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

Understanding Coronavirus In America Tracking Survey Wave 30 -- UAS 350 - 9/23/2021-10/31/2021.

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). 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.

First we'd like to ask you about any symptoms you may have experienced recently. Please pay attention to the list since it is different from the list you may have seen before.

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	Vomiting
Yes No Unsure	Hair Loss
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 or taste
Yes No Unsure	Confusion or difficulty thinking clearly
Yes No Unsure	Memory problems
Yes No Unsure	Other health problems

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

cr079
[if cr002 = 1, 2, 3 (they have been tested)]
How many times have you been tested since [DATE OF PREVIOUS SURVEY]?
[Drop down: 1-20 or more]

cr080
[if cr079 > 1 time]
What were the results?
1. I only tested positive (I had the coronavirus)
2. I only tested negative (I did not have the coronavirus)
3. I tested both negative and positive
4. I do not know the results

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

NEW
Have you experienced a cold or the flu since [DATE ONE MONTH AGO]?
Yes   no   Unsure

cr007
[if cr002 != 11 AND cr005 != 1]
Do you think you have been infected with the 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)
[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 by airplane.
p.	Yes No Unsure	Traveled by public transportation (bus, subway, commuter rail, etc.)

cr069_intro, (cr069a – cr069s)
[Ask for each "yes" response in cr015]
For each of the following activities, please indicate how often, if ever, you wore a mask or face covering.
[Always / Most of the time / Sometimes / Rarely / Never / Unsure]
[Randomize order]

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.)

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
How many family and close friends 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
How many family and close friends 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
How many family and close friends do you think have died from the coronavirus?
[Input number: 0-999, must be <= to total contacts and <= cr022]:
[Soft check: "Do you really know [NUMBER] people who have died?"]

cr022c
How many family and close friends do you think have received at least one dose of the coronavirus vaccine?
[Input number: 0-999, must be <= to total contacts and <= cr022]:

[Soft check: "Do you really know [NUMBER] people who have received at least one dose of the coronavirus vaccine?"]

cr023
On a scale of 0 to 100 percent, what is the chance that you will get the coronavirus in the **next three months**? If you're not sure, please give your best guess.
[0%-100% Visual Linear Scale]

cr023b
If you do get the coronavirus, what is the percent chance you will be hospitalized (spend at least one night in the hospital) from it? If you're not sure, please give your best guess.
[0%-100% Visual Linear Scale]

cr024
If you do get the coronavirus, what is the percent chance you will die from it? If you're not sure, please give your best guess.
[0%-100% Visual Linear Scale]

cr025_intro, (cr025a – cr025d)
Do you agree or disagree with the following statements?
Childhood vaccines, such as those for measles and chickenpox:
[Strongly disagree / Disagree / Agree / Strongly agree]
[Randomize the order]
Have many known harmful side effects
Provide important benefits to society
May lead to illness and death
Are useful and effective

cr092
[if prefill of cr075 = yes and not previously confirmed]
You previously told us that you got vaccinated for the coronavirus. Is this correct?
Yes   No   Unsure

cr075
[if preload_cr075 = empty or [2,3] or cr092 != yes]
Have you gotten vaccinated for the coronavirus?
Yes   No   Unsure

cr093
[if prefill of cr075 = yes and cr081 ~= missing and cr081~= unsure and not previously confirmed]
You previously told us that you received the [prefill of cr081] vaccine. Is this correct?
Yes   No   Unsure

cr094
[if prefill of cr075 = yes and cr081 = "other" or "unsure" and not previously confirmed]
You previously told us that this vaccine requires [prefill of cr091] doses. Is this correct?
Yes   No   Unsure

cr091
[if cr081 = "other" or "unsure" or cr094 != yes]

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How many doses (injections) does this vaccine require?
[Drop down: 1, 2, 3, or more]

cr095
[if cr075 = yes and preload_cr076 = RESPONSE and not previously confirmed]
You previously told us that you had received [preload_cr076] doses of the coronavirus vaccine. Is this still correct?
        Yes   No   Unsure

cr076
[if cr075 = yes or cr095 != yes]
Some coronavirus vaccines require two doses (injections) spaced several weeks apart. How many doses of the coronavirus vaccine have you received?
        [Drop down: 0, 1, 2, 3, or more]
        [Hard check: if 0: You said you were vaccinated but received zero doses. Please go back and correct your answers]

cr096
[if cr075 = yes and if cr076 > 0 and preload_cr082_month = RESPONSE AND preload_cr082_day = RESPONSE and not previously confirmed]
You previously told us that you received your **first** dose of the coronavirus vaccine on [preload_cr082_month preload_cr082_day]. Is this correct?
        Yes   No   Unsure

cr082_month, cr082_day
[if cr076 > 0 and cr096 != yesNEW5=no]
When did you receive your **first** dose of the coronavirus vaccine?
        [Drop down: Month]
        [Drop down: Day]

cr097
[if cr075 = yes and cr076 > 1 AND preload_cr083_month = RESPONSE AND preload_cr083_day = RESPONSE and not previously confirmed]
You previously told us that you received your **second** dose of the coronavirus vaccine on [cr083_month cr083_year]. Is this correct?
        Yes   No   Unsure

cr083_month, cr083_day
[If cr076 > 1 dose or cr097=no]
When did you receive your **second** dose of the coronavirus vaccine?
        [Drop down: Month]
        [Drop down: Day]

cr077
[if cr076 = 1 dose AND (cr081 = Pfizer or Moderna OR (cr081 = Other, please specify: or Unsure AND cr091 > 1 dose))]
How likely are you to receive the second dose of the coronavirus vaccine once enough time has passed since your first dose?
[Very unlikely / Somewhat unlikely / Somewhat likely / Very likely / Unsure]

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[LOGIC FOR DETERMINING VACCINATION STATUS

```
if cr075 = 1 then
   // moderna/pfizer and 2 or more doses
   if cr081 in [1,2] and cr076 > 1 then
      vaccinated := 3 // fully vaccinated
          // J&J and 1 or more doses
          elseif cr081 = 3 and cr076 > 0 then
          vaccinated := 3 // fully vaccinated
   // other or unknown vaccine
   elseif cr081 in [98,99] then
      // number of received (cr076) >= number of required (cr091)
      if cr091 = response and cr076 >= cr091 then
          vaccinated := 3 // fully vaccinated
      // number of received (cr076) < number of required (cr091)
      elseif cr091 = response and cr076 < cr091 then
          vaccinated := 2 // partially vaccinated
      // unknown number of required (cr091) and one or more doses received (cr076)
      elseif cr091 = empty and cr076 > 0 then
          vaccinated := 2 // partially vaccinated
      // unknown number of required (cr091) and no doses received (cr076)
      else
          vaccinated := 1 // not vaccinated
      endif
 else
          vaccinated := 1 // not vaccinated
endif
==============================================================================
```

cr102
[if fully vaccinated] A booster is an additional vaccine dose for someone who is already fully vaccinated. Have you received a booster shot of the coronavirus vaccine?
   1. Yes
   2. No
   3. unsure

cr103_month, cr103_day
[If cr102=yes]
When did you receive your booster shot of the coronavirus vaccine?
        [Drop down: Month]
        [Drop down: Day]

cr104
[if cr102=no] How likely are you to receive a booster shot of the coronavirus vaccine when it becomes available to you?
   1. Very unlikely
   2. Somewhat unlikely
   3. Somewhat likely

4. Very likely
5. Unsure

md001a-md001d
Do you currently support or oppose requiring U.S. adults to be **fully vaccinated** against COVID-19 to do the following activities?
1. Support
2. neither support nor oppose
3. Oppose
    a. Travel on an airplane
    b. Attend a large public event, like a concert or sporting event
    c. Go to a bar or restaurant
    d. Go to a retail store, movie theater, or museum

md002a-md002d
For each of the following types of schools, should students **who are eligible for the coronavirus vaccine** be required to be **fully vaccinated** to attend school in person?
4. Yes
5. No
6. unsure
    a. Preschool
    b. Elementary school
    c. Middle or high school
    d. College

md003a-md003g
Do you currently support or oppose requiring the following categories of workers to be **fully vaccinated** against COVID-19?
1. Support
2. neither support nor oppose
3. Oppose
    a. hospital or other health care workers
    b. workers who interact with the public, such as restaurant or retail workers
    c. members of the military
    d. government workers, such as fire fighters or police officers
    e. teachers and school staff
    f. workers who do not interact with the public, such as office workers
    g. Taxi or rideshare (Lyft, Uber, etc.) drivers

md011
Many states require children to receive vaccinations against diseases such as measles, mumps, rubella, diphtheria, pertussis, and tetanus before they can attend school. In general, do you support or oppose these requirements?
1. Support
2. Neither support nor oppose
3. Oppose

4. Unsure

md004a-md004d
Do you currently support or oppose requiring U.S. adults to **wear a mask** to do the following activities ?
1. Support
2. neither support nor oppose
3. Oppose
   a. travel on an airplane
   b. attend a large public event, like a concert or sporting event
   c. go to a bar or restaurant
   d. go to a retail store, movie theater, or museum

Md005a-md005d
Do you currently support or oppose requiring students to **wear a mask** to attend each of the following types of schools?
1. Preschool
2. Elementary school
3. Middle or high school
4. college

md006a-md006g
Do you currently support or oppose requiring the following workers to **wear a mask** while they are at work
4. Support
5. neither support nor oppose
6. Oppose
   a. hospital or other health care workers
   b. restaurant or retail workers
   c. members of the military
   d. government workers, such as firefighters or police officers
   e. teachers and school staff
   f. workers who do not interact with the public, such as office workers
   g. Taxi or rideshare (Lyft, Uber, etc.) drivers

md007a-md007d
In your community, how often are people required to **wear a mask** to do the following activities:
1. Always
2. sometimes
3. rarely
4. never
5. unsure
   a. travel on an airplane?
   b. attend a large public event, like a concert or sporting event?
   c. go to a bar or restaurant?
   d. go to a retail store, movie theater, or museum?

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md008

Governments and other organizations may require people to be fully vaccinated before they can participate in various activities. For each activity below, would a requirement to be fully vaccinated increase your chance of becoming vaccinated yourself?

1. Yes
2. No
3. Unsure
    a. Travel on an airplane
    b. Attend large public events, like concerts or sporting events
    c. Go to a retail store, movie theater, or museum
    d. Go to a bar or restaurant
    e. Work in your current job
    f. Attend college
    g. Attend an event at your child's school

md010

[if not fully vaccinated]

Does the FDA approval of coronavirus vaccines make it more likely or less likely that you will become fully vaccinated?

1. Much more likely
2. Somewhat more likely
3. No difference
4. Somewhat less likely
5. Much less likely
6. Unsure

md009

Governments and other organizations may require people to wear a mask in order to participate in various activities. For each activity below, would you wear a mask if you were required to in order to participate?

1. Yes, regardless of whether I was required
2. Yes, only if I was required
3. No
4. Unsure
5. Not applicable
    a. Travel on an airplane
    b. Attend large public events, like concerts or sporting events
    c. Go to a retail store, movie theater, or museum
    d. Go to a bar or restaurant
    e. Work in your current job
    f. Attend college
    g. Attend an event at your child's school

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

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

cr074
On a scale of 0 to 100, what is the percent chance that a coronavirus vaccine will cause serious side effects or long-term health problems for someone who has been vaccinated? If you are unsure, please give your best guess.
[0-100% visual linear scale]

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

cr089
How much do you trust the process in general (not just for COVID-19) to develop safe vaccines **for children**?
1. Fully trust
2. Mostly trust
3. Somewhat trust
4. Do not trust

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

cr090
How much do you trust the governmental approval process to ensure a COVID-19 vaccine is safe **for children**?
1. Fully trust
2. Mostly trust
3. Somewhat trust

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4. Do not trust

cr105

Booster shots are additional vaccine doses for people who are already fully vaccinated. How much do you trust that COVID-19 booster shots are safe for the public?

Fully trust
Mostly trust
Somewhat trust
Do not trust

Mental Health and Substance Use

cr027_intro, (cr027a – cr027d)

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

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

cr053_intro, (cr053a – cr053f)
[if preloads are empty]
How strongly do you agree or disagree with each of the following statements?
[Randomize order]
Strongly disagree / disagree / Neutral / Agree / Strongly agree
a. I tend to bounce back quickly after hard times.
b. I have a hard time making it through stressful events.
c. It does not take me long to recover from a stressful event
d. It is hard for me to snap back when something bad happens.
e. I usually come through difficult times with little trouble.

f.   I tend to take a long time to get over set-backs in my life.

cr054
[if preloads are empty]
Have you ever been told by a doctor, nurse, or other health professional that you have any of the following medical conditions? (please select all that apply)

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

cr055_intro, (cr055a – cr055j) and cr057_intro, (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

cr060
[if preload_cr060 = 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 preload_cr061 = EMPTY]
Thinking about your gender identity, how would you define yourself? (Check all that apply)
1.   Woman
2.   Man
3.   Trans woman
4.   Trans man
5.   Non-binary, gender-nonconforming, or genderqueer
6.   Some other description (please specify):

Labor Market Outcomes

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

lr001
[only ask if they previously said they have a job]
The next set of questions are about your primary job. If you have multiple jobs, think of the job in which you work the most hours or receive the most pay.

You told us on [DATE OF EARLIER SURVEY] that you had a job. Which statement best reflects your current employment status:
1.   I am still working in the same job
2.   I lost my job and I am looking for work
3.   I have been temporarily laid off from the same job
4.   I am on sick leave or other leave from the same job
5.   I am now working at a different job
7. I am now retired
6.   None of these, please specify:

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

lr003aa
[if respondent was temporarily laid off in previous wave]
You told us on [DATE OF EARLIER SURVEY] that you were temporarily laid off from your job. Which statement best reflects your current employment status?
1.   I have resumed working at the same job
2.   I am still temporarily laid off from the same job
3.   I have lost my job and I am looking for work
4.   I am on sick leave or other leave from the same job
5.   I am now working at a different job
6.   None of these, please specify:

lr003bb
[if respondents was on sick leave or other leave in the previous wave]
You told us on [DATE OF EARLIER SURVEY] that you were on sick leave or other leave from your job. Which statement best reflects your current employment status?

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

lr003cc
[if respondent was retired in the previous wave]
You told us on [DATE OF EARLIER SURVEY] that you were retired. Which statement best reflects your current employment status?
>   1.   I am still retired
>   2.   I now have a job
>   3.   I am unemployed and looking for work
>   4.   None of these, please specify:

lr003dd
[if respondent was not in labor force in previous wave]
You told us on [DATE OF EARLIER SURVEY] that you were not in the labor force. Which statement best reflects your current employment status?
>   1.   I am still not in the labor force (not currently working and not looking for work)
>   2.   I now have a job
>   3.   I am unemployed and looking for work
>   4.   I am retired
>   5.   None of these, please specify:

lr003ee
[if respondent was unknown labor force status in previous waves]
Which statement best reflects your current employment status?

>   1 I have a job
>   2 I am on sick or other leave
>   3 I am temporarily laid off from my job
>   4 I am unemployed and looking for work
>   5 I am retired
>   6 I am not in the labor force (not currently working and not looking for work)
>   7 None of these, please specify

lr003
[if respondent did not have a job in previous wave]
You told us on [DATE OF EARLIER SURVEY] that you did not have a job. Which statement best reflects your current employment status?
1. I still do not have a job
2. I now have a job
4. I am retired
5. I am not in the labor force (not currently working and not looking for work)

3. None of these, please specify:

lr003ee
[if first time respondent]
Which statement best reflects your current employment status?

> 1 I have a job
> 2 I am on sick or other leave
> 3 I am temporarily laid off from my job
> 4 I am unemployed and looking for work
> 5 I am retired
> 6 I am not in the labor force (not currently working and not looking for work)
> 7 None of these, please specify

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]

lr007
Out of the **past seven days**, how many days did you work from home?
[Radio buttons: 0-7]

lb004
[if lr007=0]

Consider your current job. Are you able to do that job from home at least partially?
[For example, a bartender is not able to do their job from home; an administrative assistant working in an office may be able to work from home, at least partially]
1 Yes
2 No

lb005
[If lr007 > 0 OR lb005 = 1] Looking ahead to the next three months, how often would you like to work from home, whether you think you will be able to or not?
    1 5+ days per week
    2 4 days per week
    3 3 days per week
    4 2 days per week
    5 1 day per week
    6 Less than 1 day per week
    7 Never

lb006
If lr005==2
Looking ahead to the next three months, how often is your employer planning for you to work from home?
1 5+ days per week
2 4 days per week
3 3 days per week
4 2 days per week
5 1 day per week
6 Less than 1 day per week
7 Never
8 I don't know
9 I have no employer

lr010
How frequently are you paid for your job?
[Radio buttons: monthly, twice a month, every two weeks, every week, every day, other (specify)]

lr011
What was the amount on your most recent paycheck?
[Amount: >=0, soft check if >$50,000]

lr011a
[if lr011 < 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 = monthly & (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 = twice a month or every two weeks & (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 = every week & (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 = every day & (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 = other frequency & (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 - lr011b_v = 1,2,3,4,5]
Is that amount before or after taxes were withheld?
1. Before taxes (gross)
2. After taxes (net)
3. Unsure

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

lr011c_i
[if le011c 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

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]

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

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

ei011
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 [DATE OF LAST SURVEY/April 1, 2020], have you been evicted or foreclosed, received an eviction or foreclosure notice, or been told by a landlord to move from your residence?
1. Yes, I have been, or am currently being, evicted or foreclosed from my residence
2. Yes, I have received an eviction or foreclosure notice, but have not yet been evicted or foreclosed from my residence
3. Yes, I have been told by a landlord to leave my residence, but have not yet received a written eviction notice
4. No, I have **not** been evicted or foreclosed, received an eviction or foreclosure notice, or been told by a landlord to leave my residence

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

ei017
How confident are you that you could come up with $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
Prefer not to say

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

[Preloading note].

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

sl082a
[if sl082 > 0]
How many of these children are currently enrolled in grades K-12?
Drop down: 0-max in sl082]

[if sl082a > 0]

lr026c_2
[if lr004=1 (constructed variable → has a job currently)]
On a scale from 1 to 10, how flexible is your work schedule to accommodate your children's current school and aftercare hours?
1 (not flexible at all)
.
.
.
10 (extremely flexible)

lr026c_3
[if lr026c_1=1]
On a scale from 1 to 10, how flexible is your work schedule to accommodate possible school closures or mandatory absences due to COVID infections?
1 (not flexible at all)
.
.
.
10 (extremely flexible)

[if preloaded selected child from uas344/346/348]

sl055
Over the past few months, you have answered questions about
^preload_selectednames[preload_selectedchild]'s school experiences. Is
^preload_selectednames[preload_selectedchild] still a student in elementary, middle, or high school for the
2021-22 school year?

[end if preloaded selected child form uas344/346/348]

[if sl055 = no OR preloaded selected child = empty]

Sl015b_intro
You said that [total number of kids in elementary, middle, or high school] household members are currently in
grades K-12. What are their first names or nicknames? Just first names or nicknames will do.
Boxes for names as given in sl082a] [select random child from listed names]

[endif sl055 = no OR preloaded selected child = empty]

[if selected child]

sl056
In what grade is [NAME] this year (the 2021-2022 school year)?
[Drop down: Kindergarten, 1st grade, 2nd grade, 3rd grade, 4th grade, 5th grade, 6th grade, 7th grade, 8th
grade, 9th grade, 10th grade, 11th grade, 12th grade]

sl057a
Is [NAME] enrolled in a public, private, charter or virtual school for the 2021-22 school year (even if currently
attending school from home), or are they homeschooled, or does some other situation apply?

     Yes, [NAME] is enrolled in a public, charter, private or virtual school (select this option even if your child
is attending school from home)

     No, [NAME] is not enrolled and is homeschooling

     No [NAME] is neither enrolled nor homeschooling (e.g. dropped out, taking a year off, pursuing a GED)

     No, some other situation applies (please specify):

sl058a
[if sl057a = yes]

What kind of school is [NAME] enrolled in?

     Public school
     Private school
     Charter school
     Virtual School
     Other
     Unsure

sl060
[if sl057a = yes]
Approximately what percent of the students at [NAME]'s school are currently attending school in person?
[Sliding scale 0-100% or text box]

sl061a
[if sl057a = yes]
How is [NAME] currently attending school?
> In-person only
> Remote only
> Both in-person and remote (hybrid)
> Other, please specify:

[end if selected child]

[end if sl082a > 0]

[end if sl082 > 0]

Entrepreneurship

We have several questions for business owners, entrepreneurs, self-employed people, and people who employ others in their businesses in addition to themselves.

En001a-c

Did any of the following descriptions apply to you in **February 2020**?

Yes	No	Unsure	I was a business owner
Yes	No	Unsure	I was self-employed.
Yes	No	Unsure	I was an entrepreneur who employed at least one other person

The following questions ask about your business or entrepreneurial activities in February 2020 (before the start of the coronavirus epidemic).

If you have multiple businesses or entrepreneurial activities, think of the one in which you work the most hours or receive the most pay.

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En003

[if en001a=yes or en001b=yes or en001c=yes] What were the total monthly receipts or income of your business or entrepreneurial activity in **February 2020**? If you're not sure, just give your best guess.

Text box: Total monthly receipts or income

[Integers from 0 to 100,000,000, no text]

En004

[if en001a=yes or en001b=yes or en001c=yes] How many **full-time employees other than yourself** did you have in February 2020?

Only count people who worked on your payroll for at least 30 hours per week for at least one week.

Text box: number of full-time employees

[only allow integers from 0 to 1,000,000, no text]

En005

[if en001a=yes or en001b=yes or en001c=yes] How many **part-time employees** other than yourself did you have in February 2020?

Only count people who worked on your payroll for less than 30 hours per week for at least one week.

Text box: number of part-time employees

[only allow integers from 0 to 1,000,000, no text]

En006

[if en001a=yes or en001b=yes or en001c=yes] Which tools did you use to operate your business or entrepreneurial activities online in **February 2020**? Please mark all that apply. [randomize order]

Yes	No	Unsure	Zoom
Yes	No	Unsure	Google Hangouts
Yes	No	Unsure	Google Duo
Yes	No	Unsure	Skype
Yes	No	Unsure	Website(s)

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Yes	No	Unsure	Email
Yes	No	Unsure	Phone
Yes	No	Unsure	Text messaging
Yes	No	Unsure	Other (specify)

En007a-c

Do any of the following descriptions apply to you **now**?

Yes	No	Unsure	I am a business owner
Yes	No	Unsure	I am self-employed.
Yes	No	Unsure	I am an entrepreneur who employs at least one other person

En008a-c

[for each no/unsure in en008a-c] Do any of the following descriptions apply to you now?

Yes	No	Unsure	I am **interested** in becoming a business owner.
Yes	No	Unsure	I am **interested** in becoming self-employed.
Yes	No	Unsure	I am **interested** in becoming an entrepreneur who employs at least one other person.

The following questions ask about your business or entrepreneurial activities **now**.

If you have multiple businesses or entrepreneurial activities, think of the one in which you work the most hours or receive the most pay.

En009

[if en007a=yes or en007b=yes or en007c=yes] How much are the expected total receipts or income of your business or entrepreneurial activity in **May 2020**?

Text box: Total monthly receipts or income

[Integers from 0 to 100,000,000, no text]

En010

[if en007a=yes or en007b=yes or en007c=yes] How many **full-time employees** other than yourself do you have currently?

Only count people who worked or intend to work on your payroll for at least 30 hours per week for at least one week.

Text box: number of full-time employees

[only allow integers from 0 to 1,000,000, no text]

En011

[if en007a=yes or en007b=yes or en007c=yes] How many **part-time employees** other than yourself do you have currently?

Only count people who worked or intend to work on your payroll for less than 30 hours per week for at least one week.

Text box: number of part-time employees

[only allow integers from 0 to 1,000,000, no text]

En012

[if en007a=yes or en007b=yes or en007c=yes] Which tools do you **currently** use to operate your business or entrepreneurial activities online? [randomize order, same as en007]

Yes	No	Unsure	Zoom
Yes	No	Unsure	Google Hangouts
Yes	No	Unsure	Google Duo
Yes	No	Unsure	Skype
Yes	No	Unsure	Website(s)
Yes	No	Unsure	Email
Yes	No	Unsure	Phone
Yes	No	Unsure	Text messaging

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Yes   No   Unsure Other (specify)

en013

[if en007a=yes or en007b=yes or en007c=yes] Do you currently have any cash reserves?

Yes   No   Unsure

En013a

[if en013=yes] How long will your current cash reserves allow you to continue your business or entrepreneurial activity?

Less than 3 months

3-6 months

7-12 months

More than 12 months

Unsure

En014

[if en007a=yes or en007b=yes or en007c=yes] Have you used any of the following financing strategies **since February 2020**?

Yes   No   Unsure I have borrowed from private lenders.

Yes   No   Unsure I have borrowed from government or stimulus programs.

Yes   No   Unsure I have received grants from private individuals.

Yes   No   Unsure I have received grants from the government or stimulus programs.

Yes   No   Unsure Other: specify

En015

[if en007a=yes or en007b=yes or en007c=yes] Has the coronavirus epidemic had a positive impact, a negative impact, or no impact on **the finances** of your business or entrepreneurial activity?

[randomize order of the first three]

A positive impact

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A negative impact

No impact

Unsure

En016

[if en007a=yes or en007b=yes or en007c=yes] Has the coronavirus epidemic led you to accelerate, delay, or not change the expansion of your business or entrepreneurial activity?

[randomize order]

Delay

Accelerate

Neither delay nor accelerate

Unsure

En017

[if en007a=yes or en007b=yes or en007c=yes]Has the coronavirus epidemic interfered with your normal business operations?

Yes   No   Unsure

En017a

[if en017=yes] Once your business operations return to normal, how long will it take for your business or entrepreneurial activity to return to its level of monthly receipts or income in February 2020?

Less than 3 months

3-6 months

7-12 months

More than 12 months

Unsure

En018

[if en007a=yes or en007b=yes or en007c=yes] Have you responded to the coronavirus epidemic by creating any new businesses or entrepreneurial activities?

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Yes   No   Unsure

en018a

[if en018=yes] Do any of these businesses or activities deliver food or other essential products to people who are self-isolating or sheltering at home?

Yes   No   Unsure

En018b

[if en019=yes] Do any of these businesses or activities provide medical services to people who are self-isolating or sheltering at home?

Yes   No   Unsure

En018c

[if en019=yes] Do any of these businesses or activities provide mental health counseling to people who are self-isolating or sheltering at home?

Yes   No   Unsure

En019

[if en007a=yes or en007b=yes or en007c=yes] Have you moved any of your business or entrepreneurial activities online in response to the coronavirus epidemic?

Yes   No   Unsure

En020

[if en007a=yes or en007b=yes or en007c=yes] What is the percent chance your current business or entrepreneurial activity will still exist in two years?

[0%-100% Visual Linear Scale]

En021

[if they had a business or entrepreneurial activity in February 2020 and also now] Compared to its size in February 2020, do you think your current business or entrepreneurial activity will be larger or smaller in two years? [randomize order of first three]

It will be larger

It will be around the same size

It will be smaller

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Unsure

Questions for people who are currently <u>interested</u> in entrepreneurship according to en008

En022

[if en008a=yes or en008b=yes or en008c=yes] Has the coronavirus epidemic made it more or less likely that you will start a new business or entrepreneurial activity in the next 12 months?

Much more likely

Somewhat more likely

About the same

Somewhat less likely

Much less likely

Unsure

En023

[if en008a=yes or en008b=yes or en008c=yes] Do you plan to start a new business or entrepreneurial activity in the next 12 months?

Yes   No   Unsure

En024

[if en008a=yes or en008b=yes or en008c=yes] Have you already begun the process of starting a new business or entrepreneurial activity?

Yes   No   Unsure

En024a

[if en024=yes] Which of the following steps have you taken toward starting a new business or entrepreneurial activity?

Yes   No   Unsure Conduct market research

Yes   No   Unsure Define the business model

Yes   No   Unsure Seek financing

Yes   No   Unsure Pick a business location

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Yes	No	Unsure	Select distribution channels
Yes	No	Unsure	Choose a business name
Yes	No	Unsure	Register the business
Yes	No	Unsure	Get Federal and state tax IDs
Yes	No	Unsure	Apply for licenses and permits
Yes	No	Unsure	Open a business bank account
Yes	No	Unsure	Other: specify

Gig Economy Questions

Some people work in the gig economy as independent contractors, independent consultants, or freelance workers. Some people complete one-off tasks online or in-person with companies that advertise through an app or a website.

En025

[if en001a=yes or en001b=yes or en001c=yes] **In February 2020**, did you use gig economy workers to support your business or entrepreneurial activity?

Yes   No   Unsure

En026

[if en007a=yes or en007b=yes or en007c=yes] Do you **currently** use gig economy workers to support your business or entrepreneurial activity?

Yes   No   Unsure

En027

[if en007a=yes or en007b=yes or en007c=yes] Do you think you will use gig economy workers to support your business or entrepreneurial activity in the next 12 months?

Yes   No   Unsure

En028

Did you personally take on gig economy tasks in **February 2020**?

Yes   No   Unsure

En029

Are you **currently** doing any gig economy tasks?

    Yes   No   Unsure

En030
Do you think you will take on gig economy tasks in the **next 12 months**?
    Yes   No   Unsure