

Instructions: Please complete these questions, and return the completed survey in the enclosed, postage-paid envelope.

First, we'd like to start by asking some questions about your finances.

1. In the **last 7 days**, how difficult has it been for your household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses, student loans, and so on? (Select one)

- ☐ Not at all difficult
☐ A little difficult
☐ Somewhat difficult
☐ Very difficult
☐ Extremely difficult

2. In the past year, how much did you typically spend on each of the following items on a monthly basis? Please report dollar amounts for each of the individual components listed below.

Debt payments (mortgages, auto loans, student loans, credit card debt, etc.)	\$ _____
Recurring bills that are not debt payments (rent, electricity, water, cable, internet, etc.)	\$ _____
Housing or auto repairs	\$ _____
Transportation (gas, bus fare, etc.)	\$ _____
Items you plan to keep for a while (electronics, furniture, appliances, etc.)	\$ _____
Food (groceries, restaurants, etc.)	\$ _____
Non-food items that you will use up (health/beauty products, household products, etc.)	\$ _____
Medical care (health insurance, out-of-pocket medical bills, prescription drugs, etc.)	\$ _____
Savings	\$ _____
Giving to others	\$ _____
Other spending (please describe): _____	\$ _____
Total	\$ _____

3. Approximately how much savings does your household currently have: \$ _____
(Include checking and savings account balances but exclude retirement account balances.)

4. Approximately how much debt does your household currently have: \$ _____
(This includes unpaid credit card debt that you will not be able to pay off this month, medical debts, mortgages, car loans, and other loans.)

5. Approximately how much did your household receive in **June 2023** from:

Earned income (wages, salary, commission, bonuses, and tips)	\$ _____
Unemployment insurance	\$ _____
Public Assistance (other than unemployment insurance)	\$ _____
Child support	\$ _____
Other income (retirement income, spousal support, etc.)	\$ _____

6. For each year, what was/will be the combined annual income of all members of your household before taxes?

2022	2023 (estimated)
<input type="radio"/> Less than \$25,000	<input type="radio"/> Less than \$25,000
<input type="radio"/> \$25,000 – \$34,999	<input type="radio"/> \$25,000 – \$34,999
<input type="radio"/> \$35,000 – \$49,999	<input type="radio"/> \$35,000 – \$49,999
<input type="radio"/> \$50,000 – \$74,999	<input type="radio"/> \$50,000 – \$74,999
<input type="radio"/> \$75,000 – \$99,999	<input type="radio"/> \$75,000 – \$99,999
<input type="radio"/> \$100,000 – \$149,999	<input type="radio"/> \$100,000 – \$149,999
<input type="radio"/> \$150,000 and above	<input type="radio"/> \$150,000 and above

7. Did you receive a COVID relief payment (Economic Impact Payment) from the federal government?

	Yes	No	If “Yes”, how much did you receive?
A. Around March 2020?	<input type="radio"/>	<input type="radio"/>	\$ _____
B. Around December 2020?	<input type="radio"/>	<input type="radio"/>	\$ _____
C. Around March 2021?	<input type="radio"/>	<input type="radio"/>	\$ _____

The next set of questions ask about your employment.

8. In the last 7 days, did you do ANY work for either pay or profit? (Select one)

☐ Yes ☐ No

9. At any point since the coronavirus outbreak began in February 2020, have you or anyone else in your immediate household:

	Yes	No	Not Applicable
A. Had to take a cut in pay due to reduced hours or demand for work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Been furloughed or temporarily laid off?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Been laid off or lost a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next set of questions ask about food.

10. How often during the past month did you or anyone in your household have to choose between paying for food or paying for other essential expenditures such as medicine, rent/mortgage, transportation, education?

☐ Very Often
☐ Fairly Often
☐ Sometimes
☐ Almost Never
☐ Never

11. In the **last 7 days**, which of these statements best describes the food eaten in your household? (Select one)
- ☐ Enough of the kinds of food (I/we) wanted to eat
 - ☐ Enough, but not always the kinds of food (I/we) wanted to eat
 - ☐ Sometimes not enough to eat
 - ☐ Often not enough to eat
12. During the **last 7 days**, did you or anyone in your household get free groceries from a food pantry, food bank, church, or other place that provides free food? (Select one)
- ☐ Yes
 - ☐ No

The next set of questions ask about housing.

13. Do you **currently** live in a: (Select one)
- ☐ Rented house or apartment that you pay for with your own funds
 - ☐ Rented house or apartment that you pay for using a Housing Choice Voucher (also called Section 8)
 - ☐ Public Housing
 - ☐ Home that you own
 - ☐ Mobile home
 - ☐ Are homeless
 - ☐ Live with relatives/friends
14. Please include an estimated cost of your monthly rent or mortgage, property tax, insurance, and utilities (electricity, gas, water, sewage, garbage). \$ _____
15. How confident are you that your household will be able to pay the next rent or mortgage payment on time? (Select one)
- ☐ Not at all confident
 - ☐ Slightly confident
 - ☐ Moderately confident
 - ☐ Highly confident
 - ☐ Payment is/will be deferred

The next set of questions asks about your health.

