

**The Detroit Metro Area Communities Study (DMACS)
COVID-19 Survey #4 Questionnaire
Summer 2020 -- DMACS Wave 10**

For additional information about the Detroit Metro Area Communities Study (DMACS), this survey instrument, or survey findings, please see detroitssurvey.umich.edu or contact: DMACS-info@umich.edu.

Thank you for participating in a previous DMACS survey. Over the last several months, we have fielded three surveys focused on how Detroiters are experiencing the COVID-19 pandemic. We've had a tremendous response from over 1,000 Detroit panelists. We continue to share the survey results with state and local policymakers, media organizations, and community groups. Your experiences matter, and we greatly appreciate you sharing them.

With the coronavirus situation changing so quickly, we are conducting another short, follow-up survey to learn how you are coping with the pandemic. Whether or not you responded to the previous COVID-19 surveys, we invite you to share your responses with us on this one! We'll repeat some of the same questions and add some new ones. Like the previous COVID-19 surveys, this one should take about 20 minutes. We are again asking for a quick turnaround (responses due by the end of the day on TUESDAY JULY 28, 2020) and are offering \$40 as a token of appreciation for your responses.

As in all DMACS surveys, your participation in this study is completely voluntary. You may skip any question you do not wish to answer. However, your participation is important because it will help decision-makers understand the various impacts of the pandemic, and possibly direct their relief efforts in ways that best match Detroiters' experiences and priorities.

When filling out this questionnaire, please remember there are no right or wrong answers, we are just interested in what you think. We take our promise of confidentiality very seriously. All of your answers will be kept strictly confidential. No personally identifying information will ever appear in any study report. If you find that you are disturbed by the content of any of the questions or if you have any questions about the study, please contact us at 734-764-4145. If you do not wish to complete this survey or any future Detroit Metro Area Communities Study surveys, please let us know by calling 734-764-4145 or sending an email to DMACS-info@umich.edu with "opt out of surveys" in the subject line. Please provide your name and address in the email or voicemail and we will not contact you about DMACS surveys in the future.

To begin, we want to confirm that you are the person whom we asked to fill out this questionnaire.

QA. Please confirm that your name is [FIRSTNAME LASTNAME].

Yes, I am this person (GO TO Q1)	<input type="radio"/>
Yes, I am this person but need to correct my name	<input type="radio"/>
No, I am not this person (END SURVEY)	<input type="radio"/>

[IF QA IS “Yes but I need to correct my name”]

QB. Please enter your name as you would like us to record it.

[IF QA IS “No, I am not this person”]

We are sorry, but since you are not the person we are intending to reach with this survey we cannot continue. If you know the person who completed our last survey, please encourage him/her to complete this questionnaire. If you have any questions, please feel free to contact us at [insert DMACS email and phone number].

QC. To confirm, do you live at [INSERT ADDRESS?]

Yes (SKIP TO Q1)	<input type="radio"/>
No (SKIP TO QD)	<input type="radio"/>

QD. [IF QC IS “No”] What is your permanent address? (TEXT BOX)

1. How serious a problem would you say the COVID-19 pandemic is right now...

	Very serious	Somewhat serious	Not too serious	Not at all serious	Don't know
For you personally [serious_personal_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For people in your community [serious_community_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Whether you personally do these things or not, how safe or unsafe do you think the following actions are right now? [ORDER RANDOMIZED]

	Very unsafe	Somewhat unsafe	Somewhat safe	Very safe	Don't know
Grocery shopping [safe_shop_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending gatherings of more than 10 people [safe_gather_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going to the hospital or doctor [safe_health_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dining in at restaurants [safe_restaur_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating take-out meals from restaurants [safe_takeout_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handling packages that have been delivered [safe_deliver_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting with relatives or friends in their home [safe_visit_out_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing on playground equipment [safe_play_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going outside to walk, hike, or exercise [safe_walk_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. In the **past seven days**, how frequently have you worn a mask while doing activities outside of your home, including walking or exercising, grocery shopping, going to the doctor, visiting with neighbors, or other activities?
[mask_wearing_d10]

Never	<input type="radio"/>
Not very frequently	<input type="radio"/>
Somewhat frequently	<input type="radio"/>
Very frequently	<input type="radio"/>
All of the time	<input type="radio"/>
N/A (I have not left my home in seven days)	<input type="radio"/>

4. The COVID-19 pandemic may cause challenges for some people regardless of whether they are actually infected. In the **past month** have you experienced any challenges with the following things? (ORDER RANDOMIZE)

	No, this is not a challenge	Yes, this is a minor challenge	Yes, this is a major challenge
Getting the health care I need (including for mental health) [challenge_health_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a place to live [challenge_house_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to interact with other people [challenge_interact_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting food, water, and other household supplies [challenge_supplies_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting medication [challenge_meds_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having transportation to get where I need to go [challenge_transpo_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for my family and friends [challenge_family_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. In the **past month**, has your spending on any of the following changed?

[ORDER RANDOMIZED WITH fin_spchnng_overall_d10 APPEARING FIRST]

	Spending More	Spending Less	No Change	Don't know	N/A
Overall [fin_spchnng_overall_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Groceries [fin_spchnng_groceries_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restaurant food / take out [fin_spchnng_restaurant_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilities [fin_spchnng_utilities_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cleaning supplies (including personal protective equipment or PPE) [fin_spchng_cleaning_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entertainment [fin_spchng_entertain_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel [fin_spchng_travel_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gas [fin_spchng_gas_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charitable giving [fin_spchng_giving_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. In the **past month**, have you received any of the following forms of public assistance or charity? (Select all that apply) [ORDER RANDOMIZED, BUT "Other" AND "None of the Above" APPEAR LAST]

SNAP, Food Assistance Program, Food Stamps [fin_pubassist_snap_d10]	<input type="checkbox"/>
Unemployment Insurance (UI) benefits [fin_pubassist_ui_d10]	<input type="checkbox"/>
TANF (Temporary Assistance for Needy Families)/Family Independence Program [fin_pubassist_tanf_d10]	<input type="checkbox"/>
Social Security [fin_pubassist_socsecur_d10]	<input type="checkbox"/>
Supplemental Security Income (SSI) or Supplemental Security Disability Income (SSDI) [fin_pubassist_ssi_d10]	<input type="checkbox"/>
Assistance from a church or religious organization, community organization, labor union, or other organization [fin_pubassist_org_d10]	<input type="checkbox"/>
Food from a food bank or food pantry [fin_pubassist_food_d10]	<input type="checkbox"/>

Emergency cash assistance (State Emergency Relief) [fin_pubassist_cash_d10]	<input type="checkbox"/>
School lunch program pickup or delivery [fin_pubassist_schoollunch_d10]	<input type="checkbox"/>
Rental/mortgage assistance program [fin_pubassist_rent_d10]	<input type="checkbox"/>
Other public assistance (TEXT BOX) [fin_pubassist_other_d10]	<input type="checkbox"/>
None of the above (LAST OPTION) [fin_pubassist_none_d10]	<input type="checkbox"/>

7. Have you applied for unemployment benefits in the **past month**?
[unemp_bens_d10]

Yes, I applied and I have received unemployment benefits	<input type="radio"/>
Yes, I applied but I have not yet received unemployment benefits	<input type="radio"/>
Yes, I applied and I was told I do not qualify for unemployment benefits	<input type="radio"/>
No, I have not applied	<input type="radio"/>

8. Which of these statements best describes the food eaten in your household in the **past seven days**? (select one)
[now_enoughfood_d10]

Enough of the kinds of food (I/we) wanted to eat	<input type="radio"/>
Enough, but not always the kinds of food (I/we) wanted to eat	<input type="radio"/>
Sometimes not enough to eat	<input type="radio"/>
Often not enough to eat	<input type="radio"/>

[IF `now_enoughfood_d10` IS “Enough, but not always the kinds of food (I/we) wanted to eat”, OR “Sometimes not enough to eat”, OR “Often not enough to eat”]

