

Center for Economic and Social Research -- Understanding America Study
Coronavirus Tracking Survey -- UAS242 Long Form -- Wave 4: April 29 - May 13, 2020

Long Form Coronavirus Survey Instrument – UAS 242 - Wave 4

Preload Patterns:

For LA long form and Non-LA: Preload variables from last asked long form survey or 230 (when available)

For LA short form: Preload variables from last asked short form or 230 (when available)

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. Most of the questions in this survey were asked in previous surveys. Thank you for answering them accurately again, to ensure we always have the most updated information.

cr001_intro, (cr001a – cr001r)

Have you experienced any of the following symptoms in the past 7 days? [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 since [DATE OF PREVIOUS SURVEY] (when you last took our coronavirus survey)? 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 since [DATE OF PREVIOUS SURVEY]?

1. Yes
2. No
3. Unsure

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cr007

[if cr002 not equal 1 & cr005 not equal 1] Do you think you've been infected with the coronavirus since [DATE OF PREVIOUS SURVEY]?

1. Yes
2. No
3. Unsure

cr003

How much do you think it would cost for you to get tested?

cr011

[if cr003 = 1] Have you contacted anyone, (other than the medical professionals that tested, or diagnosed, or treated you), to inform them you have coronavirus since [DATE OF PREVIOUS SURVEY]?

1. Yes
2. No

cr012_intro, (cr012a – cr012h) [Randomize the order items in the list]

[ask if cr011 = 1] Who have you contacted since [DATE OF PREVIOUS SURVEY] to let them know that you think you have coronavirus? Please check all that apply.

- | | |
|--------|--|
| yes no | A local health department 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 since [DATE OF PREVIOUS SURVEY]?

1. Yes
2. No

cr009

[if cr004 = 1] When you sought medical care for coronavirus since [DATE OF PREVIOUS SURVEY], where did you first seek care?

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

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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 visit
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 |

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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 No Worked or studied at home
- Yes No Worn a mask or other face covering
- Yes No Stockpiled medication

cr017a

Are Federal, state, or local governments **currently encouraging** you to limit non-essential travel?

1. Yes
2. No
3. Unsure

cr018a

Are Federal, state, or local governments **currently requiring** you to limit non-essential travel?

1. Yes
2. No
3. Unsure

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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]

Wearing a face mask such as the one shown here.	Extremely Ineffective	Somewhat Ineffective	Somewhat Effective	Extremely Effective	Unsure
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 travel					

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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]

Wearing a face mask such as the one shown here. 	Extremely Ineffective	Somewhat Ineffective	Somewhat Effective	Extremely Effective	Unsure
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 travel					

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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?”]

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cr022a

You said that you have [NUMBER] family and close friends. Of these people, how many do you think have been hospitalized (spent at least one night in the hospital) from the coronavirus?

[Input number: 0-999, must be <= to total contacts and <=cr022]:

[Soft check: "Do you really know [NUMBER] people who have been hospitalized?"]

cr022b

You said that you have [NUMBER] family and close friends. Of these people, how many do you think have died from the coronavirus?

[Input number: 0-999, must be <= to total contacts and <= cr022]:

[Soft check: "Do you really know [NUMBER] people who have died?"]

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]

cr023b

If you do get the coronavirus, what is the percent chance you will be hospitalized (spend at least one night in the hospital) from it? 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 vaccine is available to the public?

[very unlikely, somewhat unlikely, somewhat likely, very likely, unsure]

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cr031_intro, (cr031a – cr031d)

Do you agree or disagree with the following statements?

[strongly disagree, somewhat disagree somewhat agree, strongly agree]

[randomize the order]

- a. Most people believe that people with coronavirus are dangerous.
- b. Most people believe that people who used to have coronavirus are dangerous.
- c. Most people believe that having coronavirus is a sign of personal weakness or failure.
- d. 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 7 days, what is your best estimate of the number of days that you did each of the following activities?

[randomize the order of items]

[split into two screens]

[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).

[Radio buttons 0-7] Spent time posting or browsing on Facebook, Twitter, Instagram, or Snapchat.

[Radio buttons 0-7] Had a phone call or video call with a family member or a friend.

[Radio buttons 0-7] Messaged or emailed with a family member or friend.

[Radio buttons 0-7] Spent time interacting with a family member or friend in person

[Radio buttons 0-7] Smoked all or part of a cigarette.

[Radio buttons 0-7] Used an e-cigarette or vaping device to vape e-liquids with nicotine.

cr049_intro, (cr049a – cr049c)

[if Facebook/Twitter/Instagram/Snapchat > 0] How frequently do you perform the following activities when you are on Facebook, Twitter, Instagram or Snapchat?

Never – Rarely – Sometimes – Somewhat Frequently – Very frequently

- a. Browsing passively (without liking or commenting on anything)
- b. Browsing actively (liking and commenting on posts, pictures, and updates)
- c. Sending messages or chatting with others

cr026a2

[If respondent drank alcohol more than zero days] In the past seven days, how many alcoholic drinks did you have on a typical day when you drank alcohol?

[Input number 1-30. Do not allow negative or text entries. Soft check: did you really have [NUMBER] drinks per day?]

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gender

What is your gender?

1. Male
2. Female

cr050m

[if respondent drank alcohol more than zero days and respondent is male] In the past seven days, on how many days did you drink **5 or more** alcoholic beverages within a couple of hours ?

[Radio buttons 0-7]

cr050f

[if respondent drank alcohol more than zero days and respondent is female] In the past seven days, on how many days did you drink **4 or more** alcoholic beverages within a couple of hours[BO9] ?

[Radio buttons 0-7]

cr051

[if days of cannabis >0] What is the content of the cannabis products that you typically use?

1. High THC
2. High CBD
3. Balanced THC and CBD
4. Unsure

cr052_intro, (cr052a – cr052g)

[if days of cannabis >0] In the past 7 days, how did you use cannabis products?

[randomize order]

- | | | | |
|-----|----|--------|--|
| Yes | No | Unsure | Smoked in a pipe, joint, or bong. |
| Yes | No | Unsure | Vaped marijuana, THC, or CBD oils or concentrates. |
| Yes | No | Unsure | Dabbed |
| Yes | No | Unsure | Ingested edibles. |
| Yes | No | Unsure | Oil |
| Yes | No | Unsure | Patches, gels, balms, or lotions |
| Yes | No | Unsure | Other |

cr027_intro, (cr027a – cr027d)

Over the past fourteen days, how often have you been bothered by any of the following problems?

Feeling nervous, anxious, or on edge	Not at all	Several days	More than half the days	Nearly every day
Not being able to stop or control worrying				
Feeling down, depressed, or hopeless				
Little interest or pleasure in doing things				

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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?					

cr053_intro, (cr053a – cr053f)

How strongly do you agree or disagree with each of the following statements?

[randomize order ?]

Strongly disagree – disagree – Neutral – Agree – Strongly agree

- a. I tend to bounce back quickly after hard times.
- b. I have a hard time making it through stressful events.
- c. It does not take me long to recover from a stressful event
- d. It is hard for me to snap back when something bad happens.
- e. I usually come through difficult times with little trouble.
- f. I tend to take a long time to get over set-backs in my life.

cr054

Have you ever been told by a doctor, nurse, or other health professional that you have any of the following medical conditions? (please select all that apply)

1. Diabetes
2. Cancer (other than skin cancer)
3. Heart disease
4. High blood pressure
5. Asthma
6. Chronic lung disease such as COPD or emphysema
7. Kidney disease
8. Autoimmune disorder such as rheumatoid arthritis or Crohn’s Disease
9. A mental health condition
10. Obesity
11. None of the above

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cr056_intro

Which of the following mental health conditions has a doctor or another health professional ever told you that you have? [randomize order]

- | | | | |
|-----|----|--------|---|
| Yes | No | Unsure | An anxiety disorder |
| Yes | No | Unsure | Attention deficit hyperactivity disorder (ADHD) |
| Yes | No | Unsure | Bipolar disorder |
| Yes | No | Unsure | An eating disorder |
| Yes | No | Unsure | Depression or another depressive disorder. |
| Yes | No | Unsure | Obsessive-compulsive disorder (OCD) |
| Yes | No | Unsure | Post-traumatic stress disorder (PTSD) |
| Yes | No | Unsure | Schizophrenia or another psychotic disorder |
| Yes | No | Unsure | Other: specify |

cr055

[for each “yes” response in cr054 and cr056] Did the doctor or other health professional **first say** that you have [CONDITION] before or after March 10, 2020?

- Before March 10, 2020
- After March 10, 2020
- Unsure

cr058

In the past 7 days, how often have you felt lonely?

[Radio buttons]

- Not at all or less than 1 day
- 1-2 days
- 3-4 days
- 5-7 days

cr059_intro, (cr059a – cr059c)

Have you received any of the following services from a mental health provider in the **past 14 days**?

- | | | | |
|-----|----|--------|--|
| Yes | No | Unsure | An in-person appointment . |
| Yes | No | Unsure | A live video, phone, or chat interaction. |
| Yes | No | Unsure | Non-live communication (such as by email). |

cr029_intro, (cr029a – cr029d)

Have any of the following things happened to you due to people thinking you might have the coronavirus since [DATE OF EARLIER SURVEY]? [[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. |

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cr060

Thinking about your sexual identity, how would you define yourself?

1. Homosexual or gay or lesbian or "not straight"
2. Bisexual
3. Heterosexual or straight or "not gay"
4. Some other description (please specify):

cr061

Thinking about your gender identity, how would you define yourself? (Check all that apply)

1. Woman
2. Man
3. Trans woman
4. Trans man
5. Non-binary, gender-nonconforming, or genderqueer.
6. Some other description (please specify):

Under each heading, please check the ONE box that best describes your health TODAY:

he001

Mobility:

1. I have no problems walking
2. I have slight problems walking
3. I have moderate problems walking
4. I have severe problems walking
5. I am unable to walk

he002

Self-Care

1. I have no problems washing or dressing myself
2. I have slight problems washing or dressing myself
3. I have moderate problems washing or dressing myself
4. I have severe problems washing or dressing myself
5. I am unable to wash or dress myself

he003

Usual activities (e.g. work, study, housework, family or leisure activities)

1. I have no problems doing my usual activities
2. I have slight problems doing my usual activities
3. I have moderate problems doing my usual activities
4. I have severe problems doing my usual activities
5. I am unable to do my usual activities

he004

Pain/discomfort

1. I have no pain or discomfort
2. I have slight pain or discomfort
3. I have moderate pain or discomfort

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- 4. I have severe pain or discomfort
- 5. I have extreme pain or discomfort

he005

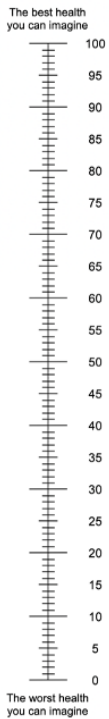
Anxiety/depression

- 1. I am not anxious or depressed
- 2. I am slightly anxious or depressed
- 3. I am moderately anxious or depressed
- 4. I am severely anxious or depressed
- 5. I am extremely anxious or depressed

he006

We would like to know how good or bad your health is TODAY. This scale is numbered from 0 to 100. 100 means the **best** health you can imagine. 0 means the **worst** health you can imagine. Indicate on the scale how your health is TODAY.

Thermometer scale .



