

USC Center for Economic and Social Research -- Understanding America Study

Coronavirus Tracking Survey -- UAS246 Long Form -- Wave 6: June 10- July 7, 2020

Preload Patterns:

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

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

Thank you for agreeing to participate in our ongoing survey which focuses on the impact of the novel coronavirus (COVID-19). We will send you a reminder to check in once every fourteen days, on [day of the week], to let us know how the coronavirus epidemic is affecting you. Most of the questions in this survey were asked in previous surveys. Thank you for answering them accurately again, to ensure we always have the most updated information.

cr001_intro, (cr001a – cr001r)

Have you experienced any of the following symptoms in the past 7 days? [Randomize the order of items in the list]

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

cr002

Have you been tested for the coronavirus since [DATE OF PREVIOUS SURVEY] (when you last took our coronavirus survey)? If so, what was the result?

1. I have been tested and I tested positive (I had coronavirus)
2. I have been tested and I tested negative (I did **not** have coronavirus)
3. I have been tested and I do not know the result
4. I have not been tested

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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 3] Do you think you've been infected with the coronavirus since [DATE OF PREVIOUS SURVEY]?

1. Yes
2. No

cr011

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

1. Yes
2. No

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

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

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

cr004

Whether or not you have been tested, or diagnosed, have you sought medical care for coronavirus since [DATE OF PREVIOUS SURVEY]?

1. Yes
2. No

cr009

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

1. Hospital or emergency room
2. Urgent care
3. My primary care doctor or another doctor
4. A local health department
5. Other: please specify
6. I did not seek care

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cr010a

[if cr006 = 1 to 5] When you sought care from *[insert cr009]* did you obtain care?

1. Yes, in person
2. Yes, phone or video care
3. Did not obtain care

cr010b

[if cr010a = 1] Did you call ahead before seeking care in person?

1. Yes
2. No

cr013

Do you currently have health insurance?

1. Yes
2. No
3. Unsure

Coronavirus Expectations and Avoidance Behaviors

cr015_intro, (cr015a – cr015l) [Randomize the order of items]

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

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

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cr016_intro, (cr016a – cr016p)

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

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

cr017a

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

1. Yes
2. No
3. Unsure

cr018a

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

1. Yes
2. No
3. Unsure

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cr019_intro, (cr019a – cr019j)

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

[Color “unsure” differently]

[Randomize the order of items in the list]

Wearing a face mask such as the one shown here.	Extremely Ineffective	Somewhat Ineffective	Somewhat Effective	Extremely Effective	Unsure
					
Praying.					
Washing your hands with soap or using hand sanitizer frequently.					
Seeing a doctor if you feel sick.					
Seeing a doctor if you feel healthy but worry that you were exposed					
Avoiding public spaces, gatherings, and crowds.					
Avoiding contact with people who could be high-risk.					
Avoiding hospitals and clinics.					
Avoiding restaurants.					
Avoiding travel					

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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

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cr021

We'd like to ask about your family, as well as your close friends. How many family or close friends do you have? Only include people who are still alive, regardless of where they live.

[Input number: 0-999: Soft check "Do you really have [NUMBER] family and close friends?"]

cr022

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

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

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

cr022a

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

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

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

cr022b

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

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

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

cr023

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

[0%-100% Visual Linear Scale]

cr023b

If you do get the coronavirus, what is the percent chance you will be hospitalized (spend at least one night in the hospital) from it? If you're not sure, please give your best guess.

[0%-100% Visual Linear Scale]

cr024

If you do get the coronavirus, what is the percent chance you will die from it? If you're not sure, please give your best guess.

[0%-100% Visual Linear Scale]

cr025_intro,

Do you agree or disagree with the following statements?

The childhood vaccines, such as those for measles and chickenpox:

[strongly disagree, disagree, agree, strongly agree]

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(cr025a – cr025d) [randomize the order]

Have many known harmful side effects

Provide important benefits to society

May lead to illness and death

Are useful and effective

cr030

How likely are you to get vaccinated for coronavirus once a vaccine is available to the public?

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

cr063

Suppose that a 100% safe and effective coronavirus vaccine is developed today but insurance does not cover it.

How much would you be willing to pay to get yourself vaccinated?

Text box: 0-5000.

cr064

17 percent of people who are hospitalized for coronavirus die from the disease.

