

# **A Randomized Controlled Trial on the Provision of Financial and Social Capital to Low-Income Households in the United States**

## **APPENDIX**

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## Appendix A: Profile Survey (Month 0 Only)

*[In the survey questions participants see, the names of our partner organizations, the study, and the non-profit organization's online platform are written out in full. However, in the questions below, these are replaced with generic names in square brackets. We do this to ensure the organizations' anonymity and minimize the possibility of our study design and hypotheses being easily findable online while the trial is still running. Spanish survey instrument available upon request.]*

To get started, we'd like to ask you a few questions about you.

**[BIRTHYRT0] First, what year were you born?** *[Open text box.]*

**[GENDER] Which gender do you primarily identify with?**

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to answer

**[RACE] What race(s) do you primarily identify with?** Please check all that apply.

- ☐ Asian / Asian American / Pacific Islander
- ☐ Asian Indian
- ☐ Black / African American
- ☐ Hispanic / Latinx
- ☐ Middle Eastern / North African
- ☐ Native American / Alaskan / Hawaiian
- ☐ White / European
- ☐ Identity not listed
- ☐ Prefer not to answer

**[EDUCATION] What is the highest level of education you have completed?**

- ☐ Less than high school
- ☐ High school / GED
- ☐ Some college
- ☐ 2-year college degree
- ☐ 4-year college degree
- ☐ Professional degree
- ☐ Graduate degree
- ☐ Prefer not to answer

Thanks! Now, we'd like to ask you about your family and any other people living in your household.

**[DEPENDENTS\_YN] Do you have any dependents?** Dependents are people you live with –

like children, grandchildren, or elderly relatives – who you support financially.

- ☐ No
- ☐ Yes

*[If have dependents:]*

**[DEPENDENTS\_NUM]** How many dependents do you have? *[Dropdown menu from “1” to “10 or more”.]*

*[If have dependents:]*

**[DEPENDENTSLT18\_NUM]** How many of your dependents are under 18 years old? *[Dropdown menu from “0” to “10 or more”.]*

*[If have dependents, display this question such that the number of rows corresponds to the number of dependents. If there are more than 10 dependents, show 10 rows.]*

**[DEPENDENT\_AGE GENDER CARE]** For each dependent, please write their age, choose their gender, and indicate whether you are the primary caregiver. Choose “split” if you split caregiving responsibilities equally with one or more caregivers, and “N/A” if the person does not require care.

	Age?	Gender?			Primary caregiver?			
	Years	Male	Female	Non-binary	No	Yes	Split	N/A
Oldest dependent	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second oldest dependent	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third oldest dependent	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth oldest dependent	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fifth oldest dependent	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sixth oldest dependent	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seventh oldest dependent	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eighth oldest dependent	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ninth oldest dependent	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tenth oldest dependent	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**[OTHERHHMEMBERS\_YN]** Are there any other people who live in your household?

- ☐ No
- ☐ Yes

*[If answer to previous question is “Yes”:]*

**[OTHERHHMEMBERS\_NUM]** Not including the people you already told us about, how many *other* people live in your household? I.e., how many people live in your household OTHER THAN you and your dependents? *[Dropdown menu from “1” to “10 or more”.]*

**[PARTNER\_YN] Do you currently have a partner or spouse?**

- ☐ No
- ☐ Yes

*[If answer to previous question is “Yes”:]*

**[MARRIEDYN] Are you and your partner married?**

- ☐ No
- ☐ Yes

*[If answer to previous question is “Yes”:]*

**[MARRIETIME] How long have you and your spouse been married?**

- ☐ 0-2 years
- ☐ 2-5 years
- ☐ 5-10 years
- ☐ 10-20 years
- ☐ More than 20 years

*[In all subsequent questions, “[significant other]” is replaced with “partner” if the participant indicated not being married, and “spouse” if the participant indicated being married. If indicated having a partner or spouse:]*

**[PARTNERCOHABITATE] Do you and your [significant other] currently live together?**

- ☐ No
- ☐ Yes
- ☐ Somewhat

*[In all subsequent questions, “children” is replaced with “child” if the respondent has 1 dependent under 18 years old. If indicated having a partner or spouse and at least 1 dependent:]*

**[PARTNERCAREINVOLVEMENT] How involved would you say your [significant other] is with taking care of your children?** *[Slider from 0 to 100, with labels “Not at all involved,” “Somewhat involved,” and “Extremely involved.” Option for “Not applicable.”]*

*[If indicated having at least 1 dependent:]*

**[CARESUPPORT] How much care-giving support do you feel you have** (e.g. from family, friends, neighbors)? *[Slider from 0 to 100, with labels “No support,” “Some support,” and “A lot of support.” Option for “Not applicable.”]*

**[INC2020] In 2020, what was your total household income before taxes and other deductions?** *[Dropdown menu with buckets of \$10,000 intervals from \$0 to above \$120,000]*

**[INC2019] How about in 2019? What was your total household income that year?** *[Dropdown menu with buckets of \$10,000 intervals from \$0 to above \$120,000]*

**[GOVTCURRENT\_YN] Are you currently receiving benefits from the [state government organization]?** This includes:

SNAP (Supplemental Nutrition Assistance Program)

TAFDC (Transitional Aid for Families with Dependent Children)  
EAEDC (Emergency Aid for the Elderly, Disabled and Children)

- No
- Yes
- Not sure

*[If answer to previous question is “Yes” or “Not sure”:]*

**[GOVT\_NUM1]** Thanks! We have good news!

The [state government organization] has agreed to NOT count any earnings you receive from this study towards your income for SNAP, TAFDC, or EAEDC. That is, payments from this study will not affect how much you receive in benefits for those programs.

**Important: to ensure that the [state government organization] does not count earnings from this research study against you, please provide your 7-digit [state government organization] number (also known as your [alternative name]) here.** You can find this number on previous notices from [state government organization] and on your [state government organization app name] app under “My Info.” Providing this number will allow [non-profit organization] to link your survey responses to your [state government organization] data. *[Open text box]*

*[If previous question is left unanswered:]*

**[GOVT\_NUM2]** Are you sure you do not want to enter your [state government organization] number? If you do not enter your [state government organization] number, your SNAP, TAFDC, and/or EAEDC benefits may decrease. **Please enter your [state government organization] number here:** *[Open text box.]*

**[GOVT\_EMAILREQUEST1]** Or, if you want to give your [state government organization] number but can’t find it now, **please check the box below and we will email you later to help you find this information:**

- ☐ Please email me later to help me find my [state government organization] number

*[If indicated that are not currently receiving benefits from the state government organization:]*

**[GOVTPAST\_YN]** **Have you received any benefits** from the [state government organization] **in the last 5 years?** This includes:

SNAP (Supplemental Nutrition Assistance Program)

TAFDC (Transitional Aid for Families with Dependent Children)

EAEDC (Emergency Aid for the Elderly, Disabled and Children)

- No
- Yes
- Not sure

*[If answer to previous question is “Yes” or “Not sure”:]*

**[GOVTPAST\_NUM1]** As you know, one of the main goals of this study is to improve Massachusetts social service systems for all families. To do this, it is critical for us to know your [state government organization] (also known as your [alternative name]) number. **Please input your 7-digit [state government organization] number here.** You can find this number on

previous notices from [state government organization] and on your [state government organization app name] app under “My Info.” Providing this number will allow [non-profit organization] to link your survey responses to your [state government organization] data.  
*[Open text box.]*

*[If previous question is left unanswered:]*

**[GOVTPAST\_NUM2]** Are you sure you do not want to enter your [state government organization] number? **If you can, please enter your 7-digit [state government organization] number here:** *[Open text box.]*

**[GOVTPAST\_EMAILREQUEST]** Or, if you want to give your [state government organization] number but can’t find it now, **please check the box below and we will email you later to help you find the information:**

☐ Please email me later to help me find my [state government organization] number

## Appendix B: Quarterly Survey (Months 0 to 18)

*[In the survey questions participants see, the names of our partner organizations, the study, and the non-profit organization's online platform and payment system are written out in full. However, in the questions below, these are replaced with generic names in square brackets. We do this to ensure the organizations' anonymity and minimize the possibility of our study design and hypotheses being easily findable online while the trial is still running. Spanish survey instrument available upon request.]*

*[For Month 0:]*

Hi! Thanks for your willingness to take this [non-profit organization] survey. Please click on the button below to continue.

