

Short Form Coronavirus Survey Instrument – UAS 253 - Wave 9

Thank you for agreeing to participate in our ongoing survey which focuses on the impact of the novel coronavirus (COVID-19). As you know we are sending you a reminder to check in every week on [day of the week] to let us know how the coronavirus epidemic is affecting you.

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

**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]? If so, what was the result?

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

**cr005**

Whether or not you have had a coronavirus test, has a doctor or another healthcare professional diagnosed you as having or probably having the coronavirus since [DATE OF PREVIOUS SURVEY]?

1. Yes
2. No
3. Unsure

**cr007**

[if cr002 !=1 & cr005 !=1] Do you think you have been infected with the coronavirus since [DATE OF PREVIOUS SURVEY]?

1. Yes
2. No

**cr011**

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

**cr011a**

Do you or anyone in your household have any health conditions that put you at higher risk for the coronavirus (e.g., immunocompromised, hypertension, heart disease, diabetes, obesity, asthma, kidney disease, lung disease, liver disease)?

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:

- |               |   |
|---------------|---|
| 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.)  |

cr016\_intro, (cr016a – cr016p)

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

- |        |  |
|--------|--|
| Yes No | Washed your hands with soap or used hand sanitizer several times per day |
|--------|--|

- Yes No Visited a doctor
- 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 Worked or studied at home
- Yes No Worn a mask or other face covering

**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?"]

**cr021a**

In the past 30 days, how many of these (N) family and friends helped you to get enough food to eat, by sharing money, resources, or food with you?

\_\_\_\_\_ (number)

[Input number: 0-999: Soft check "Did [NUMBER] family and close friends really help you get enough food?"]

**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]

**cr032\_intro**, (cr032a – cr032j)

How much do you trust the following sources of information about the coronavirus:

[Randomize the order of items in the list]

	Do not trust at all	Trust somewhat	Trust mostly	Trust completely
California Governor Gavin Newsom				
Los Angeles County Department of Public Health				
Los Angeles County Board of Supervisors				
Los Angeles Mayor Eric Garcetti				
The Los Angeles Times				
CNN				
MSNBC				
Fox News				
Network News (NBC, ABC, CBS)				
Your local TV news				
	Do not trust at all	Trust somewhat	Trust mostly	Trust completely

**cr033\_intro**, (cr033a – cr033j)

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]

- a. Yes No California Governor Gavin Newsom
- b. Yes No Los Angeles County Department of Public Health
- c. Yes No Los Angeles County Board of Supervisors
- d. Yes No Los Angeles Mayor Eric Garcetti
- e. Yes No The Los Angeles Times
- f. Yes No Your local TV news
- g. Yes No CNN
- h. Yes No MSNBC
- i. Yes No Fox News
- j. Yes No Network News (NBC, ABC, CBS)

**Economic Insecurity**

**ei002**

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

1. Yes
2. No
3. Unsure

ei003

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

1. Yes
2. No
3. Unsure

ei004

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

1. Yes
2. No
3. Unsure

ei005\_intro, (ei005a – ei005m)

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

[randomize the order of items]

- |  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Medicaid   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Medicare   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Social Security  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Supplemental Security Income (SSI)   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Social Security Disability Insurance (SSDI)                                    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Special Supplemental Assistance Program for Women, Infants, and Children (WIC) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Temporary Assistance for Needy Families (TANF)                                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Supplemental Nutrition Assistance Program (SNAP or Food Stamps)                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Children’s Health Insurance Program (CHIP)                                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Housing Assistance (e.g. Section 8 or vouchers)                                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Earned Income Tax Credit (EITC)  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Economic stimulus funds  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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

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

ei025

Thinking about the decisions by a number of state governments to impose significant restrictions on public activity because of the coronavirus outbreak, is your greater concern that state governments will...

[Randomize order]

1. Lift the restrictions too quickly
2. Not lift the restrictions quickly enough

ei026

Now thinking about the decisions by the **government of your state**, is your greater concern that **your own state government** will...

[randomize order]

1. Lift the restrictions too quickly
2. Not lift the restrictions quickly enough

### **Food Insecurity**

The next set of questions are about your food experiences in the **past 30 days**. You have answered some of these questions before, but for a different time period.

ei030

During the last **30 days**, was there a time when you were worried you would not have enough food to eat because of a lack of money or other resources?