Suppose that a new treatment is developed that **decreases the chance of death to 14 percent**.

If you were hospitalized for coronavirus and your insurance would not pay for the new treatment, how much would you be willing to pay to get yourself the treatment?

Text box: \$0-1,000,000, no text.

cr065

People who are hospitalized for coronavirus stay in the hospital for an average of **9 days**.

Suppose that a new treatment is developed that **reduces the average length of stay to 5 days** but does not change the chance of death.

If you were hospitalized for coronavirus and your insurance would not pay for the new treatment, how much would you be willing to pay to get yourself the treatment?

Text box: \$0-1,000,000, no text.

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?

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[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?]

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				

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cr028_intro, (cr028a – cr028d)

In the past fourteen days, how often have you felt:

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

cr053_intro, (cr053a – cr053f)

[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

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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 |

cr055

[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?

- a. Before March 10, 2020
- b. After March 10, 2020
- c. Unsure

cr058

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

[Radio buttons]

Not at all or less than 1 day

1-2 days

3-4 days

5-7 days

cr059_intro, (cr059a – cr059c)

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

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

cr029_intro, (cr029a – cr029d)

Have any of the following things happened to you due to people thinking you might have the coronavirus since [DATE OF EARLIER SURVEY]? [\[Randomize the order of items in the list\]](#)

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

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cr060

[if preloads are empty] Thinking about your sexual identity, how would you define yourself?

Homosexual or gay or lesbian or "not straight"

Bisexual

Heterosexual or straight or "not gay"

Some other description (please specify):

cr061

[if preloads are empty] Thinking about your gender identity, how would you define yourself? (Check all that apply)

Woman

Man

Trans woman

Trans man

Non-binary, gender-nonconforming, or genderqueer

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.
6. None of these.

lr002

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

1. Yes
2. No
3. Unsure

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Ir003aa

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

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

Ir003bb

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

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

Ir003cc

[if respondent was on **retired** in the previous wave] You told us on [DATE OF EARLIER SURVEY] that you were on 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:

Ir003dd

[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:

Ir003 [if respondent did not have a job in previous wave] You told us on [DATE OF EARLIER SURVEY] that you did not have a job. Which statement best reflects your current employment status?

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

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Ir003a

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.

Ir005

In your primary job, are you self-employed or do you work for an employer?

1. self-employed
2. work for an employer
3. other (specify)

Ir019

Do any of the following describe your primary job? Check all that apply.

1. Independent contractor (for example, freelance worker, Uber driver, Instacart worker, independent consultant)
2. On-call worker or day laborer
3. Temporary agency worker
4. Contract company worker
5. None of the above

Ir006

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

[Radio buttons: 0-7]

Ir008

Think of every day you worked in the past seven days. How many total hours did you work for pay across all the days?

[0<=hours <= 150]

Ir009

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

Yes No Unsure

Ir020

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

Yes No Unsure

Ir007 Out of the past seven days, how many days did you work from home?

[Radio buttons: 0-7]

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Ir0010

How frequently are you paid for your job?

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

Ir011

What was the amount on your most recent paycheck?

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

Ir012

Is that amount before or after taxes were withheld?

1. before taxes (gross),
2. after taxes (net),
3. unsure

Ir013

If you get sick, how many days can you stay home from your job and still get paid?

[Radio buttons: 0, 1-7, 8-14, More than 14]

Ir014

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

1. Yes
2. No
3. Unsure

Ir015

The coronavirus may cause economic challenges for some people regardless of whether they are actually infected.

What is the percent chance that you will lose your job because of the coronavirus within the next three months?

[0%-100% Visual Linear Scale]

Ask the following questions if the respondent does not have a job:

Ir016

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

1. Yes
2. No
3. Unsure

Ir017

[if Ir016= 1] How much did you receive in unemployment insurance in your most recent payment?

Amount>=0

[soft check if >\$5000]

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Ir017a

[if Ir017>0] How often do you expect to receive this amount?

- Once every week
- Once every two weeks
- Once every month
- Another interval, please specify:
- Unsure

Ir018

[If not receiving unemployment benefits]

Why haven't you received unemployment insurance benefits? Mark all that apply. [Radio buttons]

1. My former employer has not made me eligible.
2. I am not eligible for other reasons.
3. I am unsure how to apply.
4. I was approved but I haven't been paid yet.
5. I applied and was rejected.
6. I decided not to apply
7. Other

The following sequence goes to everyone

Ir019a

[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, or not employed , 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

Ir021

[if not asked previously]

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

- Less than 5
- 5-14
- 15-24
- 25-49
- 50-99
- 100-499
- 500-1,000
- 1,000-5,000
- 5,000-50,000
- More than 50,000
- Unsure

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lr022

[if not asked previously][if lr019a= 4] Including yourself, how many people worked in your business or organization in February 2020?

- 1 (Just me)
- 2-4
- 5-14
- 15-24
- 25-49
- 50-99
- 100-499
- 500-1,000
- 1,000-5,000
- 5,000-50,000
- More than 50,000
- Unsure

lr020a

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

[if not asked previously]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)?

- Never
- Less than once per week
- 1-2 times per week
- Several times per week
- Nearly every day
- 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)?

- Never
- Less than once per week
- 1-2 times per week
- Several times per week
- Nearly every day
- Every day

lr023_intro, (lr023a – lr023c)

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

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

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Ir024a

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

Yes, completely

Yes, partially or with restrictions

No

Unsure

Ir024b

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

Yes, completely

Yes, partially or with restrictions

No

Unsure

Ir024c

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

Yes No Unsure

Ir025

[if Ir019=1,2,3,4] Has the government identified your business or organization as “essential” during the coronavirus epidemic?

Yes No Unsure

Questions about Labor Market Status of Spouses and Partners

Ir026a

Are you married, or do you have a partner who you live with?

Yes No Unsure

Ir027

[if not asked previously] [if Ir026=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.

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lr028

[if lr026=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), Day (1-31)

lr030

[if not asked previously] [if lr028=1] Have your spouse or partner's hours been reduced since **February 2020**?

Yes No Unsure

lr030a

[if lr030 asked previously and lr028=1] Have your spouse or partner's hours been reduced since [DATE OF LAST SURVEY]?

Yes No Unsure

Economic Insecurity

ei001

The coronavirus may cause economic challenges for some people regardless of whether they are actually infected.

What is the percent chance you will run out of money because of the coronavirus in the next three months?

[0%-100% Visual Linear Scale]

ei002

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

Yes No Unsure

ei003

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

Yes No Unsure

ei004

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

Yes No Unsure

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ei005_intro, (ei005a – ei005m)

In the past month, did you or anyone in your household receive any of the following government benefits?

[\[randomize the order of items\]](#)

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

ei006

[if SNAP=yes] Were you able to use your SNAP (Food Stamps) benefits at the grocery store?

1. Yes
2. No
3. I did not try

ei007

[if not asked before]

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

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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

ei017

How confident are you that you could come up with \$2000 if an unexpected need arose within the next month?

[Radio buttons]

1. I am certain I could come up with the full \$2000.
2. I could probably come up with \$2000.
3. I could probably **not** come up with \$2000.
4. I am certain I could **not** come up with \$2000.
5. Don't know
6. Prefer not to say.

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ei018_intro, (ei018a – ei018h)

Suppose you have an emergency expense that costs \$400. Based on your current financial situation, how would you pay this expense? If you would use more than one method, please select all that apply.

[randomize order]

Yes No Unsure By putting it on my credit card and paying it off in full at the next statement.

Yes No Unsure By putting it on my credit card and paying it off over time.

Yes No Unsure With the money currently in my checking/savings account or with cash.

Yes No Unsure Using a bank loan or line of credit.

Yes No Unsure By borrowing from a friend or family member.

Yes No Unsure Using a payday loan, deposit advance, or overdraft

Yes No Unsure By selling something

Yes No Unsure I wouldn't be able to pay for the expense right now.

ei019

In the past seven days, has anything belonging to you been stolen, such as a wallet or purse, clothing, jewelry, things in your home, or things in your vehicle?

Yes No Unsure

ei020_intro, (ei020 – ei023)

Do you agree or disagree with each of the following statements?

[Radio buttons: strongly disagree, disagree, agree, strongly agree]

[randomize order]

My neighborhood is clean

There is too much crime in my neighborhood

Vandalism is common in my neighborhood

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

ei024

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

a. A substantial threat

b. A moderate threat

c. Not much of a threat

d. Not a threat at all