Long Form Coronavirus Survey Instrument – UAS 278

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 up-to-date 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 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

cr007
[if cr002 != 1 AND cr005 != 1]
Do you think you've been infected with the coronavirus since [DATE OF PREVIOUS SURVEY]?
1. Yes
2. No

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

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

Coronavirus Expectations and Avoidance Behaviors
cr015_intro, (cr015a – cr015s, removed cr015o, cr015p)
[Randomize the order of items]
In the last **seven days**, have you done the following:
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

    m. Yes No Unsure   Attended a political rally, protest, or demonstration.
    n. Yes No Unsure   Attended an in-person religious service
    o. [removed]
    p. [removed]
    q. Yes No Unsure   Traveled by airplane.
    r. Yes No Unsure   Traveled by public transportation (bus, subway, commuter rail, etc.)

cr069_intro, (cr069a – cr069s)
[Ask for each "yes" response in cr015]
For each of the following activities, please indicate how often, if ever, you wore a mask or face covering.
[Always / Most of the time / Sometimes / Rarely / Never / Unsure]
[Randomize order]
    a. When you went to a bar, club, or other place where people gather
    b. When you went to the grocery store or pharmacy
    c. When you went to a friend, neighbor, or other relative's residence
    d. When you had visitors such as friends, neighbors, or relatives at your residence
    e. When you attended a gathering with more than 10 people
    f. When you sought care from a hospital or health care facility
    k. When you had close contact (within 6 feet) with people who do not live with you
    l. When you went outside to walk, hike, or exercise
    m. When you attended a political rally, protest, or demonstration
    n. When you attended an in-person religious service
    r. When you traveled by airplane
    s. When you traveled by public transportation (bus, subway, commuter rail, etc.)

cr070_intro, (cr070a – cr070l)
We would like to learn your general opinion about wearing a mask or face covering. Do you agree or disagree with each of the following statements?
[Strongly disagree / Disagree / Neither agree nor disagree / Agree / Strongly agree]
[Randomize order of response items]
    a. Wearing a mask helps keep me safe from coronavirus.
    b. Wearing a mask helps keep others safe from coronavirus.
    c. Wearing a mask is dangerous to my health.
    d. Wearing a mask is a political statement.
    e. Wearing a mask is not needed because I am not infected.
    f. Wearing a mask is not needed when I am with other people who are healthy.
    g. Others may feel threatened if I cover my face.
    h. I keep enough distance so that I don't need a mask.
    i. We live in a free country and no one can force me to wear a mask.
    j. I would like to wear a mask, but I cannot afford to buy one.
    k. Wearing a mask is unnecessary because coronavirus is not a serious threat to people like me.
    l. A mask is too uncomfortable to wear.

cr016_intro, (cr016a – cr016p) note: removed cr016b,c,d,e,h,l,n,r from UAS248 on

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 (b)
Yes	No	Visited a doctor (g)
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	Worked or studied at home (o)
Yes	No	Worn a mask or other face covering (p)

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

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 travel					

cr020_intro, (cr020a – cr020m)

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					
Eating or drinking in a place that provides table service and has implemented social distancing guidelines					
Curb-side pick-up of store purchases					
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?"]

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?"]

cr022c

You said that you have [NUMBER] family and close friends. Of these people, how many do you think have received at least one dose of the coronavirus vaccine?

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

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

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, (cr025a – cr025d)

Do you agree or disagree with the following statements?

Childhood vaccines, such as those for measles and chickenpox:

[Strongly disagree / Disagree / Agree / Strongly agree]

[Randomize the order]

Have many known harmful side effects

Provide important benefits to society

May lead to illness and death

Are useful and effective

cr075

Have you gotten vaccinated for the coronavirus?

1. Yes
2. No
3. Unsure

cr076

[if cr075 = yes]
Some coronavirus vaccines require two doses (injections) spaced several weeks apart. How many doses of the coronavirus vaccine have you received?
[Drop down: 0, 1, 2, 3 or more]
[Hard check: if 0: You said you were vaccinated but received zero doses. Please go back and correct your answers]

cr077
[if cr076 = 1]
How likely are you to receive the second dose of the coronavirus vaccine once enough time has passed since your first dose?
[Very unlikely / Somewhat unlikely / Somewhat likely / Very likely / Unsure]

cr078
[if cr075 = no or no response]
Is the coronavirus vaccine currently available for people like you in your community?
1. Yes
2. No
3. Unsure

cr030
[if cr075 = no or unsure]
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]

cr072_intro, (cr072a – cr072d)
Do you agree or disagree with the following statements?
Vaccines for the coronavirus (COVID-19):
[Strongly disagree / Disagree / Agree / Strongly agree]
[Randomize the order]
Have many known harmful side effects
Provide important benefits to society
May lead to illness and death
Are useful and effective

cr073
On a scale of 0 to 100, what is the percent chance that someone who is vaccinated against the coronavirus could still catch it? If you're not sure, please give your best guess.
[0-100% visual linear scale]

cr074

On a scale of 0 to 100, what is the percent chance that a coronavirus vaccine will cause serious side effects or long-term health problems for someone who has been vaccinated? If you are unsure, please give your best guess.
[0-100% visual linear scale]

ucv005
How much do you trust the process in general (not just for COVID-19) to develop safe vaccines for the public?
1. Fully trust
2. Mostly trust
3. Somewhat trust
4. Do not trust

ucv006
How much do you trust the governmental approval process to ensure the COVID-19 vaccine is safe for the public?
1. Fully trust
2. Mostly trust
3. Somewhat trust
4. Do not trust

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.

cr066_intro, (cr066a – cr066y)
How much do you trust the following sources of information about the coronavirus (COVID-19):
[Do not trust at all / Trust somewhat / Trust mostly / Trust completely]
[Randomize the order of items in the list]
      Local public health officials such as officials from your county health department.
      The US Department of Health and Human Services (HHS)
      The Centers for Disease Control and Prevention (CDC)
      The World Health Organization (WHO)
      Your contacts on social media (Facebook, Twitter, etc.)
      Your close friends and members of your family
      Your coworkers, classmates, or other acquaintances
      Your physician
      Public television and radio

Fox News
CNN
MSNBC
NBC News
CBS News
ABC News
Your local newspaper
National newspapers such as the New York Times, The Washington Post, and USA Today
Your local TV news
President Trump
Vice President Pence
President-Elect Biden
Vice President-Elect Harris

cr013_intro, (cr013a – cr013y)

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]

Yes	No	Local public health officials such as officials from your county health department.
Yes	No	The US Department of Health and Human Services (HHS)
Yes	No	The Centers for Disease Control and Prevention (CDC)
Yes	No	The World Health Organization (WHO)
Yes	No	Your contacts on social media (Facebook, Twitter, etc.)
Yes	No	Your close friends and members of your family
Yes	No	Your coworkers, classmates, or other acquaintances
Yes	No	Your physician
Yes	No	Public television and radio
Yes	No	Fox News
Yes	No	CNN
Yes	No	MSNBC
Yes	No	NBC News
Yes	No	CBS News
Yes	No	ABC News
Yes	No	Your local newspaper
Yes	No	National newspapers such as the New York Times, The Washington Post, and USA Today
Yes	No	Your local TV news
Yes	No	President Trump
Yes	No	Vice President Pence
Yes	No	President-Elect Biden
Yes	No	Vice President-Elect Harris

Mental Health and Substance Use

cr026_intro, (cr026a – cr026m)
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.

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?]

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?
[Radio buttons 0-7]

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				

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)

[if preloads are empty]

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

[if preloads are empty]

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

cr056_intro, (cr056a – cr056i)

[if preloads are empty]

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

cr055a – cr055j and cr057a – cr057i

[if preloads are empty]

[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?

1. Before March 10, 2020
2. After March 10, 2020
3. Unsure

cr058

In the past 7 days, how often have you felt lonely?
[Radio buttons]
1. Not at all or less than 1 day
2. 1-2 days
3. 3-4 days
4. 5-7 days

cr071
We are interested in understanding how the coronavirus epidemic may be affecting the health of U.S. residents.

About how much do you weigh? (enter your weight in pounds)
[Box: 50-400 pounds, no text]

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)

cr067_intro, (cr067a – cr067e)
Since [DATE OF PREVIOUS SURVEY], how often have any of the following things happened to you in your day-to-day life because of your actual or perceived race, ethnicity, age, gender, health, income, education, religion, or some other personal characteristic?
a. You were treated with less courtesy or respect than other people
b. You received poorer service than other people at restaurants or stores
c. People acted as if they thought you were not smart
d. People acted as if they were afraid of you
e. You were threatened or harassed
   1. Almost every day
   2. At least once a week
   3. A few times a month
   4. Once a month or less
   5. Never

cr068
[if cr066a > never OR cr066b > never OR cr066c > never OR cr066d > never OR cr066e > never]
What do you think is the **main** reason for these experiences of poor treatment? You may check up to two main reasons.
1. Your ancestry, ethnicity, or national origin
2. Your gender
3. Your race
4. Your shade of skin color
5. Your age

6. Your religion
7. Your height
8. Your weight
9. Some other aspect of your physical appearance
10. Your sexual orientation
11. Your education or income level
12. A physical disability
13. Your physical health (or perceived physical health)
14. Your mental health (or perceived mental health)
15. Other, please specify:

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.

cr060
[if preloads are empty]
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
[if preloads are empty]
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):

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
7.   I am now retired
6.   None of these, please specify:

lr002
[if lr001 = 2,3,4]
Are you still receiving benefits such as health insurance through your former job?
   1.   Yes
   2.   No
   3.   Unsure

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:

lr003cc

[if respondent was retired in the previous wave]

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

1. I am still retired
2. I now have a job
3. I am unemployed and looking for work
4. None of these, please specify:

lr003dd

[if respondent was not in labor force in previous wave]

You told us on [DATE OF EARLIER SURVEY] that you were not in the labor force. Which statement best reflects your current employment status?

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

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
4. I am retired
5. I am not in the labor force (not currently working and not looking for work)
3. None of these, please specify:

lr003a

Do you currently have a job? (derived variable)

[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)

lr019

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]

lr009

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

1.   Yes
2.   No
3.   Unsure

lr020

[if lr005 = 2]

Has your employer instructed you to work from home?

1.   Yes
2.   No
3.   Unsure

lr007

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

lr010

How frequently are you paid for your job?
[Radio buttons: Monthly / Twice a month / Every two weeks / Every week / Every day / Other (specify)]

lr011

What was the amount on your most recent paycheck?

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

lr011a
[if lr011 = RESPONSE AND lr011 < 30]
You said your last paycheck was $[fillin lr011]. Is this correct?
1. Yes, it is correct
2. No, I made a mistake [go back to lr011]
3. I did not receive a paycheck in the past fourteen days
4. I do not recall the amount of my last paycheck
5. I prefer not to answer

lr011b_i
[if lr010 = 1 AND (lr011 = EMPTY OR (lr011 = RESPONSE AND lr011 < 30 AND lr011a = 4)]
For the most recent paycheck for your job, would you say the amount was
1. Lower than $1,500
2. Between $1,500 and $3,000
3. Between $3,000 and $4,500
4. Between $4,500 and $6,000
5. Higher than $6,000
6. Prefer not to answer
7. Don't know

lr011b_ii
[if lr010 = 2,6 AND (lr011 = EMPTY OR (lr011 = RESPONSE AND lr011 < 30 AND lr011a = 4)]
For the most recent paycheck for your job, would you say the amount was
1. Lower than $750
2. Between $750 and $1,500
3. Between $1,500 and $2,250
4. Between $2,250 and $3,000
5. Higher than $3,000
6. Prefer not to answer
7. Don't know

lr011b_iii
[if lr010 = 3 AND (lr011 = EMPTY OR (lr011 = RESPONSE AND lr011 < 30 AND lr011a = 4)]
For the most recent paycheck for your job, would you say the amount was
1. Lower than $375
2. Between $375 and $750
3. Between $750 and $1,125
4. Between $1,125 and $1,500
5. Higher than $1,500
6. Prefer not to answer

       7. Don't know

lr011b_iv
[if lr010 = 4 AND (lr011 = EMPTY OR (lr011 = RESPONSE AND lr011 < 30 AND lr011a = 4)]
For the most recent paycheck for your job, would you say the amount was
       1. Lower than $75
       2. Between $75 and $150
       3. Between $150 and $300
       4. Between $300 and $600
       5. Higher than $600
       6. Prefer not to answer
       7. Don't know

lr011b_v
[if lr010 = 5 AND (lr011 = EMPTY OR (lr011 = RESPONSE AND lr011 < 30 AND lr011a = 4)]
For the most recent paycheck for your job, would you say the amount was
       1. Lower than $375
       2. Between $375 and $750
       3. Between $750 and $1,500
       4. Between $1,500 and $3,000
       5. Higher than $3,000
       6. Prefer not to answer
       7. Don't know

lr012
[if (lr011 > 29 OR (lr011 < 30 AND lr011 = 1)) OR any of lr011b_i-v = 1 to 5]
Is that amount before or after taxes were withheld?
       1. Before taxes (gross)
       2. After taxes (net)
       3. Unsure

lr011c
[if lr010 = 4 OR lr010 = 5 OR lr005 = 1]
Overall, taking into account all sources of income related to your job(s) and/or business, what was your income or "take home pay" in the past month?
[Amount>=0, soft check if >$50,000]

lr011c_i
[if lr011c = EMPTY]
Would you say that your income or "take home pay" in the past month was:
       1. Lower than $1,500,
       2. Between $1,500 and $3,000
       3. Between $3,000 and $4,500

4. Between $4,500 and $6,000
5. Higher than $6,000
6. Prefer not to answer
7. Don't know

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]

lr016

Have you received unemployment insurance benefits in the past fourteen days?

1. Yes
2. No
3. Unsure

lr017

[if lr016 = 1]

How much did you receive in unemployment insurance in your most recent payment?

Amount>=0

[soft check if >$5000]

lr017b

[if lr017 = RESPONSE AND lr017 < 15]

You said your most recent payment for unemployment compensation was $[fillin lr017]. Is this correct?

1. Yes, that is correct
2. No, I made a mistake [GO BACK TO LR017]
3. I did not receive a payment in the past fourteen days
4. I do not recall the amount of my last UI payment
5. I prefer not to answer

lr017b_i
[if lr017 = EMPTY OR (lr017 = RESPONSE AND lr017 < 15 AND lr017b = "do not recall")]
Would you say the amount was?
1. $300 or less
2. $301 to $600
3. $601 to $900
4. $901 to $1200
5. More than $1200
6. I prefer not to answer
7. Don't know

lr017a
[if lr017 > 14 OR (lr017 = REPONSE AND lr017 < 15 AND lr017b = 1) OR (lr017 = REPONSE AND lr017 < 15 AND lr017b = 4 AND lr017b_i = 1,2,3,4,5)]
How often do you expect to receive this amount?
1. Once every week
2. Once every two weeks
3. Once every month
4. Another interval, please specify:
5. Unsure

lr016a
[if lr016 = 3]
Why are you unsure about whether you have received unemployment insurance in the past 14 days?
1. I received a benefit payment but I am unsure about whether it is from unemployment insurance or some other program
2. I am expecting to receive a payment but I am unsure whether it has been deposited/mailed
3. I received a payment but I am unsure when I received it
4. I prefer not to answer this question
5. Other, please specify:

lr031
[if lr016 = no or unsure]
Have you **applied** for unemployment insurance since February 2020?
1. Yes
2. No
3. Unsure

lr032_month and lr032_day
[if lr031 = yes]
When did you apply? If you're not sure, just give your best guess. If you have applied more than once since February 2020, please tell us about the first time that you applied.
[Drop down: Month (February / March / April / May / June / July / August / September), Day (1-31)]

lr033
[if lr016 = no AND lr031 = yes]
Why haven't you received unemployment insurance benefits?
1.   My application was approved but I haven't been paid yet.
2.   My application was rejected.
3.   I'm still waiting for my application to be approved.
4.   I am receiving benefits but have not been paid in the past fourteen days
6. I went back to work
7. I am still being paid by employer
8. I did receive benefits at some point
5. Other, please specify:

lr034
[if lr016 = no AND lr031 = no]
Why haven't you applied for unemployment insurance benefits?
1. I am currently working
2. My former employer has not made me eligible
3. I am not eligible for other reasons
4. I am unsure how to apply
5. I decided not to apply for other reasons
7. I am retired
8. I receive disability or Supplemental Security Income
9. I am temporarily on leave from my job /summer break / seasonal
6. Other, please specify:

The following sequence goes to everyone
lr019a
[if preload lr019a = EMPTY]
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

lr021
[if preload lr019a = EMPTY]
[if lr019a = 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
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 preload lr019a = EMPTY]
[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 preload lr019a = EMPTY]
[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)

[if lr019a = 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 lr019a = 1,2,3,4]
Has the government identified your business or organization as "essential" during the coronavirus epidemic?
1. Yes
2. No
3. Unsure

Questions about Labor Market Status of Spouses and Partners

lr026a
Are you married, or do you have a partner who you live with?
1. Yes
2. No

lr027
[if lr026a = 1]
[if preload lr027 = EMPTY]
Which statement best reflects the employment status of your spouse or partner in **February 2020**?
1. My spouse or partner was employed and had a job
2. My spouse or partner was unemployed and was looking for work
3. My spouse or partner was temporarily laid off
4. My spouse or partner was on sick leave or other leave
5. My spouse or partner was not in the labor force (not employed and not looking for work)
6. My spouse or partner was retired
7. None of these

lr028
[if lr026a = 1]
Which statement best reflects the **current** employment status of your spouse or partner?
1. My spouse or partner is employed and has a job
2. My spouse or partner is unemployed and looking for work
3. My spouse or partner is temporarily laid off
4. My spouse or partner is on sick leave or other leave
5. My spouse or partner is not in the labor force (not employed and not looking for work)
6. My spouse or partner is retired
7. None of these

lr029_intro, (lr029_month and lr029_day)
[if lr027 = RESPONSE AND lr028 = RESPONSE AND lr027 != lr028]
[if preload_lr029_month = EMPTY AND preload_lr029_day = EMPTY]
When did the employment status of your spouse or partner change?
If you're not sure, just give your best guess.
[Drop down: Month (February / March / April / May / June / July / August / September), Day (1-31)]

lr030
[if lr026a = 1]
[if lr028 = 1]
[preload_lr030 = EMPTY]
Have your spouse or partner's hours been reduced since **February 2020**?
1. Yes
2. No
3. Unsure

lr030a
[if lr026a = 1]
[if lr028 = 1]
[if preload_lr030 = RESPONSE]
Have your spouse or partner's hours been reduced since [DATE OF LAST SURVEY]?
1. Yes
2. No
3. Unsure

lr035
[if lr026a = 1]
Has your spouse or partner received unemployment insurance benefits in the past fourteen days?
1. Yes
2. No
3. Unsure

lr036
Other than you [and your spouse or partner/ yourself], has anyone else in your household received
unemployment insurance benefits in the past fourteen days?
1. Yes
2. No
3. Unsure

lr037
[if (lr026a = 1 AND lr035 = 1) OR lr036 = 1]
Over the **past month**, how much did you and other household members receive from unemployment insurance?
If you are not sure, please give your best guess.
[Range 0,9999, no text]

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?

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

ei005inc_c
[if Social Security = yes]
Over the **past month** (since [DATE ONE MONTH AGO]), how much did you and other household members receive from **Social Security**? If you are not sure, please give your best guess.
[Range 0,9999]

ei005inc_d
[if Supplemental Security Income = yes]
Over the **past month** (since [DATE ONE MONTH AGO]), how much did you and other household members receive from **Supplemental Security Income (SSI)**? If you are not sure, please give your best guess.
[Range 0,9999]

ei005inc_e
[if Social Security Disability Insurance = yes]
Over the **past month** (since [DATE ONE MONTH AGO]), how much did you and other household members receive from **Social Security Disability Insurance (SSDI)**? If you are not sure, please give your best guess.
[Range 0,9999]

ei005inc_h
[if SNAP = yes]
Over the **past month** (since [DATE ONE MONTH AGO]), how much did your household receive in **SNAP or Food Stamps benefits**? If you are not sure, please give your best guess.
[Range 0,9999]

ei007
[if preload is empty]
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

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

ei030
Since April 1, have you been evicted or foreclosed, received an eviction or foreclosure notice, or been told by a landlord to move from your residence?
1. Yes, I have been, or am currently being, evicted or foreclosed from my residence
2. Yes, I have received an eviction or foreclosure notice, but have not yet been evicted or foreclosed from my residence
3. Yes, I have been told by a landlord to leave my residence, but have not yet received a written eviction notice
4. No, I have **not** been evicted or foreclosed, received an eviction or foreclosure notice, or been told by a landlord to leave my residence

ei031
[if ei030 = 2,3,4]
What is the percent chance that you will be evicted, go into foreclosure, or be forced by a landlord to move from your current residence in the next thirty days? If you are not sure, please give your best guess.
[0%-100% Visual Linear Scale]
        - Does not apply to my housing situation

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 $2,000
2.   I could probably come up with $2,000
3.   I could probably **not** come up with $2,000
4.   I am certain I could **not** come up with $2,000
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?
1. Yes
2. No
3. 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

ss001
[if currentage > 49 AND currentage < 70 in MyHH]
Do you currently receive social security retirement benefits?
1. Yes
2. No
3. Unsure

K-12 EDUCATION

Prefill with the name given in UAS264 if available If prefill is empty, ask sl082 and sl015b, then randomly select a child name.

sl082
[if child name prefill is empty]
How many members of your household are 5-18 years old?
[Drop down: 0-10]

sl015b_intro
You said that [total number of kids in elementary, middle, or high school[]] household members are currently in grades K-12. What are their first names or nicknames? Just first names or nicknames will do.
[Boxes for names as given in sl082]

sl056

In what grade is [NAME] in this year?

[Drop down: Kindergarten / 1st grade / 2nd grade / 3rd grade / 4th grade / 5th grade / 6th grade / 7th grade / 8th grade / 9th grade / 10th grade / 11th grade / 12th grade]

sl057a

Is [NAME] enrolled in a public, private, charter or virtual school for the 2020-21 school year (even if currently attending school from home), or are they homeschooled, or does some other situation apply?

1. Yes, [NAME] is enrolled in a public, charter, private or virtual school (select this option even if your child is attending school from home)
2. No, [NAME] is not enrolled and is homeschooling
3. No. [NAME] is neither enrolled nor homeschooling (e.g dropped out, taking a year off, pursuing a GED).
4. No, some other situation applies (please specify):

sl058a

[if sl057a = 1]

What kind of school is [NAME] enrolled in?

1. Public school
2. Private school
3. Charter school
4. Virtual School
5. Other
6. Unsure

sl060

[if sl057a = 1]

Approximately what percent of the students at [NAME]'s school are currently attending school in person?

[Sliding scale 0-100% or text box]

sl061a

[if sl057a = 1]

How is [NAME] currently attending school?

1. In-person only
2. Remote only
3. Both in-person and remote (hybrid)
4. Other, please specify:

sl062a

[if sl057a = 1]

Given the state of the COVID-19 pandemic in your area and your school's safety protocols, how would you prefer [NAME] to attend school right now?

1. In-person only

2. Remote only
3. Both in-person and remote (hybrid)
4. Other, please specify:
5. Unsure

sl063_intro, (sl063a – sl063f)
[if sl060a > 0 OR sl061a = 1,3]
Is [NAME]'s school using any of the following COVID-19 mitigation strategies?

Yes	No	Unsure	School policy requires students to wear masks at all times
Yes	No	Unsure	School policy requires teachers to wear masks at all times
Yes	No	Unsure	School policy requires everyone on campus to have their temperature taken
Yes	No	Unsure	School policy requires that everyone on campus remain six feet apart
Yes	No	Unsure	Hand sanitizer is available in [NAME]'s classroom(s)
Yes	No	Unsure	School policy requires contact tracing if cases arise in the school

ma001
Regardless of their biological sex, some people see themselves as more feminine and others see themselves as more masculine. How masculine or feminine do you see yourself?

1. Completely masculine
2. Mostly masculine
3. Slightly masculine
4. Slightly feminine
5. Mostly feminine
6. Completely feminine