*[For all months after Month 0:]*

**[BIRTHYR]** Hi! Thanks for your willingness to take this [non-profit organization] survey. Before we get started, **can you please verify your year of birth?** *[Open text box.]*

**[LINKSOURCE]** Did you receive the link for this survey directly from [the non-profit organization], or from someone else?

- ☐ From [the non-profit organization]
- ☐ From someone else

*[For respondents who indicate that they got the link from someone else:]*

Thank you for your interest, but unfortunately, you are only allowed to take this survey if you have received the link directly from [the non-profit organization]. If you would like to participate in future studies, please email [email]. Thanks again and have a great day! *[End survey.]*

**[UNDERSTAND]** Thanks! If you complete this 40-minute survey within 14 days of receiving the link from [the non-profit organization], you will be paid \$[60/40]. You must hit the "Submit" button on the last page to get paid. Unfortunately, if you did not receive this link directly from [the non-profit organization], we will not be able to pay you.

☐ I understand

In this survey, we'll ask you to share your thoughts, feelings, and life updates. Your answers to these questions can help us understand how different programs and resources affect people's lives and well-being.

Here are some things to keep in mind:

**Your answers will NOT affect what you may receive from [non-profit organization]**

Sometimes, we'll ask questions that are a bit sensitive or seem odd. You can skip any questions you don't want to answer

All your answers are confidential

You can leave and come back to this survey and your answers will be saved

The blue "progress bar" at the top of the screen is not always accurate; the survey is customized to you and thus will skip sections that are not relevant

There are no right or wrong answers, and no trick questions

We really appreciate your honesty and participation.

Let's get started!

*[If Month 0: show all questions in Appendix A ("profile survey"), and then resume the questions below.]*

In this section, we'll ask you some questions about how you have been feeling about yourself and your life lately.

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

**[AGENCY1] "What happens to me in the future mostly depends on me."** *[Slider from 0 to 100, with labels "Strongly disagree," "Neither agree nor disagree," and "Strongly agree."]*

**[AGENCY2] "There is really no way I can solve the problems I have."** *[Slider from 0 to 100, with labels "Strongly disagree," "Neither agree nor disagree," and "Strongly agree."]*

**[SELFESTEEM] "I have high self-esteem."** *[Slider from 0 to 100, with labels "Strongly disagree," "Neither agree nor disagree," and "Strongly agree."]*

**[OPTIMISM] "Overall, I expect more good things to happen to me than bad."** *[Slider from 0 to 100, with labels "Strongly disagree," "Neither agree nor disagree," and "Strongly agree."]*

*[For Months 0 and 18 only:]*

**[TIMEUSE1] "I have discovered activities outside work that have a satisfying purpose."** *[Slider from 0 to 100, with labels "Strongly disagree," "Neither agree nor disagree," and "Strongly agree."]*

*[For Months 0 and 18 only:]*

**[TIMEUSE2] "Time spent on leisure is often wasted time."** *[Slider from 0 to 100, with labels "Strongly disagree," "Neither agree nor disagree," and "Strongly agree."]*

*[Image of ladder]*

Please imagine a ladder with steps numbered from 1 at the bottom to 10 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.

**[BESTLIFE] On which step of the ladder do you personally feel you stand at this time?**

- ☐ 10 -- Best possible life for you
- ☐ 9
- ☐ 8
- ☐ 7



- 6
- 5
- 4
- 3
- 2
- 1 -- Worst possible life for you

**[PATIENCE]** Thinking about yourself right now in comparison to others, are you a person who is willing to give up something today in order to benefit from it in the future, or are you not willing to do so? *[Slider from 0 to 100, with labels “Completely unwilling to give up something today” and “Very willing to give up something today”]*

**[RISKSEEKING]** Thinking about yourself right now, are you a person who is willing to take risks, or do you try to avoid taking risks? *[Slider from 0 to 100, with labels “Completely unwilling to take risks” and “Very willing to take risks”]*

How much do you disagree or agree with the following statements?

**[POSMENTALHEALTH1]** “Over the past week, I have often been carefree and in good spirits.” *[Slider from 0 to 100, with labels “Strongly disagree,” “Neither agree nor disagree,” and “Strongly agree.”]*

**[POSMENTALHEALTH2]** “Over the past week, I have been satisfied with my life.” *[Slider from 0 to 100, with labels “Strongly disagree,” “Neither agree nor disagree,” and “Strongly agree.”]*

**[POSMENTALHEALTH3]** “Over the past week, I have been in a good emotional condition.” *[Slider from 0 to 100, with labels “Strongly disagree,” “Neither agree nor disagree,” and “Strongly agree.”]*

**[ANXIOUS]** Over the past week, how anxious, afraid, or distressed have you felt? *[Slider from 0 to 100, with labels “Not at all,” “Somewhat,” and “Extremely.”]*

**[LONELY]** Over the past week, how lonely have you felt? *[Slider from 0 to 100, with labels “Not at all,” “Somewhat,” and “Extremely.”]*

Thank you for sharing.

Now, can you please tell us how often you have been bothered by the following over the past week? *[Matrix with the responses: 1=Not at all; 2=Several days; 3=More than half the days; 4=Nearly every day or every day]*

**[DEPRESSION1]** Little interest or pleasure in doing things?

**[DEPRESSION2]** Feeling down, depressed, or hopeless?

**[DEPRESSION3]** Trouble falling or staying asleep, or sleeping too much?

**[DEPRESSION4]** Feeling tired or having little energy?

**[DEPRESSION5]** Poor appetite or overeating?

**[DEPRESSION6]** Feeling bad about yourself -- or that you are a failure or have let yourself or

your family down?

**[DEPRESSION7]** Trouble concentrating on things, such as reading the newspaper or watching TV?

**[DEPRESSION8]** Moving or speaking so slowly that other people could have noticed? Or so fidgety or restless that you have been moving a lot more than usual?

**[OPENPSYCH]** Is there anything else you'd like to share about how you've been feeling lately? (Optional.) *[Open text box.]*

*[For every month after Month 0; for participants who indicated having no dependent children and no partner/spouse:]*

Previously, you told us you have no dependents under 18 years old and no partner or spouse. Is this still correct?

- ☐ No
- ☐ Yes

*[For every month after Month 0; for participants who indicated having no dependent children and having a partner to whom they are not married:]*

Previously, you told us you have no dependents under 18 years old and you have a partner who you are not married to. Is this still correct?

- ☐ No
- ☐ Yes

*[For every month after Month 0; for participants who indicated having no dependent children and having a spouse:]*

Previously, you told us you have no dependents under 18 years old and you have a spouse. Is this still correct?

- ☐ No
- ☐ Yes

*[For every month after Month 0; for participants who indicated having one dependent child and no partner/spouse:]*

Previously, you told us you have one dependent under 18 years old and no partner or spouse. Is this still correct?

- ☐ No
- ☐ Yes

*[For every month after Month 0; for participants who indicated having one dependent child and a partner to whom they are not married:]*

Previously, you told us you have one dependent under 18 years old and a partner who you are not married to. Is this still correct?

- ☐ No
- ☐ Yes

*[For every month after Month 0; for participants who indicated having one dependent child and a spouse:]*

Previously, you told us you have one dependent under 18 years old and a spouse. Is this still correct?

- ☐ No
- ☐ Yes

*[For every month after Month 0; for participants who indicated having more than one dependent child and no partner/spouse:]*

Previously, you told us you have multiple dependents under 18 years old and no partner or spouse. Is this still correct?

- ☐ No
- ☐ Yes

*[For every month after Month 0; for participants who indicated having more than one dependent child and a partner to whom they are not married:]*

Previously, you told us you have multiple dependents under 18 years old and a partner who you are not married to. Is this still correct?

- ☐ No
- ☐ Yes

*[For every month after Month 0; for participants who indicated having more than one dependent child and a spouse:]*

Previously, you told us you have multiple dependents under 18 years old and a spouse. Is this still correct?

- ☐ No
- ☐ Yes

*[If participant indicated that the child dependent and/or partner information is no longer accurate:]*

Okay, thanks for letting us know!

**[DEPENDENT\_NUM2] How many children (or dependents) under the age of 18 do you have now?** *[Dropdown menu from "0" to "10 or more"]*

*[If participant indicated that the child dependent and/or partner information is no longer accurate:]*

**[PARTNER\_YN2] And do you currently have a partner?**

- ☐ No
- ☐ Yes, and we are not married
- ☐ Yes, and we are married

*[For every month after Month 0, if in the most recent survey the participant indicated that they were not receiving benefits from the state government organization:]*

[GOVT0\_YN2] Previously, you told us that you were not receiving benefits from the [state government organization]. To make sure that your earnings from this study do not decrease any benefits you may be receiving, can you tell us: **Are you now receiving benefits from the [state government organization]?** Benefits from the [state government organization] include:

SNAP (Supplemental Nutrition Assistance Program)

TAFDC (Transitional Aid for Families with Dependent Children)

EAEDC (Emergency Aid for the Elderly, Disabled and Children)

- No, I am still NOT receiving [state government organization] benefits
- Yes, I am now receiving [state government organization] benefits

*[If participant answered “Yes” to the last question:]*

[GOVT0\_NUM3] Okay, thanks! We have good news! The [state government organization] has agreed to NOT count any earnings you receive from this study towards your income SNAP, TAFDC, or EAEDC. That is, money you get from this study would not affect how much you receive in benefits for those programs.

**Important: to ensure that the [state government organization] does not count earnings from this research study against you, please provide your 7-digit [state government organization] number (also known as your [alternative name]) here.** You can find this number on previous notices from [state government organization] and on your [state government organization app name] app under “My Info.” Providing this number will allow [non-profit organization] to link your survey responses to your [state government organization] data.

*[If previous question is left unanswered:]*

[GOVT0\_NUM4] Are you sure you do not want to enter your [state government organization] number? If you do not enter your [state government organization] number, your SNAP, TAFDC, or EAEDC benefits may decrease. **Please enter your 7-digit [state government organization] number here:** *[Open text box.]*

[GOVT0\_REQUESTEMAIL2] Or, if you want to give your [state government organization] number but can’t find it now, **please check the box below and we will email you later to help you find this information:**

- ☐ Please email me later to help me find my [state government organization] number

*[For every month after Month 0, if in the most recent survey the participant indicated that they were receiving benefits from the state government organization but had not yet given us their number:]*

[GOVT1\_YN2] Previously, you told us that you were receiving benefits from the [state government organization]. The [state government organization] has agreed to NOT count any earnings you receive from this study towards your income for SNAP, TAFDC, or EAEDC. That is, money you get from this study would not affect how much you receive in benefits for those programs.

**Important: to ensure that the [state government organization] does not count earnings from this research study against you, please provide your 7-digit [state government organization] number (also known as your [alternative name]) here.** You can find this number on previous notices from [state government organization] and on your [state government organization app name] app under “My Info.” Providing this number will allow [non-profit

organization] to link your survey responses to your [state government organization] data.

*[If previous question is left unanswered:]*

**[GOVT1\_NUM4]** Are you sure you do not want to enter your [state government organization] number? If you do not enter your [state government organization] number, your SNAP, TAFDC, or EAEDC benefits may decrease. **Please enter your 7-digit [state government organization] number here:** *[Open text box.]*

**[GOVT1\_REQUESTEMAIL2]** Or, if you want to give your [state government organization] number but can't find it now, **please check the box below and we will email you later to help you find this information:**

- ☐ Please email me later to help me find my [state government organization] number

Thank you! Now we'd like you to think about the resources you and your family have. Who you think of as being in your family is up to you.

For each item below, please tell us **how often you feel the resources you have are adequate.**

*[For each item below, slider from 0 to 100 with labels "Never adequate," "Adequate half the time," and "Almost always adequate." Items presented in random order.]*

Money to buy things for yourself

Money for family entertainment

Time to care for yourself

Time for the family to be together

*[The next set of questions about children are shown only to participants who indicated having more than one dependent under the age of 18. If the participant indicated having one dependent under the age of 18, the word "children" is replaced with "child." These questions are omitted for those who indicated not having any dependents under the age of 18.]*

Thank you for your responses. Next, we'd like to ask you about your **children**. Here, by "**children,**" we mean your dependents under the age of 18.

How much do you disagree or agree with the following statements?

**[KIDHAPPY]** "My children experienced happiness during a lot of the day yesterday." *[Slider from 0 to 100, with labels "Strongly disagree," "Neither agree nor disagree," and "Strongly agree." Options for "Not applicable" and "Don't know."]*

**[KIDNUTRITION]** How much do you disagree or agree with the following statement? "My children have eaten regular and nutritious meals in the past month." *[Slider from 0 to 100, with labels "Strongly disagree," "Neither agree nor disagree," and "Strongly agree." Options for "Not applicable" and "Don't know."]*

**[KIDABSENT]** In the past month, how many school days have your children missed? Please provide an average across all children enrolled in school. If there was no school last month due to school being out of session, or your child is not enrolled in school, please click

“Not applicable.” You can also click “Don’t know.” *[Slider from “0” to “10+”. Options for “Not applicable” and “Don’t know.”]*

**[KIDGRADE]** Based on your children’s school records, how would you say your children are doing this marking term (also known as a “grading period” or “semester”)? *[Slider from 0 to 100, with labels “Not at all meeting the standard,” “Meeting the standard,” and “Exceeding the standard.” Options for “Not applicable” and “Don’t know.”]*

**[PARENTING]** Please think about how you feel about yourself as a parent or caregiver to your children. Would you say you are... *[Slider from 0 to 100, with labels “Not a very good parent/caregiver,” “A good parent/caregiver,” and “An excellent parent/caregiver.” Option for “Not applicable.”]*

**[KIDRELATIONSHIP]** Please think about your relationships with your children over the past week-- how close your communication has been, how many fights you have had, etc. **Would you say that your relationships have been...** *[Slider from 0 to 100, with labels “Not very good,” “Okay,” and “Excellent.” Option for “Not applicable.”]*

*[The next set of questions about partners/spouses are shown only to participants who indicated having one. The term “[significant other]” is replaced with “partner” if the participant indicated not married, and “spouse” if the participant indicated being married. These questions are omitted for those who indicate not having a partner or spouse.]*

These next 2 questions are about your [significant other].

**[PARTNERRELATIONSHIP]** Please think about your relationship with your [significant other] over the past week-- how close your communication has been, how many fights you have had, etc. **Would you say that your relationship has been...** *[Slider from 0 to 100, with labels “Not very good,” “Okay,” and “Excellent.” Option for “Not applicable.”]*

**[INTRAHHBARGAINING]** Please think about how you and your [significant other] make important decisions that affect you both. When it comes to important decisions, would you say that... *[Slider from 0 to 100, with labels “You have a lot more say than your [significant other]”, “You and your [significant other] have equal say,” and “Your [significant other] has a lot more say than you.” Option for “Not applicable.”]*

Now we’d like you to think about your broader network of people you know but do not live with-- e.g., friends, coworkers, extended family, and neighbors.

**[OVERWHELMEDNEEDS]** How much do you disagree or agree with the following statement? **“Over the past week, I have felt overwhelmed or burdened by the financial needs of people outside my household.”** *[Slider from 0 to 100, with labels “Strongly disagree,” “Neither agree nor disagree,” and “Strongly agree.”]*

Please continue thinking about your broader network of people you know but do not live with.

**[SUPPORT]** How much support would you say people in your network can give you? That is, if you needed help with something, how much help do you think you could get? *[Slider from*

0 to 100, with labels “None,” “Some,” and “A lot.”]

**[COMFORTASK]** How comfortable do you currently feel with asking people in your network for help? [Slider from 0 to 100, with labels “Not at all comfortable,” “Somewhat comfortable,” and “Completely comfortable.”]

**[BFOTHERCOMFORTASK]** How comfortable are other people with asking for help? [Slider from 0 to 100, with labels “Not at all comfortable,” “Somewhat comfortable,” and “Completely comfortable.”]

Thanks! Now we'll ask you about how comfortable you might be with asking for help with SPECIFIC things.

**[COMFORTASKTRANSPORTATION]** How comfortable would you feel asking someone in your network to drive you somewhere or lend you their car for an afternoon? [Slider from 0 to 100, with labels “Not at all comfortable,” “Somewhat comfortable,” and “Completely comfortable.”]