16. Would you say that in general your health is:
- ☐ Poor
 - ☐ Fair
 - ☐ Good
 - ☐ Very Good
 - ☐ Excellent
17. How has your overall health status changed over the **last two months**?
- ☐ Worsened
 - ☐ Stayed the same
 - ☐ Improved
18. How has your mental health status changed over the **last two months**?
- ☐ Worsened
 - ☐ Stayed the same
 - ☐ Improved
19. During the **past 2 months**, was there any time when you needed medical care but did not get it because you could not afford it?
- ☐ Yes
 - ☐ No
20. During the **past 2 months**, have you delayed medical care because of worry about the cost?
- ☐ Yes
 - ☐ No

21. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? _____ days

22. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? _____ days

In the <u>last month</u>:	<u>Never</u>	<u>Almost Never</u>	<u>Some- times</u>	<u>Fairly Often</u>	<u>Very Often</u>
23. How often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. How often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. How often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. How often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Do you smoke cigarettes, chew tobacco, or use e-cigarettes or other vaping products?					
<input type="radio"/> Not at all	<input type="radio"/> Some days	<input type="radio"/> Every day			

Now, we'd like to ask about your alcohol consumption. Keep in mind, one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or 1 ounce of liquor.

28. During the past 30 days, how many days did you have at least one drink of any alcoholic beverage such as beer, wine, or liquor? _____ days in the past 30 days

29. During the past 30 days, on the days when you drank, about how many drinks did you drink on average? _____ Number of drinks

Now, we'd like to ask you some questions about yourself and your household.

30. What is your marital status? (Select one)

☐ Never married
 ☐ Separated
 ☐ Divorced
 ☐ Widowed
 ☐ Married

31. What is the highest degree or level of school you have completed? (Select one)

☐ Did not graduate high school
☐ High school graduate or equivalent (for example, GED)
☐ Some college but no degree
☐ Associate degree (for example, AA, AS)
☐ Bachelor's degree (for example, BA, BS, AB)
☐ Graduate degree (for example, Master's degree, Professional degree, Doctorate degree)

32. Including yourself, how many individuals are in your household? _____

33. Thinking about the household where you currently live, do any of the following people live there with you? (Select all that apply)

- ☐ Your adult child or child-in-law, age 18 or older
- ☐ Your parent or parent-in-law
- ☐ Your grandparent or grandparent-in-law
- ☐ Your adult grandchild or grandchild-in-law, age 18 or older
- ☐ None of the above

34. If you selected any of the options above (besides “None of the above”), is each of the following a major reason, minor reason, or not a reason why you live with adult family members (other than your spouse or partner):

	Major reason	Minor reason	Not a reason
A. To provide childcare or receive help with childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Financial issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. To care for an adult family member (over 18) or to receive care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Change in relationship status, such as the death of a partner or end of a relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. This is just the arrangement you’ve always had	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Do you have children?

- ☐ Yes **How many children do you have living in your household?** _____
☐ No

36. Please list the number of individuals in your household who in the fall will attend:

Preschool (including Head Start, Pre-Kindergarten): _____
Elementary School (grades K-6): _____
Junior High School (grades 7-8): _____
High School (grades 9-12): _____
Community College, College, or University: _____

The next set of questions ask about childcare arrangements and school services for children in your household.

37. Do you rely on help with childcare while you’re working, such as daycare, a nanny, or family member other than a spouse or partner? (Select one)

- ☐ Yes ☐ No ☐ Not applicable

38. At any time in the last 4 weeks, were any children in your household unable to attend daycare or another childcare arrangement as a result of childcare being unaffordable? (Select one)

- ☐ Yes ☐ No ☐ Not applicable

39. If you are a parent of a school aged child enrolled in a preK-12 school in Johnson County, please select all that apply:

- ☐ My child is receiving special education services as part of an IEP
☐ My child is receiving mental health services in their school
☐ My child has unaddressed academic needs
☐ My child has unaddressed mental health needs
☐ None of the above

40. Please indicate whether the next statement was often true, sometimes true, or never true in the last 7 days for the children living in your household who are under 18 years old:

“The children were not eating enough because we just couldn’t afford enough food.” (Select one)

- ☐ Often true
☐ Sometimes true
☐ Never true
☐ There are no children living in my household who are under 18 years old

The final set of questions ask about political attitudes.

41. Generally speaking, do you usually think of yourself as a Democrat, a Republican, an Independent or what? (select one)

- ☐ Democrat (If Democrat, please go to question 42 and then question 44)
- ☐ Republican (If Republican, please go to question 42 and then question 44)
- ☐ Independent (If Independent, please go to question 43)
- ☐ Other party
- ☐ No party

42. (For those who answered Democrat or Republican) Would you call yourself a strong Democrat or Republican or a not very strong Democrat or Republican?

- ☐ Strong
- ☐ Not very strong

43. (For those who answered Independent) Do you think of yourself as closer to the Republican Party or to the Democratic Party?

- ☐ Closer to Republican
- ☐ Closer to Democratic
- ☐ Neither

44. Last summer, you received a payment from Johnson County through the Direct Assistance Program. How did the payment from Johnson County influence how much you trust ...

	Increased Trust	Decreased Trust	Had No Effect on Trust
A. The federal government in Washington to do what is right?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The state government in Iowa to do what is right?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Johnson County to do what is right?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. We would like to know how the payment from Johnson County influences how you view different political and social groups. Did the payment from Johnson County make you more favorable, less favorable, or have no effect on how you view ...

	More Favorable	Less Favorable	Have No Influence
A. Poor People	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. African Americans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Hispanics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. People on welfare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Democrats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Republicans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Iowans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Immigrants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for participating in this survey.