1. Yes
2. No
3. Unsure

ei031

During the last **30 days**, was there a time when you were unable to eat healthy and nutritious food because of a lack of money or other resources?

1. Yes
2. No
3. Unsure

ei032

During the last **30 days**, was there a time when you ate only a few kinds of foods because of a lack of money or other resources?

1. Yes
2. No
3. Unsure

ei033

During the last **30 days**, was there a time when you had to skip a meal because there was not enough money or other resources to get food?

1. Yes
2. No
3. Unsure

ei034

During the last **30 days**, was there a time when you ate less than you thought you should because of a lack of money or other resources?

1. Yes
2. No
3. Unsure

ei035

During the last **30 days**, was there a time when your household ran out of food because of a lack of money or other resources?

1. Yes
2. No
3. Unsure

ei036

During the last **30 days**, was there a time when you were hungry but did not eat because there was not enough money or other resources for food?

1. Yes
2. No
3. Unsure

ei037

During the last **30 days**, was there a time when you went without eating for a whole day because of a lack of money or other resources?

1. Yes
2. No
3. Unsure

ei038\_intro

Did you experience any of the following challenges to getting food over the past **30 days**:

ei038

Did you have difficulty getting food because food stores were closed or had limited hours?

1. Yes
2. No
3. Unsure

ei039

Did you have challenges getting food because you don't have a car or personal transportation?

1. Yes
2. No
3. Unsure

### **Labor Market Outcomes**

**Ir001** [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:
7. I am now retired.

### **Ir002**

[if Ir001 = 2, 3, 4] 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 on retired. Which statement best reflects your current employment status?

1. I am still retired.
2. I now have a job.
3. I am unemployed and looking for work .
4. None of these, please specify:

**Ir003dd**

[if respondent was not in labor force in previous wave] You told us on [DATE OF EARLIER SURVEY] that you were not in the labor force. Which statement best reflects your current employment status?

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

**Ir003**

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

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

**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
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

**lr006**

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

[Radio buttons: 0-7]

**lr006a**

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

[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]

**lr016**

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

1. Yes
2. No
3. Unsure

**lr017**

[if lr016= 1] How much did you receive in unemployment insurance in your most recent payment?

Amount>=0

[soft check if >\$5000]

**lr017b**

[If lr017<\$15] You said your most recent 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?

1. \$300 or less
2. \$301 to \$600
3. \$601 to \$900
4. \$901 to \$1200
5. More than \$1200
6. I prefer not to answer
7. Don't know

**lr017a**

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

1. Once every week
2. Once every two weeks
3. Once every month
4. Another interval, please specify:
5. Unsure

**lr016a**

[if lr016==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:

**Food Access**

**fd001**

What is the percent chance that you will be able to afford the food you need over the next three months? If you are not sure, please give your best guess.

[0%-100% Visual Linear Scale]

**fd008\_intro**, (fd008a – fd008m)

In the **last 14 days**, where did you get your food (either in person or by delivery)?

[randomize order]

- |     |    |  |
|-----|----|--|
| Yes | No | Grocery store / supermarket (Ralphs, Vons, Trader Joe’s, etc.)   |
| Yes | No | Convenience store (7-Eleven, ampm, etc.)   |
| Yes | No | Drug store (CVS, Walgreens, Rite Aid, etc.)  |
| Yes | No | Big-box store (Target, Walmart, Costco, etc.)  |
| Yes | No | Food pantry  |
| Yes | No | Full service restaurants or cafés  |
| Yes | No | Fast food restaurants or cafés   |
| Yes | No | Online retailer (Amazon Fresh, Fresh Direct, etc.)   |
| Yes | No | Farmer’s market  |
| Yes | No | Food donations from a faith-based organization, or other community-based organization (e.g. YMCA, local health organization, etc.) |
| Yes | No | Other. Please specify  |

**fd020a**

[If fd008 = yes for “food pantry” then ask:] About how far away from your home did you have to travel to get food from the food pantry?

1. 0 miles: it was delivered to my home
2. 0.5 miles or less than a 10-minute walk
3. 1 to 2 miles

4. 3 to 5 miles
5. 6 to 10 miles
6. 11 to 15 miles
7. Greater than 15 miles

**fd020b**

[If fd008 = yes for “food donations from church/NGO” then ask:] About how far away from your home did you have to travel to get these food donations?

