

Appendix

Consent form

DESCRIPTION: You are invited to participate in a research study on how participation in the EARN.org savings account program affects your general sense of well-being, as well as symptoms of depression, anxiety, and any tobacco or alcohol use. You will be asked to take three anonymous surveys about these issues, one survey now, one in 6 months, and one in 12 months. If you only complete 1 survey, you will still receive compensation (a \$20 gift card to Safeway) for that survey. You may be randomized to participate in a specific EARN.org savings account program or randomized to a 1-year wait list for that specific program. You can decide not to participate in the study and still be placed on the wait list for the program.

TIME INVOLVEMENT: Your participation will take approximately 20 minutes per survey.

RISKS AND BENEFITS: The risks associated with this study are potential discomfort when you are asked about health issues. You will not receive any direct benefit from participation. We cannot and do not guarantee or promise that you will receive any benefits from this study.

PAYMENTS: You will receive a \$20 gift card to Safeway as payment for your participation for each of 2 surveys. Payments may only be made to U.S. citizens, legal resident aliens, and those who have a work eligible visa.

SUBJECT'S RIGHTS: If you have read this form and have decided to participate in this project, please understand your **participation is voluntary** and you have the **right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. The alternative is not to participate.** You have the right to refuse to answer.

Typing your name into the text box below will confirm your consent to participate in the study.

Sample survey

Note that the exact fonts and formatting of the survey will appear differently online than in this print form.

This survey helps us understand your health. It is entirely optional. The survey does not record your name or any other information that could identify you. Your responses will be stored anonymously on a secure computer. They will not be released to anyone outside of the study or to the staff at Earn. The study is being conducted by the Stanford University School of Medicine. Our goal is to better understand your health needs and how Earn services may affect your health. This helps us to better design programs to help you stay healthy. If you have any questions, please contact the study organizer: Sanjay Basu, (XXX) XXX-XXXX.

H0) Would you say that in general your health, as compared to other people your age, is...?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

H1) Please think about your physical health. This includes physical illness and injury. How many days during the past 30 days was your physical health **not** good?

Enter a number from 0 to 30

H2) Now please think about your emotional health. This includes stress, depression, . How many days during the past 30 days was your emotional health **not** good?

Enter a number from 0 to 30

H3) During the past 30 days, for about how many days did poor physical or emotional health keep you from doing your usual activities, such as self-care, work, or recreation?

Enter a number from 0 to 30

H4) In planning your savings and spending, which of the following time periods is most important to you and your household?

- ☐ the next week
- ☐ the next month
- ☐ the next 2-6 months
- ☐ the next year
- ☐ the next 2-5 years or longer

Please read the statements below and indicate the extent to which you agree with each statement.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly agree	Somewhat agree	Strongly agree
O1) If something can go wrong for me it will.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O2) I'm always optimistic about my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O3) In uncertain times, I usually expect the best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O4) Overall, I expect more good things to happen to me than bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O5) I hardly ever expect things to go my way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O6) I rarely count on good things happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L1) I often feel helpless in dealing with the problems of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L2) Other people determine most of what I can and cannot do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L3) What happens in my life is often beyond my control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L4) I have little control over the things that happen to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L5) There is really no way I can solve the problems I have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L6) I can do just about anything I really set my mind to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L7) When I really want to do something, I usually find a way to succeed at it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L8) Whether or not I am able to get what I want is in my own hands.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L9) What happens to me in the future mostly depends on me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L10) I can do the things that I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A1) During the past 30 days, how many days did you have at least one drink of any alcoholic beverage? This includes beer, wine, malt beverages, and liquor.

Days in past 30 days

A2) A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

A3) Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**Script: X = 5 for men, X = 4 for women**] or more drinks on an occasion?

H4) Are you now trying to lose weight?

☐ yes

☐ no

H5) About how much do you weigh without shoes? Answer in pounds.

H6) About how tall are you without shoes? Answer in feet and inches.

+

Instructions: Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
M1) Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M2) Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M3) Trouble falling asleep or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M4) Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M5) Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

M6) Feeling bad about yourself, or that you are a failure, or have let yourself or your family down

☐☐☐☐

M7) Trouble concentrating on things, such as reading the newspaper or watching television

☐☐☐☐

M8) Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.

☐☐☐☐

T0) Have you smoked at least 100 cigarettes in your entire life?

☐yes ☐no

Script: If NO go to Part 5, else go to “T1”

T1) Do you now smoke cigarettes every day, some days, or not at all?

☐every day ☐some days ☐not at all

T2) During the past 6 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

☐yes ☐no

S1) SPENDING BEHAVIORS (relative to income)

Over the past six months, would you say your household has been...

- ☐ Spending less money than you have had coming in.
- ☐ Spending more money than you have had coming in.
- ☐ Spending about the same amount of money that you have had coming in.

S2) SAVINGS BEHAVIORS (regularity of savings & amount)

Over the past six months, which most accurately describes your household?

- ☐ We put aside money as savings every paycheck or every month.
- ☐ We put aside money as savings when we can, but not regularly.
- ☐ We didn't really put aside money as savings.

S3) How much money did your household put aside as savings in an average month?

- ☐ We did not put aside savings in an average month.
- ☐ Up to \$50
- ☐ \$51 to \$100
- ☐ \$101 to \$200
- ☐ More than \$200

S4) SPENDING PLAN

Does your household have a monthly spending plan?

- ☐ Yes, and we mostly stick to it.
- ☐ Yes, but we don't really stick to it.
- ☐ No, we do not have a plan.

S5)

Does your household currently have enough money saved to cover expenses for three months without any earned income?

- ☐ Yes
- ☐ No

S6)

What is your household's strategy for handling a financial emergency?

- ☐ I don't have a strategy.
- ☐ Borrow from payday lender
- ☐ Borrow from friends or family
- ☐ Borrow from another source
- ☐ Use credit card
- ☐ Use savings

S7)

Are you willing to have a study staff member contact you for a telephone conversation about your experiences with this study?

- ☐ Yes
- ☐ No