COVID Impact Survey: Week 1, Colorado

Findings

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Q1a. Did you have any trouble paying your rent or mortgage in the last month?

[ONE TIME]

	Weighted Freq	Weighted Percent
Yes, I had trouble paying my rent or mortgage	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q1b. Do you expect you will have trouble paying your rent or mortgage in the next month?

[ONE TIME]

	Weighted Freq	Weighted Percent
Yes, I expect I will have trouble paying my rent or mortgage	1,000	19.1 %
No, I expect I will not have trouble paying my rent or mortgage	4,240	80.9 %
Total	5,240	100 %

Q2a. Do you currently own any of the following properties? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Primary residence	4,240	80.9 %
Second home	1,000	19.1 %
Investment property	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q2b. Do you have any other properties that you own? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Primary residence	4,240	80.9 %
Second home	1,000	19.1 %
Investment property	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q2c. Do you have any other properties that you own? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Primary residence	4,240	80.9 %
Second home	1,000	19.1 %
Investment property	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q3. Do you currently own any of the following properties? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Primary residence	4,240	80.9 %
Second home	1,000	19.1 %
Investment property	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q4. Do you currently own any of the following properties? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Primary residence	4,240	80.9 %
Second home	1,000	19.1 %
Investment property	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q5a. Did you or someone in the household lose a job or business because of the COVID-19 crisis? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I lost my job	1,000	19.1 %
Yes, someone else in my household lost a job	1,000	19.1 %
Yes, I lost my business or I am no longer self-employed	1,000	19.1 %
Yes, someone else in my household lost their business or is no longer self-employed	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q5b. Do you expect you will have a job or business in the next month? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I expect I will have a job	1,000	19.1 %
Yes, I expect someone else in my household will have a job	1,000	19.1 %
Yes, I expect I will have a business or be self-employed	1,000	19.1 %
Yes, I expect someone else in my household will have a business or be self-employed	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q6. Do you currently have any of the following insurance? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Health insurance	4,240	80.9 %
Dental insurance	1,000	19.1 %
Vision insurance	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q7. Do you currently have any of the following insurance? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Health insurance	4,240	80.9 %
Dental insurance	1,000	19.1 %
Vision insurance	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q8. Do you currently have any of the following insurance? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Health insurance	4,240	80.9 %
Dental insurance	1,000	19.1 %
Vision insurance	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q9. Do you currently have any of the following insurance? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Health insurance	4,240	80.9 %
Dental insurance	1,000	19.1 %
Vision insurance	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q10a. Did you or someone in the household receive unemployment, disability, or other income because of the COVID-19 crisis? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I received unemployment	1,000	19.1 %
Yes, I received disability	1,000	19.1 %
Yes, I received other income	1,000	19.1 %
Yes, someone else in my household received unemployment	1,000	19.1 %
Yes, someone else in my household received disability	1,000	19.1 %
Yes, someone else in my household received other income	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q10b. Do you expect you will receive unemployment, disability, or other income in the next month? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I expect I will receive unemployment	1,000	19.1 %
Yes, I expect I will receive disability	1,000	19.1 %
Yes, I expect I will receive other income	1,000	19.1 %
Yes, I expect someone else in my household will receive unemployment	1,000	19.1 %
Yes, I expect someone else in my household will receive disability	1,000	19.1 %
Yes, I expect someone else in my household will receive other income	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q11. Do you currently have any of the following expenses? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Rent or mortgage	4,240	80.9 %
Utilities	1,000	19.1 %
Childcare	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q12. Do you currently have any of the following expenses? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Rent or mortgage	4,240	80.9 %
Utilities	1,000	19.1 %
Childcare	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q13. Do you currently have any of the following expenses? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Rent or mortgage	4,240	80.9 %
Utilities	1,000	19.1 %
Childcare	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q14. Do you currently have any of the following expenses? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Rent or mortgage	4,240	80.9 %
Utilities	1,000	19.1 %
Childcare	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q15. Do you currently have any of the following expenses? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Rent or mortgage	4,240	80.9 %
Utilities	1,000	19.1 %
Childcare	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q16a. Do you experience any of the following challenges in Broward? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Food	1,000	19.1 %
Trouble paying for rent or mortgage	1,000	19.1 %
Trouble paying for utilities	1,000	19.1 %
Childcare	1,000	19.1 %
Transportation	1,000	19.1 %
Medical care	1,000	19.1 %
Mental health care	1,000	19.1 %
Substance abuse treatment	1,000	19.1 %
Domestic violence	1,000	19.1 %
Elder care	1,000	19.1 %
Care for people with disabilities	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q16b. Do you expect you will have any of the following challenges in the next month? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Food	1,000	19.1 %
Trouble paying for rent or mortgage	1,000	19.1 %
Trouble paying for utilities	1,000	19.1 %
Childcare	1,000	19.1 %
Transportation	1,000	19.1 %
Medical care	1,000	19.1 %
Mental health care	1,000	19.1 %
Substance abuse treatment	1,000	19.1 %
Domestic violence	1,000	19.1 %
Elder care	1,000	19.1 %
Care for people with disabilities	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q17. Do you currently have any of the following challenges? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Food	1,000	19.1 %
Trouble paying for rent or mortgage	1,000	19.1 %
Trouble paying for utilities	1,000	19.1 %
Childcare	1,000	19.1 %
Transportation	1,000	19.1 %
Medical care	1,000	19.1 %
Mental health care	1,000	19.1 %
Substance abuse treatment	1,000	19.1 %
Domestic violence	1,000	19.1 %
Elder care	1,000	19.1 %
Care for people with disabilities	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q18. Do you currently have any of the following challenges? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Food	1,000	19.1 %
Trouble paying for rent or mortgage	1,000	19.1 %
Trouble paying for utilities	1,000	19.1 %
Childcare	1,000	19.1 %
Transportation	1,000	19.1 %
Medical care	1,000	19.1 %
Mental health care	1,000	19.1 %
Substance abuse treatment	1,000	19.1 %
Domestic violence	1,000	19.1 %
Elder care	1,000	19.1 %
Care for people with disabilities	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q19. Do you currently have any of the following challenges? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Food	1,000	19.1 %
Trouble paying for rent or mortgage	1,000	19.1 %
Trouble paying for utilities	1,000	19.1 %
Childcare	1,000	19.1 %
Transportation	1,000	19.1 %
Medical care	1,000	19.1 %
Mental health care	1,000	19.1 %
Substance abuse treatment	1,000	19.1 %
Domestic violence	1,000	19.1 %
Elder care	1,000	19.1 %
Care for people with disabilities	1,000	19.1 %
None of the above	4,240	80.9 %
Total	5,240	100 %