9. Why did you not have enough to eat (or not have what you wanted to eat) in the past seven days?

	Yes	No	Don't know
Couldn't afford to buy more food <code>[enoughfood_cost_d10]</code>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't get out to buy food (for example, didn't have transportation, or had mobility or health problems that prevented you from getting out) <code>[enoughfood_unable_d10]</code>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afraid to go or didn't want to go out to buy food <code>[enoughfood_fear_d10]</code>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't get groceries or meals delivered to me <code>[enoughfood_delivery_d10]</code>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The stores didn't have the food I wanted <code>[enoughfood_stock_d10]</code>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. How confident are you that your household will be able to afford the kinds of food you need for the **next month**? (select one)

`[food_conf_d10]`

Not at all confident	<input type="radio"/>
Somewhat confident	<input type="radio"/>
Very confident	<input type="radio"/>

11. In the past month, how have you and your household handled the following household bills or expenses?

	Paid on time	Made a late or reduced payment	Did not pay	N/A

Mortgage or rent [bills_housing_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loans (eg student loans, car loan) [bills_loan_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Credit card [bills_credit_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utility or water bill [bills_utility_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone/ internet/ cable [bills_phone_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In the past 12 months, have you or your household experienced any of the following events?

	Yes	No	Don't know	N/A
Having the water shut off [exp_water_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[IF exp_water_d10 IS "Yes"] If yes, has this happened since the pandemic began (around March 1)? [exp_water_pand_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having electricity and/or gas shut off [exp_elec_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[IF exp_elec_d10 IS "Yes"] If yes, has this happened since the pandemic began (around March 1)? [exp_elec_pand_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having phone or internet service shut off [exp_phone_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[IF exp_phone_d10 IS "Yes"] If yes, has this happened since the pandemic began (around March 1)? [exp_phone_pand_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being evicted or otherwise forced to leave a living arrangement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[exp_evict_d10]				
[IF exp_evict_d10 IS "Yes"] If yes, has this happened since the pandemic began (around March 1)? [exp_evict_pand_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiencing a foreclosure [exp_foreclose_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[IF exp_foreclose_d10 IS "Yes"] If yes, has this happened since the pandemic began (around March 1)? [exp_foreclose_pand_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Declaring bankruptcy [exp_bankrupt_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[IF exp_bankrupt_d10 IS "Yes"] If yes, has this happened since the pandemic began (around March 1)? [exp_bankrupt_pand_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How concerned are you that you will face the following hardships in the **next few months**?

	Very concerned	Somewhat concerned	Not at all concerned	N/A
Having my water shut off [hardship_water_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having my electricity and/or gas shut off [hardship_elec_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being evicted [hardship_evic_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facing foreclosure [hardship_foreclose_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Declaring bankruptcy [hardship_bankrupt_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Losing my phone or internet service [hardship_phone_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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14. Do you or anyone else in your household have a checking or savings account now? [banked_d10]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Don't know	<input type="radio"/>

Now we are going to ask about your employment.

15. In the past month , did you do any work for either pay or profit? [anywork_d10]	Yes	<input type="radio"/>
	No	<input type="radio"/>

16. Current employment status: [empcat_d10]	Currently employed	<input type="radio"/>
	Currently unemployed	<input type="radio"/>
	Currently out of labor force	<input type="radio"/>

[IF anywork_d10 IS "No"]

Now we would like to ask some questions about why you did not work during the past month.

17. Did any of the following contribute to your not working in the past month?

	Yes	No	Don't know
I am retired [lf_nowork_retired_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am going to school or training [lf_nowork_student_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have health/medical limitations or am disabled [lf_nowork_disabled_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not want to work for pay at this time [lf_nowork_choice_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am a homemaker or don't work due to family/personal obligations [lf_nowork_homemaker_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have lost my job, been laid off, or am otherwise out of work [lf_nowork_layoff_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other reason, please specify _____ [notworking_other_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[IF lf_nowork_layoff_d10 IS "Yes" OR notworking_other_d10 IS "Yes"]

18. Did any of the following contribute to your job loss/lay off/ unemployment?

	Yes	No	Don't know
I am sick with COVID-19 symptoms [notworking_covidself_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am caring for someone with COVID-19 symptoms [notworking_covidother_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am/was laid off due to the COVID-19 pandemic [notworking_layoff_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was furloughed or temporarily laid off due to a reduction in business [notworking_furlough_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My place of employment closed temporarily due to the COVID-19 pandemic [notworking_tempclosed_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My place of employment went out of business due to the COVID-19 pandemic [notworking_closedperm_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not work because my job was seasonal [notworking_seasonal_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stopped working due to family/personal obligations resulting from the pandemic (e.g., childcare) [notworking_famcare_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[THE FOLLOWING QUESTION PRESENTS THE SUBSET OF OPTIONS SELECTED IN THE PREVIOUS QUESTION]

19. Among the several reasons you selected for not working [IF lf_nowork_disabled_d10 IS Yes"] during the **past month**, please tell us which is the main reason I have health/medical limitations or am disabled for not working. [notworking_primary_d10]

N =333

[IF lf_nowork_retired_d10 IS Yes"]

I am retired

[IF lf_nowork_layoff_d10 IS Yes"]

I have lost my job, been laid off, or am otherwise out of work

[IF lf_nowork_student_d10 IS Yes"]

I am going to school or training

[IF lf_nowork_homemaker_d10 IS Yes"]

I am a homemaker or don't work due to family/personal obligations

[IF lf_nowork_choice_d10 IS Yes"]

I did not want to work for pay at this time

[IF notworking_other_d10 IS Yes"]

Other reason

[IF anywork_d10 IS "Yes" AND If_nowork_retired_d10 IS "Yes" OR If_nowork_disabled_d10 IS "Yes"]

20. Do you expect you'll be looking for work in the **next month**?

[lookforwork_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>

[IF anywork_d10 IS "Yes" AND If_nowork_retired_d10 IS NOT "Yes" OR If_nowork_disabled_d10 IS NOT "Yes"]

21. How likely do you think it is that you will return to work in the **next three months**?

[notworking_return_d10]

Very likely	<input type="radio"/>
Somewhat likely	<input type="radio"/>
Somewhat unlikely	<input type="radio"/>
Very unlikely	<input type="radio"/>
Not applicable	<input type="radio"/>

[IF anywork_d10 IS "Yes"]

22. In your main job, do you usually work:

[workhrs_d10]

Full-time (35 or more hours per week)	<input type="radio"/>
Part-time (less than 35 hours per week)	<input type="radio"/>

[IF anywork_d10 IS "Yes"]

23. Have your work hours been reduced since March 1, 2020?

[workless_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know	<input type="radio"/>

[IF anywork_d10 IS "Yes"]

24. Which of the following statements best explains where you are working now?

[workplace_d10]

I am working outside my home most or all of the time	<input type="radio"/>
I am working from home most or all of the time	<input type="radio"/>

I split my time between working from home and working outside my home	<input type="radio"/>
Other _____	<input type="radio"/>

25. On a scale of 0 to 100 percent, what is the percent chance you will run out of money because of the COVID-19 pandemic within the next three months?

[fincushion_decile_d10]

0%	<input type="radio"/>
10%	<input type="radio"/>
20%	<input type="radio"/>
30%	<input type="radio"/>
40%	<input type="radio"/>
50%	<input type="radio"/>
60%	<input type="radio"/>
70%	<input type="radio"/>
80%	<input type="radio"/>
90%	<input type="radio"/>
100%	<input type="radio"/>
Don't know	<input type="radio"/>

26. Suppose that you have an emergency expense that costs \$400. **Based on your current financial situation**, how would you pay for this expense? If you would use more than one method to cover this expense, please select all that apply. [ORDER RANDOMIZED]

	Yes	No
Put it on my credit card and pay it off in full at the next statement [emergexpense_creditonce_d10]	<input type="radio"/>	<input type="radio"/>
Put it on my credit card and pay it off over time [emergexpense_creditextend_d10]	<input type="radio"/>	<input type="radio"/>

With the money currently in my checking/savings account or with cash [emergexpense_cash_d10]	<input type="radio"/>	<input type="radio"/>
Using money from a bank loan or line of credit [emergexpense_bankloan_d10]	<input type="radio"/>	<input type="radio"/>
By borrowing from a friend or family member [emergexpense_borrow_d10]	<input type="radio"/>	<input type="radio"/>
Using a payday loan, deposit advance, or overdraft [emergexpense_payday_d10]	<input type="radio"/>	<input type="radio"/>
By selling something [emergexpense_sell_d10]	<input type="radio"/>	<input type="radio"/>
I wouldn't be able to pay for the expense right now [emergexpense_unable_d10]	<input type="radio"/>	<input type="radio"/>
Other _____ [emergexpense_other_d10]	<input type="radio"/>	<input type="radio"/>

