

USC Center for Economic and Social Research -- Understanding America Study
Coronavirus Tracking Survey -- UAS248 Long Form -- Wave 7: June 10- July 7, 2020

Preload Patterns:

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

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

Blue text = questions asked every other wave (skipping this round)

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] 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

cr013

Do you currently have health insurance?

1. Yes
2. No
3. Unsure

Coronavirus Expectations and Avoidance Behaviors

cr015_intro, (cr015a – cr015p)

[Randomize the order of items]

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

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

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note: removed cr016b,c,d,e,h,i,n,r as of this survey
 cr016_intro, (cr016a – cr016p)

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

- Yes No Washed your hands with soap or used hand sanitizer several times per day (b)
- Yes No Visited a doctor (g)
- Yes No Avoided contact with people who could be high-risk (g)
- Yes No Avoided public spaces, gatherings, or crowds (k)j
- Yes No Prayed (l)
- Yes No Avoided eating at restaurants (m)
- Yes No Worked or studied at home (o)
- Yes No Worn a mask or other face covering (p)

cr017a

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

1. Yes
2. No
3. Unsure

cr018a

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

1. Yes
2. No
3. Unsure

cr019_intro, (cr019a – cr019j)

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

[Color “unsure” differently]

[Randomize the order of items in the list]

	Extremely Ineffective	Somewhat Ineffective	Somewhat Effective	Extremely Effective	Unsure
Wearing a face mask such as the one shown here. 					
Praying.					
Washing your hands with soap or using hand sanitizer frequently.					
Seeing a doctor if you feel sick.					

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Seeing a doctor if you feel healthy but worry that you were exposed					
Avoiding public spaces, gatherings, and crowds.					
Avoiding contact with people who could be high-risk.					
Avoiding hospitals and clinics.					
Avoiding restaurants.					
Avoiding travel					

cr020_intro (cr020a – cr020m)

How **safe or unsafe** are the following actions for avoiding exposure to coronavirus?

[Color “unsure” differently]

[Randomize the order of items in the list]

Grocery shopping	Extremely Safe	Somewhat Safe	Somewhat Unsafe	Extremely Unsafe	Unsure
Attending gatherings of more than 100 people					
Going to the hospital					
Dining in at restaurants					
Eating “take-out” meals from restaurants					
Visiting with relatives or friends in their home					
Handling packages that have been delivered					
Playing on playground equipment					
Touching door knobs, countertops, and other surfaces in your home					

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Interacting closely with other members of your household					
Eating or drinking in a place that provides table service and has implemented social distancing guidelines					
Curb-side pick-up of store purchases					
Going outside to walk, hike, or exercise	Extremely Safe	Somewhat Safe	Somewhat Unsafe	Extremely Unsafe	Unsure

cr021 [every other wave -- skipping in UAS248]

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 [every other wave -- skipping in UAS248]

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 [every other wave -- skipping in UAS248]

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 [every other wave -- skipping in UAS248]

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.

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[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 [every other wave -- skipping in UAS248],

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]

(cr025a – cr025d) [randomize the order]

Have many known harmful side effects

Provide important benefits to society

May lead to illness and death

Are useful and effective

cr030 [every other wave -- skipping in UAS248]

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) [every other wave -- skipping UAS248]

Do you agree or disagree with the following statements?

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

[randomize the order]

Most people believe that people with coronavirus are dangerous.

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

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

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

cr066

How much do you trust the following sources of information about the coronavirus (COVID-19):

[Randomize the order of items in the list]

Do not trust at all / trust somewhat / trust mostly trust completely

Local public health officials such as officials from your county health department.

The US Department of Health and Human Services (HHS)

The Centers for Disease Control and Prevention (CDC)

The World Health Organization (WHO)

Your contacts on social media (Facebook, Twitter, etc.)

Your close friends and members of your family

Your coworkers, classmates, or other acquaintances

Your physician

Public television and radio

Fox News

CNN

MSNBC

NBC News

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CBS News
ABC News
Your local newspaper
National newspapers such as the New York Times, The Washington Post, and USA Today
Your local TV news
President Trump
Vice President Pence

cr013

Which of the following information sources have you used to learn about the coronavirus in the past 7 days? [Randomize the order of items in the list]

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

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).

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[Radio buttons 0-7] Spent time posting or browsing on Facebook, Twitter, Instagram, or Snapchat.

[Radio buttons 0-7] Had a phone call or video call with a family member or a friend.

[Radio buttons 0-7] Messaged or emailed with a family member or friend.

[Radio buttons 0-7] Spent time interacting with a family member or friend in person

[Radio buttons 0-7] Smoked all or part of a cigarette.

[Radio buttons 0-7] Used an e-cigarette or vaping device to vape e-liquids with nicotine.

cr026a2

[If respondent drank alcohol more than zero days] In the past seven days, how many alcoholic drinks did you have on a typical day when you drank alcohol?

[Input number 1-30. Do not allow negative or text entries. Soft check: did you really have [NUMBER] drinks per day?]

cr050m [every other wave -- skipping UAS248]

[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 [every other wave -- skipping UAS248]

[if respondent drank alcohol more than zero days and respondent is female] In the past seven days, on how many days did you drink **4 or more** alcoholic beverages within a couple of hours?

[Radio buttons 0-7]

cr027_intro, (cr027a – cr027d)

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

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

cr028_intro, (cr028a – cr028d)

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

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

cr053_intro, (cr053a – cr053f)

[if preloads are empty] How strongly do you agree or disagree with each of the following statements?

[randomize order ?]

Strongly disagree – disagree – Neutral – Agree – Strongly agree

- a. I tend to bounce back quickly after hard times.
- b. I have a hard time making it through stressful events.
- c. It does not take me long to recover from a stressful event
- d. It is hard for me to snap back when something bad happens.
- e. I usually come through difficult times with little trouble.
- f. I tend to take a long time to get over set-backs in my life.

cr054

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

- Diabetes
- Cancer (other than skin cancer)
- Heart disease
- High blood pressure
- Asthma
- Chronic lung disease such as COPD or emphysema
- Kidney disease
- Autoimmune disorder such as rheumatoid arthritis or Crohn's Disease
- A mental health condition
- Obesity
- None of the above

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cr056_intro, (cr056a – cr056i)

[if preloads are empty] Which of the following mental health conditions has a doctor or another health professional ever told you that you have?

[randomize order]

- | | | | |
|-----|----|--------|---|
| Yes | No | Unsure | An anxiety disorder |
| Yes | No | Unsure | Attention deficit hyperactivity disorder (ADHD) |
| Yes | No | Unsure | Bipolar disorder |
| Yes | No | Unsure | An eating disorder |
| Yes | No | Unsure | Depression or another depressive disorder. |
| Yes | No | Unsure | Obsessive-compulsive disorder (OCD) |
| Yes | No | Unsure | Post-traumatic stress disorder (PTSD) |
| Yes | No | Unsure | Schizophrenia or another psychotic disorder |
| Yes | No | Unsure | Other: specify |

cr055

[if preloads are empty] [for each “yes” response in cr054 and cr056] Did the doctor or other health professional **first say** that you have [CONDITION] before or after March 10, 2020?

- Before March 10, 2020
- After March 10, 2020
- Unsure

cr058

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

[Radio buttons]

- Not at all or less than 1 day
- 1-2 days
- 3-4 days
- 5-7 days

cr059_intro, (cr059a – cr059c) [every other wave -- skipping UAS248]

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

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

cr067_intro

Since **March 2020**, how often have any of the following things happened to you in your day-to-day life because of your actual or perceived race, ethnicity, age, gender, health, income, education, religion, or some other personal characteristic?

cr067a (You were treated with less courtesy or respect than other people)

You were treated with less courtesy or respect than other people

1 Almost every day 2 At least once a week 3 A few times a month 4 Once a month or less 5 Never

cr067b (You received poorer service than other people at restaurants or stores)

You received poorer service than other people at restaurants or stores

1 Almost every day 2 At least once a week 3 A few times a month 4 Once a month or less 5 Never

cr067c (People acted as if they thought you were not smart)

People acted as if they thought you were not smart

1 Almost every day 2 At least once a week 3 A few times a month 4 Once a month or less 5 Never

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cr067d (People acted as if they were afraid of you)

People acted as if they were afraid of you

1 Almost every day 2 At least once a week 3 A few times a month 4 Once a month or less 5 Never

cr067e (You were threatened or harassed)

You were threatened or harassed

1 Almost every day 2 At least once a week 3 A few times a month 4 Once a month or less 5 Never

cr068 (main reason for poor treatment experiences)

What do you think is the **main** reason for these experiences of poor treatment? You may check up to two main reasons.

1 Your ancestry, ethnicity, or national origin 2 Your gender 3 Your race 4 Your shade of skin color 5 Your age 6 Your religion 7 Your height 8 Your weight 9 Some other aspect of your physical appearance 10 Your sexual orientation 11 Your education or income level 12 A physical disability 13 Your physical health (or perceived physical health) 14 Your mental health (or perceived mental health) 15 Other, please specify:

cr062

Since **March 2020**, how often have any of the following things happened to you in your day-to-day life because of your actual or perceived race, ethnicity, age, gender, health, income, education, religion, or some other personal characteristic?

Almost every day

A few times per week

Once per week

A few times per month

Less than a few times per month

Never

Unsure

You were treated with less courtesy or respect than other people.

You received poorer service than other people at restaurants or stores.

People acted as if they thought you were not smart.

People acted as if they were afraid of you.

You were threatened or harassed.

cr063

[If cr062a > never | cr062b > never | cr062c> never | cr062d> never | cr062e>never] What do you think is the **main** reason for this/these experience(s) of poor treatment? You may check up to two main reasons.

1. Your ancestry, ethnicity, or national origin
2. Your gender
3. Your race
4. Your shade of skin color
5. Your age
6. Your religion
7. Your height
8. Your weight
9. Some other aspect of your physical appearance

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10. Your sexual orientation
11. Your education or income level
12. A physical disability
13. Your physical health (or perceived physical health)
14. Your mental health (or perceived mental health)
15. Other. Please specify:

cr029_intro, (cr029a – cr029d) [every other wave -- skipping UAS248]

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?

- Homosexual or gay or lesbian or “not straight”
Bisexual
Heterosexual or straight or “not gay”
Some other description (please specify):

cr061

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

- Woman
Man
Trans woman
Trans man
Non-binary, gender-nonconforming, or genderqueer
Some other description (please specify):

Labor Market Outcomes

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

lr001[only ask if they previously said they have a job]

The next set of questions are about your primary job. If you have multiple jobs, think of the job in which you work the most hours or receive the most pay.

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

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

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Ir002

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

1. Yes
2. No
3. Unsure

Ir003aa

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

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

Ir003bb

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

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

Ir003cc

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

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Ir003

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

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

Ir003a

Do you currently have a job? (derived variable)

[fill based on responses above.]

1. Yes
2. No

Ask the following questions if the respondent has a job:

The next set of questions ask about your primary job. If you have multiple jobs, think of the job in which you work the most hours or receive the most pay.

Ir005

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

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

Ir019

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

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

Ir006

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

[Radio buttons: 0-7]

Ir008

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

[0<=hours <= 150]

Ir009

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

Yes No Unsure

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Ir020

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

Yes No Unsure

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

[Radio buttons: 0-7]

Ir0010

How frequently are you paid for your job?

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

Ir011

What was the amount on your most recent paycheck?

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

Ir011a

[If Ir011<\$30] You said your last paycheck was \$[fillin Ir011]. Is this correct?

- 1) Yes, it is correct
- 2) No, I made a mistake [go back to Ir011]
- 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.

Ir011b_i

If Ir010==1 & [Ir011 is skipped OR Ir011a==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

Ir011b_ii

If (Ir010==2| Ir010==6) & [Ir011 is skipped OR Ir011a==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

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lr011b_iii

If lr010==3 & [lr011 is skipped OR lr011a==4] For the most recent paycheck for your job, would you say the amount was

- 1) Lower than \$375
- 2) Between \$375 and \$750
- 3) Between \$750 and \$1,125
- 4) Between \$1,125 and \$1,500
- 5) Higher than \$1,500
- 6) Prefer not to answer
- 7) Don't know

lr011b_iv

[If lr010==4 & [lr011 is skipped OR lr011a==4] For the most recent paycheck for your job, would you say the amount was

- 1) Lower than \$75
- 2) Between \$75 and \$150
- 3) Between \$150 and \$300
- 4) Between \$300 and \$600
- 5) Higher than \$600
- 6) Prefer not to answer
- 7) Don't know

lr011b_v

[If lr010==5 & [lr011 is skipped OR lr011a==4] For the most recent paycheck for your job, would you say the amount was

- 1) Lower than \$375
- 2) Between \$375 and \$750
- 3) Between \$750 and \$1,500
- 4) Between \$1,500 and \$3,000
- 5) Higher than \$3,000
- 6) Prefer not to answer
- 7) Don't know

lr012

[if lr011>0 or any of lr011b_i-v = 1 to 5] Is that amount before or after taxes were withheld?

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

lr011c

[If lr010==4 | lr010==5 | 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]

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Ir011_c_i

[If Ir011c 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

Ir013 [every other wave -- skipping UAS248]

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 [every other wave -- skipping UAS248]

[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]

Ir016

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

1. Yes
2. No
3. Unsure

Ir016a

[If Ir016==3] Why are you unsure about whether you have received unemployment insurance in the past 14 days?

1. I received a benefit payment but I am unsure about whether it is from unemployment insurance or some other program
2. I am expecting to receive a payment but I am unsure whether it has been deposited/mailed
3. I received a payment but I am unsure when I received it
4. I prefer not to answer this question
5. Other, please specify:

Ir017

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

Amount>=0

[soft check if >\$5000]

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lr017b

[If lr017<\$15] You said your most recent payment for unemployment compensation was \$[fillin lr017]. Is this correct?

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

lr017b_i

[If lr017 is skipped OR lr017b="do not recall"] Would you say the amount was?

- \$300 or less
- \$301 to \$600
- \$601 to \$900
- \$901 to \$1200
- More than \$1200
- I prefer not to answer
- I don't know.

lr017a

[if lr017>0 or lr017bi = 1-5] How often do you expect to receive this amount?

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

lr016a (why unsure about whether received unemployment insurance in past 14 days)

Why are you unsure about whether you have received unemployment insurance in the past 14 days?

- 1 I received a benefit payment but I am unsure about whether it is from unemployment insurance or some other program
- 2 I am expecting to receive a payment but I am unsure whether it has been deposited/mailed
- 3 I received a payment but I am unsure when I received it
- 4 I prefer not to answer this question
- 5 Other, please specify:

lr031

[If lr016==no or unsure] Have you **applied** for unemployment insurance since February 2020?

- Yes
- No
- Unsure

lr032

[if lr031=yes] When did you apply? If you're not sure, just give your best guess. If you have applied more than once since February 2020, please tell us about the first time that you applied.

Drop down: February, March, April, May, June, Day: 1-31.

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Ir033

[if Ir016=no and Ir031=yes]

Why haven't you received unemployment insurance benefits?

My application was approved but I haven't been paid yet.

My application was rejected.

I'm still waiting for my application to be approved.

I am receiving benefits but have not been paid in the past fourteen days

Other, please specify:

Ir034

[if Ir016=no and Ir031=no]

Why haven't you applied for unemployment insurance benefits?

1. I am currently working
2. My former employer has not made me eligible.
2. I am not eligible for other reasons.
3. I am unsure how to apply.
6. I decided not to apply for other reasons
7. Other, please specify:

The following sequence goes to everyone

Ir019a

[if not asked previously] Thinking back to February 2020, were you employed by the government, employed by a private company, employed by a nonprofit organization, self-employed, 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.

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

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lr022

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

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

lr020a

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

[if not asked previously] Some people have jobs that require them to interact with people face to face in the same location. Thinking back to **February 2020**, how often did your job require you to come within six feet of other people (such as customers, clients, patients, or coworkers)?

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

lr026

[if respondent currently has a job] How often does your job **currently** require you to come within six feet of other people (such as customers, clients, patients, or coworkers)?

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

lr023_intro, (lr023a – lr023c)

[if lr019a=1,2,3,4] To encourage social distancing, some governments have imposed restrictions on some businesses and organizations. Since February 2020, has **the government** imposed any of the following restrictions on businesses or organizations like yours:

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

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Ir024a

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

- Yes, completely
- Yes, partially or with restrictions
- No
- Unsure

Ir024b

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

- Yes, completely
- Yes, partially or with restrictions
- No
- Unsure

Ir024c

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

- Yes
- No
- Unsure

Ir025

[if Ir019a=1,2,3,4] Has the government identified your business or organization as “essential” during the coronavirus epidemic?

- Yes
- No
- Unsure

Questions about Labor Market Status of Spouses and Partners

Ir026a

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

- Yes
- No
- Unsure

Ir027

[if not asked previously] [if Ir026=yes] Which statement best reflects the employment status of your spouse or partner in **February 2020**?

1. My spouse or partner was employed and had a job.
2. My spouse or partner was unemployed and was looking for work.
3. My spouse or partner was temporarily laid off.
4. My spouse or partner was on sick leave or other leave.
5. My spouse or partner was not in the labor force (not employed and not looking for work).
6. My spouse or partner was retired.
7. None of these.

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Ir028

[if Ir026a=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.

Ir029_month Ir029_day

[if not asked previously] [if Ir027 is different from Ir028] 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)

Ir030

[if not asked previously] [if Ir028=1] Have your spouse or partner's hours been reduced since **February 2020**?

Yes No Unsure

Ir030a

[if Ir030 asked previously and Ir028=1] Have your spouse or partner's hours been reduced since [DATE OF LAST SURVEY]?

Yes No Unsure

Ir035

[if Ir026a=yes] Has your spouse or partner received unemployment insurance benefits in the past fourteen days?

Yes No Unsure

Ir036

Other than you and your spouse or partner, has anyone else in your household received unemployment insurance benefits in the past fourteen days?

Yes No Unsure

Ir037

[if Ir035==yes OR Ir036=yes]

Over the **past month**, how much did you and other household members receive in total from Unemployment Insurance? If you are not sure, please give your best guess.

[Range 0,9999, no text]

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Economic Insecurity

ei001

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

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

[0%-100% Visual Linear Scale]

ei002

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

Yes No Unsure

ei003

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

Yes No Unsure

ei004

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

Yes No Unsure

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

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ei005inc_c

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

ei005inc_d

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

ei005inc_e

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

ei005inc_h

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

ei007

[if not asked before]

Did you file a tax return this year or last year?

1. Yes
2. No
3. Unsure

ei008 [every other wave -- not asking in UAS248]

Do you owe money on student loans?

1. Yes
2. No

ei009 [every other wave -- not asking in UAS248]

[if ei008=1] Have you received permission from your lender to delay or reduce payment on your student loans?

1. Yes
2. No

ei010 [every other wave -- not asking in UAS248]

[if ei008=1] In the past month, did you miss or delay payment on your student loans, or did you pay less than the full amount?

1. Yes
2. No

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ei0011 [every other wave -- not asking in UAS248]

Do you have a mortgage?

1. Yes
2. No

ei012 [every other wave -- not asking in UAS248]

[if ei011 = 1] Have you received permission from your lender to delay or reduce payment on your mortgage?

1. Yes
2. No

ei013 [every other wave -- not asking in UAS248]

[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 [every other wave -- not asking in UAS248]

Do you rent your primary residence?

1. Yes
2. No

ei015 [every other wave -- not asking in UAS248]

[if ei014 = 1] Have you received permission from your landlord to delay or reduce payment of your rent?

1. Yes
2. No

ei016 [every other wave -- not asking in UAS248]

[if ei014 = 1] In the past month, did you miss or delay payment of your rent, or did you pay less than the full amount?

1. Yes
2. No

ei017

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

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

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ei018_intro, (ei018a – ei018h)

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

[randomize order]

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

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

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

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

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

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

Yes No Unsure By selling something

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

ei019 [every other wave -- not asking in UAS248]

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

Yes No Unsure

ei020_intro, (ei020 – ei023) [every other wave -- not asking in UAS248]

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