>	<input type="radio"/>
23. Fast-beating or pounding heart (also known as heart palpitations) [c3_covlong_heart_d18]	<input type="radio"/>	<input type="radio"/>
24. Joint or muscle pain [c3_covlong_joint_d18]	<input type="radio"/>	<input type="radio"/>
25. Tiredness or fatigue [c3_covlong_tired_d18]	<input type="radio"/>	<input type="radio"/>
26. Unwell after minimal physical activity [c3_covlong_unwell_d18]	<input type="radio"/>	<input type="radio"/>
27. Other [c3_covlong_other_d18]	<input type="radio"/>	<input type="radio"/>

IF [c3\_covlong\_other\_d18] IS “Yes”

28. Please describe the reason you selected ‘Other’ in the previous question. (TEXT BOX)  
[c3\_covlong\_other\_text\_d18]

29. On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk) for at least 30 minutes?  
[exercise\_freq\_d18]

0 days	<input type="radio"/>
1 day	<input type="radio"/>
2 days	<input type="radio"/>

3 days	<input type="radio"/>
4 days	<input type="radio"/>
5 days	<input type="radio"/>
6 days	<input type="radio"/>
7 days	<input type="radio"/>

Now we would like to ask a standard set of questions asked by health professionals to assess your mental wellbeing.

PROGRAMMING NOTE: Respondents were randomly assigned to two groups which received the same questions, but in different formats. The first group [mh\*\_v1\_d18] was presented in the grid format, and the second group [mh\*\_v2\_d18] was presented in the single-question format.

In the **past 7 days**, how often have you...  
(ORDER RANDOMIZED)

	Less than 1 day	1 to 2 days	3 to 4 days	5 to 7 days
30. ...felt nervous, anxious, or on edge? [mh_anxiety_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. ...not been able to stop or control worrying? [mh_worry_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. ...felt depressed? [mh_depress_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the **past 7 days**, how often have you felt nervous, anxious, or on edge?  
[mh\_anxiety\_d18]

Less than 1 day	<input type="radio"/>
1 to 2 days	<input type="radio"/>
3 to 4 days	<input type="radio"/>
5 to 7 days	<input type="radio"/>

In the **past 7 days**, how often have you not been able to stop or control worrying?  
[mh\_worry\_d18]

Less than 1 day	<input type="radio"/>
1 to 2 days	<input type="radio"/>

3 to 4 days	<input type="radio"/>
5 to 7 days	<input type="radio"/>

In the **past 7 days**, how often have you felt depressed?

[mh\_depress\_d18]

Less than 1 day	<input type="radio"/>
1 to 2 days	<input type="radio"/>
3 to 4 days	<input type="radio"/>
5 to 7 days	<input type="radio"/>

33. How often do you feel that you lack companionship?

[mh\_companionship\_d18]

Never	<input type="radio"/>
Some of the time	<input type="radio"/>
Often	<input type="radio"/>
All of the time	<input type="radio"/>

34. How often do you feel left out?

[mh\_leftout\_d18]

Never	<input type="radio"/>
Some of the time	<input type="radio"/>
Often	<input type="radio"/>
All of the time	<input type="radio"/>

35. How often do you feel isolated from others? [mh\_isolated\_d18]

Never	<input type="radio"/>
Some of the time	<input type="radio"/>
Often	<input type="radio"/>
All of the time	<input type="radio"/>

### Block 3: Transportation

Now we have some questions about transportation.

In the **past 30 days**, how often have you used each of the following to get from place to place? For each, please select "Daily", "A few times a week", "A few times a month", or "Never." If the type of transportation is not available to you, please select "Not available to me."

	Daily	A few times a week	A few times a month	Never	Not available to me
36. Walking [transport_mode_walk_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Biking [transport_mode_bike_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Riding a motorcycle or moped [transport_mode_motorcycle_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Your own personal vehicle (e.g., car, truck, SUV) [transport_mode_owncar_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Borrowing the personal vehicle of a friend, family member, neighbor, coworker, or acquaintance [transport_mode_borrowcar_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Getting a ride from a friend, family member, neighbor, coworker, or acquaintance (including carpooling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[transport_mode_getride_d18]					
42. Taking a taxi service or rideshare (e.g., Uber, Lyft) [transport_mode_taxi_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Using a rental car or car sharing service (e.g., zipcar, Car2go) [transport_mode_rental_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Taking the bus [transport_mode_bus_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Taking the train or subway [transport_mode_train_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Using paratransit (that is, specialized, door-to-door transport service for people with disabilities) [transport_mode_para_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. In the **past 30 days**, how often did you have to reschedule an appointment because of a problem with transportation?  
[transport\_appt\_reschedule\_d18]

Often	<input type="radio"/>
Sometimes	<input type="radio"/>
Never	<input type="radio"/>

48. In the **past 30 days**, how often did you skip going somewhere because of a problem with transportation?  
[transport\_skip\_place\_d18]

Often	<input type="radio"/>
Sometimes	<input type="radio"/>
Never	<input type="radio"/>

49. In the **past 30 days**, how often were you **not** able to leave the house when you wanted to because of a problem with transportation?  
[transport\_leave\_house\_d18]

Often	<input type="radio"/>
Sometimes	<input type="radio"/>
Never	<input type="radio"/>

50. In the **past 30 days**, how often did you feel bad because you did not have the transportation you needed?  
[transport\_feelbad\_d18]

Often	<input type="radio"/>
Sometimes	<input type="radio"/>
Never	<input type="radio"/>

51. In the **past 30 days**, how often did you worry about inconveniencing your friends, family, or neighbors because you needed help with transportation?  
[transport\_worry\_inconv\_d18]

Often	<input type="radio"/>
Sometimes	<input type="radio"/>
Never	<input type="radio"/>

52. In the **past 30 days**, how often did problems with transportation affect your relationships with others?  
[transport\_affect\_relation\_d18]

Often	<input type="radio"/>
Sometimes	<input type="radio"/>
Never	<input type="radio"/>

53. In the **past 30 days**, has a lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?  
 [transport\_limit\_daily\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>

IF [transport\_limit\_daily\_d18] IS "Yes"

54. Please explain how a lack of transportation has affected your daily living. (TEXT BOX)  
 [transport\_limit\_daily\_text\_d18]

55. In the **past 30 days**, how often were you satisfied with your ability to get around?  
 [transport\_satis\_d18]

Often	<input type="radio"/>
Sometimes	<input type="radio"/>
Never	<input type="radio"/>

56. Can you usually afford the transportation you need?  
 [transport\_afford\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>

In the **past 30 days**, have you **had trouble paying for** any of the following? Please select "Yes" or "No" for each. If the item does not apply to you, please select "Not applicable."

	Yes	No	Not applicable
57. Gas [afford_gas_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Car insurance [afford_veh_insurance_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Car registration [afford_veh_registration_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Car repairs [afford_veh_repair_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Outstanding traffic tickets (e.g., speeding, parking, driving without a license) [afford_traffic_ticket_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



62. Paying a friend, family member, or neighbor for a ride [afford_getride_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Taxi service or rideshare (e.g., Uber, Lyft) [afford_taxi_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Rental car or car sharing service (e.g., zipcar, Car2go) [afford_rental_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Bus fare [afford_bus_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Train or subway fare [afford_train_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. Some people have a valid driver's license. Others do not. Do you have a valid driver's license?  
[license\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>

68. All together, how many vehicles are owned, leased, or available for regular use by the people who currently live in your household? Please be sure to include motorcycles and mopeds. (Please select "Zero (0)" if there is no vehicle owned, leased, or available for regular use in your household). (DROP DOWN)  
[hh\_vehicles\_d18]

IF [hh\_vehicles\_d18] IS "One (1)"

69. Can you rely on this vehicle to get you to school, work, or other places?  
[vehicle\_rely\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>

IF [hh\_vehicles\_d18] IS >1

70. Thinking about the vehicle you use most of the time, can you rely on this vehicle to get you to school, work, or other places?  
[vehicle\_usual\_rely\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>

IF [hh\_vehicles\_d18] IS "One (1)"

71. Some people have car insurance for their vehicles while others do not. Is this vehicle currently covered by car insurance?

[vehicle\_insur\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>

IF [hh\_vehicles\_d18] IS >1

72. Some people have car insurance for their vehicles while others do not. Thinking about the vehicle you use most of the time, is it currently covered by car insurance?

[vehicle\_usual\_insur\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>

73. Please describe how you get from place to place and any problems you have with transportation. (TEXT BOX)

[transport\_problem\_text\_d18]

#### Block 4: Grocery Shopping Routines

Now we have some questions about how you or other members of your household do your shopping.

74. How satisfied are you with the availability of stores nearby where you can shop regularly?

[nb\_satis\_stores\_d18]

Very dissatisfied	<input type="radio"/>
Somewhat dissatisfied	<input type="radio"/>
Neither satisfied nor dissatisfied	<input type="radio"/>
Somewhat satisfied	<input type="radio"/>
Very satisfied	<input type="radio"/>
Don't know	<input type="radio"/>

75. In the **past year**, have you or any members of your household paid to have pre-made meals delivered to your home using apps like DoorDash or UberEats?

[food\_delivery\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>

Don't know	<input type="radio"/>
------------	-----------------------

76. In the **past year**, have you or any member of your household shopped for groceries in-person at a store? By groceries we mean food and other household items.  
[groc\_inperson\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know	<input type="radio"/>

77. In the **past year**, have you or any member of your household shopped online for groceries using an app like Instacart, Amazon Prime, Shipt, or directly from a grocery store, and had it delivered to your home (not including pre-made meal delivery like DoorDash)?  
[groc\_delivery\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know	<input type="radio"/>

IF [groc\_delivery\_d18] IS "Yes"

78. From your experience, what is the **main benefit** of paying to have groceries delivered to your home? (TEXT BOX) [groc\_delivery\_text\_d18]

IF [groc\_delivery\_d18] IS "Yes"

Have any of the following reasons **limited** your use of grocery delivery services?

(ORDER RANDOMIZED, "Other" FIXED AS LAST RESPONSE OPTION)	Yes	No
79. Do not trust the quality of items selected [groc_deliv_quality_d18]	<input type="radio"/>	<input type="radio"/>
80. Difficulty using grocery delivery websites and apps [groc_deliv_apps_d18]	<input type="radio"/>	<input type="radio"/>
81. Cost [groc_deliv_cost_d18]	<input type="radio"/>	<input type="radio"/>
82. Other reason [groc_deliv_other_d18]	<input type="radio"/>	<input type="radio"/>

IF [groc\_delivery\_d18] IS "No"

Have any of the following reasons contributed to your decision to not use grocery delivery services?

(ORDER RANDOMIZED, "Other" FIXED AS LAST RESPONSE OPTION)	Yes	No
83. Do not trust the quality of items selected [groc_nodeliv_quality_d18]	<input type="radio"/>	<input type="radio"/>
84. Difficulty using grocery delivery websites and apps [groc_nodeliv_apps_d18]	<input type="radio"/>	<input type="radio"/>
85. Cost [groc_nodeliv_cost_d18]	<input type="radio"/>	<input type="radio"/>
86. Other reason [groc_nodeliv_other_d18]	<input type="radio"/>	<input type="radio"/>

IF [groc\_deliv\_other\_d18] OR [groc\_nodeliv\_other\_d18] IS "Yes"

87. Please describe the reason you selected 'Other reason' in the previous question. (TEXT BOX)  
[groc\_other\_text\_d18]

88. In the **past year**, have you or any member of your household received food assistance from the Supplemental Nutrition Assistance Program (SNAP), Food Stamps, or an EBT/Bridge Card? This includes Pandemic EBT, a form of temporary assistance during the COVID-19 pandemic.  
[fin\_pubassist\_snap\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know	<input type="radio"/>

IF [fin\_pubassist\_snap\_d18] IS “Yes”

Michigan residents who receive food assistance from the Supplemental Nutrition Assistance Program (SNAP) are able to buy food online from select retailers (e.g., using your EBT card to buy groceries from Instacart).

89. Prior to taking this survey, were you aware that you could use SNAP benefits to order food online?  
[snap\_aware\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>

IF [fin\_pubassist\_snap\_d18] IS “Yes”

90. In the **past year**, have you or any member of your household used SNAP benefits to pay to have groceries delivered to your home (e.g., using your EBT card to buy groceries from Instacart)?  
[snap\_delivery\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't Know	<input type="radio"/>

### Block 5: Financial Precarity

91. In the **past 12 months**, how often did you cut the size of your meals or skip meals because there wasn't enough money for food?  
[cut\_meal\_cost\_d18]

Never	<input type="radio"/>
Rarely	<input type="radio"/>
Sometimes	<input type="radio"/>
Usually	<input type="radio"/>
Always	<input type="radio"/>

IF [housing\_d18] IS “Owned by you or someone in this household with a mortgage or loan (which could be a home equity loan)” OR “Rented”

92. In the **past 12 months**, how often have you been worried about not being able to pay your rent or mortgage?

[housing\_worry\_cost\_d18]

Never	<input type="radio"/>
Rarely	<input type="radio"/>
Sometimes	<input type="radio"/>
Usually	<input type="radio"/>
Always	<input type="radio"/>

93. 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\_d18]

Never	<input type="radio"/>
1-2 times	<input type="radio"/>
3-4 times	<input type="radio"/>
5-6 times	<input type="radio"/>
7 or more times	<input type="radio"/>
My household does not make any housing payments	<input type="radio"/>

94. Do you or anyone else in your household have a checking or savings account now?

[banked\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know	<input type="radio"/>

95. Do you or anyone else in your household have a credit card now?

[banked\_creditcard\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know	<input type="radio"/>

## Block 6: Perceptions of Inequality

Now we are going to ask you some questions about economic opportunity in Detroit.

96. Based on your experience, do you think the difference in incomes between rich people and poor people in Detroit today is larger, smaller, or about the same as it was 20 years ago?

[income\_gap\_20yrs\_d18]

Much smaller	<input type="radio"/>
Somewhat smaller	<input type="radio"/>

About the same	<input type="radio"/>
Somewhat larger	<input type="radio"/>
Much larger	<input type="radio"/>
Don't know	<input type="radio"/>

97. How much opportunity do you think there is in the **City of Detroit** today for the average person to get ahead economically?  
[\[finopportunity\\_d18\]](#)

None at all	<input type="radio"/>
A little	<input type="radio"/>
A moderate amount	<input type="radio"/>
A great deal	<input type="radio"/>
Don't know	<input type="radio"/>

98. Compared to your parents, do you think it is easier, harder, or neither easier nor harder for you to move up the income ladder?  
[\[income\\_ladder\\_d18\]](#)

A great deal harder	<input type="radio"/>
Somewhat harder	<input type="radio"/>
Neither easier nor harder	<input type="radio"/>
Somewhat easier	<input type="radio"/>
A great deal easier	<input type="radio"/>
Don't know	<input type="radio"/>

99. In general, do you think people's ability to **improve** their financial well-being is now better, worse, or the same as it was 20 years ago?  
[\[finwellbeing\\_d18\]](#)

A great deal worse	<input type="radio"/>
Somewhat worse	<input type="radio"/>
About the same as 20 years ago	<input type="radio"/>

Somewhat better	<input type="radio"/>
A great deal better	<input type="radio"/>
Don't know	<input type="radio"/>

**Note:** The following sets of questions are randomized so half of respondents get the questions about metro Detroit and half get the questions about the City of Detroit.

Next we would like to know how much you agree or disagree with the following statements about income inequality.

100. Differences in income in <b>metro Detroit</b> are too large. [diff_income_metro_d18]	Strongly disagree	<input type="radio"/>
	Somewhat disagree	<input type="radio"/>
	Neither disagree nor agree	<input type="radio"/>
	Somewhat agree	<input type="radio"/>
	Strongly agree	<input type="radio"/>

101. Large differences in income are necessary for <b>metro Detroit's</b> prosperity. [large_inc_prosperity_metro_d18]	Strongly disagree	<input type="radio"/>
	Somewhat disagree	<input type="radio"/>
	Neither disagree nor agree	<input type="radio"/>
	Somewhat agree	<input type="radio"/>
	Strongly agree	<input type="radio"/>

Next we would like to know how much you agree or disagree with the following statements about income inequality.

102. Differences in income in the <b>City of Detroit</b> are too large.	Strongly disagree	<input type="radio"/>
---	-------------------	-----------------------



[diff\_income\_city\_d18]

Somewhat disagree	0
Neither disagree nor agree	0
Somewhat agree	0
Strongly agree	0

103. Large differences in income are necessary for the **City of Detroit's** prosperity.

[large\_inc\_prosperity\_city\_d18]

Strongly disagree	0
Somewhat disagree	0
Neither disagree nor agree	0
Somewhat agree	0
Strongly agree	0

104. To what extent do you agree or disagree with the following statement:

It is the responsibility of the government to reduce differences in income between people with high incomes and those with low incomes.

[gov\_reduce\_inc\_gap\_d18]

Strongly disagree	0
Somewhat disagree	0
Neither disagree nor agree	0
Somewhat agree	0
Strongly agree	0

## Block 7: Technology Adoption

Now we have some questions about new technologies.

To what extent do you agree or disagree with the following statements?

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
105. I usually try new products before others do. [tech_pref_new_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. I prefer my tried and trusted products. [tech_pref_used_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. I like being able to tell others about new products I have tried. [tech_tell_experience_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. I wait until I hear about others' experience before I try new products. [tech_hear_experience_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

109. Detroit has recently made significant investments in encouraging technology innovation. How much do you feel these investments will **positively affect** you and your community?  
[detroit\_tech\_invest\_d18]

Not at all	<input type="radio"/>
Somewhat	<input type="radio"/>
A great deal	<input type="radio"/>
Don't know	<input type="radio"/>

Now we have some questions about drone technology for commercial purposes. By drones we mean unmanned aircraft controlled either by a human or a computer. Drones are increasingly being used for commercial tasks like delivery, first responder flights in emergencies, and aerial photography.

110. How familiar are you with the use of drone technology for commercial purposes?  
[drone\_familiar\_d18]

Very unfamiliar	<input type="radio"/>
Somewhat unfamiliar	<input type="radio"/>

Somewhat familiar	<input type="radio"/>
Very familiar	<input type="radio"/>

111. Some people think drones can positively benefit communities, while others worry about negative impacts. Which position is closer to how you feel about drones?

[drone\_impact\_d18]

I think the impacts of drones are more <b>positive</b> than negative	<input type="radio"/>
I think the impacts of drones are more <b>negative</b> than positive.	<input type="radio"/>
Don't know	<input type="radio"/>

## Block 8: Employment

Now we are going to ask about your employment.

112. In the **past month**, did you do any work for either pay or profit?

[anywork\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>

IF [anywork\_d18] IS "No"

113. In the **past month**, have you received unemployment Insurance (UI) benefits?

[fin\_pubassist\_ui\_month\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>

IF [anywork\_d18] IS "No"

Now we would like to ask some questions about why you did not work during the **past month**. Did any of the following contribute to your not working?

[ORDER RANDOMIZED, "Other" FIXED AS LAST RESPONSE OPTION]

	Yes	No	Don't know
114. I am retired [lf_nowork_retired_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. I am going to school or training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[If_nowork_student_d18]			
116. I have health/medical limitations or am disabled [If_nowork_disabled_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. I do not want to work for pay at this time [If_nowork_choice_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. I do not work due to family/personal obligations or am a homemaker [If_nowork_homemaker_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. I lost my job, have been laid off, or am otherwise out of work [If_nowork_layoff_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. Other [If_nowork_other_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF [If\_nowork\_other\_d18] IS “Yes”

121. Please describe the reason you selected ‘Other’ on the previous question about your work status: (TEXT BOX) [If\_nowork\_other\_text\_d18]

IF [If\_nowork\_\*\_d18] IS GREATER THAN OR EQUAL TO 2 “Yes” RESPONSES

122. Among the several reasons you selected for not working during the <b>past month</b> , please tell us which is the <u>main</u> reason for not working. [If_nowork_primary_d18]	[IF [If_nowork_disabled_d18] IS “Yes”] I have health/medical limitations or am disabled	<input type="radio"/>
	[IF [If_nowork_retired_d18] IS “Yes”] I am retired	<input type="radio"/>
	[IF [If_nowork_layoff_d18] IS “Yes”] I have lost my job, been laid off, or am otherwise out of work	<input type="radio"/>
	[IF [If_nowork_student_d18] IS “Yes”] I am going to school or training	<input type="radio"/>
	[IF [If_nowork_homemaker_d18] IS “Yes”] I don’t work due to family/personal obligations or am a homemaker	<input type="radio"/>
	[IF [If_nowork_choice_d18] IS “Yes”] I did not want to work for pay at this time	<input type="radio"/>
	[IF [nowork_other_d18] IS Yes”] Other	<input type="radio"/>

123. Have you actively searched for a new job in the **past month**?  
 [jobsearch\_cur\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>
Not applicable	<input type="radio"/>

IF [anywork\_d18] IS "No"

124. How likely do you think it is that you will work for pay or profit in the **next month**?  
 [notworking\_return\_d18]

Very likely	<input type="radio"/>
Somewhat likely	<input type="radio"/>
Somewhat unlikely	<input type="radio"/>
Very unlikely	<input type="radio"/>
Not applicable	<input type="radio"/>

## Block 9: Demographics and Background Characteristics

In the next section, we have some questions about your background.

125. Do you speak a language other than English at home?  
 [language\_d18]

Yes	<input type="radio"/>
No	<input type="radio"/>
Prefer not to answer	<input type="radio"/>

IF [language\_d18] IS "Yes"

126. What language(s) other than English do you speak at home? (TEXT BOX)  
 [language\_spoken\_text\_d18]

127. Were you born in the United States or a U.S. territory?  
 [born\_us\_d18]

Yes, I was born in one of the 50 U.S. states	<input type="radio"/>
Yes, I was born in a U.S. territory (e.g., Puerto Rico, Guam, U.S. Virgin Islands)	<input type="radio"/>
No	<input type="radio"/>

IF [born\_us\_d18] IS “No”

128. In which country were you born? (TEXT BOX)  
[born\_country\_text\_d18]

IF [born\_us\_d18] IS “Yes, I was born in a U.S. territory (e.g., Puerto Rico, Guam, U.S. Virgin Islands)”

129. In which U. S. territory were you born? (TEXT BOX)  
[born\_us\_territory\_text\_d18]

130. What is your gender?  
[gender\_d18]

Man	<input type="radio"/>
Woman	<input type="radio"/>
Trans woman	<input type="radio"/>
Trans man	<input type="radio"/>
Nonbinary, genderqueer, or genderfluid	<input type="radio"/>
I use a different term to describe my gender	<input type="radio"/>
Prefer not to answer	<input type="radio"/>

IF [gender\_d18] IS “I would use a different term to describe my gender”

131. 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\_text\_d18]

132. Which of the following best describes how you think of yourself?  
[sexuality\_d18]

Gay	<input type="radio"/>
Lesbian	<input type="radio"/>
Straight (that is, not gay, lesbian, bisexual, or other)	<input type="radio"/>
Bisexual	<input type="radio"/>
I use a different term to describe myself	<input type="radio"/>
Prefer not to answer	<input type="radio"/>

IF [sexuality\_d18] IS "I use a different term to describe myself"

133. If the categories in the previous question did not accurately describe you, and you would like to provide more detail, please do so here: (TEXT BOX)  
[sexuality\_text\_d18]

134. Are you of Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban? [hisp_d18]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Prefer not to answer	<input type="radio"/>

135. Are you of Arab, Persian, or Middle Eastern descent? [mideastern_d18]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Prefer not to answer	<input type="radio"/>

136. Which of the following best describes your race? Please select all that apply	American Indian or Alaska Native [race_native_d18]	<input type="checkbox"/>
	Asian or Asian American [race_asian_d18]	<input type="checkbox"/>
	Black or African American [race_black_d18]	<input type="checkbox"/>
	Native Hawaiian or Other Pacific Islander [race_pacisl_d18]	<input type="checkbox"/>
	White [race_white_d18]	<input type="checkbox"/>
	Other [race_other_d18]	<input type="checkbox"/>
	Prefer not to answer [race_noanswer_d18]	<input type="checkbox"/>

IF [race\_other\_d18] IS SELECTED

137. 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\_d18]

138. What is the highest degree or level of school you have completed? [educ_d18]	No formal education	<input type="radio"/>
	Some education but did not graduate from high school or receive a GED	<input type="radio"/>
	High school diploma or GED	<input type="radio"/>
	Some college, no degree	<input type="radio"/>
	Associate's degree (for example, AA or AS)	<input type="radio"/>
	Bachelor's degree (for example, BA, BS, or AB)	<input type="radio"/>
	Graduate degree (for example, Master's degree or doctorate)	<input type="radio"/>

IF [educ\_d18] IS "Some college, no degree" or "Some education but did not graduate from high school or receive a GED"

Please indicate whether each of the following was a reason that contributed to you not finishing high school or college.

ORDER RANDOMIZED, "Other" FIXED AS LAST RESPONSE OPTION]

	Yes	No	Don't know
139. The program was too hard [no_hs_hard_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. I did not have enough time/I had conflicting commitments [no_hs_time_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. I had concerns about job placement/career outcomes [no_hs_job_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. I faced administrative/bureaucratic issues [no_hs_admin_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. It was too expensive/I had to work instead [no_hs_cost_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. Other [no_hs_other_d18]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF [no\_hs\_other\_d18] IS "Yes"



145. Please describe the reason you selected 'Other' in the previous question. (TEXT BOX)  
 [no\_hs\_other\_text\_d18]

146. In the past **5 years**, have you participated in any non-degree training programs, such as a tech bootcamp or apprenticeship, for the purpose of earning a certification or credential?  
 [trainingprog\_d18]

Yes, I participated in at least one non-degree training program	<input type="radio"/>
No, I wanted to participate in a non-degree training program but was not able to	<input type="radio"/>
No, I did not want to participate in a non-degree training program	

IF [trainingprog\_d18] IS "Yes, I participated in at least one non-degree training program"

147. What non-degree training program or programs have you participated in? (TEXT BOX)  
 [trainingprog\_text\_d18]

IF [trainingprog\_d18] IS "Yes, I participated in at least one non-degree training program" OR "No, I wanted to participate in a non-degree training program but was not able to"

Which of the following factors prevented or limited your participation in non-degree training programs?

	Yes	No
148. Was not able to take time off time from work [trainingprog_no_timeoff_d18]		
149. Could not afford to take time off from work [trainingprog_no_unpaid_d18]		
150. Lack of transportation [trainingprog_no_transit_d18]	<input type="radio"/>	<input type="radio"/>
151. Lack of childcare [trainingprog_no_childcare_d18]	<input type="radio"/>	<input type="radio"/>
152. Cost of participation (e.g., registration fees) [trainingprog_no_costs_d18]		
153. Lack of stable housing [trainingprog_no_housing_d18]		
154. Other [trainingprog_no_other_d18]		

IF [trainingprog\_no\_other\_d18] IS "Yes"

155. Please describe the reason you selected 'Other' in the previous question. (TEXT BOX)

[trainingprog\_no\_text\_d18]

156. What do you think would make participating in non-degree training programs easier? (TEXT BOX) [trainingprog\_easier\_text\_d18]

157. Are you now married, widowed, divorced, separated or never married?

[marital\_d18]

Now married	<input type="radio"/>
Widowed	<input type="radio"/>
Divorced	<input type="radio"/>
Separated	<input type="radio"/>
Never married	<input type="radio"/>

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).

158. Was your total HOUSEHOLD income in the **past 12 months** . . .

[income\_1\_d18]

Below \$35,000	<input type="radio"/>
\$35,000 or more	<input type="radio"/>

IF [income\_1\_d18] IS "Below \$35,000"

159. We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it . . .

[income\_2\_d18]

Less than \$5,000	<input type="radio"/>
\$5,000 to \$9,999	<input type="radio"/>

\$10,000 to \$14,999	<input type="radio"/>
\$15,000 to \$19,999	<input type="radio"/>
\$20,000 to \$24,999	<input type="radio"/>
\$25,000 to \$29,999	<input type="radio"/>
\$30,000 to \$34,999	<input type="radio"/>

IF [income\_1\_d18] IS "\$35,000 or more"

160. We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it...  
[income\_3\_d18]

\$35,000 to \$39,999	<input type="radio"/>
\$40,000 to \$49,999	<input type="radio"/>
\$50,000 to \$59,999	<input type="radio"/>
\$60,000 to \$74,999	<input type="radio"/>
\$75,000 to \$99,999	<input type="radio"/>
\$100,000 to \$124,999	<input type="radio"/>
\$125,000 to \$149,999	<input type="radio"/>
\$150,000 or more	<input type="radio"/>

## Block 10: Survey Closing

161. Do you have any other thoughts about this survey or the topics covered in this survey? (TEXT BOX) [feedback\_d18]

162. As a token of appreciation for taking the survey, we are offering the option of receiving either a check or a gift card. **Please note that a gift card will take at least 3 weeks longer to arrive than a check.** Please select which you prefer. If neither option is selected, we will send you a check. [incentive\_option\_d18]

Check	<input type="radio"/>
Gift card	<input type="radio"/>

163. 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_d18]	Yes	<input type="radio"/>
	No	<input type="radio"/>

IF [incentive\_d18] IS "No"

164. Please enter the address where we should send the payment.

Street Address: (TEXT BOX) [incentive\_street\_d18]  
 City: (TEXT BOX) [incentive\_city\_d18]  
 State: (TEXT BOX) [incentive\_state\_d18]  
 Postal Code: (TEXT BOX) [incentive\_zip\_d18]

165. Please edit incorrect information and add any that is missing so we can contact you about future surveys or if we have a question about your payment:

Email address: [update\_email\_d18]  
 Cell phone: [update\_cphone\_d18]  
 Home/alternate phone: [update\_hphone\_d18]

IF [update\_cphone\_d18] IS PROVIDED

166. May we text you or send you a WhatsApp message with links to surveys in the future? Select all that apply. [surv_text_d18]	Yes, you may send me a text	<input type="radio"/>
	Yes, you may message me on WhatsApp	<input type="radio"/>
	No, do not contact me via text or WhatsApp	<input type="radio"/>

IF [update\_email\_d18] IS PROVIDED

167. Would you like to receive DMACS survey findings via email in the future? [contact_consent_d18]	Yes, send me findings by email	<input type="radio"/>
	No, do not send me findings by email	<input type="radio"/>

168. I completed this survey... [surv_mode_d18]	On a computer (laptop or desktop)	<input type="radio"/>
	On a mobile device (e.g., cell phone or tablet)	<input type="radio"/>
	On the phone with a DMACS interviewer	<input type="radio"/>