27. How much opportunity do you think there is in the City of Detroit today for the average person to get ahead economically? [opp_get_ahead_d10]	A great deal	<input type="radio"/>
	A lot	<input type="radio"/>
	A moderate amount	<input type="radio"/>
	A little	<input type="radio"/>
	Not at all	<input type="radio"/>
	Don't know	<input type="radio"/>

28. Which of the following best describes how you currently see yourself financially? [fin_secure_d10]	Very financially secure	<input type="radio"/>
	Somewhat financially secure	<input type="radio"/>
	Not secure but not currently in financial trouble	<input type="radio"/>
	In some financial trouble	<input type="radio"/>
	In deep financial trouble	<input type="radio"/>
	Don't know	<input type="radio"/>

29. In the past 12 months have you done any of the following? Please select “Yes” or “No” for each item.

	Yes	No	Don't know
Contacted a government official to express your opinion on a political issue [activism_contact_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taken part in a protest, march, or demonstration about a social or political issue [activism_protest_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talked with others in your community or neighborhood about dealing with a community issue or problem [activism_talk_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared information via social media about a community or political issue or problem [activism_socialmed_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worked on a community project [activism_project_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteered for a political campaign or community organization, church, or school [activism_volunteer_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contributed money to a charitable organization or cause [activism_contribute_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[IF activism_protest_d10 IS “Yes”]

30. How worried, if at all, are you that you may have exposed yourself to coronavirus when you attended a political rally, protest, or demonstration?

[protest_worried_d10]

N = 157

Very worried	<input type="radio"/>
Somewhat worried	<input type="radio"/>
Not too worried	<input type="radio"/>
Not at all worried	<input type="radio"/>

The next two questions ask about your friends’ and families’ experiences with COVID-19 and may be sensitive.

31. Have any of your friends or family members become ill with, or suspect they are ill with, COVID-19?

[covid_famill_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know	<input type="radio"/>

32. Have any of your friends or family members died from COVID-19?

[covid_famdie_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know	<input type="radio"/>

Now we have some questions about your health and your experiences with COVID-19.

33. Have you been exposed to someone with COVID-19?

[covid_expose_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know	<input type="radio"/>

34. Whether or not you have been tested for COVID-19, has a doctor or another health care provider diagnosed you as having or probably having COVID-19?

[covid_diag_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know	<input type="radio"/>

35. Whether or not you have been tested or diagnosed, have you sought medical care for COVID-19?

[covid_care_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>

36. Have you been tested for COVID-19?
[covid_test_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>

[IF covid_test_d10 IS "Yes"]

37. What kind of test did you get?

	Yes	No	Don't know
I got a viral test (e.g. nasal swab, saliva/spit sample) that tells me whether I currently have an infection [covid_test_viral_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got an antibody test (e.g. blood test) that tells me whether I had a past infection [covid_test_antibody_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[IF covid_test_viral_d10 IS "Yes"]

38. Have you ever tested positive for COVID-19 on a **viral test** (e.g., nasal swab, saliva/spit sample)?
[viral_result_d10]

I tested positive (I have/had COVID-19)	<input type="radio"/>
I tested negative (I do not/did not have COVID-19)	<input type="radio"/>
I do not know the result	<input type="radio"/>

[IF covid_test_antibody_d10 IS "Yes"]

39. Have you ever tested positive for the presence of COVID-19 antibodies on an **antibody test** (eg blood test)?
[antibody_result_d10]

I tested positive (I have been exposed to COVID-19 and have the antibodies)	<input type="radio"/>
I tested negative (I do not have the COVID-19 antibodies)	<input type="radio"/>
I do not know the result	<input type="radio"/>

[covid_test_viral_d10 AND covid_test_antibody_d10 ARE "Don't know"]

40. What was the result of your test?
 [test_type_unknown_result_d10]

I tested positive	<input type="radio"/>
I tested negative	<input type="radio"/>
I do not know the result	<input type="radio"/>