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Labor Market Outcomes

[preload Ir001 and the date of last survey taken from previous wave]

Ir001[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.

Ir002

[if 30=b, c, d] Are you still receiving benefits such as health insurance through your former job?

1. Yes
2. No
3. Unsure

Ir003

[if respondent did not have a job in previous wave] You told us on [DATE OF EARLIER SURVEY] that you did not have a job. Which statement best reflects your current employment status?

1. I still do not have a job.
2. I now have a job.
3. I am retired.
4. I am not in the labor force (not currently working and not looking for work)
5. None of these, please specify:

Ir003aa

[if respondent was temporarily laid off in previous wave] You told us on [DATE OF EARLIER SURVEY] that you were temporarily laid off from your job. Which statement best reflects your current employment status?

1. I have resumed working at the same job.
2. I am still temporarily laid off from the same job.
3. I have lost my job and I am looking for work.
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, please specify:

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Ir003bb

[if respondents was on sick leave or other leave in the previous wave] You told us on [DATE OF EARLIER SURVEY] that you were on sick leave or other leave from your job. Which statement best reflects your current employment status?

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

Ir003a

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.

Ir005

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)

Ir019

Do any of the following describe your primary job? Please 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

Ir006

Out of the past seven days, how many days did you work at your job?

[Radio buttons: 0-7]

Ir008

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]

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Ir009

Have your work hours been reduced since [DATE OF LAST SURVEY]?

1. Yes
2. No
3. Unsure

Ir020

[if Ir005 = 2] Has your employer instructed you to work from home?

1. Yes
2. No
3. Unsure

Ir007

Out of the past seven days, how many days did you work from home?

[Radio buttons: 0-7]

Ir0010

How frequently are you paid for your job?

[Radio buttons: monthly, every two weeks, every week, every day, other (specify)]

Ir011

What was the amount on your most recent paycheck for your job?

[Amount: >=0, soft check if >\$50,000]

Ir012

Is that amount before or after taxes were withheld?

1. Before taxes (gross)
2. After taxes (net)
3. Unsure

Ir013

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]

Ir014

[if Ir013 >1 and Ir005 = 2] Do you require your employer's permission to use these sick days?

1. Yes
2. No
3. Unsure

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Ir015

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]

Ir016

[if Ir004 <>1] Have you received unemployment insurance benefits in the past fourteen days?

1. Yes
2. No
3. Unsure

Ir017

[if Ir0016= 1] How much did you receive in unemployment insurance in your most recent payment?

Amount>=0

[soft check if >\$5000]

Ir018

[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

[ask of everyone]

Ir019a

Thinking back to February 2020, were you employed by the government, employed by a private company, employed by a nonprofit organization, self-employed, not employed or retired?

1. Government (Federal, State, or Local)
2. Private-for-profit company
3. Non-profit organization including tax exempt and charitable organizations
4. Self-employed
5. Not employed
6. Retired

Ir021

[if Ir019a = 1, 2, 3] About how many employees (including yourself) worked for this company or organization? If the company or organization has more than one location, add up all employees at the different locations.

1. Less than 5
2. 5-14
3. 15-24
4. 25-49

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5. 50-99
6. 100-499
7. 500-1,000
8. 1,000-5,000
9. 5,000-50,000
10. More than 50,000
11. Unsure

lr022

[if lr019a= 4] Including yourself, how many people worked in your business or organization in February 2020?

1. 1 (Just me)
2. 2-4
3. 5-14
4. 15-24
5. 25-49
6. 50-99
7. 100-499
8. 500-1,000
9. 1,000-5,000
10. 5,000-50,000
11. More than 50,000
12. Unsure

lr020a

[if lr019a=1,2,3,4]

Some people have jobs that require them to interact with people face to face in the same location. Thinking back to **February 2020**, how often did your job require you to come within six feet of other people (such as customers, clients, patients, or coworkers)?

1. Never
2. Less than once per week
3. 1-2 times per week
4. Several times per week
5. Nearly every day
6. Every day

lr026

[if respondent currently has a job] How often does your job **currently** require you to come within six feet of other people (such as customers, clients, patients, or coworkers)?

1. Never
2. Less than once per week
3. 1-2 times per week
4. Several times per week
5. Nearly every day
6. Every day

lr023_intro, (lr023a – lr023c)

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[if lr019=1,2,3,4] To encourage social distancing, some governments have imposed restrictions on some businesses and organizations. Since February 2020, has **the government** imposed any of the following restrictions on businesses or organizations like yours:

Yes	No	Unsure	Ordered them to close completely.
Yes	No	Unsure	Ordered them to substantially limit operations.
Yes	No	Unsure	Ordered employees to work from home.

lr024a

[if close completely = yes] Has **the government** allowed businesses or organizations like yours to reopen?

1. Yes, completely
2. Yes, partially or with restrictions
3. No
4. Unsure

lr024b

[if substantially limit = yes] Has **the government** allowed businesses or organizations like yours to resume normal operations?

1. Yes, completely
2. Yes, partially or with restrictions
3. No
4. Unsure

lr024c

[if work from home = yes] Has **the government** allowed employees to stop working from home?

1. Yes
2. No
3. Unsure

lr025

[if lr019=1,2,3,4] Has the government identified your business or organization as “essential” during the coronavirus epidemic?

1. Yes
2. No
3. Unsure

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]

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ei002

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

1. Yes
2. No
3. 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?

1. Yes
2. No
3. 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?

1. Yes
2. No
3. 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

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ei007

[if not asked in previous surveys]

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

[if ei011 = 1] In 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

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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

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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

Ei024

How much of a threat would you say the coronavirus outbreak is to your household's finances?

1. A substantial threat
2. A moderate threat
3. Not much of a threat
4. Not a threat at all

Ei025

Thinking about the decisions by a number of state governments to impose significant restrictions on public activity because of the coronavirus outbreak, is your greater concern that state governments will...

[Randomize order]

1. Lift the restrictions too quickly
2. Not lift the restrictions quickly enough

Ei026

Now thinking about the decisions by the **government of your state**, is your greater concern that **your own state government** will...

[randomize order]

1. Lift the restrictions too quickly
2. Not lift the restrictions quickly enough

Food Insecurity

fd001

What is the percent chance that you will be able to afford the food you need over the **next three months**? If you are not sure, please give your best guess.

[0%-100% Visual Linear Scale]

Fd004

In **February 2020**, where did you usually get your food (either in person or by delivery)? [randomize order]

1. __yes __no Grocery store / supermarket (Ralphs, Vons, Trader Joe's, etc.)
2. __yes __no Convenience store (7-Eleven, am/pm, etc.)
3. __yes __no Drug store (CVS, Walgreens, Rite Aid, etc.)
4. __yes __no Big-box store (Target, Walmart, Costco, etc.)
5. __yes __no Food pantry
6. __yes __no Restaurant or café
7. __yes __no Home garden

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8. yes no Online retailer (Amazon Fresh, Fresh Direct, etc.)
9. yes no Farmer's market
10. yes no CSA (Community Supported Agriculture)
11. yes no Meal kit subscription (Blue Apron, Dinnerly, etc.)
12. yes no Other. Please specify

fd005a

[if fd004=RESPONSE] You selected the following as the places where you usually got your food in February 2020. Please select your most frequent source of food in February 2020.

[response options are the categories selected in fd004]

fd006a

[if fd005a =1, 2, 3, 4, 5, 6, 9, 10] When you got your food from the [fd005a] in February 2020, did you usually get it in person or have the food delivered to your home?

1. I usually got the food in person
2. I usually had the food delivered to my home

fd007a

[if fd006a=1] About how far away from your home is the [fd005a] where you most frequently got your food in February 2020?

1. 0.5 miles or less than a 10-minute walk
2. 1 to 2 miles
3. 3 to 5 miles
4. 6 to 10 miles
5. 11 to 15 miles
6. 16 to 20 miles
7. Greater than 20 miles

fd005b

[if fd004=RESPONSE] You selected the following as they places where you usually got your food in February 2020. Please select your **second most frequent source of food in February 2020**. Your first, most frequent source has already been selected and cannot be selected again.

[response options are the categories selected in fd004, with fd005a de-selected]

fd006b

[if fi005b= 1, 2, 3, 4, 5, 6, 9, 10] When you got your food from the [fd005b] in February 2020, did you usually get it in person or have the food delivered to your home?

1. I usually got the food in person
2. I usually had the food delivered to my home

fd007b

[if fd006b=1] About how far away from your home is the [fd005b] where you second most frequently got your food in February 2020?

1. 0.5 miles or less than a 10-minute walk
2. 1 to 2 miles
3. 3 to 5 miles

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4. 6 to 10 miles
5. 11 to 15 miles
6. 16 to 20 miles
7. Greater than 20 miles

fd002

In the last 14 days, have you had food delivered to your home?

1. yes
2. no
3. unsure

fd003

[if fd002=1] If you have had food delivered to your home in the last 14 days, who provided that delivery service?

Please check all that apply.

[randomize order]

1. Friend or neighbor
2. Family member
3. Local volunteer
4. Business or organization that provided the food
5. Government's Critical Delivery Service
6. Paid delivery service (Instacart, Uber Eats, etc)
7. Other, Please specify:

fd008

In the **last 14 days**, where did you get your food (either in person or by delivery)?

[randomize order]

1. yes no Grocery store / supermarket (Ralphs, Vons, Trader Joe's, etc.)
2. yes no Convenience store (7-Eleven, am/pm, etc.)
3. yes no Drug store (CVS, Walgreens, Rite Aid, etc.)
4. yes no Big-box store (Target, Walmart, Costco, etc.)
5. yes no Food pantry
6. yes no Restaurant or café
7. yes no Home garden
8. yes no Online retailer (Amazon Fresh, Fresh Direct, etc.)
9. yes no Farmer's market
10. yes no CSA (Community Supported Agriculture)
11. yes no Meal kit subscription (Blue Apron, Dinnerly, etc.)
12. yes no Other. Please specify

fd009a

[if fd008=RESPONSE] You selected the following as the places where you usually got your food in the last 14 days.

Please select your **most frequent source of food in the last 14 days**.

[response options are the categories selected in fd008]

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fd010a

[if fd009a= 1, 2, 3, 4, 5, 6, 9, 10] When you got your food from the [fd009a] in the last 14 days, did you usually get it in person or have the food delivered to your home?

1. I usually got the food in person
2. I usually have the food delivered to my home

fd011a

[if fd009a=1] About how far away from your home is the [fd009a] where you most frequently got your food in the last 14 days?

0.5 miles or less than a 10-minute

1. 1 to 2 miles
2. 3 to 5 miles
3. 6 to 10 miles
4. 11 to 15 miles
5. 16 to 20 miles
6. Greater than 20 miles

fd009b

[if fd008=RESPONSE] You selected the following as the places where you usually got your food in the last 14 days. Please select your **second most frequent source of food in the last 14 days**. Your first, most frequent source has already been selected and cannot be selected again.

[response options are the categories selected in fd008, with fd009a de-selected]

fd010b

[if fd009b= 1, 2, 3, 4, 5, 6, 9, 10] When you got your food from the [fd009b] in the last 14 days, did you usually get it in person or have the food delivered to your home?

1. I usually got the food in person
2. I usually have the food delivered to my home

fd011b

[if fd010b=1]

About how far away from your home is the [fd009b] where you second most frequently got your food in the last 14 days?

