

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

cr005

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

1. Yes
2. No
3. Unsure

cr007

[if cr002 not equal 1 & cr005 not equal 3] Do you think you have 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:

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

cr069_intro, (cr069a – cr069s)

For each of the following activities, please indicate how often, if ever, you wore a mask or face covering.

Always / Most of the time / Sometimes / Rarely / Never / Unsure

[Randomize order]

Ask for each "yes" response in cr015.

- When you went to a bar, club, or other place where people gather.
- When you went to the grocery store or pharmacy.
- When you went to a friend, neighbor, or other relative's residence.
- When you had visitors such as friends, neighbors, or relatives at your residence.
- When you attended a gathering with more than 10 people.
- When you sought care from a hospital or health care facility.
- When you had close contact (within 6 feet) with people who do not live with you.
- When you went outside to walk, hike, or exercise.
- When you attended a political rally, protest, or demonstration.
- When you attended an in-person religious service.
- When you traveled by airplane.
- When you traveled by public transportation (bus, subway, commuter rail, etc.)

cr070_intro, (cr070a – cr070l)[every other wave -- dropping from UAS252]

We would like to learn your general opinion about wearing a mask or face covering. Do you agree or disagree with each of the following statements?

[strongly disagree/ disagree/neither agree nor disagree/agree/strongly agree].

[randomize order of response items]

- a. Wearing a mask helps keep me safe from coronavirus.
- b. Wearing a mask helps keep others safe from coronavirus.
- c. Wearing a mask is dangerous to my health.
- d. Wearing a mask is a political statement.
- e. Wearing a mask is not needed because I am not infected.
- f. Wearing a mask is not needed when I am with other people who are healthy.
- g. Others may feel threatened if I cover my face.
- h. I keep enough distance so that I don't need a mask.
- i. We live in a free country and no one can force me to wear a mask.
- j. I would like to wear a mask, but I cannot afford to buy one.
- k. Wearing a mask is unnecessary because coronavirus is not a serious threat to people like me.
- l. A mask is too uncomfortable to wear.

cr016_intro, (cr016a – cr016p) note: removed cr016b,c,d,e,h,I,n,r from UAS248 on

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]

Wearing a face mask such as the one shown here.	Extremely Ineffective	Somewhat Ineffective	Somewhat Effective	Extremely Effective	Unsure
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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					

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

cr021 [every other wave -- dropping from UAS252]

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 -- dropping from UAS252]

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 -- dropping from UAS252]

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 -- dropping from UAS252]

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

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

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

cr023

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

[0%-100% Visual Linear Scale]

cr023b

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

[0%-100% Visual Linear Scale]

cr024

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

[0%-100% Visual Linear Scale]

cr025_intro, (cr025a – cr025d) [every other wave -- dropping from UAS252],

Do you agree or disagree with the following statements?

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 -- dropping from UAS252]

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 -- dropping from UAS252]

Do you agree or disagree with the following statements?

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

[randomize the order]

Most people believe that people with coronavirus are dangerous.

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

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

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

Mental Health and Substance Use

cr026_intro, (cr026a – cr026m)

Out of the past 7 days, what is your best estimate of the number of days that you did each of the following activities?

[randomize the order of items]

[split into two screens]

[Radio buttons 0-7] Drank alcohol

[Radio buttons 0-7] Used cannabis products such as marijuana

[Radio buttons 0-7] Used recreational drugs other than alcohol or cannabis products

[Radio buttons 0-7] Meditated

[Radio buttons 0-7] Got extra exercise

[Radio buttons 0-7] Made time to relax

[Radio buttons 0-7] Connected socially with friends or family (either online or in person).

- [Radio buttons 0-7] Spent time posting or browsing on Facebook, Twitter, Instagram, or Snapchat.
- [Radio buttons 0-7] Had a phone call or video call with a family member or a friend.
- [Radio buttons 0-7] Messaged or emailed with a family member or friend.
- [Radio buttons 0-7] Spent time interacting with a family member or friend in person
- [Radio buttons 0-7] Smoked all or part of a cigarette.
- [Radio buttons 0-7] Used an e-cigarette or vaping device to vape e-liquids with nicotine.

cr026a2

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

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

Gender [every other wave -- dropping from UAS252]

What is your gender?

1. Male
2. Female

cr050m [every other wave -- dropping from UAS252]

[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 -- dropping from UAS252]

[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
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

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/cr057

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

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

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) [every other wave -- dropping from UAS252]

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).

cr067a-e [every other wave -- dropping from UAS252]

Since [DATE OF PREVIOUS SURVEY], 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?

- a. You were treated with less courtesy or respect than other people.
- b. You received poorer service than other people at restaurants or stores.
- c. People acted as if they thought you were not smart.
- d. People acted as if they were afraid of you.
- e. 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 [every other wave -- dropping from UAS252]

[If cr066a > never | cr066b > never | cr066c > never | cr066d > never | cr066e > never] 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:

cr029_intro, (cr029a – cr029d) [every other wave -- dropping from UAS252]

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
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, please specify:
7. I am now retired.

lr002

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

1. Yes
2. No

3. Unsure

lr003aa

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

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

lr003bb

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

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

lr003cc

[if respondent was 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:

lr003dd

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

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

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. 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)

lr003a

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.

lr005

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

1. Self-employed
2. Work for an employer
3. Other (specify)

lr019

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

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

lr006

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

[Radio buttons: 0-7]

lr008

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

[0<=hours <= 150]

lr009

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

1. Yes
2. No
3. Unsure

lr020

[if lr005 = 2] Has your employer instructed you to work from home?

1. Yes
2. No
3. Unsure

lr007 Out of the past seven days, how many days did you work from home?

[Radio buttons: 0-7]

lr0010

How frequently are you paid for your job?

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

lr011

What was the amount on your most recent paycheck?

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

lr011a

[If lr011<\$30] You said your last paycheck was \$[fillin lr011]. Is this correct?

1. Yes, it is correct
2. No, I made a mistake [go back to lr011]
3. I did not receive a paycheck in the past fourteen days
4. I do not recall the amount of my last paycheck
5. I prefer not to answer

lr011b_i

If lr010==1 & [lr011 is skipped OR lr011a==4] For the most recent paycheck for your job, would you say the amount was

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

lr011b_ii

If (lr010==2| lr010==6) & [lr011 is skipped OR lr011a==4] For the most recent paycheck for your job, would you say the amount was

1. Lower than \$750
2. Between \$750 and \$1,500
3. Between \$1,500 and \$2,250
4. Between \$2,250 and \$3,000
5. Higher than \$3,000
6. Prefer not to answer
7. Don't know

lr011b_iii

If lr010==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]

lr011_c_i

[If le011c is skipped by the respondent] Would you say that your income or "take home pay" in the past month was:

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

lr013 [every other wave -- dropping from UAS252]

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]

lr014 [every other wave -- dropping from UAS252]

[if lr013 >1 and lr005 = 2] Do you require your employer's permission to use these sick days?

1. Yes
2. No
3. Unsure

lr015

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

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

[0%-100% Visual Linear Scale]

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 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?

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 (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?

1. Yes
2. No
3. 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, July, Day: 1-31.

lr033

[if lr016=no and lr031=yes]

Why haven't you received unemployment insurance benefits?

1. My application was approved but I haven't been paid yet.
2. My application was rejected.
3. I'm still waiting for my application to be approved.

4. I am receiving benefits but have not been paid in the past fourteen days
5. Other, please specify:
6. I went back to work
7. I am still being paid by employer
8. I did receive benefits at some point

lr034

[if lr016=no and lr031=no]

Why haven't you applied for unemployment insurance benefits?

1. I am currently working
2. My former employer has not made me eligible.
3. I am not eligible for other reasons.
4. I am unsure how to apply.
5. I decided not to apply for other reasons
6. Other, please specify:
7. I am retired
8. I receive disability or Supplemental Security Income (SSI)
9. I am temporarily on leave from my job / summer break / seasonal

The following sequence goes to everyone

lr019a

[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

lr021

[if not asked previously]

[if lr019a = 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

lr022

[if not asked previously][if lr019a= 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

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)?

