

To start the survey, we will ask you to confirm your name, date of birth and address. You will also have the opportunity to update your address.

1. In order to confirm your identity, can you please confirm that you are [first name] [last name]?

- a. Yes, I am [first name] [last name] (*skip to 2*)
- b. Yes, but my name has been misspelled (*go to 1.1*)
- c. Yes, but my name has changed (*go to 1.1*)
- d. No (*exit survey*)(*skip to alternative closing*)

*if 1==b or 1==c display 1.1*

**(1.1) Please provide the correct spelling of your name.**

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2. In order to confirm your identity, we ask you to please confirm your date of birth. [MONTH] [DAY] [YEAR]

- a. Yes, that is my correct birthday (*skip to 3*)
- b. No, I need to correct by birthday (*go to 2.1*)

*if 2==b display 2.1*

**(2.1) What is your birthdate?**

- a. Month (1–12)
- b. Day (1–31)
- c. Year (1920–2005)

3. In order to confirm your identity, we ask you to please confirm your home address. [Address line 1] [Address line 2] [City] [State] [Zip code]

- a. Yes, my address is correct (*skip to next section*)
- b. No, I have moved and I can provide my new address (*go to 3.1*)
- c. No, that is not my address. I need to correct it (*go to 3.1*)

*if 3==b or 3==c, display 3.1*

**(3.1) Please provide your correct address.**

Address line 1:

Address line 2:

City:

State:

Zip code:

**4. What is your Annual Gross Household Income? (Annual Gross Income is the amount paid to your household within a year before taxes or other deductions)**

**5. Please enter the amount you received from each of the following sources of income in the last 12 months:**

<b>Source</b>	A. Earned income (earnings from a job or business)	B. Rental income (income from a rental property)	C. Investment income (profits from investments)	D. Public Assistance	E. Basic income payments (e.g., Rochester GBI Pilot or other programs)	F. Other
<b>Amount</b>						

*Validate that  $sum(A,B,C,D,E,F)=[value\ provided\ in\ question\ 1]$*

**6. Last week, did you do any work for either pay or profit (including self-employment)?**

- a. Yes, and worked at least 35 hours during the week
- b. Yes, but worked less than 35 hours during the week
- c. No, but am currently looking for work
- d. No, and am not currently looking for work
- e. Retired
- f. Disabled
- g. Unable to work

**7. On average, about how much do you spend on each of the following categories each month? If you do not usually spend anything on this category, please enter zero.**

- a. Housing (This includes things like rent or mortgage costs, necessary maintenance, and homeowner or renter insurance.)
- b. Utilities (This includes things like water, sewer, electricity, gas, and heating. If your utilities are included in your housing payment, enter zero.)
- c. Food (This includes things like groceries, eating outside of the home/take-out, and beverages.)
- d. Transportation (This includes things like car payments, car insurance, gasoline, bus fares, and Uber/Lyft rides.)
- e. Healthcare (This includes things like health insurance, medical expenses, and medicine.)
- f. Childcare (This includes things like day care expenses, after-school care, and babysitting.)

- g. Other (This could include things like education or loan payments, and other personal expenses.)

**8. How do you normally get around to different locations?**

- a. Drive
- b. Walk
- c. Ride with someone
- d. Bus or other public transportation
- e. Uber, Lyft, or Taxi
- f. Bike

**9. What is your housing situation like today?**

- a. I rent my home
- b. I own my home
- c. I am living stably in a home that I do not own, and I do not pay any rent
- d. I don't currently have a stable housing situation (i.e., I have been "couch-surfing", in a homeless shelter, on the street, in an abandoned building, in a car or van, in a hotel or motel, etc.)

**10. [If 9==C or D, skip] Did you/your household pay your full portion of the rent or mortgage amount for the previous month?**

- a. Paid the full amount on time
- b. Paid the full amount but not all of it was on time
- c. Paid more than half but not all
- d. Paid less than half
- e. Paid none of the rent or mortgage

**11. During the last 12 months, how often were you unable to afford enough food for your household?**

- a. Often
- b. Sometimes
- c. Never

**12. Have you been charged a late fee by your landlord in the past 12 months?**

- a. Yes
- b. No

**13. In the past 12 months, have you ever had any utilities disconnected?**

- a. Yes
- b. No

**14. In the past 12 months, or have you received notice of utilities disconnection?**

- a. Yes
- b. No

**15. In the past 12 months, were you ever evicted or was a house you owned foreclosed on?**

- a. Yes
- b. No

**16. In the past 12 months, how often were you worried or stressed about being evicted or foreclosed on?**

- a. Never
- b. 1 or 2 months
- c. Some months, but not every month
- d. Almost every month
- e. Every month

**17. In the past 12 months, how often were you worried or stressed about having your water, electricity, or gas shut off?**

- a. Never
- b. 1 or 2 months
- c. Some months, but not every month
- d. Almost every month
- e. Every month

**18. In your application, you said that you had the goal(s) of *\_\_\_populate with stated goals\_\_\_*. Did you make progress toward this/these goal(s)?**

- a. Yes
- b. No

**19. Do you currently have a bank account?**

- a. Yes, I have a checking account with a credit union or bank (This does not include prepaid accounts or direct deposit cards.)
- b. Yes, I have some other kind of bank account
- c. No, I do not have a bank account

**20. How confident are you in your ability to achieve a financial goal you set for yourself today?**

- a. Not at all confident

- b. Somewhat confident
- c. Very confident

**21. If you had an unexpected expense or you or someone in your family lost a job, got sick or had another emergency, how confident are you that you could come up with money to make ends meet within a month?**

- a. Not at all confident
- b. Somewhat confident
- c. Very confident

**22. In the past 12 months, have you experienced more financial independence?**

- a. Yes
- b. No

**23. Do you currently have money set aside for savings?**

- a. Yes
- b. No

**24. [If 23=Yes] If you added up all the money you have set aside for savings, how much would it amount to right now? Leave blank if you do not know**

- a. \$ \_\_\_\_\_ ENTER DOLLAR AMOUNT (0 – 999,999)

**25. [If 23 is Yes AND 24 is blank] Is the amount you have set aside for savings closest to:**

- a. \$1-99
- b. \$100-499
- c. \$500-999
- d. \$1000-4999
- e. \$5000-9999
- f. \$10,000 or more
- g. Don't know

Define savings\_amount = {0 if 23 == No; otherwise the value from 24 or 25}

**26. You said you have \$\_\_savings\_amount\_\_ in savings. Would you say that is more than, less than, or about the same as what you had saved 12 months ago?**

- a. More than
- b. Less than
- c. About the same

**27. In the last month, did you try to borrow money in any of the following ways?**

**Please check all that apply.**

- a. I asked a friend or family member
- b. I applied for a payday loan or title loan
- c. I applied for a new credit card
- d. I applied for a loan from a bank
- e. I did not try to borrow money

**28. [If 19==A] How often do you pay overdraft fees in your checking account?**

- a. More than once per month
- b. Once per month
- c. Once every 2-3 months
- d. Once or twice per year
- e. Never
- f. Don't know

**29. In the past two weeks, how many times have you or anyone in your household taken out any small dollar installment loans, such as a payday loan, car title loan, tax refund advance loan, etc...?**

- a. Have not taken out a small dollar loan
- b. Just once
- c. Two or three times
- d. More than three times
- e. Don't know

**30. In the past two weeks, have you or anyone in your household had to "roll over" a payday loan or other small dollar installment loan? (Rolling over a payday loan means that you were not able to repay the loan at the end of the lending period and extended the period over which you repaid the loan.)**

- a. Yes
- b. No
- c. Don't know

**31. In the next three months, how often do you anticipate that you and your family will experience actual hardships such as inadequate housing, food, or medical care?**