0.5 miles or less than a 10-minute walk

1. 1 to 2 miles
2. 3 to 5 miles
3. 6 to 10 miles
4. 11 to 15 miles
5. 16 to 20 miles
6. Greater than 20 miles

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fd012

In the last 14 days, have you eaten food that is different from the types of food you ate in February 2020?

1. yes
2. no
3. unsure

fd013

[if fd012=1] What is different about the food you ate in the last 14 days, compared to the food you ate in February 2020? [open text box]

fd014

Have you heard or read about any of the following food assistance programs or food services? Please check all that apply.[randomize order]

1. Nutrition Assistance (SNAP, Food Stamps, CalFresh, etc.)
2. Food pantries
3. Free delivery of groceries near your home
4. WIC (the Women, Infants, and Children program)
5. The Elder Nutrition Program (aka senior meals)
6. Grab and Go School Meals
7. Other local food programs or services. Please specify :
8. None of the above

fd015

[if fd014=RESPONSE & fd014!=8] Where did you hear or read about [options selected in fd014]? Please check all that apply.

1. Television
2. Radio
3. Newspaper
4. Family, friend, coworker, and/or neighbor
5. Social media
6. Internet (not social media)
7. Magazine
8. Flyer
9. Government agency
10. Community organization
11. Employer
12. Other, please specify:

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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.

[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 suspended] Are the household members in **elementary school** doing educational activities at home?

1. Yes
2. No
3. Other

sl004

[If 78=yes] Who provided the educational activities? Mark all that apply.

1. The school
2. Me or my spouse/partner
3. The child
4. Other household members
5. Other

sl004a

[if sl004=spouse/partner] You mentioned you or your spouse/partner are responsible for providing educational activities. Who takes more responsibility, you or your spouse/partner?

1. Me
2. My spouse/partner
3. Both equally

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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?

1. Yes
2. No
3. Other

sl007

[If 83=yes] Who provided the educational activities? Mark all that apply.

1. The school
2. Me or my spouse/partner
3. The child
4. Other household members
5. Other

sl007a

[if sl007=spouse/partner] You mentioned you or your spouse/partner are responsible for providing educational activities. Who takes more responsibility, you or your spouse/partner?

1. Me
2. My spouse/partner
3. Both equally

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?

1. Yes
2. No
3. Other

sl010

[If sl009=yes] Who provided the educational activities? Mark all that apply.

1. The school
2. Me or my spouse/partner
3. The child
4. Other household members
5. Other

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sl010a

[if sl010=spouse/partner] You mentioned you or your spouse/partner are responsible for providing educational activities. Who takes more responsibility, you or your spouse/partner?

1. Me
2. My spouse/partner
3. Both equally

sl011

[if >0 children in high school] How many household members are currently in Grade 12?

[Radio buttons: 0-max #]

sl011_grade11

[if >0 children in high school] How many household members are currently in Grade 11?

[Radio buttons: 0-max #]

sl020_intro_grade11

[if sl011_grade11 >0] What are the names of the household members who are currently in Grade 11?

Name 1:

Name 2:

Name 3:

sl020_intro

[if sl011 >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 sl020_intro and sl020b_intro for sl012 - sl014]

sl012_intro (sl012a – sl012h)

[if sl011>0: ask for each household member in Grade 11 or Grade 12] What are [Name]'s current 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

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sl013

[if sl011>0: ask for each household member in Grade 11 or Grade 12] Have [Name]'s plans changed because of the coronavirus epidemic or school closures?

1. Yes
2. No
3. Unsure

sl014_intro (sl014a – sl014h)

[if sl013=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

sl015b

[if >0 children in elementary, middle, or high school] You said that [NUMBER] household members are currently in grades K-12. What are their first names or nicknames? Just first names or nicknames will do.

[NAME]

[NAME]

[NAME]

Etc.: up to NUMBER text fields.

[soft check if any fields left empty: "you said that [NUMBER] household members are currently in grades K-12.

Please go back and give all of their first names or nicknames.]

[Randomly select one name and refer to this person for questions sl030 – sl037]

[Prefill with the name given in UAS 240. Only ask sl015b and select a name randomly if it was not done before.]

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sl029_intro

In your last survey, we asked you which members of your household are enrolled in K-12 school. Then we asked you several questions about [NAME]'s school. Now we would like to follow up and ask a few more questions about [NAME]'s school.

sl029

Are you the parent or legal guardian of [NAME]?

Yes No Unsure

sl030a

Did [NAME]'s school cancel or suspend in-person classes because of the coronavirus epidemic?

1. Yes
2. No
3. Unsure

sl030

What type of school did [NAME] attend in February 2020?

1. Neighborhood public school / other public school
2. Magnet public school
3. Charter school
4. Private or religious school
5. Home school
6. Other

sl031

In February 2020, did [NAME] receive any of the following services?

Yes	No	Unsure	Gifted and talented instruction
Yes	No	Unsure	Mental health services
Yes	No	Unsure	Free or reduced-price meals
Yes	No	Unsure	Extra support for English language learners
Yes	No	Unsure	Extra support for struggling learners

sl032

A 504 plan is a plan to ensure that a child with disabilities receives accommodations that will allow the child to learn. In February 2020, did [NAME] receive services under a 504 plan?

Yes No Unsure

sl033

An individual education plan (IEP) is a plan to ensure that a child with disabilities receives specialized instruction and services. In February 2020, did [NAME] receive services related to an IEP?

Yes No Unsure

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[For each “yes” response to sl031, sl032, and sl033 prefill from UAS 240 responses]:

sl034_intro, (sl034a – sl034g)

Is [NAME] still receiving [NAME OF SERVICE] now?

[use “services under an IEP” and “services under a 504 plan” for the NAME OF SERVICE in sl022 and sl023]

Yes No Unsure

sl035_intro, (sl035a – sl035h)

How likely or unlikely is it that school closures due to the Coronavirus pandemic will lead to these scenarios:

Very likely – somewhat likely – neither likely nor unlikely – somewhat unlikely – very unlikely

Randomize order of items

- a. [NAME] will not make as much progress academically
- b. Less peer interaction will cause lasting academic problems for [NAME]
- c. Less peer interaction will cause lasting social problems for [NAME]
- d. Less teacher interaction will cause lasting academic problems for [NAME]
- e. Less access to instructional materials (such as textbooks, worksheets, lab materials) will cause lasting academic problems for [NAME]
- f. [if prefill_sl032=yes or prefill_sl033=yes] Less access to special education support will cause lasting academic problems for [NAME]
- g. [if prefill_sl021b (mental health support)=yes] Less access to mental health support will cause lasting academic problems for [NAME]
- h. [if prefill_sl021b (mental health support)=yes] Less access to mental health support will cause lasting mental and/or emotional problems for [NAME]

sl036_intro, (sl036a – sl036b)

[if sl030a=yes] In the past **seven days** how much time did [NAME] spend in online class meetings that included interaction between teachers and students? Enter “0” in both fields if [NAME] spent no time in online class meetings.

Hours: 0-40, no text

Minutes: 0-60, no text

[if sl030a=yes] sl037_intro, (sl037a – sl037d)

Has [NAME] done any of the following activities since schools physically closed?

Yes	No	Unsure	Interacted with a teacher through an online meeting such as Zoom, by phone, or by email
Yes	No	Unsure	Received new schoolwork from his or her teacher(s)
Yes	No	Unsure	Completed newly-assigned school work
Yes	No	Unsure	Received feedback on schoolwork from his or her teacher(s)

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]

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sl016_intro (sl016 – sl018c)

[if any school closures] Do you agree or disagree with the following statement as related to school closures?

[Strongly disagree/disagree/agree/strongly agree] [Randomize the order of items]

- a. School closures made it difficult for me to work or do other household tasks.
- b. I am satisfied with the communication to support learning from my child's/children's school(s).
- c. My child/children will be prepared for school in the next school year.
- d. I am satisfied with how much my children are learning.
- e. School closures have made it harder for me to feed my children.
- f. I am satisfied with the amount of time and attention my children give to school work.

sl038_intro, (sl038a – sl038f)

[if >0 children in school and any school closures] Schools are considering several policies in the wake of recent school closures. Do you support or oppose each of the following policies?

[Strongly oppose, oppose, support, strongly support] [Randomize the order of items]

- a. Having all students repeat the current grade
- b. Converting grades/marks for the rest of the year to pass/fail
- c. Promoting all students to the next grade regardless of their performance.
- d. Providing summer school to all students if it's safe.
- e. Canceling all standardized tests next school year (i.e. 2020-21).
- f. Canceling grades/marks for the rest of the 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]

[Enter Month, Year]

[Higher Education]

ed002

[if >0 household members are in college] Are you currently enrolled in college or trade school, including four-year colleges, community colleges?

1. Yes
2. No

cl001_intro

What are the names of the household members other than yourself who are currently enrolled in college or trade school, including four-year colleges, community colleges, technical institutes, and vocational schools? Just first names or nicknames will do. [DB81]

[provide as many text boxes as students indicated in ed001e from prefill]

[Name 1]

[Name 2]

[etc.]

[Soft check if they leave any fields blank. If all fields are blank after soft check skip to ca002.]

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[Prefill with names from UAS 240. Cycle through all names in cl001 for cl002 to cl013. If ed002=yes, then include a cycle with [NAME="you" and ask about the respondent before other people in the household]

cl002

What type of degree or certificate is [NAME] working on? Mark all that apply.

- a. A bachelor's degree (usually four years)
- b. An associate's degree (usually two years)
- c. A certificate or diploma of occupational training such as plumbing or cosmetology
- d. A graduate program such as a masters or PhD.
- e. Not working toward a degree or certificate

[hard check if they say "not working toward a degree" and any other options.][DB82]

cl005bbb_intro, (cl005bbb_1 – cl005bbb_6)

Has [NAME] experienced any changes in the following areas because of the coronavirus epidemic?

Increased Decreased No Change Unsure

[Randomize order]

- a. Family care responsibilities
- b. Work responsibilities
- c. Stable access to housing
- d. Stable access to food sources (such as a campus meal plan)
- e. Expenses for tuition, food, or housing
- f. Desire to be close to home

cl005ccc

Has [NAME]'s employment status changed because of the coronavirus epidemic?

1. Yes
2. No
3. Unsure

cl005ddd

[if cl005ccc=yes] How has [NAME]'s employment status changed?

1. [NAME] has become unemployed.
2. [NAME] has found a new job.
3. [NAME]'s job has reduced hours.
4. [NAME] has been temporarily laid off or is taking sick leave or other leave

cl002b

In February 2020, did [NAME] take part in classes?

1. Yes
2. No
3. Unsure

cl003

In February 2020, how did [NAME] primarily take part in classes?

1. On campus
2. Online
3. A worksite or other non-campus location

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4. Other

cl004

Is [NAME] still taking part in classes toward his or her degree now?

4. Yes
5. No
6. Unsure

cl005

[if cl004=yes] How is [NAME] primarily taking part in classes now?

1. On campus
2. Online
3. A work site or other non-campus location
4. Other

cl006

[if cl004=no or unsure]

Is [NAME]'s school still offering classes in his or her program?

1. Yes
2. No
3. Unsure

cl006a

[if cl004=no] Has the coronavirus epidemic affected [NAME]'s decision to stop taking part in classes now?

1. Yes
2. No
3. Unsure

cl006b

[if cl006a=yes] How has the coronavirus epidemic affected [NAME]'s plans to stop taking part in classes now?

Please mark all that apply.

Randomize order

1. It has changed [NAME]'s family care responsibilities
2. It has changed [NAME]'s work responsibilities
3. [NAME] has health and safety concerns about in-person classes.
4. It has changed [NAME]'s stable access to housing.
5. It has changed [NAME]'s stable access to food sources (such as a campus meal plan).
6. It has changed [NAME]'s expenses for tuition, food, or housing.
7. It has changed [NAME]'s ability to pay tuition.
8. It has changed [NAME]'s employment status or work hours.
9. [NAME] is dissatisfied with the coronavirus response of his or her current institution.
10. It has changed [NAME]'s desire to be close to home.
11. Other, please specify: [TEXT BOX]
12. [NAME]'s institution does not plan for in-person enrollment in the fall

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cl006ddd

[if cl004=no] Has the **quality of online courses** affected [NAME]'s decision to stop taking part in classes now?

1. Yes
2. No
3. Unsure

cl006eee

[if cl004=no] Has **access to computer equipment or internet** affected [NAME]'s decision to stop taking part in classes now?

1. Yes
2. No
3. Unsure

cl006fff

[if cl004=no] Has **the ability to adjust to the online course format** affected [NAME]'s decision to stop taking part in classes now?

1. Yes
2. No
3. Unsure

cl005b

Does [NAME] expect to complete his or her program this term?

1. Yes
2. No
3. Unsure

cl008a

Does [NAME] expect to continue taking classes in the fall?

1. Yes
2. No
3. Unsure

cl010a

Has the coronavirus epidemic influenced [NAME]'s decision whether to continue taking classes in the fall?

1. Yes
2. No
3. Unsure

cl010aa

[if cl010a=Yes] How has the coronavirus epidemic influenced [NAME]'s decision whether to continue taking classes in the fall? Please mark all that apply.

Randomize the order

1. It has changed [NAME]'s family care responsibilities
2. It has changed [NAME]'s work responsibilities
3. [NAME] has health and safety concerns about in-person classes.
4. It has changed [NAME]'s stable access to housing.

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5. It has changed [NAME]'s stable access to food sources (such as a campus meal plan).
6. It has changed [NAME]'s expenses for tuition, food, or housing.
7. It has changed [NAME]'s ability to pay tuition.
8. It has changed [NAME]'s employment status or work hours.
9. [NAME] is dissatisfied with the coronavirus response of his or her current institution.
10. It has changed [NAME]'s desire to be close to home.
11. Other, please specify: [TEXT BOX]
12. [NAME]'s institution does not plan for in-person enrollment in the fall

[The next sequence (cl005c - cl005e) apply to people who are finishing their degree]

cl005c

[if cl005b=Yes] As of February 2020, what were [NAME]'s plans after finishing his or her program?

1. Find a job related to the program.
2. Find a job unrelated to the program.
3. Go back to school.
4. Other
5. Unsure

cl005d

[if cl005b=Yes] Has the coronavirus epidemic affected [NAME]'s plans after finishing his or her program?

1. Yes
2. No
3. Unsure

cl005e

What are [NAME]'s current plans after finishing his or her program?

1. Find a job related to the program.
2. Find a job unrelated to the program.
3. Go back to school.
4. Other
5. Unsure

[The next sequence (cl008b – cl013) apply to people who are continuing to take classes in the fall.]

cl008b

[if cl008a=Yes] Where does [NAME] expect to continue taking classes in the fall?

1. [NAME]'s current institution
2. A different institution

cl010

[if cl008a=Yes] Does [NAME] expect to take classes online or in person in the fall?

1. Online
2. In person
3. Other
4. Unsure

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cl010b

[if cl008a=Yes] Has the coronavirus epidemic influenced [NAME]'s decision of how many classes to take in the fall?

1. Yes: [NAME] will take more classes.
2. Yes: [NAME] will take fewer classes.
3. No
4. Unsure

cl010bb

[if cl010b=Yes (either more or fewer)]] How has the coronavirus epidemic influenced [NAME]'s decision of how many classes to take in the fall? Please mark all that apply.

Randomize the order

1. It has changed [NAME]'s family care responsibilities
2. It has changed [NAME]'s work responsibilities
3. [NAME] has health and safety concerns about in-person classes.
4. It has changed [NAME]'s stable access to housing.
5. It has changed [NAME]'s stable access to food sources (such as a campus meal plan).
6. It has changed [NAME]'s expenses for tuition, food, or housing.
7. It has changed [NAME]'s ability to pay tuition.
8. It has changed [NAME]'s employment status or work hours.
9. [NAME] is dissatisfied with the coronavirus response of his or her current institution.
10. It has changed [NAME]'s desire to be close to home.
11. Other, please specify: [TEXT BOX]
12. [NAME]'s institution does not plan for in-person enrollment in the fall

cl011

[if cl008a=Yes] Has the coronavirus epidemic influenced [NAME]'s decision whether to transfer to another institution in the fall?

1. Yes
2. No
3. Unsure

cl011b

[if cl011=Yes] How has the coronavirus epidemic influenced [NAME]'s decision whether to transfer to another institution in the fall? Please mark all that apply.

Randomize the order

1. It has changed [NAME]'s family care responsibilities
2. It has changed [NAME]'s work responsibilities
3. [NAME] has health and safety concerns about in-person classes.
4. It has changed [NAME]'s stable access to housing.
5. It has changed [NAME]'s stable access to food sources (such as a campus meal plan).
6. It has changed [NAME]'s expenses for tuition, food, or housing.
7. It has changed [NAME]'s ability to pay tuition.
8. It has changed [NAME]'s employment status or work hours.
9. [NAME] is dissatisfied with the coronavirus response of his or her current institution.
10. It has changed [NAME]'s desire to be close to home.

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11. Other, please specify: [TEXT BOX]
12. [NAME]'s institution does not plan for in-person enrollment in the fall

cl012

[if cl005b=no] Has the coronavirus epidemic influenced [NAME]'s ability to complete his or her degree or certificate in a timely manner?

1. Yes
2. No
3. Unsure

cl013

[if cl012=Yes] How has the coronavirus epidemic influenced [NAME]'s ability to complete his or her degree or certificate in a timely manner? Mark all that apply

Randomize the order

1. It has changed [NAME]'s family care responsibilities
2. It has changed [NAME]'s work responsibilities
3. [NAME] has health and safety concerns about in-person classes.
4. It has changed [NAME]'s stable access to housing.
5. It has changed [NAME]'s stable access to food sources (such as a campus meal plan).
6. It has changed [NAME]'s expenses for tuition, food, or housing.
7. It has changed [NAME]'s ability to pay tuition.
8. It has changed [NAME]'s employment status or work hours.
9. [NAME] is dissatisfied with the coronavirus response of his or her current institution.
10. It has changed [NAME]'s desire to be close to home.
11. Other, please specify: [TEXT BOX]
12. [NAME]'s institution does not plan for in-person enrollment in the fall

cl014

Has the coronavirus epidemic changed how you see the value of post-secondary education?

1. Yes, I now think post-secondary education is more valuable.
2. Yes, I now think post-secondary education is less valuable.
3. No
4. Unsure

[insurance question – going to respondents on Days 3-5 only]

ins001

Suppose you already bought a used car. After inspecting the car, an independent agency tells you that the chance the car may be defective and in the first year is X%. If the car is defective, your only option will be to fix it and you will need to pay \$5,000 to do this.

How much would you pay for an insurance policy that would give you back the full \$5,000 to fix the car?

[visual linear scale: \$0 - \$5000]

Questions asked in previous waves that were removed from the current survey

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}

Payments Questions[DB85]

The next questions ask you about payments you have made recently. You make a payment any time you give money to someone else, such as when you buy something at a store, pay your rent or mortgage, or order food from a restaurant.

ca02

How much cash do you currently have in your pocket, purse or wallet?

_____ {\$ Amount, do not allow negative numbers or text}

ca03

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~~How much cash do you have stored elsewhere in your home, car, or elsewhere?
_____ [\$ Amount, do not allow negative numbers or text]~~

~~ca04
Did you take out extra cash because of the coronavirus?
_____ Yes No Unsure~~

~~ca05
Have you made any in-person payments since March 10, 2020?
_____ Yes No Unsure~~

~~ca06
[if ca05=yes] Did you use cash for any of these payments?
_____ Yes No Unsure~~

~~ca09
[if ca05=Yes] Has any merchant refused to accept cash for any of these payments?
_____ Yes No Unsure~~

~~ca07
[if ca05=yes] Are you avoiding using cash because of the coronavirus?
_____ Yes No Unsure~~

~~ca08
[if ca07=yes] What payment method did you use most often when you avoided cash?
_____ Drop down list
_____ Check
_____ Money order
_____ Debit card
_____ Credit card
_____ Prepaid card
_____ Other~~

~~ca10
[if ca05=No] Are you avoiding using cash because of the coronavirus?
_____ Yes No Unsure~~

~~ca11
Have you switched to paying online or paying by phone instead of paying in person since March 10, 2020?
_____ Yes No Unsure~~

~~ca12
[if ca11=Yes] For what kinds of stores did you decide to switch to online or phone payments?
_____ Yes No Unsure Grocery stores~~

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~~_____ Yes~~ ~~_____ No~~ ~~_____ Unsure~~ ~~Restaurants and fast food~~

~~Yes~~ ~~No~~ ~~Unsure~~ ~~Hardware stores~~

~~Yes~~ ~~No~~ ~~Unsure~~ ~~General merchandise or “big box” stores like Walmart, Kmart, Target, or Sears~~

~~Yes~~ ~~No~~ ~~Unsure~~ ~~Other stores~~

~~Yes~~ ~~No~~ ~~Unsure~~ ~~None of these kinds of stores~~

Cr054

Has a doctor or another health professional **ever told you** that you have any of the following medical conditions?

[randomize order]

~~_____ Yes~~ ~~_____ No~~ ~~_____ Unsure~~ ~~Diabetes~~

~~_____ Yes~~ ~~_____ No~~ ~~_____ Unsure~~ ~~Cancer (other than skin cancer)~~

~~_____ Yes~~ ~~_____ No~~ ~~_____ Unsure~~ ~~Heart disease~~

~~_____ Yes~~ ~~_____ No~~ ~~_____ Unsure~~ ~~High blood pressure~~

~~_____ Yes~~ ~~_____ No~~ ~~_____ Unsure~~ ~~Asthma~~

~~_____ Yes~~ ~~_____ No~~ ~~_____ Unsure~~ ~~Chronic lung disease such as COPD or emphysema~~

~~_____ Yes~~ ~~_____ No~~ ~~_____ Unsure~~ ~~Kidney disease~~

~~_____ Yes~~ ~~_____ No~~ ~~_____ Unsure~~ ~~An autoimmune disorder such as rheumatoid arthritis or Crohn’s disease~~

~~_____ Yes~~ ~~_____ No~~ ~~_____ Unsure~~ ~~A mental health condition~~

~~_____ Yes~~ ~~_____ No~~ ~~_____ Unsure~~ ~~Obesity~~

~~_____ Yes~~ ~~_____ No~~ ~~_____ Unsure~~ ~~None of the above~~