[IF covid_test_d10 IS "No"]

41. Why have you not been tested? Please select all that apply.

I feel I have no reason to be tested [covid_notest_noneed_d10]	<input type="checkbox"/>
I cannot get a referral from a doctor or another health care provider [covid_notest_referral_d10]	<input type="checkbox"/>
I am afraid to get tested [covid_notest_fear_d10]	<input type="checkbox"/>
I don't want others to know if I have/had COVID-19 [covid_notest_privacy_d10]	<input type="checkbox"/>
I am pretty sure I have already had COVID-19 and do not need a test to confirm this [covid_notest_hadcovid_d10]	<input type="checkbox"/>
I don't want to be around other people who may be infected [covid_notest_expos_d10]	<input type="checkbox"/>
I don't know where to go to get tested [covid_notest_locat_d10]	<input type="checkbox"/>
Other [covid_test_other_d10]	<input type="checkbox"/>

[IF covid_test_d10 IS "Yes"]

42. Why did you get tested?

A doctor or healthcare professional told me to get tested [covid_test_yes_doctor_d10]	<input type="radio"/>
I had symptoms of COVID-19 [covid_test_yes_symp_t_d10]	<input type="radio"/>
I wanted or needed to know if it is safe to work outside my home [covid_test_yes_work_d10]	<input type="radio"/>

I think I was near/around someone who was infected [covid_test_yes_expose_d10]	<input type="radio"/>
I do not want to spread the virus to other people [covid_test_yes_contain_d10]	<input type="radio"/>
Other [covid_test_yes_other_d10]	<input type="radio"/>

43. Regardless of whether or not you have been tested or diagnosed for COVID-19, on a scale of 0 to 100 percent, what is the chance that you will get COVID-19 in the next three months? If you're not sure, please give your best guess.

[contraction_d10]

0%	<input type="radio"/>
10%	<input type="radio"/>
20%	<input type="radio"/>
30%	<input type="radio"/>
40%	<input type="radio"/>
50%	<input type="radio"/>
60%	<input type="radio"/>
70%	<input type="radio"/>
80%	<input type="radio"/>
90%	<input type="radio"/>
100%	<input type="radio"/>
Don't know	<input type="radio"/>

44. Have you changed how you access/seek medical or dental care due to the COVID-19 pandemic?

[covid_medchange_d10]

Yes, I've delayed getting treatment for an ongoing condition or ailment	<input type="radio"/>
Yes, I've delayed getting treatment for a new condition or ailment	<input type="radio"/>
No, I've received treatment for an ongoing condition or ailment	<input type="radio"/>
No, I've received treatment for a new condition or ailment	<input type="radio"/>
Not applicable	<input type="radio"/>

[IF covid_medchange_d10 IS "Yes, I've delayed getting treatment for an ongoing condition or ailment" OR "Yes, I've delayed getting treatment for a new condition or ailment"]

45. Why are you delaying treatment?

[covid_change_why_d10]

[OPEN ENDED RESPONSE]

46. Are you covered by any kind of health insurance or some other kind of health care plan? This includes health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.

[insurance_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know	<input type="radio"/>

Many public health officials have emphasized the importance of contact tracing during the pandemic. The idea is that when people become infected with the coronavirus (the virus that causes COVID-19), it is important to trace and monitor contacts they have had with other people and alert these people that they have been exposed to the virus. [HALF OF THE RESPONDENTS SAW THIS PREAMBLE (trace_preamble_d10), OTHER HALF DID NOT trace_nopreamble_d10]

47. Do you think people who own cell phones should be required to download and use an app that tracks who they come into close contact with and provides that information to public health officials to track the spread of the coronavirus (COVID-19)?

Yes	<input type="radio"/>
No	<input type="radio"/>

[trace_preamble_d10AND trace_nopreamble_d10]

Don't know	<input type="radio"/>
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48. Do you think that people who test positive for COVID-19 and own cell phones should be required to download and use an app that tracks who they come into close contact with and provides that information to public health officials to track the spread of the coronavirus (COVID-19)?

[trace_positive_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know	<input type="radio"/>

49. Would you be willing to download an app on your cell phone that would provide information to public health officials about close contact you have with other people?

[trace_self_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know	<input type="radio"/>
I do not own a cell phone	<input type="radio"/>

50. Have you ever kept information from any health care provider because you were concerned about the privacy or security of that information?

[health_privacy_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know	<input type="radio"/>

51. Now we would like to ask a standard set of questions asked by health professionals to assess your mental wellbeing. In the **past 7 days**, how often have you...

[ORDER RANDOMIZED]

	Less than 1 day	1 to 2 days	3 to 4 days	5 to 7 days
...felt nervous, anxious, or on edge? [mh_anxiety_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...not been able to stop or control worrying? [mh_worry_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...felt depressed? [mh_depress_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. Thinking about restrictions on public activities in your community, which of the following statements best captures your views? [ORDER RANDOMIZED]
 [open_tradeoff_d10]

Restrictions are being lifted too soon	<input type="radio"/>
Restrictions are being lifted at about the right time	<input type="radio"/>
Restrictions are being lifted not soon enough	<input type="radio"/>

53. Please tell us how strongly you agree or disagree with the following statements.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Overall, I think vaccines are important. [vac_overall_imp_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I think vaccines are safe. [vac_overall_safe_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I think vaccines are effective. [vac_overall_effective_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I intend to get a COVID-19 vaccine as soon as it is available. [vac_covid_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[THERE ARE 4 VERSIONS OF THE FOLLOWING QUESTION; EACH RESPONDENT WAS RANDOMLY ASSIGNED ONE]

54a. A vaccine is currently not available for the coronavirus. For this next question, imagine that a new coronavirus vaccine has just been developed and approved, and it is available for free. **Would you get a coronavirus vaccine that is 95% effective, with a 5% chance of a side effect like fever?**

Yes	<input type="radio"/>
No	<input type="radio"/>

95% effective means that there is a 95% reduction in disease among those vaccinated compared to those unvaccinated.
 [covidvac_v1_d10]

54b. A vaccine is currently not available for the coronavirus. For this next question, imagine that a new coronavirus vaccine has just been developed and approved, and it is available for free. **Would you get a coronavirus vaccine that is 50% effective, with a 5% chance of a side effect like fever?**

50% effective means that there is a 50% reduction in disease among those vaccinated compared to those unvaccinated.

[covidvac_v2_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>

54c. A vaccine is currently not available for the coronavirus. For this next question, imagine that a new coronavirus vaccine has just been developed and approved, and it is available for free. **Would you get a coronavirus vaccine that is 95% effective, with a 20% chance of a side effect like fever?**

95% effective means that there is a 95% reduction in disease among those vaccinated compared to those unvaccinated.

[covidvac_v3_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>

54d. A vaccine is currently not available for the coronavirus. For this next question, imagine that a new coronavirus vaccine has just been developed and approved, and it is available for free. **Would you get a coronavirus vaccine that is 50% effective, with a 20% chance of a side effect like fever?**

50% effective means that there is a 50% reduction in disease among those vaccinated compared to those unvaccinated.

[covidvac_v4_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>

Next we have some questions about recent events concerning police behavior and racial justice. **Please remember that your responses are completely confidential.**

55. Please tell us how strongly you agree or disagree with the following statements.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know
I think the local police are doing a good job of protecting me and my neighborhood [police_protect_d10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The police in my neighborhood can be trusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[police_trust_d10]						
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56. Do you think recent killings of African Americans by police are isolated incidents or are they part of a broader pattern of how police treat African Americans?

[police_killings_d10]

Isolated incidents	<input type="radio"/>
Part of a broader pattern	<input type="radio"/>
Don't know	<input type="radio"/>

57. In general, do you think the police in and around Detroit are more likely to use deadly force against a Black person, or are more likely to use it against a white person, or do you think race does not affect police use of deadly force?

[police_force_d10]

More likely to use deadly force against a Black person	<input type="radio"/>
More likely to use deadly force against a white person	<input type="radio"/>
Race does not affect the use of deadly force	<input type="radio"/>
Don't know	<input type="radio"/>

57. Which of the following things have happened to you, another member of your family, or someone you know in the **past 12 months**?

	Happened to me	Happened to a family member	Happened to someone I know	Hasn't happened to me or anyone I know
Being a victim of a violent crime	<input type="radio"/> [exp_crimevictim_self_d10]	<input type="radio"/> [exp_crimevictim_family_d10]	<input type="radio"/> [exp_crimevictim_acquaint_d10]	<input type="radio"/> [exp_crimevictim_none_d10]
Having contact with the police	<input type="radio"/> [exp_polcontacts_self_d10]	<input type="radio"/> [exp_polcontact_family_d10]	<input type="radio"/> [exp_polcontact_acquaint_d10]	<input type="radio"/> [exp_polcontact_none_d10]
Having excessive force used against someone by the police	<input type="radio"/> [exp_exforce_self_d10]	<input type="radio"/> [exp_exforce_family_d10]	<input type="radio"/> [exp_exforce_acquaint_d10]	<input type="radio"/> [exp_exforce_none_d10]

59. Do you think race relations *in the United States* are . . .
[rrelate_usa_d10]

Very good	<input type="radio"/>
Somewhat good	<input type="radio"/>
Neither good nor bad	<input type="radio"/>
Somewhat bad	<input type="radio"/>
Very bad	<input type="radio"/>
Don't know	<input type="radio"/>

60. Do you think race relations *in your neighborhood* are...
[rrelate_nb_d10]

Very good	<input type="radio"/>
Somewhat good	<input type="radio"/>
Neither good nor bad	<input type="radio"/>
Somewhat bad	<input type="radio"/>
Very bad	<input type="radio"/>
Don't know	<input type="radio"/>

61. Do you have reliable access to the Internet in your home?
[internet_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>

62. Are there currently children under 18 staying in your household?
[hh_kids_d10]

Yes	<input type="radio"/>
No	<input type="radio"/>

63. Does anyone else live in your household? [hh_others_d10]

Yes	<input type="radio"/>
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No	<input type="radio"/>
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64. Please tell us how many **other** people are living in your household, **not including yourself**. (Please answer with a numeric value: e.g. 5)

[hh_count_d10]

[OPEN ENDED QUESTION: RESPONSES LIMITED TO NUMERIC VALUES]

[If hh_count_d10 >= 1]

65. Please tell us the age and gender of each person currently living in your household. Please remember to include unrelated individuals (such as roommates), and those now away traveling, at school, or in a hospital.

	Age (in years)	Gender (male, female, other)	Relationship to you (spouse, partner, parent, child, stepchild, unrelated, etc.)
Other household member 1	[hhroster1_age_d10]	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other [hhroster1_gender_d10]	<input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Parent <input type="radio"/> Child <input type="radio"/> Stepchild <input type="radio"/> Extended family <input type="radio"/> Sibling <input type="radio"/> Unrelated [hhroster1_relat_d10]
Other household member 2	[hhroster2_age_d10]	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other [hhroster2_gender_d10]	<input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Parent <input type="radio"/> Child <input type="radio"/> Stepchild

			<input type="radio"/> Extended family <input type="radio"/> Sibling <input type="radio"/> Unrelated [hhroster2_relat_d10]
Other household member 14	[hhroste14_age_d10]	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other [hhroster14_gender_d10]	<input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Parent <input type="radio"/> Child <input type="radio"/> Stepchild <input type="radio"/> Extended family <input type="radio"/> Sibling <input type="radio"/> Unrelated [hhroster14_relat_d10]

64. I completed this survey...
[surv_mode_d10]

On a computer (laptop or desktop)	<input type="radio"/>
On a mobile device (e.g., cell phone or tablet)	<input type="radio"/>
On the phone with a DMACS interviewer	<input type="radio"/>
Other _____	<input type="radio"/>

65. Finally, is there anything else you would like to share with us about the topics covered in this survey?
[feedback_d10]

[Open Ended Question]

Your response has been recorded! Thank you for your participation! Please download the following document containing information about the study for your records: [click here](#)

The Detroit Metro Area Communities Study (DMACS) team intends to conduct additional surveys in the future. If you do not wish to be contacted about future DMACS surveys, please let us know by calling 734-764-4145 or sending an email to DMACS-info@umich.edu with “opt out of surveys” in the subject line. Please provide your name and address in the email or voicemail and we will not contact you about DMACS surveys in the future.