- a. Not at all
- b. A little bit
- c. Sometimes
- d. Often
- e. Almost always

**32. How worried are you about being evicted or foreclosed on in the next three months?**

- a. Very worried
- b. Somewhat worried
- c. Only a little worried
- d. Not at all worried

**33. How worried are you about having your water, electricity, or gas shut off in the next three months?**

- a. Very worried
- b. Somewhat worried
- c. Only a little worried
- d. Not at all worried

*For each of the following questions 34-43, the participant will answer on a 0-4 point scale: (0 - never, 1 - almost never, 2 - sometimes, 3 - fairly often, 4 - very often).*

**34. In the last month, how often have you been upset because of something that happened unexpectedly?**

**35. In the last month, how often have you felt that you were unable to control the important things in your life?**

**36. In the last month, how often have you felt nervous or stressed?**

**37. In the last month, how often have you felt confident about your ability to handle your personal problems?**

**38. In the last month, how often have you felt that things were going your way?**

**39. In the last month, how often have you found that you could not cope with all the things that you had to do?**

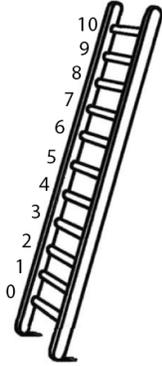
**40. In the last month, how often have you been able to control irritations in your life?**

**41. In the last month, how often have you felt that you were on top of things?**

**42. In the last month, how often have you been angered because of things that happened that were outside of your control?**

**43. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?**

**44. Imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you, and the bottom of the ladder represents the worst possible life for you. The higher the step, the better you feel about your life, and the lower the step the worse you feel about it. On which step of the ladder would you say you personally feel you stand at this time?**



- a. 10 Best possible life
- b. ...
- c. 0 Worst possible life

**45. How would you rate your overall physical health today -- excellent, very good, good, fair, or poor?**

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

**46. Compared to one year ago, how would you rate your health in general now? Is it much better, somewhat better, about the same, somewhat worse, or much worse?**

- a. Much better
- b. Somewhat Better
- c. About the same
- d. Somewhat worse
- e. Much Worse

**For these next couple of questions, feeling “close” to someone means that you feel at ease with them, can talk to them about private matters, and can call on them for help.**

**47. How many close friends and family members do you have, not including a spouse, parents, or any children you may have?**

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6
- g. 7+
- h. Don't Know

**48. Do you belong to any groups such as social clubs, recreational groups, trade unions, volunteer groups, commercial groups, professional organizations, groups concerned with children like the PTA or Boy Scouts, groups concerned with community service, or the like?**

- a. Yes
- b. No
- c. Don't Know

**49. What is the highest level of education you've completed?**

- a. Less than a high school diploma
- b. High school diploma or GED
- c. Some College
- d. Associate's degree
- e. Bachelor's degree
- f. Graduate degree or higher

**50. In the last 12 months, did you participate in an education or training program?**

- a. Yes
- b. No, but would like to
- c. No, not interested at this time

**51. Check any program(s) you or your household are currently participating in.**

- a. Temporary Assistance for Needy Families (TANF)
- b. Safety Net Assistance (SNA)
- c. Supplemental Nutrition Assistance Program (SNAP or Food Stamps)
- d. Free and reduced school lunch and/or breakfast
- e. Medicare Part D low-income subsidies
- f. Supplemental Security Income (SSI)
- g. Supplemental Security Disability Income (SSDI)
- h. Head Start
- i. Early Head Start
- j. The Special supplemental nutrition program for Women Infants and Children (WIC)
- k. Section 8/Housing Choice Vouchers
- l. The Low-Income Home Energy Assistance Program (HEAP)
- m. Pell Grants
- n. None of the above

**52. We would like to hear more about your experience receiving cash through the City of Rochester Guaranteed Basic Income program. How has the program impacted your life?**

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