

Center for Economic and Social Research -- Understanding America Study
Coronavirus Tracking Survey -- UAS244 Long Form -- Wave 5: May 14- June 9, 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 1] 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)

[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.

[Randomize the order items in the list]

- | | |
|--------|--|
| 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:

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6. I did not seek care

cr010a

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

1. Yes, in person
2. Yes, phone or video 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)

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

[Randomize the order of items]

- | | |
|---------------|---|
| 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 – cr016r)

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 air travel for work |
| Yes | No | Canceled or postponed air 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]

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cr025_intro, (cr025a – cr025d)

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]

[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]

cr031_intro, (cr031a – cr031d)

Do you agree or disagree with the following statements?

[strongly disagree, somewhat disagree, somewhat agree, strongly agree]

[randomize the order]

- a. Most people believe that people with coronavirus are dangerous.
- b. Most people believe that people who used to have coronavirus are dangerous.
- c. Most people believe that having coronavirus is a sign of personal weakness or failure.
- d. 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.

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cr049

[if Facebook/Twitter/Instagram/Snapchat > 0] How frequently do you perform the following activities when you are on Facebook, Twitter, Instagram or Snapchat?

Never – Rarely – Sometimes – Somewhat Frequently – Very frequently

- Browsing passively (without liking or commenting on anything)
- Browsing actively (liking and commenting on posts, pictures, and updates)
- Sending messages or chatting with others

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]

cr051

[if days of cannabis > 0] What is the content of the cannabis products that you typically use?

- High THC
- High CBD
- Balanced THC and CBD
- Unsure

cr052

[if days of cannabis > 0] In the past 7 days, how did you use cannabis products?

[randomize order]

Yes	No	Unsure	Smoked in a pipe, joint, or bong.
Yes	No	Unsure	Vaped marijuana, THC, or CBD oils or concentrates.
Yes	No	Unsure	Dabbed
Yes	No	Unsure	Ingested edibles.
Yes	No	Unsure	Oil
Yes	No	Unsure	Patches, gels, balms, or lotions
Yes	No	Unsure	Other

cr027_intro, (cr027a – cr027d)

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

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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

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4. High blood pressure
5. Asthma
6. Chronic lung disease such as COPD or emphysema
7. Kidney disease
8. Autoimmune disorder such as rheumatoid arthritis or Crohn's Disease
9. A mental health condition
10. Obesity
11. None of the above

cr056_intro

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

if cr056_order[cnt] = 1 AND cr056a = 1 then

cr057a (since when an anxiety disorder)

Did the doctor or other health professional first say that you have **an anxiety disorder** before or after March 10, 2020?

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

elseif cr056_order[cnt] = 2 AND cr056b = 1 then

cr057b (since when attention deficit hyperactivity disorder (ADHD))

Did the doctor or other health professional first say that you have **attention deficit hyperactivity disorder (ADHD)** before or after March 10, 2020?

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

elseif cr056_order[cnt] = 3 AND cr056c = 1 then

cr057c (since when bipolar disorder)

Did the doctor or other health professional first say that you have **bipolar disorder** before or after March 10, 2020?

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

elseif cr056_order[cnt] = 4 AND cr056d = 1 then

cr057d (since when an eating disorder)

Did the doctor or other health professional first say that you have **an eating disorder** before or after March 10, 2020?

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

elseif cr056_order[cnt] = 5 AND cr056e = 1 then

cr057e (since when depression or another depressive disorder)

Did the doctor or other health professional first say that you have **depression or another depressive disorder** before or after March 10, 2020?

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

elseif cr056_order[cnt] = 6 AND cr056f = 1 then

cr057f (since when obsessive-compulsive disorder (OCD))

Did the doctor or other health professional first say that you have **obsessive-compulsive disorder (OCD)** before or after March 10, 2020?

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

elseif cr056_order[cnt] = 7 AND cr056g = 1 then

cr057g (since when post-traumatic stress disorder (PTSD))

Did the doctor or other health professional first say that you have **post-traumatic stress disorder (PTSD)** before or after March 10, 2020?

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

elseif cr056_order[cnt] = 8 AND cr056h = 1 then

cr057h (since when schizophrenia or another psychotic disorder)

Did the doctor or other health professional first say that you have **schizophrenia or another psychotic disorder** before or after March 10, 2020?

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

elseif cr056_order[cnt] = 9 AND cr056i = 1 then

cr057i (since when other mental issue)

Did the doctor or other health professional first say that you have **another mental health condition ([specify other mental issue[]])** 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

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.

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

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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.
6. None of these.

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

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:

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.

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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 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:

Ir003a

Do you currently have a job?

[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

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3. other (specify)

Ir019

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

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]?

1. Yes
2. No
3. Unsure

Ir020

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

1. Yes
2. No
3. Unsure

Ir007

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

[Radio buttons: 0-7]

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 for your job?

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

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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]

Ir017a

[if Ir017>0] 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

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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 (not just people without jobs).

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, 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

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.

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

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Ir022

[if not asked previously][if Ir019a= 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

Ir020a

[if not asked previously] [if Ir019a=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

Ir026

[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

Ir023_intro, (Ir023a – Ir023c)

[if Ir019=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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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 lr019=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 lr026=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_intro, (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 lr028=1] Have your spouse or partner's hours been reduced since **February 2020**?

1. Yes
2. No
3. 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?

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

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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

ei007

[if not asked before] Did you file a tax return this year or last year?

1. Yes
2. No
3. Unsure

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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

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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.

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

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ei024

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

1. A substantial threat
2. A moderate threat
3. Not much of a threat
4. Not a threat at all

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.

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

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Yes	No	Unsure	Skype
Yes	No	Unsure	Website(s)
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

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Yes	No	Unsure	Skype
Yes	No	Unsure	Website(s)
Yes	No	Unsure	Email
Yes	No	Unsure	Phone
Yes	No	Unsure	Text messaging
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
 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

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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?

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

Unsure

Questions for people who are currently interested in entrepreneurship according to en008

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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
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

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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