**[COMFORTASKMONEY]** How comfortable would you feel asking someone in your network to help you pay for an unexpected bill (e.g., after a medical emergency)? [Slider from 0 to 100, with labels “Not at all comfortable,” “Somewhat comfortable,” and “Completely comfortable.”]

**[COMFORTASKADVICE]** How comfortable would you feel asking someone in your network to give you advice (e.g., financial, relationships, family, job-related)? [Slider from 0 to 100, with labels “Not at all comfortable,” “Somewhat comfortable,” and “Completely comfortable.”]

[If have at least one dependent under 18; participants with one dependent see the word “child” instead of “children”:]

**[COMFORTASKCHILDCARE]** How comfortable would you feel asking someone in your network to look after your children for an afternoon? [Slider from 0 to 100, with labels “Not at all comfortable,” “Somewhat comfortable,” and “Completely comfortable.” Option for “Not applicable.”]

**[GIVENFFMONEY\_NUM]** In the past month, approximately how much money **have you** given or loaned to friends or family outside your household? [Slider from “\$0” to “\$500+”.]

**[RECEIVEDFFMONEY\_NUM]** And in the past month, approximately how much money **have** friends or family outside your household given or loaned to **YOU**? [Slider bar from “\$0” to “\$500+”.]

[If received any money in the past month from friends and family:]

**[RECEIVEDFFMONEY\_WHY]** Was the gift or loan for any particular reason? If so, what? (Optional.) [Open text box.]

**[GIVENHELP]** How much NON-FINANCIAL help have you provided to others in your community or network over the past week? You can think about things like driving someone somewhere, watching their kids, talking to them when they're feeling down, giving them advice, or bringing them groceries. *[Slider from 0 to 100, with labels "None," "Some," and "A lot."]*

**[RECEIVEDHELP]** And how much NON-FINANCIAL help have you received from others in your community or network over the past week? You can think about things like people driving you somewhere, watching your kids, talking to you when you're feeling down, giving you advice, or bringing you groceries. *[Slider from 0 to 100, with labels "None," "Some," and "A lot."]*

**[GOALS\_YN]** Sometimes people create goals for themselves, like exercising more, saving money, or spending more time with their loved ones. **Do you currently have any goals?**

- No
- Yes

*[If indicated having goal(s):]*

**[GOALS\_TYPE]** What kinds of goal(s) do you have? Please check all that apply.

- ☐ Financial
- ☐ Physical health
- ☐ Mental health
- ☐ Romantic relationship
- ☐ Children
- ☐ Social
- ☐ Work
- ☐ Developing skills
- ☐ Home improvement
- ☐ Other

**[GOALS\_PROGRESS]** How do you currently feel about the progress you are making on those goals? *[Slider from 0 to 100, with labels "Not good," "Okay," and "Great."]*

**[GOALS\_FFHELP]** And how much (if at all) do you feel like the people around you are helping you achieve those goals? *[Slider from 0 to 100, with labels "Not at all," "Somewhat," and "A lot."]*

**[TRUST]** How well does the following statement describe you as a person? **"As long as I am not convinced otherwise, I assume that people have only the best intentions."** *[Slider from 0 to 100, with labels "Not at all," "Somewhat," and "Completely."]*

**[OPENGOALSSOCIAL]** Thank you. **Is there anything else you'd like to share about your goals, or your recent relationships with your family, friends, or community?** (Optional.) *[Open text box.]*



*[For Months 0 and 18 only:]*

Thank you for sharing. Now we'll switch gears.

Imagine a person born into a family in the US. When the person is born, their family earns **\$25,000/year**. We'd like you to think about **how much money this person might earn when they grow up to be an adult**. In your opinion, **how likely do you think it is that the person would grow up to be in a family that...**

**[MOBILITYQ1]** Earns less than \$30,000? *[Slider from 0-100%]*

**[MOBILITYQ2]** Earns between \$30,000 and \$50,000? *[Slider from 0-100%]*

**[MOBILITYQ3]** Earns between \$50,000 and \$90,000? *[Slider from 0-100%]*

**[MOBILITYQ4]** Earns between \$90,000 and \$140,000? *[Slider from 0-100%]*

**[MOBILITYQ5]** Earns more than \$140,000? *[Slider from 0-100%]*

*[For every month after Month 0:]*

**[RECEIVEDNGOMONEY]** Thanks! Now, can you tell us: **How much money have you received from [the non-profit organization] in the past 3 months?** *[Open text box.]*

*[If indicated receiving any money:]*

**[RECEIVEDNGOMONEYCAT]** And what did you do with this money? Please check all that apply.

- ☐ Paid bills or spent it on the household
- ☐ Paid off debt (including bills past due)
- ☐ Saved or invested it
- ☐ Gave it to friends/family outside the household
- ☐ Other
- ☐ Don't know

*[If indicated receiving any money:]*

**[RECEIVEDNGOMONEYDESC]** Can you tell us more details? (Optional.) *[Open text box.]*

*[For Months 3 and 18 only; for S and CS groups:]*

**[RECEIVEDNGOPEERGROUPE]** Has [the non-profit organization] put you into a "peer group" with other study participants and asked you to meet with or talk to them regularly?

- ☐ No
- ☐ Yes
- ☐ Not sure

*[For Months 3 and 18 only; if indicated that were aware that were in a peer group:]*

**[PEERGROUPENUM]** How many people, NOT including you, are in your peer group?

*[Dropdown menu from "1" to "10 or more".]*

*[For Months 3 and 18 only; if indicated that were aware that were in a peer group; there are as many fields as people the participant said were in the peer group:]*

**What is the first name (or initials) of each person in your peer group** (not including you)?

Don't worry about the order. If you don't know their last name, it's okay to just put the initial of their first name. If you don't know someone's name or initials at all, please just leave the box

blank.

[PEERGROUP\_INITIALS1] Person 1 [Open text box.]  
 [PEERGROUP\_INITIALS2] Person 2 [Open text box.]  
 [PEERGROUP\_INITIALS3] Person 3 [Open text box.]  
 [PEERGROUP\_INITIALS4] Person 4 [Open text box.]  
 [PEERGROUP\_INITIALS5] Person 5 [Open text box.]  
 [PEERGROUP\_INITIALS6] Person 6 [Open text box.]  
 [PEERGROUP\_INITIALS7] Person 7 [Open text box.]  
 [PEERGROUP\_INITIALS8] Person 8 [Open text box.]  
 [PEERGROUP\_INITIALS9] Person 9 [Open text box.]  
 [PEERGROUP\_INITIALS10] Person 10 [Open text box.]

*[For Month 3 only; if indicated that were aware that were in a peer group:]*

**[KNOWPEERGROUPT3] How well did you know the people in your peer group before you began this study?** [Slider from 0 to 100, with labels “Not at all,” “Fairly well,” and “Extremely well.”]

*[For Month 3 only; if indicated that were not in a peer group, or were unsure:]*

Just so you know, [non-profit organization] has placed you into a peer group with a few other people from this study. Check out your [online platform] page for more information on these people and how you can make the most of this study by talking to them!

*[For every month after Month 0; for S and CS groups:]*

**[PEERGROUPCONTACT] In the past month, how frequently have you talked to or seen your peer group?** This includes things like group meetings, 1-on-1 meetings, phone calls, WhatsApp group chats, text message chats, etc. If you don’t talk to or see all your peer group members with the same frequency, please respond based on who you talk to or see the most.