Q20a. Do you have any of the following disabilities that limit, impair, or complicate your ability to work? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability that limits my ability to work	1,000	19.1 %
Yes, someone else in my household has a disability that limits their ability to work	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q20b. Do you have any of the following disabilities that limit, impair, or complicate your ability to work? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability that limits my ability to work	1,000	19.1 %
Yes, someone else in my household has a disability that limits their ability to work	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q20c. Do you have any of the following disabilities that limit, impair, or complicate your ability to work? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability that limits my ability to work	1,000	19.1 %
Yes, someone else in my household has a disability that limits their ability to work	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q21. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q22. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q23. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q24. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q25. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q26. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q27. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q28. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q29. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q30. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q31. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q32. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q33. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q34. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q35. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q36. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q37. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q38. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q39. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q40. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q41. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q42. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q43. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q44. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q45. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q46. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q47. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q48. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q49. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q50. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q51. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q52. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q53. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q54. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q55. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q56. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q57. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q58. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q59. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q60. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q61. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q62. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q63. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q64. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q65. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q66. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q67. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q68. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q69. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q70. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q71. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q72. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q73. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q74. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q75. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q76. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q77. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q78. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q79. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q80. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q81. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %
No	4,240	80.9 %
Total	5,240	100 %

Q82. Do you currently have any of the following disabilities? (Select all that apply)

[MULTI TIME]

	Weighted Freq	Weighted Percent
Yes, I have a disability	1,000	19.1 %
Yes, someone else in my household has a disability	1,000	19.1 %