Absorptive Capacity

*Note: Question numbering refers to the unique item identifiers referenced in the user’s guidance documents. Feel free to note these unique identifiers and then modify the numbering as needed. Delete this note and any additional notes as well, prior to using.*

**The following questions ask about your household's expenses and help you may receive.**

**AB1.** How many adults in your household received income last month that was used for household expenses?
(Count any income such as from a job, assistance program, retirement program, or any other income that came to the household)

\_\_\_\_\_\_ adults in your household received income last month

**AB2.** In the past 12 months, how many adults in your household lost their job, lost a source of income, or had their hours cut?
(Count any income such as from a job, assistance program, retirement program, or any other income that came to the household)

\_\_\_\_\_\_ adults in your household lost their job, lost a source of income, or had their hours cut.

**AB5.** Where does your household live?

* Housing that I/we own outright
* Housing that I/we pay to stay (e.g., rent, mortgage, or room fee)
* In friend’s or family’s housing, spare room, or couch (do not pay rent)
* In a shelter, safe haven, or transitional housing
* In a car, van, or camper/RV on the street or parking lot
* Unsheltered on the street, a hallway or stairwell, or under a bridge, etc.
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AB6.** In the past 12 months, has your household had to move due to foreclosure, eviction, or being forced to leave?

* No
* Yes
* Don't know

**AB7a.** **Part A:** Last month, which bills or expenses were hard to afford?

(**Select all that apply**)

* Housing payment (rent, mortgage, etc.)
* Rental insurance or homeowner’s insurance
* Utilities like electricity, gas, water or other utilities
* Internet, phone, and/or cable bills
* Car payment, insurance, gas, car repair, or other transportation (Fees for the bus, subway, taxi/Uber)
* Payments for credit card, student loans, or other loans and debt
* None of the above

**AB7b. Part B:** Last month, which bills or expenses were hard to afford?
(**Select all that apply**)

* Groceries, or store-bought food
* Meals from restaurants
* Pet expenses
* Toiletries (such as shampoo, soap, toothpaste, other hygiene products)
* Purchased clothing
* Sending money to support family/friends
* None of the above

**AB7c. Part C:** Last month, which bills or expenses were hard to afford?
(**Select all that apply**)

* Monthly insurance payments for health, dental, and/or vision care
* Other medical costs like fees or co-pays, medicine, medical equipment, etc.
* Cost of child’s activities (e.g., sports, dance, tutoring, etc.)
* Childcare, or children’s school fees
* Costs for care for an adult or child with disabilities or an elderly adult
* Child support or spousal support payments
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above

**AB8.** How often in the past 12 months was your household able to put money into savings?

* Never
* Only 1 or 2 months
* Some months but not every month
* Almost every month
* Don't know

**AB9.** Which best describes how well your household is doing with finances?

* Not getting by
* Just barely getting by
* Doing okay
* Living comfortably
* Don't know