- More than once a day
- Once a day
- A few times a week
- Once a week
- Once every few weeks
- Once a month
- Never

*[For every month after Month 0; for S and CS groups:]*

**[PEERGROUPLASTMTGWHEN] When is the last time your peer group met?**

- Less than 1 month ago
- 1-2 months ago
- 2-3 months ago
- More than 3 months ago
- Never
- Not sure

*[If indicated that had met less than 1 month ago, 1-2 months ago, or 2-3 months ago:]*

**[PEERGROUPLASTMTGNUM]** Approximately how many members of your peer group, including you, were at that meeting? *[Dropdown menu from “2” to “10 or more”]*

*[If indicated that had met less than 1 month ago, 1-2 months ago, or 2-3 months ago:]*

**[PEERGROUPLASTMTGTOPICS]** Do you remember what topics you discussed then? If so, what were they? *[Open text box.]*

*[For every month after Month 0; for S and CS groups:]*

**[PEERGROUPNEXTMTGWHEN]** When is the *next time* your peer group plans to meet?

- ☐ In less than 1 month
- ☐ In 1-2 months
- ☐ In 2-3 months
- ☐ In more than 3 months
- ☐ Not yet scheduled / not sure

*[For every month after Month 0; for S and CS groups:]*

**[PEERGROUPPOSNEG]** How do you currently feel about your peer group experience?

We will not share your answer with them. *[Slider from 0 to 100, with labels “Very negatively,” “Neutral,” and “Very positively.” Option for “Not applicable – I have not been talking to my peer group.”]*

*[If responded to previous question:]*

**[PEERGROUPPOSNEGDESC]** Can you tell us more details? (Optional.) *[Open text box.]*

*[For every month after Month 0; for S and CS groups:]*

**[PEERGROUPGIVEGET]** Please think about what you and your peer group have shared over the **last month** and how you have supported each other. **For each item below, please indicate if you got it from others, if you gave it to others, and/or if others in your group gave it to each other.** *[Matrix with options “I got this,” “I gave this,” and “Other people in my peer group got/gave this.”]*

Information or advice

Introductions to other people

Emotional or spiritual support

Money or items (e.g., food, clothes, toys)

Favors (e.g., transportation, childcare)

Help with setting or achieving goals

Other (fill in): *[Open text box.]*

Thank you for your responses so far. Now, we would like you to think about your physical health.

**[SLEEP]** How would you rate your overall sleep quality in the past week? *[Slider from 0 to 100, with labels “Very poor,” “Okay,” and “Excellent.”]*

**[FOODSECURITY]** Which of these statements best describes the food eaten in your household in the past week?

- Often not enough to eat
- Sometimes not enough to eat
- Enough, but always the kinds of food we wanted to eat
- Enough of the kinds of food we wanted to eat

**[DIET] In the past week, how many days did you eat 5 or more servings of fruits and/or vegetables?** *[Slider from 0 to 7.]*

**[EXERCISE] In the past week, how many days did you exercise for 15 or more minutes?** *[Slider from 0 to 7.]*

Great, thank you! Now, we will ask you some questions about your financial situation right now. **Some of these questions may feel sensitive/personal.** We're asking them so we can better understand where you are in your life right now. But, if you need to, you can skip any questions you don't want to answer.

Remember that your answers will be **strictly confidential** and **will NOT affect what services or benefits you receive** from [non-profit organization].

**[EMPLOYMENT] Which of the following describe your work situation in the last week?**  
Please check all that apply.

- ☐ Disabled, not able to work
- ☐ Retired
- ☐ Taking care of the home/family
- ☐ Student
- ☐ Not employed, not looking for work, and not in school
- ☐ Looking for work
- ☐ Doing unpaid work through volunteering, an internship, or something similar
- ☐ Employed, working for myself for pay
- ☐ Employed, working for someone else for pay
- ☐ Employed, but not at work because of COVID-19, temporary illness, parental leave, vacation, or strike
- ☐ Other
- ☐ None of the above

*[If answered "Employed, working for myself for pay" or "Employed, working for someone else for pay" to the previous question:]*

**[WORKHRS] How many hours did you work last week?** If you have more than one job, please write how many hours you worked at all jobs combined. *[Slider from 0 to 80.]*

*[If answered "Employed, working for myself for pay," "Employed, working for someone else for pay," or "Doing unpaid work through volunteering, an internship, or something similar":]*

**[WORKSATISFACTION] How satisfied do you currently feel with your job?** If you have more than one job, please respond with the job at which you worked the most hours the last week that you worked. *[Slider from 0 to 100, with labels "Not at all satisfied," "Moderately satisfied," and "Extremely satisfied."]*

*[If answered “Employed, working for myself for pay,” “Employed, working for someone else for pay,” or “Doing unpaid work through volunteering, an internship, or something similar”:]*

**[WORKPERFORMANCE] How would you rate your performance at your job in the last week that you worked?** If you have more than one job, please respond with the job at which you worked the most hours the last week you worked. *[Slider from 0 to 100, with labels “Very poor,” “Okay,” and “Excellent.”]*

*[If indicated that “Looking for work”:]*

**[JOBSEARCHHRS] How many hours did you search for work last week?** *[Slider from 0 to 80.]*

**[EARNEDINCOME] Over the past MONTH, approximately how much has your household received in earned income?** This includes:

1. Wages
2. Salary
3. Commissions
4. Bonuses
5. Tips

Please include your household’s income from all jobs (including self-employment) and report the amount after deductions for taxes, bonds, dues, or other withholdings. *[Open text box.]*

**[UNEARNEDINCOME] Over the past MONTH, approximately how much has your household received in unearned income?** This includes:

1. Public assistance or welfare payments
2. Stimulus checks from the government and tax refunds
3. Payments from non-profit organizations (like [non-profit organization]) or social service agencies
4. Unemployment benefits
5. Child support or alimony
6. Pensions, social security, retirement income
7. Supplemental Security Income (SSI)
8. Survivor or disability income

*[Open text box.]*

**[INCOMEPREDICTABILITY] How predictable would you say your household’s income is?** Please think about money you get from ALL sources (e.g. jobs, welfare benefits, [non-profit organization], alimony). *[Slider from 0 to 100, with labels “Not at all predictable,” “Somewhat predictable,” and “Completely predictable.”]*

**[PAYDAY] Please think about where your household gets MOST of its “regular” money from (a job, social security benefits, unemployment benefits, etc.). What is the last date on which your household received this money?** *[Dropdown menu to choose month, day, and year. Option for “Don’t know.”]*

**[STIMULUS\_YN] In the past month, has anyone in your household received a stimulus**

**check from the government?**

- ☐ No
- ☐ Yes

*[If indicated having received a stimulus check:]*

**[STIMULUS\_NUM] What is the total amount of money your household has received from stimulus checks in the past month?** Please feel free to give your best guess. *[Open text box.]*

**[UNEMPLOYMENTINS\_YN] In the past month, has anyone in your household received money from unemployment insurance?**

- ☐ No
- ☐ Yes

*[If indicated having received money from unemployment insurance:]*

**[UNEMPLOYMENTINS\_NUM] What is the total amount of money your household has received from unemployment insurance in the past month?** Please feel free to give your best guess. *[Open text box.]*

Thanks for your answers so far.

**[SAVINGS] If you feel comfortable sharing: approximately how much savings would you say your household currently has?** This includes:

1. Cash
2. Bank account balances
3. Stock values
4. Retirement savings
5. Investment values (e.g., in a home or car)

If your household does not have savings, enter “0.” *[Open text box.]*

**[DEBT] And if you feel comfortable sharing: approximately how much debt does your household currently have?** This includes:

1. Unpaid credit card debt that you will not be able to pay off this month
2. Rent or utility debt
3. Medical debts
4. Mortgages
5. Car loans
6. Personal loans
7. Housing loans
8. Student loans
9. Loans from friends/family

*[Open text box.]*

**[BILLPAY] Please think about the bills you had last month. For each one, please mark whether you paid it in full, paid it partially, or did not pay it at all.** Please select “Not

applicable” if you did not have such a bill. *[Matrix with options for “Paid fully,” “Paid partially,” “Did not pay at all,” and “Not applicable.”]*

Rent or mortgage

Credit card

Water / sewage

Gas

Electric

Internet

Cell phone

Landline phone or cable

Car payment

Student loan payment

**[LATEFEES] In the last month, how much, if anything, were you charged for late fees on loans or bills?** Please estimate the total amount across all late fees. *[Open text box.]*

Thank you for your answers so far. Now, can you please tell us approximately **how much money your household has spent over the LAST MONTH in each of these categories?**

Feel free to give your best guess. Write "0" if the category is not applicable to you.

**[CSMP\_HOUSING]** Housing (e.g. rent, mortgage) and utilities (e.g., water, internet, cell phone): \_\_\_\_\_

**[CSMP\_HHITEMS]** Household items (e.g., furniture, soap, toilet paper): \_\_\_\_\_

**[CSMP\_FOOD]** Groceries, food, and restaurants: \_\_\_\_\_

**[CSMP\_ALCTOBDRUGS]** Alcohol, tobacco products, or recreational drugs: \_\_\_\_\_

**[CSMP\_TRANSPORTATION]** Transportation (e.g., bus fare, gas, car repairs, car insurance): \_\_\_\_\_

**[CSMP\_MEDICAL]** Medical expenses (e.g., insurance, doctor’s visits, medications): \_\_\_\_\_

**[CSMP\_EDUCATION]** Education or business expenses: \_\_\_\_\_

**[CSMP\_CLOTHING]** Clothing: \_\_\_\_\_

**[CSMP\_ENTERTAINMENT]** Entertainment or toys: \_\_\_\_\_

**[CSMP\_GAMBLING]** Lottery tickets or gambling: \_\_\_\_\_

**[CSMP\_GIFTSLOANS]** Giving gifts or lending money to people outside your household: \_\_\_\_\_

**[CSMP\_DEBT]** Paying off debts (e.g., credit card, friends/family): \_\_\_\_\_

**[CSMP\_SAVINGS]** Savings: \_\_\_\_\_

**[CSMP\_OTHER]** Other: \_\_\_\_\_

*[For Months 0, 6, 12, and 18 only:]*

**[HOUSING] Which of the following best describes your current housing situation?**

- Non-subsidized housing rental
- Subsidized housing rental, income restricted housing rental, or housing voucher
- Public housing
- Home ownership or mortgage
- Staying with friends or family
- Living in a car/vehicle
- Staying in a shelter or experiencing homelessness

- Other

Thanks for sharing. Now we'll ask you about how you have been feeling about your finances lately.

How much do you disagree or agree with the following statements?

**[MEETNEEDS] “I can currently meet my (and my household’s) basic needs.”** *[Slider from 0 to 100, with labels “Strongly disagree,” “Neither agree nor disagree,” and “Strongly agree.”]*

**[MEETWANTS] “I can currently afford many of the things I (and my household) want.”** *[Slider from 0 to 100, with labels “Strongly disagree,” “Neither agree nor disagree,” and “Strongly agree.”]*

**[CREDITCONSTRAINT] Imagine that you have an emergency and you need to pay \$400. How possible is it that you could come up with \$400 within the next 3 days?** *[Slider from 0 to 100, with labels “Not at all possible,” “Somewhat possible,” and “Completely possible.”]*

How well do the following statements describe you or your situation right now?

**[FINWELLBEING1] “I feel secure about my financial future.”** *[Slider from 0 to 100, with labels “Not at all,” “Somewhat,” and “Completely.”]*

**[FINWELLBEING2] “I am behind with my finances.”** *[Slider from 0 to 100, with labels “Not at all,” “Somewhat,” and “Completely.”]*

**[FINWELLBEING3] “Giving a gift for a wedding, birthday, or other occasion would put a strain on my finances for the month.”** *[Slider from 0 to 100, with labels “Not at all,” “Somewhat,” and “Completely.”]*

**[MONEYDECISIONSTRESS] “Over the past month, I have felt stressed by needing to decide how to spend the money I have.”** *[Slider from 0 to 100, with labels “Not at all,” “Somewhat,” and “Completely.”]*

**[WELLINFORMED] “I currently feel well informed about resources (e.g., social service agencies, community programs in my area) that can improve my or my family’s life.”** *[Slider from 0 to 100, with labels “Not at all,” “Somewhat,” and “Completely.”]*

**[OPENFINANCIAL] Thank you. Is there anything else you’d like to share about how your financial situation is right now?** (Optional.)

*[For Months 3 and 18 only:]*

Now let’s switch gears. For this next question, please think about the 5 adults outside your household *who you currently feel closest to*. These can be family or friends. **Please write their**



**first name or their initials into each of the boxes below.**

[INITIALSCLOSE1] Person 1: *[Open text box.]*

[INITIALSCLOSE2] Person 2: *[Open text box.]*

[INITIALSCLOSE3] Person 3: *[Open text box.]*

[INITIALSCLOSE4] Person 4: *[Open text box.]*

[INITIALSCLOSE5] Person 5: *[Open text box.]*

*[For Months 3 and 18 only:]*

**[COMFORTASKCLOSE1/2/3/4/5] Now, for each of the people you mentioned earlier, how likely would you be to ask each of them for help if you needed it? *[Matrix with a slider from 0 to 100, with labels “Not at all likely,” “Somewhat likely,” and “Extremely likely.”]***

[Initials of Friend 1 (if any)]

[Initials of Friend 2 (if any)]

[Initials of Friend 3 (if any)]

[Initials of Friend 4 (if any)]

[Initials of Friend 5 (if any)]

*[For Months 3 and 18 only, for S and CS groups only, for people who earlier wrote in at least 1 peer groupmate name or initials:]*

**[COMFORTASKPEERGROUP1/2/3/4/5] Thanks! Earlier, you provided us with some names or initials of people in your peer group. For each of these people, how likely would you be to ask each of them for help if you needed it? *[Matrix with a slider from 0 to 100, with labels “Not at all likely,” “Somewhat likely,” and “Extremely likely.”]***

[Initials of Peer Groupmate 1 (if any)]

[Initials of Peer Groupmate 2 (if any)]

[Initials of Peer Groupmate 3 (if any)]

[Initials of Peer Groupmate 4 (if any)]

[Initials of Peer Groupmate 5 (if any)]

[Initials of Peer Groupmate 6 (if any)]

[Initials of Peer Groupmate 7 (if any)]

[Initials of Peer Groupmate 8 (if any)]

[Initials of Peer Groupmate 9 (if any)]

[Initials of Peer Groupmate 10 (if any)]

*[For Months 6 and 12 only; for C and NTC groups:]*

**[KNOWPPLINSTUDY\_CNTC\_YN] Do you personally know anyone who is currently taking part in the [non-profit organization] research study (the [study name])?**

- ☐ No
- ☐ Yes
- ☐ Unsure

*[For Months 6 and 12 only; for S and CS groups:]*

**[KNOWPPLINSTUDY\_SCS\_YN] Excluding members of your peer group, do you personally know anyone who is currently taking part in the [non-profit organization] research study (the [study name])?**

- ☐ No

- Yes
- Unsure

*[For C and NTC group participants who indicated knowing someone who is currently enrolled in the study:]*

**[KNOWPPLINSTUDY\_CNTC\_NUM]** How many people do you know who are currently taking part in this study? *[Dropdown menu from “1” to “10 or more.”]*

*[For S and CS group participants who indicated knowing someone who is currently enrolled in the study:]*

**[KNOWPPLINSTUDY\_SCS\_NUM]** Again, excluding members of your peer group, how many people do you know who are currently taking part in this study? *[Dropdown menu from “1” to “10 or more.”]*

*[For any participants indicating that they know someone who is currently enrolled in the study:]*

**[KNOWPPLINSTUDY\_DESC]** Can you describe what those people’s experiences with the study have looked like? Using as much detail as possible, please describe what you know about their interactions with [non-profit organization] and the study (e.g., what they are being asked to do, what they are getting, etc.). If you don’t know, you can say “don’t know.” *[Open text box.]*

*[For C and NTC group participants who indicated knowing someone who is currently enrolled in the study:]*

**[RECEIVEDHELPPPLINSTUDY\_CNTC]** Have you received financial help from anybody who is also currently part of the study ([study name])?

- No
- Yes
- Not sure

*[For S and CS group participants who indicated knowing someone who is currently enrolled in the study:]*

**[RECEIVEDHELPPPLINSTUDY\_SCS]** Excluding people in your peer group, have you received financial help from anybody who is also currently part of the study ([study name])?

- No
- Yes
- Not sure

*[For participants who indicated having receiving financial help from someone who is currently enrolled in the study:]*

**[RECEIVEDHELPPPLINSTUDY\_TIME]** When is the last time you received financial help from this person? If you received help from multiple [study name] people, please think about the last [study name] person you got help from.

- Less than 1 month ago
- 1-3 months ago
- 3-6 months ago

- 6-12 months ago
- 12-18 months ago
- More than 18 months ago

*[For C and NTC group participants who indicated knowing someone who is currently enrolled in the study:]*

**[METPPLINSTUDY\_CNTC] In the past 6 months, have you met regularly with anyone who is also currently part of the study?**

- No
- Yes
- Not sure

*[If answer is “Yes”:]*

**[METPPLINSTUDY\_CNTC\_DESC] Can you describe what those meetings looked like?**

For instance, how many people have you been meeting with, how frequently, and what kinds of things do you talk about? *[Open text box.]*

*[For S and CS group participants who indicated knowing someone outside their peer group who is currently enrolled in the study:]*

**[METPPLINSTUDY\_SCS] Have you attended any peer group meetings with a peer group OTHER THAN the one that you were matched with at the beginning of the study?**

- No
- Yes
- Not sure

*[The following section on Raven’s matrices is shown for Months 3 and 18 only:]*

Thank you! Let’s switch gears. We’re interested in knowing how you think about patterns and problems. In this next section, we’ll show you a picture with a piece of the picture missing.

Below the picture, you will see a few tiles that can be used to fill in the picture. **Your task will be to choose the tile you think best completes the picture.**

Some of these questions may seem abstract and difficult, and that’s okay. There’s no pressure in this survey, just pick whatever tile you think is best.

*[Image of a Raven’s matrix problem]*

**[RAVENPRACTICE1] Let’s do a practice picture first. The picture at the top is missing a piece. Which of the 6 tiles below it do you think best fit the picture?**

- 1
- 2
- 3
- 4
- 5
- 6

Here’s an example of how you might complete this picture. **Tile #3** has horizontal stripes with the same thicknesses as you see in the main picture, so you might want to choose that. Here’s the

problem again so you can see what you did. *[Image of the same matrix problem.]*

*[Image of a different Raven's matrix problem]*

**[RAVENPRACTICE2]** Here's another practice picture. **Which of the tiles do you think best fill the missing piece in the picture?**

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6

For this one, you might want to choose **Tile #1**. It has sharp corners, just like the piece in the picture on the upper right hand side, and also would create a closed shape if inserted into the picture. Here's the problem again so you can see what you did. *[Image of the same matrix problem.]*

Over the next 9 screens, you'll see 9 pictures like these. For each of them, **please choose the tile that you think best fits the picture**. You can take as much time as you want.

**[RAVEN{A/B}1/2/3/4/5/6/7/8/9]** *[9 Raven's matrices, each on a separate screen. Counterbalance whether the participant sees Set A in Month 3 and Set B in Month 18, or the opposite.]*

*[For Months 6 and 12 only:]*

**[DIGITSPANFORWARD]** Now let's switch gears! In this next section, we're interested in knowing how you think about different combinations of numbers. This may seem a little odd, but just do your best.

In this section, a sequence of numbers will quickly appear one by one on the screen.

Try to remember the order that they appear, and then type in the sequence when you are asked. For example, if the sequence is 1, 2, and then 3, type in 123 without using spaces, commas, or any other characters.

As you continue through the task, the sequence of numbers may get longer. We'll begin with a sequence of three digits.

Do not write the numbers down, or repeat them out loud as you read them. There will be a plus sign before each sequence. Please do not type in the plus sign.

Let's get started!

*[Forward digit span task. Task starts with three digits. Each time the participant correctly types in the digits in the same order in which they appeared, she proceeds to the next round, where another digit is added. When she makes a mistake, she moves to the backward digit span task.]*

**[DIGITSPANBACKWARD]** Great! Now we'll do the same task, except that with this one, your answer should be in **reverse order** of the digits you saw. For example, if you see 1, 2, and then 3, please type in 321.

*[Backward digit span task. Task starts with three digits. Each time the participant correctly types in the digits in the reverse order that they appeared, she proceeds to the next round, where*

*another digit is added. When she makes a mistake, the task ends and she proceeds with the remainder of the survey.]*

Thank you! For this next screen, please assume that establishments near you are open for business and social distancing is no longer needed.

*[For Month 0 only:]*

Suppose you sit to watch one of your favorite movies, with a nice beverage you had at home. Suppose the bottle costs \$3.00 at your local store. **Which of the following best captures your thoughts about drinking the beverage?** *[For each statement below, slider from 0 to 100, with labels “I wouldn’t think about it at all,” “I would think about it somewhat,” and “I would think about it a lot.” Money-related statement is marked with the suffix “COST.” Statements are presented in random order.]*

**[MONEYMINDT0\_NONCOST]** While I enjoy drinking it, I don’t think at all about what it costs me. I paid for the bottle a while back and I had intended to drink it all along.

**[MONEYMINDT0\_COST]** While I enjoy drinking it, I still think about its cost, or the cost of buying future bottles.

*[For Month 3 only:]*

Suppose you are running late for an important meeting across town. While you had originally planned to walk there, there is not enough time now, and no quick public transportation to get you there. So you take a cab. **As you sit in the cab in traffic, what do you think of?** Please indicate how much you would think about each factor. *[For each statement below, slider from 0 to 100, with labels “I wouldn’t think about it at all,” “I would think about it somewhat,” and “I would think about it a lot.” Money-related statement is marked with the suffix “COST.” Statements are presented in random order.]*

**[MONEYMINDT3\_NONCOST1]** I really ought to plan my time better.

**[MONEYMINDT3\_NONCOST2]** There really ought to be better public transportation available.

**[MONEYMINDT3\_NONCOST3]** Should I have tried running instead?

**[MONEYMINDT3\_NONCOST4]** It’s nice to sit back and enjoy the scene.

**[MONEYMINDT3\_NONCOST5]** Is this time of day good or bad for traffic?

**[MONEYMINDT3\_COST]** How much will this unexpected cab ride cost me?

*[For Month 6 only:]*

Suppose it is Friday evening, and you are at your local hangout with a couple of good friends watching sports on TV. It’s one friend’s birthday and the group decides to all chip in and get a real good bottle of wine to celebrate. **What do you think of at that moment?** Please indicate how much you would think about each factor. *[For each statement below, slider from 0 to 100, with labels “I wouldn’t think about it at all,” “I would think about it somewhat,” and “I would think about it a lot.” Money-related statement is marked with the suffix “COST.” Statements are presented in random order.]*

**[MONEYMINDT6\_NONCOST1]** What kind of wine will they order?

**[MONEYMINDT6\_NONCOST2]** How nice it is to celebrate birthdays with good friends!

**[MONEYMINDT6\_NONCOST3]** Do I need to drive soon after drinking?

**[MONEYMINDT6\_NONCOST4]** How much alcohol have I had already?

[MONEYMINDT6\_NONCOST5] How would I like to celebrate when my birthday rolls around?

[MONEYMINDT6\_COST] How much will I need to chip in for the wine?

*[For Month 9 only:]*

Imagine that a good childhood friend just got engaged, and you offer to treat them to a celebration lunch. They choose a restaurant you have never been to before, which turns out to be highly rated. **As you enjoy the meal, what comes to mind?** Please indicate how much you would think about each factor. *[For each statement below, slider from 0 to 100, with labels “I wouldn’t think about it at all,” “I would think about it somewhat,” and “I would think about it a lot.” Money-related statement is marked with the suffix “COST.” Statements are presented in random order.]*

[MONEYMINDT9\_NONCOST1] How nice it is to be able to treat a friend to a nice lunch!

[MONEYMINDT9\_NONCOST2] What other restaurants have I been to that compare to this one?

[MONEYMINDT9\_NONCOST3] Who should I recommend this restaurant to?

[MONEYMINDT9\_NONCOST4] Are the dishes that I ordered healthy enough and not too fattening?

[MONEYMINDT9\_NONCOST5] How would I like to celebrate if I got engaged?

[MONEYMINDT9\_COST] How much will I have to pay for this lunch?

*[For Month 12 only:]*

Imagine that a good friend of yours is getting married in a couple of months. You and several other mutual friends are all planning on attending the wedding, and are excitedly talking about the big day. The group decides to all chip in for a nice present for the couple. **What do you think of at that moment?** Please indicate how much you would think about each factor. *[For each statement below, slider from 0 to 100, with labels “I wouldn’t think about it at all,” “I would think about it somewhat,” and “I would think about it a lot.” Money-related statement is marked with the suffix “COST.” Statements are presented in random order.]*

[MONEYMINDT12\_NONCOST1] What kind of present would the couple like the most?

[MONEYMINDT12\_NONCOST2] It will be so exciting to see all my friends!

[MONEYMINDT12\_NONCOST3] Should I still get the couple a separate card?

[MONEYMINDT12\_NONCOST4] What kind of present would I want if I were getting married?

[MONEYMINDT12\_COST] How much will I need to chip in for the present?

*[For Month 15 only:]*

Suppose that one of your favorite musicians is coming to do a concert in your area, and you purchased a ticket for the concert a couple months in advance. **Which of the following best captures your thoughts about attending the concert?** *[For each statement below, slider from 0 to 100, with labels “I wouldn’t think about it at all,” “I would think about it somewhat,” and “I would think about it a lot.” Money-related statement is marked with the suffix “COST.” Statements are presented in random order.]*

[MONEYMINDT15\_NONCOST] While I enjoy the concert, I don’t think at all about what it cost me. I paid for the ticket a while back and I had intended to attend the concert all along.

[MONEYMINDT15\_COST] While I enjoy the concert, I still think about its cost, or the cost of

attending future concerts.

*[For Month 18 only:]*

Suppose that you and a large group of friends want to attend a sporting event this weekend. To make sure you can all sit together, you buy the tickets ahead of time for everyone. **As you think about how much you will enjoy the event, what comes to mind?** Please indicate how much you would think about each factor. *[For each statement below, slider from 0 to 100, with labels “I wouldn’t think about it at all,” “I would think about it somewhat,” and “I would think about it a lot.” Money-related statement is marked with the suffix “COST.” Statements are presented in random order.]*

[MONEYMINDT18\_NONCOST1] I hope the weather will be good that day.

[MONEYMINDT18\_NONCOST2] How nice it is to be able to spend time with friends!

[MONEYMINDT18\_NONCOST3] Should we all meet ahead of time and go to the game together?

[MONEYMINDT18\_NONCOST4] Will the team I’m rooting for win?

[MONEYMINDT18\_COST] When will my friends pay me back for their tickets?

*[For Month 0 only:]*

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

[DEMANDEFFECTS1] **“I would NOT change my opinions (or the way I do things) in order to please someone or win their favor.”** *[Slider from 0 to 100, with labels “Strongly disagree,” “Neither agree nor disagree,” and “Strongly agree.”]*

*[For Month 0 only:]*

[DEMANDEFFECTS2] **“My behavior often depends on how I feel others wish me to behave.”** *[Slider from 0 to 100, with labels “Strongly disagree,” “Neither agree nor disagree,” and “Strongly agree.”]*

*[For Month 0 only:]*

[REFERENCEDEPENDENCE1] **“I frequently compare my life to how it was in better times and then feel bad.”** *[Slider from 0 to 100, with labels “Strongly disagree,” “Neither agree nor disagree,” and “Strongly agree.”]*

*[For Month 0 only:]*

[REFERENCEDEPENDENCE2] **“When I think about my finances as they are now, I often compare them to times in my past when I was doing worse.”** *[Slider from 0 to 100, with labels “Strongly disagree,” “Neither agree nor disagree,” and “Strongly agree.”]*

*[For Month 0 only:]*

[STUDYEXPECTATIONS] Thanks again for being a part of this study! **We would like to know what you think you might experience in this study over the next 18 months.** What kinds of things do you think we might give you or ask you to do? If you don’t know, just say “don’t know.” *[Open text box.]*

*[For Month 18 only:]*

[ANSWERSAFFECTMONEY] Throughout this study, we asked you various questions about

how you were doing financially (e.g., whether you could currently meet your and your household's basic needs). **How likely did you think it was that your answers to these questions would affect whether [non-profit organization] gave you money in the future?** [Slider from 0 to 100, with labels "Not at all likely," "Somewhat likely," and "Extremely likely."]

[For Month 18 only:]

[ANSWERSAFFECTMONEY\_NUM] Suppose that [non-profit organization] did decide to give you more money. **What is your BEST GUESS as to how much you would receive over the next month?** [Open text box.]

[For Month 18 only:]

[BFMONEYNEED] As you may know, [non-profit organization] sometimes gives people like you money. **When [non-profit organization] gives someone money, what do you think they want to see from that person afterwards? I think [non-profit organization] wants to see that the person is...** [Slider from 0 to 100, with labels "Not at all needy," "Somewhat needy," and "Extremely needy."]

[For Month 18 only:]

[TRUSTEXPERIMENTER] There's always some uncertainty when you sign up for a research study like this one. We would like to know **how certain you felt throughout the study that we would do the things you expected (e.g., pay you on time and keep your answers confidential).** **Would you say you typically felt...** [Slider from 0 to 100, with labels "Not at all certain," "Somewhat certain," and "Extremely certain."]

[For Month 18 only:]

[RECEIVED\_WHAT] Different people in this study got different things. **Can you briefly describe what you got in this study?** [Open text box.]

[For Month 18 only:]

[RECEIVEDOTHERS\_WHAT] If you had to guess, **what would you say other people in this study got?** Please be as specific as possible. If you don't know, you can just say "don't know." [Open text box.]

[For Month 18 only:]

[RECEIVED\_WHY] **In 1-2 sentences, can you describe why you think some people got one thing and others got something else?** If you don't know, you can just say "don't know." [Open text box.]

[For Month 18 only; for CS group:]

[STUDYTHOUGHTS\_CS] This is the final survey. **We would like to know what you thought of this study ([study name]).** In particular, what did you think of the fact that we encouraged you to interact with your peer group? What did you think of the financial resources we provided? What did you like? What did you not like? How do you think we could have made the social components and financial resources more effective at improving your and your family members' lives? What do you think would have been necessary for us to give you so that you



could see meaningful improvement? *[Open text box.]*

*[For Month 18 only; for S group:]*

**[STUDYTHOUGHTS\_S]** This is the final survey. **We would like to know what you thought of this study ([study name]).** In particular, what did you think of the fact that we encouraged you to interact with your peer group? What did you like? What did you not like? How do you think we could have made the social components more effective at improving your and your family members' lives? What do you think would have been necessary for us to give you so that you could see meaningful improvement? *[Open text box.]*

*[For Month 18 only; for C group:]*

**[STUDYTHOUGHTS\_C]** This is the final survey. **We would like to know what you thought of this study ([study name]).** In particular, what did you think of the financial resources we provided? What did you like? What did you not like? How do you think we could have made the financial resources more effective at improving your and your family members' lives? What do you think would have been necessary for us to give you so that you could see meaningful improvement? *[Open text box.]*

*[For Month 18 only; for NTC group:]*

**[STUDYTHOUGHTS\_NTC]** This is the final survey. **We would like to know what you thought of this study ([study name]).** In particular, what did you like? What did you not like? What do you think would have been necessary for us to give you so that you could see meaningful improvement? *[Open text box.]*

**[OPENCOMMENTS]** That's it! **Do you have any final thoughts you'd like to share with us?** (Optional.) *[Open text box.]*

*[For Month 0 only:]*

Thank you for completing the survey!

**When and how will I get my payment?**

As soon as you hit the "Submit" button below, we will start processing your \$60 payment. Your payment will be deposited to your preferred payment method within 4 weeks of the survey deadline. You can log onto [website] to change your payment preferences.

**Where do I go if I have problems or a question?**

See how to contact a Support Agent here.

**When will I hear from you next?**

The next survey will be in 3 months. But, please keep an eye on your email inbox. Soon we will send you emails with important information about the study and what to expect!

*[For all months except Month 0 and Month 18:]*

Thank you for completing the survey!

**When and how will I get my payment?** As soon as you hit the "Submit" button below, we will start processing your \$40 payment. Your payment will be deposited to your preferred payment

method within 4 weeks of the survey deadline. You can log onto [website] to change your payment preferences.

**Where do I go if I have problems or a question?**

See how to contact a Support Agent [here](#).

**When will I hear from you next?**

The next survey will be in 3 months, though we may send you something else in the meantime.

*[For Month 18 only:]*

Thank you for completing the survey!

**When and how will I get my payment?**

As soon as you hit the “Submit” button below, we will start processing your \$40 survey payment and your \$100 completion bonus. If you are one of the 100 randomly chosen families to get a \$1,000 bonus, we will send you that payment, also. Your payments will be deposited to your preferred payment method within 4 weeks of the survey deadline. You can log onto [website] to change your payment preferences.

**Where do I go if I have problems or a question?**

See how to contact a Support Agent [here](#).

**What happens next?**

This is the final survey we will be sending you for this study. But, we may contact you again in the future to see if you want to take additional surveys or do an interview.

Thanks again for participating. Your survey responses are helping to provide evidence that will improve the social service system for all families in Massachusetts. We are very grateful for your help!