1. 0 miles: it was delivered to my home
2. 0.5 miles or less than a 10-minute walk
3. 1 to 2 miles
4. 3 to 5 miles
5. 6 to 10 miles
6. 11 to 15 miles
7. Greater than 15 miles

**fd009a**

You selected the following as the places where you usually got your food in the last 14 days. Please select your **most frequent source of food in the last 14 days**.

- 1 Grocery store / supermarket (Ralphs, Vons, Trader Joe’s, etc.)
- 2 Convenience store (7-Eleven, ampm, etc.)
- 3 Drug store (CVS, Walgreens, Rite Aid, etc.)
- 4 Big-box store (Target, Walmart, Costco, etc.)
- 5 Food pantry
- 13 Full service restaurant or café
- 14 Fast food restaurant
- 8 Online retailer (Amazon Fresh, Fresh Direct, etc.)
- 9 Farmer’s market
- 15 Food donations from a faith-based organization, or other community-based organization (e.g. YMCA, local health organization, etc.)
- 12 Other: [last 14 days specify other get food[]]

**fd021**

[if fd009a= grocery store, convenience store, drug store, big-box store, food pantry, full service restaurant, fast-food restaurant, farmer’s market, food donations] When you currently get your food from your most frequent source – [fd009a] – how do you usually get it? Please select one answer:

1. I usually take a personal vehicle/drive to get the food
2. I usually take public transportation to get the food
3. I usually walk to get the food
4. I usually have the food delivered for free by the business selling the food
5. I usually pay extra to have the food delivered
6. I usually have the food delivered by a friend, neighbor, or family member
7. I usually have the food delivered for free by a local volunteer or program

**fd022**

[if fd021=" I usually take a personal vehicle/drive i " OR "I usually take public transportation " OR "I usually walk to get the food" ] About how far away from your home is the [fd009a] where you most frequently got your food in the last 14 days?

1. 0.5 miles or less than a 10-minute walk
2. 1 to 2 miles
3. 3 to 5 miles
4. 6 to 10 miles
5. 11 to 15 miles
6. Greater than 15 miles

### Eating

Restrictions and policies since the coronavirus outbreak have meant that most of us are spending more time at home, and the way we get food may have changed. Please think about the food you eat and whether or not it has changed since the stay-at-home orders started in Los Angeles County, in March 2020.

#### fd023a

Since L.A. County's stay-at-home orders started in March 2020, have you been eating more than usual, less than usual, or about the same as usual? (Choose one answer)

1. I am eating much more than usual
2. I am eating slightly more than usual
3. I am eating about the same amount as usual
4. I am eating less than usual

#### fd023b

Since L.A. County's stay-at-home orders started in March 2020, have you been eating different types of foods?

1. Yes, I am eating healthier food than before (e.g., more fruits and vegetables, and/or less sugary and fried food)
2. Yes, I am eating less healthy food than before (e.g., less fruits and veggies, and/or more sugary or fried food)
3. No, I am not eating different types of foods than before

#### fd024

Which category represents the total combined income of all members of your family (living in your house) during the past month? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, Social Security payments and any other monetary income received by members of your family who are 15 years of age or older.

1. Less than \$5,000
2. 5,000 to 7,499
3. 7,500 to 9,999
4. 10,000 to 12,499
5. 12,500 to 14,999
6. 15,000 to 19,999
7. 20,000 to 24,999
8. 25,000 to 29,999
9. 30,000 to 34,999
10. 35,000 to 39,999

11. 40,000 to 49,999
12. 50,000 to 59,999
13. 60,000 to 74,999
14. 75,000 to 99,999
15. 100,000 to 149,999
16. 150,000 or more

**fd025**

How long have you lived at your current address?

1. less than 1 month
2. 1 to 3 months
3. 4 to 6 months
4. 7 to 11 months
5. 1 to 2 years
6. 3 to 5 years
7. More than 5 years

**CS\_001**

Could you tell us how interesting or uninteresting you found the questions in this interview?

1. Very interesting
2. Interesting
3. Neither interesting nor uninteresting
4. Uninteresting
5. Very uninteresting

**CS\_003**

Do you have any other comments on the interview? Please type these in the box below. (If you have no comments, please click next to complete this survey.)