

**Short Form Survey Instrument – Wave 3 – April 15 – 28, 2020**

**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]

- |                  |  |
|------------------|--|
| a. Yes No Unsure | Fever or chills                                |
| b. Yes No Unsure | Runny or stuffy nose                           |
| c. Yes No Unsure | Chest congestion                               |
| d. Yes No Unsure | Cough  |
| e. Yes No Unsure | Sore throat                                    |
| f. Yes No Unsure | Sneezing                                       |
| g. Yes No Unsure | Muscle or body aches                           |
| h. Yes No Unsure | Headaches                                      |
| i. Yes No Unsure | Fatigue or tiredness                           |
| j. Yes No Unsure | Shortness of breath                            |
| k. Yes No Unsure | Abdominal Discomfort                           |
| l. Yes No Unsure | Vomiting                                       |
| m. Yes No Unsure | Hair Loss                                      |
| n. Yes No Unsure | Dry skin                                       |
| o. Yes No Unsure | Body temperature higher than 100.4 F or 38.0 C |
| p. Yes No Unsure | Diarrhea                                       |
| q. Yes No Unsure | Lost sense of smell                            |
| r. Yes No Unsure | Skin rash                                      |

cr002

Have you been tested for the coronavirus since [DATE OF PREVIOUS 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

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

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cr003

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

[numeric entry]

cr011

[if cr002 = 1 OR cr005 = 1 OR cr007 = 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 – cr012g)

[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.

[Randomize the order items in the list]

- |    |        |  |
|----|--------|--|
| a. | Yes No | A local health departments or hotline                        |
| b. | Yes No | Hospital or emergency room                                   |
| c. | Yes No | My primary care doctor or another doctor                     |
| d. | Yes No | My employer, supervisor or school                            |
| e. | Yes No | Community or religious leaders                               |
| f. | Yes No | Family or friends  |
| g. | 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

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)

Which of the following are the main symptoms people infected with the coronavirus experience?

[Randomize the order of the items]

- |    |               |  |
|----|---------------|--|
| a. | Yes No Unsure | Fever or chills                                |
| b. | Yes No Unsure | Runny or stuffy nose                           |
| c. | Yes No Unsure | Chest congestion                               |
| d. | Yes No Unsure | Skin rash                                      |
| e. | Yes No Unsure | Cough  |
| f. | Yes No Unsure | Sore throat                                    |
| g. | Yes No Unsure | Sneezing                                       |
| h. | Yes No Unsure | Muscle or body aches                           |
| i. | Yes No Unsure | Headaches                                      |
| j. | Yes No Unsure | Fatigue or tiredness                           |
| k. | Yes No Unsure | Shortness of breath                            |
| l. | Yes No Unsure | Abdominal Discomfort                           |
| m. | Yes No Unsure | Vomiting                                       |
| n. | Yes No Unsure | Hair Loss                                      |
| o. | Yes No Unsure | Dry skin                                       |
| p. | Yes No Unsure | Body temperature higher than 100.4 F or 38.0 C |
| q. | Yes No Unsure | Diarrhea                                       |
| r. | Yes No Unsure | Lost sense of smell                            |

cr015\_intro, (cr015a – cr015l)

In the last seven days, have you done the following:

[Randomize the order of items]

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

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cr016\_intro, (cr016a – cr016p)

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.

- |    |        |  |
|----|--------|--|
| a. | Yes No | Washed your hands with soap or used hand sanitizer several times per day |
| b. | Yes No | Canceled or postponed air travel for work                                |
| c. | Yes No | Canceled or postponed air travel for pleasure                            |
| d. | Yes No | Canceled or postponed work or school activities                          |
| e. | Yes No | Canceled or postponed personal or social activities                      |
| f. | Yes No | Visited a doctor   |
| g. | Yes No | Canceled a doctor's appointment  |
| h. | Yes No | Stockpiled food or water   |
| i. | Yes No | Avoided contact with people who could be high-risk                       |
| j. | Yes No | Avoided public spaces, gatherings, or crowds                             |
| k. | Yes No | Prayed   |
| l. | Yes No | Avoided eating at restaurants  |
| m. | Yes No | Stockpiled hand sanitizer or disinfectant wipes                          |
| n. | Yes No | Worked or studied at home  |
| o. | Yes No | Worn a mask or other face covering                                       |
| p. | Yes No | Stockpiled medication  |

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?"]

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]

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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]

cr032\_intro, (cr032a – cr032j)

How much do you trust the following sources of information about the coronavirus:

[Randomize the order of items in the list]

California Governor Gavin Newsom	Do not trust at all	Trust somewhat	Trust mostly	Trust completely
Los Angeles County Department of Public Health				
Los Angeles County Board of Supervisors				
Los Angeles Mayor Eric Garcetti				
The Los Angeles Times				
CNN				
MSNBC				
Fox News				
Network News (NBC, ABC, CBS)				
Your local TV news	Do not trust at all	Trust somewhat	Trust mostly	Trust completely

cr033\_intro, (cr033a – cr033j)

Which of the following information sources have you used to learn about the coronavirus in the past 7 days?

[Randomize the order of items in the list]

- a. Yes \_\_\_ No California Governor Gavin Newsom
- b. Yes \_\_\_ No Los Angeles County Department of Public Health
- c. Yes \_\_\_ No Los Angeles County Board of Supervisors
- d. Yes \_\_\_ No Los Angeles Mayor Eric Garcetti
- e. Yes \_\_\_ No The Los Angeles Times
- f. Yes \_\_\_ No Your local TV news
- g. Yes \_\_\_ No CNN
- h. Yes \_\_\_ No MSNBC
- i. Yes \_\_\_ No Fox News
- j. Yes \_\_\_ No Network News (NBC, ABC, CBS)

**[Labor Market Outcomes]**

[preload lr001 and the date of last survey taken from previous wave]

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, please specify:

lr002

[IF lr001 = 2 OR lr001 = 3 OR lr001 = 4] 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 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. None of these.

lr003aa

[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:

lr003bb

[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:

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lr003a

Do you currently have a job?

[fill based on responses above.]

1. Yes
2. No

**[if 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? 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

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]

lr006a

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

[Radio buttons: 0-7]

lr016

[if no longer employed ] 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]

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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]**

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