Long Form Survey Instrument – Wave 1

Thank you for agreeing to participate in our ongoing survey which focuses on the impact of the novel coronavirus (COVID-19). We will send you a reminder to check in once every fourteen days, on [day of the week], to let us know how the coronavirus epidemic is affecting you.

cr001_intro, (cr001a – cr001r)
Have you experienced any of the following symptoms in <u>the past 7 days</u>? [Randomize the order of items in the list]

Yes No Unsure	Fever or chills
Yes No Unsure	Runny or stuffy nose
Yes No Unsure	Chest congestion
Yes No Unsure	Cough
Yes No Unsure	Sore throat
Yes No Unsure	Sneezing
Yes No Unsure	Muscle or body aches
Yes No Unsure	Headaches
Yes No Unsure	Fatigue or tiredness
Yes No Unsure	Shortness of breath
Yes No Unsure	Abdominal Discomfort
Yes No Unsure	Vomiting
Yes No Unsure	Hair Loss
Yes No Unsure	Dry skin
Yes No Unsure	Body temperature higher than 100.4 F or 38.0 C
Yes No Unsure	Diarrhea
Yes No Unsure	Lost sense of smell
Yes No Unsure	Skin rash

cr002
Have you been tested for the coronavirus? If so, what was the result?
1. I have been tested and I tested positive (I had coronavirus)
2. I have been tested and I tested negative (I did **not** have coronavirus)
3. I have been tested and I do not know the result
4. I have not been tested

cr005
Whether or not you have had a coronavirus test, has a doctor or another healthcare professional diagnosed you as having or probably having the coronavirus?
1. Yes
2. No
3. Unsure

cr007
[if cr002 <>1 & cr005 ><1] Do you think you've been infected with the coronavirus?
1. Yes
2. No

3. Unsure

cr011
[if cr002 <>1 & cr005 ><1 & cr007 = 1] How much do you think it would cost for you to get tested?

 [if tested, diagnosed, or think have the virus] Have you contacted anyone, (other than the medical professionals that tested, or diagnosed, or treated you), to inform them you have coronavirus?
  1. Yes
  2. No

cr012_intro, (cr012a – cr012h) [Randomize the order items in the list]
Who have you contacted to let them know that you think you have coronavirus? Please check all that apply.

yes no	A local health departments or hotline
yes no	Hospital or emergency room
yes no	My primary care doctor or another doctor
yes no	My employer, supervisor or school
yes no	Community or religious leaders
yes no	Family or friends
yes no	Online social contacts such as people on Facebook or Twitter

cr004
Whether or not you have been tested, or diagnosed, have you sought medical care for coronavirus?
  1. Yes
  2. No

cr009
[if cr004 = 1] Where did you first seek medical care for coronavirus?
  1. Hospital or emergency room
  2. Urgent care
  3. My primary care doctor or another doctor
  4. A local health department
  5. Other: please specify
  6. I did not seek care

cr010a
[if cr006 = 1 to 5] When you sought care from *[insert cr009]* did you obtain care?
  1. Yes, in person
  2. Yes, phone or video care
  3. Did not obtain care

cr010b
[if cr010a = 1] Did you call ahead before seeking care in person?
  1. Yes
  2. No

cr013
Do you currently have health insurance?
1. Yes
2. No
3. Unsure

Coronavirus Expectations and Avoidance Behaviors

cr014_intro, (cr014a – cr014r) [Randomize the order of the items]
Which of the following are the main symptoms people infected with the coronavirus experience?

Yes No Unsure	Fever or chills
Yes No Unsure	Runny or stuffy nose
Yes No Unsure	Chest congestion
Yes No Unsure	Skin rash
Yes No Unsure	Cough
Yes No Unsure	Sore throat
Yes No Unsure	Sneezing
Yes No Unsure	Muscle or body aches
Yes No Unsure	Headaches
Yes No Unsure	Fatigue or tiredness
Yes No Unsure	Shortness of breath
Yes No Unsure	Abdominal Discomfort
Yes No Unsure	Vomiting
Yes No Unsure	Hair Loss
Yes No Unsure	Dry skin
Yes No Unsure	Body temperature higher than 100.4 F or 38.0 C
Yes No Unsure	Diarrhea
Yes No Unsure	Lost sense of smell

cr015_intro, (cr015a – cr015l) [Randomize the order of items]
In the last seven days, have you done the following:

Yes No Unsure	Gone out to a bar, club, or other place where people gather
Yes No Unsure	Gone to the grocery store or pharmacy
Yes No Unsure	Gone to a friend, neighbor, or relative's residence (that is not your own)
Yes No Unsure	Had visitors such as friends, neighbors or relatives at your residence
Yes No Unsure	Attended a gathering with more than 10 people, such as a reunion, wedding, funeral, birthday party, concert, or religious service
Yes No Unsure	Sought care from a hospital or health care facility
Yes No Unsure	Been placed in isolation or quarantine
Yes No Unsure	Remained in your residence at all times, except for essential activities or exercise
Yes No Unsure	Shared items like towels or utensils with other people
Yes No Unsure	Had close contact (within 6 feet) with people who live with you
Yes No Unsure	Had close contact (within 6 feet) with people who do not live with you
Yes No Unsure	Gone outside to walk, hike, or exercise

cr016_intro, (cr016a – cr016r)

Which of the following have you done in the last seven days to keep yourself safe from coronavirus?
Only consider actions that you took or decisions that you made personally.

Yes	No	Washed your hands with soap or used hand sanitizer several times per day
Yes	No	Canceled or postponed air travel for work
Yes	No	Canceled or postponed air travel for pleasure
Yes	No	Canceled or postponed work or school activities
Yes	No	Canceled or postponed personal or social activities
Yes	No	Visited a doctor
Yes	No	Canceled a doctor's appointment
Yes	No	Stockpiled food or water
Yes	No	Avoided contact with people who could be high-risk
Yes	No	Avoided public spaces, gatherings, or crowds
Yes	No	Prayed
Yes	No	Avoided eating at restaurants
Yes	No	Stockpiled hand sanitizer or disinfectant wipes
Yes	N0	Worked or studied at home
Yes	No	Worn a mask or other face covering
Yes	No	Stockpiled medication

cr017

Have Federal, state, or local governments encouraged you to limit non-essential travel?

1. Yes
2. No
3. Unsure

cr018

Have Federal, state, or local governments required you to limit non-essential travel?

1. Yes
2. No
3. Unsure

cr019_intro, (cr019a – cr019j)

How **effective** are the following actions for keeping you safe from coronavirus?

[Color "unsure" differently]

[Randomize the order of items in the list]

	Extremely Ineffective	Somewhat Ineffective	Somewhat Effective	Extremely Effective	Unsure
Wearing a face mask such as the one shown here.					
Praying.					
Washing your hands with soap or using hand sanitizer frequently.					

Seeing a doctor if you feel sick.					
Seeing a doctor if you feel healthy but worry that you were exposed					
Avoiding public spaces, gatherings, and crowds.					
Avoiding contact with people who could be high-risk.					
Avoiding hospitals and clinics.					
Avoiding restaurants.					
Avoiding airplanes					

cr020_intro (cr020a – cr020k)

How **safe or unsafe** are the following actions for avoiding exposure to coronavirus?

[Color "unsure" differently]

[Randomize the order of items in the list]

Grocery shopping	Extremely Safe	Somewhat Safe	Somewhat Unsafe	Extremely Unsafe	Unsure
Attending gatherings of more than 100 people					
Going to the hospital					
Dining in at restaurants					
Eating "take-out" meals from restaurants					
Visiting with relatives or friends in their home					
Handling packages that have been delivered					
Playing on playground equipment					
Touching door knobs, countertops, and other surfaces in your home					
Interacting closely with other members of your household					

Going outside to walk, hike, or exercise	Extremely Safe	Somewhat Safe	Somewhat Unsafe	Extremely Unsafe	Unsure

cr021
We'd like to ask about your family, as well as your close friends. How many family or close friends do you have? Only include people who are still alive, regardless of where they live.
        [Input number: 0-999: Soft check "Do you really have [NUMBER] family and close friends?"]

cr022
You said that you have [NUMBER] family and close friends. Of these people, how many do you think have been infected with the coronavirus?
        [Input number: 0-999, must be <= to total contacts]:
        [Soft check: "Do you really know [NUMBER] people who have been infected?"]

cr023
On a scale of 0 to 100 percent, what is the chance that you will get the coronavirus in the next three months? If you're not sure, please give your best guess.
[0%-100% Visual Linear Scale]

cr024
If you do get the coronavirus, what is the percent chance you will die from it? If you're not sure, please give your best guess.
[0%-100% Visual Linear Scale]

cr025_intro,
Do you agree or disagree with the following statements?
        The childhood vaccines, such as those for measles and chickenpox:
[strongly disagree, disagree, agree, strongly agree]
(cr025a – cr025d) [randomize the order]
        Have many known harmful side effects
        Provide important benefits to society
        May lead to illness and death
        Are useful and effective

cr030
How likely are you to get vaccinated for coronavirus once a vaccination is available to the public?
[very unlikely, somewhat unlikely, somewhat likely, very likely, unsure]

cr031_intro, (cr031a – cr031d)
Do you agree or disagree with the following statements?
        [strongly disagree, somewhat disagree somewhat agree, strongly agree]
        [randomize the order]
        Most people believe that people with coronavirus are dangerous.
        Most people believe that people who used to have coronavirus are dangerous.

Most people believe that having coronavirus is a sign of personal weakness or failure.
If I caught the coronavirus, I would consider it a sign of my personal weakness or failure.

Mental Health and Substance Use

cr026_intro, (cr026a – cr026g)
Out of the past seven days, what is your best estimate of the number of days that you did each of the following activities?
[randomize the order of items]
[Radio buttons 0-7] Drank alcohol
[Radio buttons 0-7] Used cannabis products such as marijuana
[Radio buttons 0-7] Used recreational drugs other than alcohol or cannabis products
[Radio buttons 0-7] Meditated
[Radio buttons 0-7] Got extra exercise
[Radio buttons 0-7] Made time to relax
[Radio buttons 0-7] Connected socially with friends or family (either online or in person).

cr027_intro, (cr027a – cr027d)
Over the past fourteen days, 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
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Feeling down, depressed, or hopeless				
Little interest or pleasure in doing things				

cr028_intro, (cr028a – cr028d)
In the past fourteen days, how often have you felt:

	Never	Almost Never	Sometimes	Fairly Often	Very Often
That you were unable to control the important things in your life?					
Confident about your ability to handle personal problems?					
That things were going your way?					
Difficulties were piling up so high that you could not overcome them?					

cr029_intro, (cr029a – cr029d)
Have any of the following things happened to you due to people thinking you might have the
coronavirus? [Randomize the order of items in the list]

    Yes No Unsure You were treated with less courtesy and respect than other people.
    Yes No Unsure You received poorer service than other people at restaurants or stores.
    Yes No Unsure People acted as if they were afraid of you.
    Yes No Unsure You were threatened or harassed.

Labor Market Outcomes

lr001[only ask if they previously said they have a job]
The next set of questions are about your primary job. If you have multiple jobs, think of the job in which
you work the most hours or receive the most pay.

You told us on [DATE OF EARLIER SURVEY] that you had a job. Which statement best reflects your
current employment status?

1. I am still working in the same job.
2. I lost my job and I am looking for work.
3. I have been temporarily laid off from the same job.
4. I am on sick leave or other leave from the same job.
5. I am now working at a different job.
6. None of these.

lr002
[if 30=b, c, d] Are you still receiving benefits such as health insurance through your former job?
1. Yes
2. No
3. Unsure

lr003
[if respondent did not have a job] You told us on [DATE OF EARLIER SURVEY] that you did not have a job.
Which statement best reflects your current employment status:
    [only ask if they previously said they did not have a job.]
1. I still do not have a job.
2. I now have a job.
3. None of these.

lr004
Do you currently have a job?
    [fill based on responses above.]
1. Yes
2. No

Ask the following questions if the respondent has a job:
The next set of questions ask about your primary job. If you have multiple jobs, think of the job in which you work the most hours or receive the most pay.

lr005
In your primary job, are you self-employed or do you work for an employer?
1. self-employed,
2. work for an employer,
3. other (specify)]

lr0019
Do any of the following describe your primary job? Check all that apply.
1. Independent contractor (for example, freelance worker, Uber driver, Instacart worker, independent consultant)
2. On-call worker or day laborer
3. Temporary agency worker
4. Contract company worker
5. None of the above

lr006
Out of the past seven days, how many days did you work at your job?
[Radio buttons: 0-7]

lr008
Think of every day you worked in the past seven days. How many total hours did you work for pay across all the days?
[0<=hours <= 150]

lr009
Have your work hours been reduced since March 1, 2020?
Yes No Unsure

lr020
[if lr005 = 2]Has your employer instructed you to work from home?
Yes No Unsure

lr007
Out of the past seven days, how many days did you work from home?
[Radio buttons: 0-7]

lr0010
How frequently are you paid for your job?
[Radio buttons: monthly, every two weeks, every week, every day, other (specify)]

lr011
What was the amount on your most recent paycheck for your job?
[Amount: >=0, soft check if >$50,000]

lr012
Is that amount before or after taxes were withheld?
1. before taxes (gross),
2. after taxes (net),
3. unsure

lr013
If you get sick, how many days can you stay home from your job and still get paid?
[Radio buttons: 0, 1-7, 8-14, More than 14]

lr014
[if lr013 >1 and lr005 = 2] Do you require your employer's permission to use these sick days?
1. Yes
2. No
3. Unsure

lr015
The coronavirus may cause economic challenges for some people regardless of whether they are actually infected.
What is the percent chance that you will lose your job because of the coronavirus within the next three months?
[0%-100% Visual Linear Scale]

Ask the following questions if the respondent does not have a job:
lr016
[if lr004 <>1] Have you received unemployment insurance benefits in the past fourteen days?
1. Yes
2. No
3. Unsure

lr017
[if lr0016= 1] How much did you receive in unemployment insurance in your most recent payment?
Amount>=0
[soft check if >$5000]

lr018 if not receiving unemployment benefits
Why haven't you received unemployment insurance benefits? Mark all that apply. [Radio buttons]
1. My former employer has not made me eligible.
2. I am not eligible for other reasons.
3. I am unsure how to apply.
4. I was approved but I haven't been paid yet.
5. I applied and was rejected.
6. I decided not to apply
7. Other

Economic Insecurity

ei001
The coronavirus may cause economic challenges for some people regardless of whether they are actually infected.
What is the percent chance you will run out of money because of the coronavirus in the next three months?

[0%-100% Visual Linear Scale]

ei002
In the past seven days, were you worried you would run out of food because of a lack of money or other resources?

Yes No Unsure

ei003
In the past seven days, did you eat less than you thought you should because of a lack of money or other resources?

Yes No Unsure

ei004
In the past seven days, did you go without eating for a whole day because of a lack of money or other resources?

Yes No Unsure

ei005_intro, (ei005a – ei005m)
In the past month, did you or anyone in your household receive any of the following government benefits? [randomize the order of items]

Yes No Unsure Medicaid
Yes No Unsure Medicare
Yes No Unsure Social Security
Yes No Unsure Supplemental Security Income (SSI)
Yes No Unsure Social Security Disability Insurance (SSDI)
Yes No Unsure Special Supplemental Assistance Program for Women, Infants, and Children (WIC)
Yes No Unsure Temporary Assistance for Needy Families (TANF)
Yes No Unsure Supplemental Nutrition Assistance Program (SNAP or Food Stamps)
Yes No Unsure Children's Health Insurance Program (CHIP)
Yes No Unsure Housing Assistance (e.g. Section 8 or vouchers)
Yes No Unsure Earned Income Tax Credit (EITC)
Yes No Unsure Economic stimulus funds
Yes No Unsure Aid for people or businesses affected by the coronavirus epidemic.

ei006
[if SNAP=yes] Were you able to use your SNAP (Food Stamps) benefits at the grocery store?
1. Yes
2. No
3. I did not try

ei007
Did you file a tax return this year or last year?
1. Yes
2. No
3. Unsure

ei008
Do you owe money on student loans?
1. Yes
2. No

ei009
[if ei008=1] Have you received permission from your lender to delay or reduce payment on your student loans?
1. Yes
2. No

ei010
[if ei008=1] In the past month, did you miss or delay payment on your student loans, or did you pay less than the full amount?
1. Yes
2. No

ei0011
Do you have a mortgage?
1. Yes
2. No

ei012
[if ei011 = 1] Have you received permission from your lender to delay or reduce payment on your mortgage?
1. Yes
2. No

ei013
I[if ei011 = 1] n the past month, did you miss or delay payment on your mortgage, or did you pay less than the full amount?
1. Yes
2. No

ei014
Do you rent your primary residence?
1. Yes
2. No

ei015
[if ei014 = 1] Have you received permission from your landlord to delay or reduce payment of your rent?
1. Yes
2. No

ei016
[if ei014 = 1] In the past month, did you miss or delay payment of your rent, or did you pay less than the full amount?
1. Yes
2. No

ei017
How confident are you that you could come up with $2000 if an unexpected need arose within the next month? [Radio buttons]
1. I am certain I could come up with the full $2000.
2. I could probably come up with $2000.
3. I could probably **not** come up with $2000.
4. I am certain I could **not** come up with $2000.
5. Don't know
6. Prefer not to say.

ei018_intro, (ei018a – ei018h)
Suppose you have an emergency expense that costs $400. Based on your current financial situation, how would you pay this expense? If you would use more than one method, please select all that apply.
[randomize order]
Yes No Unsure By putting it on my credit card and paying it off in full at the next statement.
Yes No Unsure By putting it on my credit card and paying it off over time.
Yes No Unsure With the money currently in my checking/savings account or with cash.
Yes No Unsure Using a bank loan or line of credit.
Yes No Unsure By borrowing from a friend or family member.
Yes No Unsure Using a payday loan, deposit advance, or overdraft
Yes No Unsure By selling something
Yes No Unsure I wouldn't be able to pay for the expense right now.

ei019
In the past seven days, has anything belonging to you been stolen, such as a wallet or purse, clothing, jewelry, things in your home, or things in your vehicle?
Yes No Unsure

ei020_intro, (ei020 – ei023)
Do you agree or disagree with each of the following statements?
[Radio buttons: strongly disagree, disagree, agree, strongly agree]
[randomize order]
My neighborhood is clean
There is too much crime in my neighborhood
Vandalism is common in my neighborhood

There are too many people hanging around on the streets near my home

K-12 Education

ed001_intro, (ed001a – ed001e)
How many members of your household are currently enrolled in preschool or daycare, primary school, middle school, high school, or post-secondary school?
>   Count yourself if you are enrolled in school.
>   [Radio buttons: 0-10] preschool or day care.
>   [Radio buttons: 0-10] elementary school
>   [Radio buttons: 0-10] middle school or junior high
>   [Radio buttons: 0-10] high school
>   [Radio buttons: 0-10] college or trade school, including four-year colleges, community colleges, technical institutes, and vocational schools.

ed002
[if >0 household members are in college] Are you currently enrolled in college or trade school, including four-year colleges, community colleges?
>   Yes No

ed003
[if preschool, elementary school, middle school, or high school > 0] Do children in this household have access to the internet during the day to support learning?
>   Yes No Unsure

ed004
[if 70=yes] What type(s) of internet do children in this household have to support learning? Mark all that apply.
>   Dedicated household internet or wifi
>   Dedicated cellular hotspot
>   Hotspot through someone's mobile phone
>   Other

ed005_intro, (ed005a – ed005c)
[if 70=yes] Which of the following devices do children in your household use to access the internet for learning?
>   Yes No Unsure   A laptop, chromebook, or desktop computer
>   Yes No Unsure   A tablet or iPad
>   Yes No Unsure   A smartphone

ed006
[if laptop=yes] How many laptops or desktops do children in your household use for learning?
>   [Number>0]

ed007
[if tablet=yes] How many tablets do children in your household use for learning?

[Number>0]

ed008
[if smartphone=yes] How many smartphones do children in your household use for learning?
[Number>0]

Ask the following questions if the respondent has children in preschool through high school:

sl001
[if >0 children in preschool/day care] Of the household members enrolled in **preschool** or day care, how many have had school suspended or canceled because of the coronavirus?
[Radio buttons: 0-max # above]

sl002
[if >0 children in elementary school] Of the household members enrolled in **elementary school**, how many have had school suspended or canceled because of the coronavirus?
[Radio buttons: 0-max # above]

sl003
[if >0 children in elementary school with school suspendedl] Are the household members in **elementary school** doing educational activities at home?
Yes
No
Other

sl004
[If 78=yes] Who provided the educational activities? Mark all that apply.
The school
Me or my spouse/partner
The child
Other household members
Other

sl005
[if >0 children in middle school or junior high] Of the household members enrolled in **middle school or junior high**, how many have had school suspended or canceled because of the coronavirus?
[Radio buttons: 0-max # above]

sl006
[if >0 children in middle school or junior high with school suspended] Are the household members in **middle school or junior high** doing educational activities at home?
Yes
No
Other

sl007

[If 83=yes] Who provided the educational activities? Mark all that apply.
>   The school
>   Me or my spouse/partner
>   The child
>   Other household members
>   Other

sl008
[if >0 children in high school] Of the household members enrolled in **high school**, how many have had school suspended or canceled because of the coronavirus?
>   [Radio buttons: 0-max # above]

sl009
[if >0 children in high school with school suspended] Are the household members in high school doing educational activities at home?
>   Yes
>   No
>   Other

sl010
[If 86=yes] Who provided the educational activities? Mark all that apply.
>   The school
>   Me or my spouse/partner
>   The child
>   Other household members
>   Other

sl011
[if >0 children in high school] How many household members are currently in Grade 12?
>   [Radio buttons: 0-max #]

sl020_intro
[if 88>0] What are the names of the household members who are currently in Grade 12?
>   Name 1:
>   Name 2:
>   Name 3:

>   [Cycle through all the names in 88 for Questions 89 – 91]

sl012_intro (sl012a – sl012h)
[if 88>0: ask for each household member in Grade 12] What are [Name]'s <u>current</u> plans for after high school? Please mark all that apply.
>   Yes No Unsure   No plans
>   Yes No Unsure   Military
>   Yes No Unsure   Employment

Yes	No	Unsure	Technical training
Yes	No	Unsure	Community college
Yes	No	Unsure	Four-year college
Yes	No	Unsure	Remain in high school
Yes	No	Unsure	Other

sl013
[if 88>0: ask for each household member in Grade 12] Have [Name]'s plans changed because of the coronavirus epidemic or school closures?

Yes No Unsure

sl014_intro (sl014a – sl014h)
[if 91=yes] What were [Name]'s previous plans for after high school?

Yes	No	Unsure	No plans
Yes	No	Unsure	Military
Yes	No	Unsure	Employment
Yes	No	Unsure	Technical training
Yes	No	Unsure	Community college
Yes	No	Unsure	Four-year college
Yes	No	Unsure	Remain in high school
Yes	No	Unsure	Other

sl015
[if any school closures] Who is mainly responsible for providing child care while school is suspended or canceled? Mark all that apply:

Yes	No	You
Yes	No	Your spouse or partner
Yes	No	A sibling
Yes	No	Other extended family members such as grandparents, aunts and uncles, and cousins.
Yes	No	A paid child care provider such as a nanny or au pair
Yes	No	A child care facility not located in your home
Yes	No	Other: please specify

sl021
[if >0 children in preschool, elementary, or middle school AND any school closures] How easy or difficult has it been for you to find affordable child care while school is suspended or canceled?

[very easy, somewhat easy, somewhat difficult, very difficult]

sl016_intro (sl016 – sl018)
[if any school closures] Do you agree or disagree with the following statement?

[Strongly disagree/disagree/agree/strongly agree]
School closures made it difficult for me to work or do other household tasks.
I am satisfied with the communication to support learning from my child's/children's school(s).
My child/children will be prepared for school in the next school year.

sl019_intro (sl019_month, sl019_year)
[if any schools closures] What is the earliest that you think any of your children's schools will resume in person?
        [Date must be in the future]
        [Month, Year]