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

lr026

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

1. Never
2. Less than once per week
3. 1-2 times per week
4. Several times per week
5. Nearly every day
6. Every day

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.

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 lr019a=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

lr028

[if lr026a=yes] Which statement best reflects the **current** employment status of your spouse or partner?

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

lr029_month lr029_day

[if not asked previously] [if lr027 is different from lr028] When did the employment status of your spouse or partner change?

If you're not sure, just give your best guess.

Drop down: Month (February/March/April/May/June/July), Day (1-31)

lr030

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

1. Yes
2. No
3. Unsure

lr030a

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

1. Yes
2. No
3. Unsure

lr035

[if lr026a=yes] Has your spouse or partner received unemployment insurance benefits in the past fourteen days?

1. Yes
2. No
3. Unsure

lr036

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

1. Yes
2. No
3. Unsure

lr037

[if lr035==yes OR lr036=yes]

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

[Range 0,9999, no text]

Economic Insecurity

ei001

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

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

[0%-100% Visual Linear Scale]

ei002

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

1. Yes
2. No
3. Unsure

ei003

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

1. Yes
2. No
3. Unsure

ei004

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

1. Yes

2. No
3. Unsure

ei005_intro, (ei005a – ei005m) [EVERY OTHER WAVE -- DROPPING FROM UAS252]

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 [EVERY OTHER WAVE -- DROPPING FROM UAS 252]

[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

ei005inc_c [EVERY OTHER WAVE -- DROPPING FROM UAS 252]

[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 [EVERY OTHER WAVE -- DROPPING FROM UAS 252]

[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 [EVERY OTHER WAVE -- DROPPING FROM UAS 252]

[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 [EVERY OTHER WAVE -- DROPPING FROM UAS 252]

[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 preload is empty]

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

1. Yes
2. No

3. Unsure

ei008 [every other wave -- dropping from UAS252]

Do you owe money on student loans?

1. Yes
2. No

ei009 [every other wave -- dropping from UAS252]

[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 -- dropping from UAS252]

[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 [every other wave -- dropping from UAS252]

Do you have a mortgage?

1. Yes
2. No

ei012 [every other wave -- dropping from UAS252]

[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 -- dropping from UAS252]

[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 -- dropping from UAS252]

Do you rent your primary residence?

1. Yes
2. No

ei015 [every other wave -- dropping from UAS252]

[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 -- dropping from UAS252]

[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 \$2,000
2. I could probably come up with \$2,000
3. I could probably **not** come up with \$2,000
4. I am certain I could **not** come up with \$2,000
5. Don't know
6. Prefer not to say

ei018_intro, (ei018a – ei018h)

Suppose now 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 -- dropping from UAS252]

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) [every other wave -- dropping from UAS252]

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

ss001 [every other wave -- dropping from UAS252]

[if age>49 & age<70 in MyHH] Do you currently receive social security retirement benefits?

1. Yes
2. No
3. Unsure

ss002 [every other wave -- dropping from UAS252]

[if ss001=no] At what age do you plan to begin claiming Social Security retirement benefits?

Slider: 62+0 months -- 70+0 months

1. I'm not eligible
2. Never
3. I don't know

ss003 [every other wave -- dropping from UAS252]

[Ask if lr016==1 and ss001=no and age is >49 and <70] For how many more months do you think you will continue to receive unemployment insurance benefits? If you are unsure, please give your best guess.

Months: dropdown 0-100

ss004 [every other wave -- dropping from UAS252]

[Ask if Ss003 was asked & age and age is >49 and <70]. What do you plan to do if your unemployment benefits run out?

[SELECT ALL THAT APPLY]

1. Try to find a job
2. Claim my Social Security retirement benefits
3. Apply for disability benefits
4. Apply for benefits from a different government program
5. Use personal savings from IRA or similar accounts
6. Use personal savings from other sources
7. Get help from friends or family members
8. Other, please specify: