

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 not equal 1 & cr005 not equal 1]

Do you think you have 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 cr015p-q)

[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) Yes No Unsure | Traveled for work |
| p) [removed] | - |
| q) [removed] | - |
| r) Yes No Unsure | Traveled by airplane. |
| s) Yes No Unsure | Traveled by public transportation (bus, subway, commuter rail, etc.) |

cr069_intro, (cr069a – cr069s)

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]

[Ask for each “yes” response in cr015.]

- When you went to a bar, club, or other place where people gather
- When you went to the grocery store or pharmacy
- When you went to a friend, neighbor, or other relative’s residence
- When you had visitors such as friends, neighbors, or relatives at your residence
- When you attended a gathering with more than 10 people
- When you sought care from a hospital or health care facility
- When you had close contact (within 6 feet) with people who do not live with you
- When you went outside to walk, hike or exercise
- When you attended a political rally, protest, or demonstration
- When you attended an in-person religious service
- When you traveled by airplane
- 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 – cr016r , removed cr016a,c,d,e,f,h,i,n,q,r)

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]

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					

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 been died?"] (*note: typo fixed in later versions*)

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]

- a. Have many known harmful side effects
- b. Provide important benefits to society
- c. May lead to illness and death
- d. 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]

vc001

When a COVID-19 vaccine becomes available, health care workers and nursing home workers will likely get it first. **If you had to choose, who do you think should be vaccinated next?**

[randomize response order]

People at high risk of getting sick or dying from COVID-19 who live in group housing. For example: people who are older, or have heart disease, diabetes, and other health conditions.

People at high risk of getting sick or dying from COVID-19 who live with their families. For example: people who are older, or have heart disease, diabetes, and other health conditions,
People who are more likely to spread COVID-19 to others, because of their social behavior or employment. For example: young adults and teachers.
People who live in areas with more COVID-19 infections.
People who are selected randomly through a lottery.

Note to programmers: Add a '1' next to the answer given in the first question. Example given below. Use the same response order as above.

vc002

In what order do you think these groups of people should be vaccinated, after health care workers and nursing home workers? We already placed a "1" next to the group you already selected to go first. Please add 2, 3, 4, and 5 to indicate how you would order the remaining groups.

1 People at high risk of getting sick or dying from COVID-19 who live in group housing. For example: people who are older, or have heart disease, diabetes, and other health conditions.
___ People at high risk of getting sick or dying from COVID-19 who live with their families. For example: people who are older, or have heart disease, diabetes, and other health conditions.
___ People who are more likely to spread COVID-19 to others, because of their social behavior or employment. For example: young adults and teachers.
___ People who live in areas with more COVID-19 infections
___ People who are selected randomly through a lottery

vc003_intro, vc003a – vc003c

How much did you think of the following when selecting the order in which people should get the vaccine?
[randomize the ordering of fairness, infected, dying]

When answering the question about the order in which to vaccinate people, I thought about **fairness**.

1 2 3 4 5

Not at all

Very much

When answering the question about the order in which to vaccinate people, I thought about **the fastest way to reduce the number of people getting infected with COVID-19**.

1 2 3 4 5

Not at all

Very much

When answering the question about the order in which to vaccinate people, I thought about **the fastest way to reduce the number of people dying from COVID-19**.

1

2

3

4

5

Not at all

Very much

vc004

Are you in one or more of these groups?

[randomize ordering to be the same as in NEW1]

___ yes ___ no People at high risk of getting sick or dying from COVID-19 who live in group housing. For example: people who are older, or have heart disease, diabetes, and other health conditions

___ yes ___ no People at high risk of getting sick or dying from COVID-19 who live with their families. For example: people who are older, or have heart disease, diabetes, and other health conditions

___ yes ___ no People who are more likely to spread COVID-19 to others, because of their social behavior or employment. For example: young adults and teachers

___ yes ___ no People who live in areas with more COVID-19 infections

vc005

Suppose you are not selected to get the vaccine first. Instead, the vaccine first goes to health care workers and nursing home workers and then to

[Randomly select one group of a-f to be shown. Do not show any groups that the respondent is actually in according to NEW4 above. If they say they are in all groups, show e or f. Text should follow continuously from the sentence above into the group description below.]

- a. **people at high risk of getting sick or dying from COVID-19 who live in group housing.** For example: people who are older, or have heart disease, diabetes, and other health conditions
- b. **people at high risk of getting sick or dying from COVID-19 who live with their families.** For example: people who are older, or have heart disease, diabetes, and other health conditions
- c. **people who are more likely to spread COVID-19 to others,** because of their social behavior or employment. For example: young adults and teachers
- d. **people who live in areas with more COVID-19 infections**
- e. **people who are selected randomly through a lottery**
- f. **other people**

If this happens, what will you do?

___ yes ___ no I would get the vaccine once it becomes available to me

___ yes ___ no I would complain or protest

___ yes ___ no I would avoid crowds and engage in social distancing as long as I was unvaccinated

cr031_intro, (cr031a – cr031d)

Do you agree or disagree with the following statements?

[strongly disagree / somewhat disagree / somewhat agree / strongly agree]

[randomize the order]

Most people believe that people with coronavirus are dangerous.

Most people believe that people who used to have coronavirus are dangerous.

Most people believe that having coronavirus is a sign of personal weakness or failure.

If I caught the coronavirus, I would consider it a sign of my personal weakness or failure.

Mental Health and Substance Use

cr026_intro, (cr026a – 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?

Male 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]

- I tend to bounce back quickly after hard times.
- I have a hard time making it through stressful events.
- It does not take me long to recover from a stressful event.
- It is hard for me to snap back when something bad happens.
- I usually come through difficult times with little trouble.
- 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)

- Diabetes
- Cancer (other than skin cancer)
- Heart disease
- High blood pressure
- Asthma
- Chronic lung disease such as COPD or emphysema
- Kidney disease
- Autoimmune disorder such as rheumatoid arthritis or Crohn's Disease
- A mental health condition
- Obesity
- 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

c r071

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)

c r067a – 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 per month
 - 4. Once a month or less
 - 5. Never

c r068

[If cr066a > never | cr066b > never | cr066c > never | cr066d > never | 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 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

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 respondent 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 on 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
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:

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]

lr0010

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 < \$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 & [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 | lr010 = 6) & [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 & [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 & [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 & [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>0 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]

lr011_c_i

[If lr011c is skipped by the respondent]

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<\$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 = 4)]

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 = RESPONSE AND lr017 < 15 AND lr017b = 1) OR (lr017 = RESPONSE AND lr017 < 15 AND lr017b = 4 AND lr017bi = 1-5)]

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 (why unsure about whether received unemployment insurance in past 14 days)

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

[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 received benefits before but am not receiving them now
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 (SSI)
9. I am temporarily on leave from my job / summer break / seasonal
6. Other, please specify:

The following sequence goes to everyone

lr019a

[if not asked previously]

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 not asked previously]

[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 not asked previously]

[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 not asked previously]

[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 not asked previously] [if lr026a = yes]

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 = yes]

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_month, lr029_day

[if not asked previously]

[if lr027 is different from lr028]

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 not asked previously] [if lr028 = 1]

Have your spouse or partner's hours been reduced since **February 2020**?

1. Yes
2. No
3. Unsure

lr030a

[if lr030 asked previously] [if lr028 = 1]

Have your spouse or partner's hours been reduced since [DATE OF LAST SURVEY]?

1. Yes
2. No
3. Unsure

lr035

[if lr026a = yes] 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 = yes AND lr035 = yes) OR lr036 = yes]

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

NEW1 ei006_why

[If ei006 = No] Why were you not able to use your SNAP benefits at the grocery store?

_____ (text)

e i005inc_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]

e i005inc_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]

e i005inc_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]

e i005inc_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?

- a. Yes, I have been, or am currently being, evicted or foreclosed from my residence
- b. Yes, I have received an eviction or foreclosure notice, but have not yet been evicted or foreclosed from my residence
- c. Yes, I have been told by a landlord to leave my residence, but have not yet received a written eviction notice
- d. 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 = b, c, d] 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 \$2,000 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

K-12 EDUCATION

Now we'd like to ask you some questions about education.

ed001_ summer_intro, (ed001a – ed001e) How many members of your household are enrolled in preschool or daycare, primary school, middle school, high school, or post-secondary school in the 2020-2021 school year? 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

The next questions are about experiences related to K-12 education. This section should take roughly 14 minutes, depending on your experiences, and you will earn an extra \$9 for completing it. If you prefer not to answer this section, check the box below or click "Next" to continue.

1. I prefer not to answer this section

ed017

[if >0 children in elementary, middle, or high school] Which of the following best describes your household:

1. We do not have a computer/device for children to participate in distance learning
2. School-aged children in our house must share computers/devices to participate in distance learning
3. We have one dedicated computer/device for each child that needs one for distance learning
4. Children are not participating in distance learning

ed018

[if >0 children in elementary, middle, or high school] Which of the following best describes your household's internet access?

1. Students in our house do not have internet access to support learning at home
2. Students in our house have internet access to support learning at home but it is slow or drops frequently (there is not enough bandwidth)
3. Students have internet access to support learning at home and it works well (there is enough bandwidth)

[BEGIN RANDOMLY SELECTED CHILD PROGRAMMING]

Prefill with name of randomly chosen child from UAS 240 and UAS 245 and UAS 250.

[Prefill with the name given in UAS 240 or UAS242 or UAS250. Only ask sl015b and select a name randomly if it was not done before.]

sl055

Over the past few months, you have answered questions about [NAME]'s school experiences. Is [NAME] still a student in elementary, middle, or high school for the 2020-21 school year?

- Yes: Skip to sl056 (questions about child)
- No: ask sl015b (names of children) and randomly choose a child

s l015b

[if >0 children in elementary, middle, or high school AND (no child prefill OR sl055 = "no")] 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]

[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.]

sl056

In what grade is [NAME] 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]

sl057

Does [NAME] attend a different school than they did in 2019-20?

Yes No

s l042a

[if sl057 = yes] To what extent was this change influenced by experiences during the COVID pandemic?

[Not at all / very little / somewhat / very much]

s l079

What type of school is [NAME] attending in the 2020-21 school year (regardless of whether in-person, hybrid, or fully virtual which we will also ask about)?

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

sl058

[If sl079 is not "home school"] Is [NAME]'s school open for in-person learning **in any way** at the time you are completing the survey?

No – all students are remote

Yes – some students are going in-person

Yes – all students are going in-person

sl059

How is [NAME] attending school right now?

1. In-person only
2. Remote only
3. In-person/remote hybrid
4. Other, please specify:

sl060

[If sl079 is not "home school"] Is your child's mode of attendance right now based on a choice your school gave you?

Yes No Unsure

sl061

[If sl079 is not "home school"] Did [NAME]'s school district offer to provide **internet access** (e.g., through wi-fi hubs or wi-fi hotspots) for [NAME] to be able to participate in distance learning this fall?

1. Yes and I accepted
2. Yes and I declined
3. No they did not offer
4. Unsure

sl062

[If sl079 is not "home school"] Did [NAME]'s school district offer to provide a **computer or other device** for [NAME] to be able to participate in distance learning this fall?

1. Yes and I accepted
2. Yes and I declined
3. No they did not offer
4. Unsure

sl063

[If sl079 is not "home school"] Has [NAME]'s school provided **tutoring or additional small group instruction** to help [NAME] catch up or to help stay on track this year?

1. Yes
2. No and it is needed
3. No and it is not needed
4. Unsure

sl064_intro, (sl064a – sl064c)

[If sl079 is not "home school"] Have **any adults in your household** acquired or provided any of the following tutoring or additional instructional supports named below to help [NAME] catch up or stay on track this year **outside of what school is providing?**:

Yes No Learning pods or “pandemic pods” (in-person groups of students learning together with the help of an in-person tutor or teacher, organized by families, not by schools. Students in pods are engaging in the school’s curriculum and following the school schedule).

Yes No Small group tutoring where tutors are providing additional help beyond the regular school day. Tutoring can be in person or remote

Yes No One-on-one tutoring, in person or remote

sl065_intro, (sl065a – sl065e)

On a typical school day, how much time does [NAME] spend:

[user selects time on a ruler marked from 0 to 8 hours]

Going to school in-person

Participating in online, synchronous instruction (for example receiving instruction from a teacher in a zoom meeting). **Synchronous instruction** refers to when teachers and students gather together in real-time to engage in learning activities

Participating in asynchronous educational activities without a teacher present (e.g., practicing math in a math app, practicing math skills on paper, reading an assigned book chapter or passage, practicing spelling on a website, watching a science video). **Asynchronous learning** refers to learning students engage in on their own time, at their own pace, when there is no teacher or peers present. Asynchronous learning can be online or offline.

Outside of school activities, interacting with peers in-person

Outside of school activities, interacting with peers virtually

sl066_intro, (sl066a – sl066h)

[If sl079 is not “home school”] Students are often given the grades A, B, C, D and F to rate the quality of their work at school. How would you rate NAME’s school in each of the following areas using the same grading scale:

	2020 Pre-COVID	Spring 2020 – Initial COVID school closures	Fall 2020
Quality of education	A B C D F	A B C D F	A B C D F
Quality of feedback from teacher(s)	A B C D F	A B C D F	A B C D F
Keeping [NAME] engaged	A B C D F	A B C D F	A B C D F
Students’ relationship(s) with teacher(s)	A B C D F	A B C D F	A B C D F

Quality of instruction in science	A B C D F	A B C D F	A B C D F
Quality of instruction in mathematics	A B C D F	A B C D F	A B C D F
Quality of instruction in English Language Arts	A B C D F	A B C D F	A B C D F
Keeping students healthy	A B C D F	A B C D F	A B C D F

sl071_intro, (s l071a – sl071d)

How concerned or unconcerned are you about the following aspects of **[NAME]**'s school experiences for 2020-21?

[not at all concerned / a little concerned / concerned / very concerned]

- The quality of education the school will deliver
- If my child is behind where he/she needs to be academically
- How my child is faring socially
- How my child is faring emotionally

sl072a_intro, (s l072a – sl072d)

How prepared or unprepared was **[NAME]** in each of the following subjects at the start of the 2020-21 school year?

[not at all prepared / a little prepared / moderately prepared / very prepared / unsure]

- Math
- Science
- Reading/writing/language arts
- Social studies/history/civics

sl056_intro, (sl056a – sl056h)

How concerned or unconcerned are you about each of the following:

[not at all concerned / a little concerned / concerned / very concerned] [DB14]

- [Name]**'s psychological well-being?
- [Name]**'s activity levels?
- [Name]**'s physical health?
- [Name]** having enough food to eat?
- [Name]**'s relationships with peers?
- [Name]**'s relationships with teachers?
- The amount **[NAME]** will learn this year compared to a typical school year?
- How engaged **[NAME]** will be this year in school?

sl067

[If sl079 is not "home school"] Has [NAME]'s school recently provided information about racial justice resources (e.g., anti-racism resources, racial healing practices)

Yes No Unsure

s l068_intro, (sl068a – sl068d)

If [NAME] needs help with schoolwork, how able are you to provide needed help in each of the following areas?

[I can't help at all / I can help a little / I can mostly help / I can help very much / Not applicable]

- Math
- Science
- Social Studies/History/Civics
- English Language Arts/Writing

The next few questions ask services [NAME] may have received from your school in February 2020 (before COVID-related school closures).

sl031_intro, (sl031a – sl031e)

[prefill unless not asked previously or unless the identity of [NAME] has changed] In February 2020, did [NAME] receive any of the following services?

Yes No Unsure

- Gifted and talented instruction
- Mental health services
- Free or reduced-price meals
- Extra support for English language learners
- Extra support for struggling learners

sl032

[prefill unless not asked previously or unless the identity of [NAME] has changed] 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

[prefill unless not asked previously or unless the identity of [NAME] has changed] 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

sl070_intro, (sl070a – sl070g)

[For each "yes" response to sl031, sl032, and sl033 [shown in a table]]

Has [NAME] received any of these services you told us about since the start of the 2020-21 school year?

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

[Yes / Yes, but not as much as in February 2020 / No the school hasn’t yet provided them / Not applicable / Not sure]

- a. Gifted and talented instruction
- b. Mental health services
- c. Free or reduced-price meals
- d. Extra instruction for English language learners
- e. Extra instruction for struggling learners
- f. Services under a 504 plan
- g. Services under an IEP

sl069_intro, (sl069a – sl069g)

[For each “yes” response in sl070 series]

How satisfied are you with these services provided by [NAME]’s school now in Fall 2020?

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

[Not at all satisfied / A little satisfied / Mostly satisfied / Very satisfied]

- a. Gifted and talented instruction
- b. Mental health services
- c. Free or reduced-price meals
- d. Extra instruction for English language learners
- e. Extra instruction for struggling learners
- f. Services under a 504 plan
- g. Services under an IEP

[END RANDOMLY SELECTED CHILD PROGRAMMING]

sl073_intro, (sl073a – sl073f)

Schools are considering several policies in the wake of the COVID pandemic. Do you oppose or support each of the following policies?

[Strongly oppose / oppose / support / strongly support]

- a. Canceling all standardized tests for the 2020-21 school year
- b. Sending all students back to school in-person
- c. Sending some students back to school in-person, while others stay fully remote
- d. Grouping students into cohorts and sending them to school on alternating days
- e. Having students wear face coverings in school buildings all day
- f. Conducting all instruction remotely and keeping schools closed for the entirety of the 2020-21 school year

sl074_intro, (sl074a – sl074d)

To what extent do you agree with the following statements about COVID-related effects on education?

[strongly disagree / disagree / agree / strongly agree]

The country would be better off if we just sent students back to school in person.

Children are not at serious risk of health effects from COVID-19.

Other countries are doing a better job managing their COVID responses so that children can go back to school than we are.

School closures are more harmful for children than the risk of COVID-19.

sl011

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

Text box.

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:

sl075

Have **[NAME]**'s post-high school plans changed due to COVID?

Yes No

sl076

Which of the following best represents **[NAME]**'s post-high school plans before the COVID pandemic?

1. To attend a four-year college or university (regardless of whether also working full or part time)
2. To attend a two-year college (regardless of whether also working full or part time)
3. To attend a technical school or certification program (regardless of whether also working full or part time)
4. To work part or full time, but not to continue education
5. To join the military
6. To participate in a national service program like Americorp or City Year
7. To continue in high school (that is, s/he was not on track to graduate)
8. Undecided/No plans

sl077

[if sl075 = yes (plans have changed)]

Which of the following best represents **[NAME]**'s post-high school plans now?

1. To attend a four-year college or university (regardless of whether also working full or part time)

2. To attend a two-year college (regardless of whether also working full or part time)
3. To attend a technical school or certification program (regardless of whether also working full or part time)
4. To work part or full time, but not to continue education
5. To join the military
6. To participate in a national service program like Americorp or City Year
7. To continue in high school (that is, s/he was not on track to graduate)
8. Undecided/No plans

sl078

[if sl075 = yes (plans have changed)] For what reason(s) did **[NAME]**'s post-high school plans change? Please select all that apply.

1. COVID-related change in family finances
2. COVID-related fear for personal health/well-being
3. COVID-related fear for health/well-being of family member(s)
4. Desire to stay closer to home
5. Change in perceived value of higher education
6. Taking care of a family member
7. Logistical reasons (e.g., missed application deadline)
8. Other COVID-related reason (please specify)
9. Other non-COVID-related reason (please specify)

Post-Secondary Module

Now we'd like to ask you several questions about post-secondary education.

[prefill with the names of 12th graders from UAS 250 (sl020_intro)]

c l019_intro, (cl019a – cl019h)

You told us previously that **[NAME]** was in the 12th grade during the 2019-20 school year. What is **[NAME]** doing now?

[Yes / No / Unsure]

- Attending a four-year college or university (regardless of whether also working full or part time)
- Attending a two-year college (regardless of whether also working full or part time)
- Attending a technical school or certification program (regardless of whether also working full or part time)

Working part or full time, but not to continuing education

Joined the military full time

Participating in a national service program like Americorp or City Year

Continuing high school (that is, s/he was not on track to graduate)

Undecided/No plans

ed002

Are **you** currently enrolled in college or trade school, including four-year colleges, community colleges?

Yes No

sl081

[if any names listed as being in higher ed in UAS 240, 242, 250] You told us before that the following members of your household were enrolled in higher education in the spring of 2020:

[LIST OF NAMES]

We will ask about their current higher education circumstances next. Is **anyone else in your household currently enrolled** in college or trade school, including four-year colleges or community colleges? Do not include yourself. You can leave the boxes empty if there is no one else currently enrolled.

Box1

Box2

Box3

c l015

[if name was prefilled from UAS 240,242, or 250] You told us previously that **[NAME]** was enrolled in a post-secondary program. Is **[NAME]** still enrolled in a post-secondary program?

Yes No Unsure

c l015b

[if cl015 = no]

Did **[NAME]** finish his or her program since the spring of 2020?

Yes No Unsure

c l005bbb_intro

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

[Increased / Decreased / No Change / Unsure]

[Randomize order]

Family care responsibilities

Work responsibilities

Stable access to housing

Stable access to food sources (such as a campus meal plan)

Expenses for tuition, food, or housing

Desire to be close to home

c l005_ccc

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

Yes No Unsure

c l005_ddd

[if cl005_ccc = 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

Skip to cl006a if cl015 = no AND cl015b = no. (not enrolled and did not finish)

Skip to cl005d if cl015 = no AND c015b = yes. (not enrolled and did finish)

cl002

[if cl015 = yes (still enrolled in program) or new name] What type of degree or certificate is **[NAME]** working on? Mark all that apply.

1. A bachelor's degree (usually four years)
2. An associate's degree (usually two years)
3. A certificate or diploma of occupational training such as plumbing or cosmetology
4. A graduate program such as a masters or PhD
5. Not working toward a degree or certificate

cl004

[if cl015 = yes (still enrolled in program) or new name] Is **[NAME]** taking part in classes toward his or her degree now (in the fall)?

Yes No Unsure

cl005

[if cl004 = yes] How is **[NAME]** primarily taking part in classes now (in the fall)?

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

cl005b

[if cl015 = yes (still enrolled in program) or new name] Does **[NAME]** expect to complete his or her program this year (i.e. 2020-21)?

Yes No Unsure

c l006a

[if cl004 = no OR (cl015 = no AND cl015b = no) (not taking classes or no longer enrolled but did not finish)] Has the coronavirus epidemic affected **[NAME]**'s decision to not take classes in the fall?

Yes No Unsure

cl016

[if cl004 = no OR (cl015 = no AND cl015b = no) (not taking classes or no longer enrolled but did not finish)] Is the postsecondary program that **[NAME]** is enrolled in offering online classes?

Yes No Unsure

cl006_ddd

[if cl004 = no OR (cl015 = no AND cl015b = no) (not taking classes or no longer enrolled but did not finish)] Has the **quality of online courses** affected **[NAME]**'s decision to stop taking part in classes now (in the fall)?

Yes No Unsure

cl006_eee

[if cl004 = no OR (cl015 = no AND cl015b = no) (not taking classes or no longer enrolled but did not finish)] Has **access to computer equipment or internet** affected **[NAME]**'s decision to stop taking part in classes now (in the fall)?

Yes No Unsure

c l006_fff

[if cl004 = no OR (cl015 = no AND cl015b = no) (not taking classes or no longer enrolled but did not finish)] Has **the ability to adjust to the online course format** affected **[NAME]**'s decision to stop taking part in classes now (in the fall)?

Yes No Unsure[d8]

The next sequence (cl005c - cl005e) apply to people who finished their degree (cl015b above)

cl005d

[if cl015b = Yes] Has the coronavirus epidemic affected **[NAME]**'s plans after finishing his or her program?

Yes No Unsure

cl005e

[if cl015b = yes] 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 – cl018) applies to people who are enrolled this fall, regardless of whether they are taking classes.

cl008b

[if cl004 = Yes] Where is **[NAME]** taking classes in the fall?

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

cl010b

[if cl015 = Yes (enrolled regardless of whether taking classes) or new name] Has the coronavirus epidemic influenced **[NAME]**'s decision of how many classes to take this fall?

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

c l012

[if cl015 = yes (enrolled regardless of whether taking classes)] Has the coronavirus epidemic influenced **[NAME]**'s ability to complete his or her degree or certificate in a timely manner?

Yes No Unsure

cl017

[if cl015 = Yes (enrolled regardless of whether taking classes) or new name] Does **[NAME]** plan to complete the current term of his or her post-secondary program?

Yes No Unsure

cl018

[if cl015 = Yes (enrolled regardless of whether taking classes) or new name] To what extent has the coronavirus epidemic influenced **[NAME]**'s decision whether to complete the current term of his or her post-secondary program?

1. Not at all
2. To a small extent
3. To a moderate extent
4. To a large extent

c l014

Has the coronavirus epidemic changed how you see the value of post-secondary education? [for overall sample, define post-secondary education as: "college or trade school, including four-year colleges, community colleges, technical institutes, and vocational schools."

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

ss001

[if age>49 & age<70 in MyHH] Do you currently receive social security retirement benefits?

1. Yes
2. No
3. Unsure

s s002

[if ss001 = no] At what age do you plan to begin claiming Social Security retirement benefits?

Slider: 62+0 months -- 70+0 months

1. I'm not eligible
2. Never
3. I don't know

s s003

[if lr016 = 1 and ss001 = no and age is >49 and <70] For how many more months do you think you will continue to receive unemployment insurance benefits? If you are unsure, please give your best guess.

Months: dropdown 0-100

s s004

[If s003 was asked and age is >49 and <70]. What do you plan to do if your unemployment benefits run out?

[SELECT ALL THAT APPLY]

1. Try to find a job
2. Claim my Social Security retirement benefits
3. Apply for disability benefits
4. Apply for benefits from a different government program
5. Use personal savings from IRA or similar accounts
6. Use personal savings from other sources
7. Get help from friends or family members
8. Other, please specify: