

DMACS Wave 11 Questionnaire • October 14-28, 2020
COVID-19 Survey #5

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 completing a prior wave of the DMACS survey. Your participation in this study is completely voluntary. You may skip any question that you do not wish to answer. However, your participation is important because it helps researchers understand how people perceive changes in the Detroit area, and this information can be used to inform policy decisions affecting the area. 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 734-647-1775 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.

Block 0: Panelist Screening

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

Please confirm that your name is [FIRSTNAME LASTNAME] [panelist_confirm_d11]	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 [panelist_confirm_d11] IS “Yes, I am this person but need to correct my name”]

Please enter your name as you would like us to record it. This is important because we will use this information to process your check or gift card for \$25 after you complete the survey. (TEXT BOX)
 [panelist_name_correct_d11]

[IF [panelist_confirm_d11] 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 DMACS-info@umich.edu or 734-764-4145.

To confirm, do you live at [INSERT ADDRESS?] [address_confirm_d11]	Yes	<input type="radio"/>
	No	<input type="radio"/>

[IF [address_confirm_d11] IS "No"]

What is your permanent address?

Address: (TEXT BOX) [updateaddress_street_d11]
 City: (TEXT BOX) [updateaddress_city_d11]
 State: (TEXT BOX) [updateaddress_state_d11]
 Postal Code: (TEXT BOX) [updateaddress_zip_d11]

Block 1: Residence

1. About how long have you lived at your current address? [current_res_len_d11]	Less than six months	<input type="radio"/>
	Six months to 1 year	<input type="radio"/>
	1 to 5 years	<input type="radio"/>
	6 to 10 years	<input type="radio"/>
	11 to 20 years	<input type="radio"/>
	More than 20 years	<input type="radio"/>
2. How long have you lived in the City of Detroit? [detroit_res_len_d11]	I do not/no longer live in Detroit	<input type="radio"/>
	Less than 1 year	<input type="radio"/>
	1 to 5 years	<input type="radio"/>
	6 to 10 years	<input type="radio"/>
	11 to 20 years	<input type="radio"/>
	More than 20 years	<input type="radio"/>

[IF [current_res_len_d11] IS "Less than 6 months" OR "Six months to 1 year"]

3. Consider the following list of reasons that people often consider moving.	Job or business opportunities [reasons_to_move_jobs_d11]	<input type="checkbox"/>
	Cost of living [reasons_to_move_cost_d11]	<input type="checkbox"/>

Which of these are reasons for your most recent move? Please select all that apply. [ORDER RANDOMIZED]

Family ties [reasons_to_move_family_d11]	<input type="checkbox"/>
Schools or educational opportunities [reasons_to_move_edu_d11]	<input type="checkbox"/>
Climate [reasons_to_move_climate_d11]	<input type="checkbox"/>
Crime/safety [reasons_to_move_safety_d11]	<input type="checkbox"/>
Recreational and outdoor activities [reasons_to_move_recreation_d11]	<input type="checkbox"/>
Cultural activities [reasons_to_move_cultural_d11]	<input type="checkbox"/>
Medical or health reasons [reasons_to_move_health_d11]	<input type="checkbox"/>
Retirement [reasons_to_move_retirement_d11]	<input type="checkbox"/>
Transportation issues [reasons_to_move_transit_d11]	<input type="checkbox"/>
Other (LAST OPTION) [reasons_to_move_other_d11]	<input type="checkbox"/>

[IF [reasons_to_move_other_d11] IS "Yes"]

4. Please describe the reason you selected 'other' during the previous question: (TEXT BOX)

[IF [current_res_len_d11] IS "Less than 6 months" OR "Six months to 1 year"]

5. How has your most recent move changed your quality of life? [qol_move_d11]

My quality of life has gotten worse	<input type="radio"/>
My quality of life has not changed	<input type="radio"/>
My quality of life has gotten better	<input type="radio"/>
Don't know	<input type="radio"/>

[IF [detroit_res_len_d11] IS "I do not/no longer live in Detroit"]

6. How likely is it that you would move back to Detroit sometime in the future? [return_to_detroit_d11]

Very unlikely	<input type="radio"/>
Somewhat unlikely	<input type="radio"/>
Neutral (neither likely nor unlikely)	<input type="radio"/>
Somewhat likely	<input type="radio"/>

Very likely	<input type="radio"/>
Don't know	<input type="radio"/>

[IF [detroit_res_len_d11] IS "I do not/no longer live in Detroit"]

7. If you have any other thoughts about leaving Detroit, please share them here. (TEXT BOX)
[leftdetroit_thoughts_d11]

8. Is your current residence....
[housing_d11]

Owned by you or someone in this household with a mortgage or loan (which could be a home equity loan)	<input type="radio"/>
Owned by you or someone in this household free and clear (without a mortgage or loan)	<input type="radio"/>
Occupied without payment of rent	<input type="radio"/>
Rented	<input type="radio"/>
Other	<input type="radio"/>

[If [housing_d11] IS "Other"]

9. Please describe the reason you selected 'other' during the previous question. (TEXT BOX)

[F [housing_d11] IS "Owned by you or someone in this household with a mortgage or loan (which could be a home equity loan)" OR "Owned by you or someone in this household free and clear (without a mortgage or loan)"]

10. Do you own the home where you are living or does someone else in your household own it? [home_owner_d11]

I own it	<input type="radio"/>
Someone else in this household owns it	<input type="radio"/>
I and someone else own it together	<input type="radio"/>

Block 2: Experience with COVID-19

11. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[serious_personal_d11]					
For people in your community [serious_community_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. 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_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending gatherings of more than 10 people [safe_gather_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going to the hospital or doctor [safe_health_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dining in at restaurants [safe_restaur_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating take-out meals from restaurants [safe_takeout_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handling packages that have been delivered [safe_deliver_d11]	<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_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing on playground equipment [safe_play_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going outside to walk, hike, or exercise [safe_walk_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. 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_d11]

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"/>

14. In the **past month**, how many days per week did you typically leave your home for each of the following activities?

	Never	1 to 2 days per week	3 to 4 days per week	5 or more days per week
Work/employment [outside_work_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor exercise and recreation [outside_exercise_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Essential errands (e.g., going to the grocery store or pharmacy, in person medical visits, going to the bank, etc.) [outside_errands_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting friends or family outside your home [outside_social_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dining outdoors at a restaurant [outside_restaurant_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dining indoors at a restaurant [inside_restaurant_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other personal or social activities (e.g., attending a religious service, using gyms or fitness centers, attending a public gathering with more than 10 people, etc.) [outside_other_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

15. Have any of your friends or family members become ill with, or suspect they are ill with, COVID-19? [covid_famill_d11]

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

16. Have any of your friends or family members died from COVID-19? [covid_famdie_d11]

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.

17. Have you been tested for COVID-19? [covid_test_d11]

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

[If [covid_test_d11] IS "Yes"]

18. What kind of test(s) did you get?

	Yes	No	Don't know
I got a viral test that tells me whether I currently have an infection (i.e., nasal swab, saliva/spit sample)? [covid_test_viral_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got an antibody test that tells me whether I had a past infection (i.e., blood test) [covid_test_antibody_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[If [covid_test_d11] IS "Yes" AND [covid_test_viral_d11] IS "Yes"]

19. How many COVID-19 **viral tests** have you received?
[covid_test_viral_count_d11]

One	<input type="radio"/>
2-4	<input type="radio"/>
5-9	<input type="radio"/>
10 or more	<input type="radio"/>

[IF [covid_test_viral_d11] IS "Yes"]

20. Have you ever tested positive for COVID-19 on a **viral test** (i.e., nasal swab, saliva/spit sample)? [viral_result_d11]

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_d11] IS "Yes"]

21. Have you ever tested positive for the presence of COVID-19 antibodies on an **antibody test** (i.e., blood test)?

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"/>

[antibody_result_d11]

I do not know the result

[IF [covid_test_d11] IS "No"]

22. Why have you not been tested?

	Yes	No	Don't know
I haven't felt sick (or not sick enough to get tested) [covid_notest_notsick_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was told by a healthcare provider to self-quarantine instead of getting tested [covid_notest_quarantine_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have a referral from a healthcare provider [covid_notest_referral_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't think it's safe to go to a testing location [covid_notest_unsafe_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have transportation to get to the testing location [covid_notest_transport_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot afford to get tested [covid_notest_cantafford_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have anyone to watch my children or other people in my care while I get tested [covid_notest_childcare_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I haven't been able to take time off work for testing [covid_notest_timeoff_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid that the test will be painful or unpleasant [covid_notest_fear_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't want others to know if I have/had COVID-19 [covid_notest_privacy_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am pretty sure I have already had COVID-19 and do not need a test to confirm this [covid_notest_hadcovid_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't know where to go to get tested [covid_notest_locat_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other [covid_notest_other_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[IF [covid_notest_other_d11] IS "Yes"]

23. Please describe the reason you selected 'other' during the previous question: (TEXT BOX)

[IF [covid_test_d11] IS "Yes"]

24. Why did you get tested?

	Yes	No	Don't know
A healthcare provider told me to get tested [covid_test_doctor_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had symptoms of COVID-19 [covid_test_sympt_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I needed to get tested for my job [covid_test_work_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I needed to get tested in order to travel or visit someone [covid_test_travel_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think I was near/around someone who was infected [covid_test_contact_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not want to spread the virus to other people [covid_test_contain_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other [covid_test_other_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[IF [covid_test_other_d11] IS "Yes"]

25. Please describe the reason you selected 'other' to the previous question: (TEXT BOX)

26. How likely are you to get a government-approved COVID-19 vaccine when it becomes available? [vac_covid_d11]

Very unlikely	<input type="radio"/>
Somewhat unlikely	<input type="radio"/>
Somewhat likely	<input type="radio"/>
Very likely	<input type="radio"/>

27. How important are each of the following factors in your decision about whether to get a government-approved COVID-19 vaccine when it becomes available?

	Very Unimportant	Somewhat Unimportant	Somewhat Important	Very Important
The country in which the vaccine is produced [vac_imp_country_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommendation from my healthcare provider [vac_imp_doctor_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Recommendation from government health officials [vac_imp_govt_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether the vaccine has been in use for a long time with no serious side-effects [vac_imp_sideeffects_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk of getting infected with COVID-19 at the time when the vaccine is available [vac_imp_risk_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where and when I can be vaccinated [vac_imp_easy_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether the vaccine is free of charge [vac_imp_free_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether other people I know are getting vaccinated [vac_imp_network_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. If you test positive for COVID-19 in the future and are asked to share with public health officials the names of people you have been in contact with, how likely will you be to share this information? [tracing_participate_d11]

Very unlikely	<input type="radio"/>
Somewhat unlikely	<input type="radio"/>
Somewhat likely	<input type="radio"/>
Very likely	<input type="radio"/>

[IF [tracing_participate_d11] IS "Very unlikely" OR "Somewhat unlikely"]

29. How important are each of the following factors in your reluctance to share the names of people you have been in contact with?

	Very Unimportant	Somewhat Unimportant	Somewhat Important	Very Important
I would rather contact people myself [tracing_no_myself_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I wouldn't want my friends and family to be forced into quarantine [tracing_no_quarant_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe people would blame me for sharing their name [tracing_no_blame_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not trust public health officials with this information [tracing_no_trust_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family and friends would expect me to not share their names [tracing_no_expectations_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wouldn't want others to know I tested positive [tracing_no_myprivacy_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[IF [tracing_participate_d11] IS "Very likely" OR "Somewhat likely"]

30. How important are each of the following factors in your willingness to share the names of people you have been in contact with?

	Very Unimportant	Somewhat Unimportant	Somewhat Important	Very Important
I believe this helps stop spread of COVID-19 [tracing_yes_spread_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This is my responsibility [tracing_yes_responsibility_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This way I can prevent other people from getting infected [tracing_yes_prevent_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends and family would expect me to do this [tracing_yes_expect_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would face penalties if I did not [tracing_yes_penalties_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. 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_d11]

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

32. 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 RANDOMIZED]

	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_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a place to live [challenge_house_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to interact with other people [challenge_interact_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting food, water, and other household supplies [challenge_supplies_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting medication [challenge_meds_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having transportation to get where I need to go [challenge_transpo_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for my family and friends [challenge_family_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. How hard is it to find the information you need related to COVID 19? [information_difficulty_d11]

Very difficult	<input type="radio"/>
Somewhat difficult	<input type="radio"/>
Somewhat easy	<input type="radio"/>
Very easy	<input type="radio"/>

34. How much do you trust the following sources of information about the COVID-19 pandemic?
[ORDER RANDOMIZED]

	Not at all	A little	A great deal
Your healthcare provider [trust_doctor_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your close friends and members of your family [trust_friends_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your coworkers, classmates, or other acquaintances [trust_acquaint_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
News sources (websites, newspapers, television or the radio) [trust_news_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your contacts on social media (Facebook, Twitter, etc.) [trust_socialmedia_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government health agencies (e.g., local public health officials, Centers for Disease Control, US Department of Health and Human Services, the World Health Organization) [trust_gov_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. How much confidence do you have that the following people or institutions can handle the challenges caused by COVID-19?
[ORDER RANDOMIZED]

	Very low confidence	Somewhat low confidence	Somewhat high confidence	Very high confidence	Not applicable
Your healthcare provider [confidence_doctor_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your employer [confidence_employer_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospitals [confidence_hospital_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government health agencies [confidence_govt_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schools [confidence_school_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police [confidence_police_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your church/place of worship [confidence_church_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Block 3: Schools

36. Do you currently have any children between the ages of 4 and 18 living in your household?
[child_d11]

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

[IF [child_d11] IS “Yes”]

The next three questions pertain to the **youngest child** between 4 and 18 living in your household.

37. What best applies to this child’s current school situation? [school_type_d11]

All instruction is conducted online	<input type="radio"/>
There is a mixture of online and in-person instruction	<input type="radio"/>
Instruction is fully in-person	<input type="radio"/>
I am homeschooling my child	<input type="radio"/>
Don’t know	<input type="radio"/>

38. Using a grade of A, B, C, D, and F — where A is excellent and F is very poor — how would you grade the quality of the education you expect this child will receive this fall? [school_quality_d11]

A	<input type="radio"/>
B	<input type="radio"/>
C	<input type="radio"/>
D	<input type="radio"/>
F	<input type="radio"/>

39. Do you expect the quality of this child’s education this year to be better than, worse than, or about the same as in previous years? [school_quality_change_d11]

Better than in previous years	<input type="radio"/>
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About the same as in previous years	<input type="radio"/>
Worse than in previous years	<input type="radio"/>
Don't know	<input type="radio"/>

Block 4: Transportation

40. How often have you used each of the following in the **past 30 days** to get from place to place? If the type of transportation is not available to you, please select "Not available to me." Please check one box for each type of transportation.

	Daily	A few times a week	A few times a month	Never	Not available to me
Walking [transport_mode_walk_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biking [transport_mode_bike_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Riding a motorcycle or moped [transport_mode_motorcycle_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your own personal vehicle (car, truck, SUV) [transport_mode_owncar_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Borrowing the personal vehicle of a friend, family member, neighbor, coworker, or acquaintance [transport_mode_borrowcar_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting a ride from a friend, family member, neighbor, coworker, or acquaintance (including carpooling) [transport_mode_getride_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking a taxi service or rideshare (e.g., Uber, Lyft) [transport_mode_taxi_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Using a rental car or car sharing service (e.g., zipcar, Car2go) [transport_mode_rental_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking the bus [transport_mode_bus_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking the train or subway [transport_mode_train_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using paratransit (that is, specialized, door-to-door transport service for people with disabilities) [transport_mode_para_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. In the **past 30 days**, how often were you not able to leave the house when you wanted to because of a problem with transportation?
[transport_leave_house_d11]

Often	<input type="radio"/>
Sometimes	<input type="radio"/>
Never	<input type="radio"/>

42. In the **past 30 days**, how often did problems with transportation affect your relationships with others?
[transport_relationships_d11]

Often	<input type="radio"/>
Sometimes	<input type="radio"/>
Never	<input type="radio"/>

43. In the **past 30 days**, how often did you feel bad because you did not have the transportation you needed?
[transport_feelbad_d11]

Often	<input type="radio"/>
Sometimes	<input type="radio"/>
Never	<input type="radio"/>

44. Transportation insecurity is a condition in which a person is unable to regularly move from place to place in a safe or timely manner because they lack the financial or other resources necessary for transportation. In the **past 30 days**, how often have you

Often	<input type="radio"/>
Sometimes	<input type="radio"/>
Never	<input type="radio"/>

experienced transportation insecurity?
 [transport_insecurity_d11]

--	--

45. Do you or does anyone else in your household own or lease a car or other vehicle for personal use?
 [vehicle_use_d11]

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

Block 5: Economic Hardship

46. 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_d11]	<input type="checkbox"/>
Unemployment Insurance (UI) benefits [fin_pubassist_ui_d11]	<input type="checkbox"/>
TANF (Temporary Assistance for Needy Families)/Family Independence Program [fin_pubassist_tanf_d11]	<input type="checkbox"/>
Social Security [fin_pubassist_socsecur_d11]	<input type="checkbox"/>
Supplemental Security Income (SSI) or Supplemental Security Disability Income (SSDI) [fin_pubassist_ssi_d11]	<input type="checkbox"/>
Assistance from a church or religious organization, community organization, labor union, or other organization [fin_pubassist_org_d11]	<input type="checkbox"/>
Food from a food bank or food pantry [fin_pubassist_food_d11]	<input type="checkbox"/>
Emergency cash assistance (State Emergency Relief) [fin_pubassist_cash_d11]	<input type="checkbox"/>
School lunch program pickup or delivery [fin_pubassist_schoollunch_d11]	<input type="checkbox"/>
Rental/mortgage assistance program [fin_pubassist_rent_d11]	<input type="checkbox"/>

Other public assistance (TEXT BOX) [fin_pubassist_other_d11]	<input type="checkbox"/>
None of the above (LAST OPTION) [fin_pubassist_none_d11]	<input type="checkbox"/>

[IF [fin_pubassist_other_d11] IS “Yes”]

47. Please describe the reason you selected ‘other’ to the previous question: (TEXT BOX)

48. Have you applied for unemployment benefits in the past month ? [unemp_bens_d11]	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"/>

49. **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_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loans (eg student loans, car loan) [bills_loan_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Credit card [bills_credit_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utility or water bill [bills_utility_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone/ internet/ cable [bills_phone_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. **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_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[IF exp_water_d11 IS “Yes”]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If yes, has this happened since the pandemic began (around March 1)? [exp_water_pand_d11]				
Having electricity and/or gas shut off [exp_elec_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[IF exp_elec_d11 IS "Yes"] If yes, has this happened since the pandemic began (around March 1)? [exp_elec_pand_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having phone or internet service shut off [exp_phone_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[IF exp_phone_d11 IS "Yes"] If yes, has this happened since the pandemic began (around March 1)? [exp_phone_pand_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being evicted or otherwise forced to leave a living arrangement [exp_evict_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[IF exp_evict_d11 IS "Yes"] If yes, has this happened since the pandemic began (around March 1)? [exp_evict_pand_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiencing a foreclosure [exp_foreclose_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[IF exp_foreclose_d11 IS "Yes"] If yes, has this happened since the pandemic began (around March 1)? [exp_foreclose_pand_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Declaring bankruptcy [exp_bankrupt_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[IF exp_bankrupt_d11 IS "Yes"] If yes, has this happened since the pandemic began (around March 1)? [exp_bankrupt_pand_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. Which of the following best describes how you currently see yourself

Very financially secure	<input type="radio"/>
Somewhat financially secure	<input type="radio"/>
Not secure but not currently in financial trouble	<input type="radio"/>

financially?
[fin_secure_d11]

In some financial trouble	<input type="radio"/>
In deep financial trouble	<input type="radio"/>
Don't know	<input type="radio"/>

Block 6: Employment

Now we are going to ask about your employment.

52. In the **past month**, did you do any work for either pay or profit?
[anywork_d11]

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

[IF [anywork_d11] IS "No"]

53. Now we would like to ask some questions about why you did not work during the past month. Did any of the following contribute to your not working?

	Yes	No	Don't know
I am retired [lf_nowork_retired_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am going to school or training [lf_nowork_student_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have health/medical limitations or am disabled [lf_nowork_disabled_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not want to work for pay at this time [lf_nowork_choice_d11]	<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_d11]	<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_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other reason, please specify _____ [lf_nowork_other_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[IF [lf_nowork_other_d11] IS "Yes"]

54. Please describe the reason you selected 'other' during the previous question: (TEXT BOX)

IF MORE THAN ONE REASON WAS "Yes" IN [lf_nowork_xx_d11] THOSE ITEMS ARE AUTOPOPULATED BELOW

55. Among the several reasons you selected for not working during the **past month**, please tell us which is the main reason for not working. [lf_nowork_primary_d11]

[IF [lf_nowork_layoff_d11] IS "Yes" OR [notworking_other_d11] 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_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am caring for someone with COVID-19 symptoms [notworking_covidother_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am/was laid off due to the COVID-19 pandemic [notworking_layoff_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My place of employment closed temporarily due to the COVID-19 pandemic [notworking_tempclosed_d11]	<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_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not work because my job was seasonal [notworking_seasonal_d11]	<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_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[IF [anywork_d11] IS "No" AND [lf_nowork_retired_d11] IS "No" OR [lf_nowork_disabled_d11] IS "No"]

56. Do you expect you'll be looking for work in the **next month**?
[lookforwork_d11]

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

[IF [lookforwork_d11] IS DISPLAYED]

57. How likely do you think it is that you will return to work in the **next three months**?
[notworking_return_d11]

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_d11] IS "Yes"]

58. In your main job, do you usually work:
[workhrs_d11]

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

[IF [anywork_d11] IS "Yes"]

59. Have your work hours been reduced since **March 1, 2020**?
[workless_d11]

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

[IF [anywork_d11] IS "Yes"]

60. Which of the following statements best explains where you are working now?
[workplace_d11]

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"/>

[IF [workplace_d11] IS "other"]

61. Please describe the reason you selected 'other' during the previous question: (TEXT BOX)

[IF [anywork_d11] IS "Yes"]

62. What precautions has your employer taken to address the risks caused by COVID-19? Check all that apply.

Requiring employees and patrons to wear face masks or cloth face coverings [emp_mask_d11]	<input type="checkbox"/>
Using social distancing strategies to increase the space between individuals [emp_dist_d11]	<input type="checkbox"/>
Installing physical barriers, such as clear plastic sneeze guards [emp_barr_d11]	<input type="checkbox"/>
Requiring regular hand washing or use of alcohol-based hand sanitizers [emp_wash_d11]	<input type="checkbox"/>
Enhanced cleaning and disinfecting protocols [emp_clean_d11]	<input type="checkbox"/>
Offering symptom and/or temperature screening of employees [emp_temp_d11]	<input type="checkbox"/>
Allowing employees to work from home (telework) when possible [emp_home_d11]	<input type="checkbox"/>
Other [emp_other_d11]	<input type="checkbox"/>

[IF [emp_other_d11] IS "Yes"]

63. Please describe the reason you selected 'other' to the previous question: (TEXT BOX)

Block 7: Health and Healthcare

64. In general, how is your health? Please select one. [health_general_d11]

Excellent	<input type="radio"/>
Very good	<input type="radio"/>
Good	<input type="radio"/>
Fair	<input type="radio"/>

Poor	<input type="radio"/>
------	-----------------------

65. 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_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...not been able to stop or control worrying? [mh_worry_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...felt depressed? [mh_depress_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. Have you experienced delays in getting any of the following types of health care?

	Yes	No	Don't know	N/A
Routine well check-up [delay_care_routine_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appointment for a new medical condition [delay_care_new_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow-up appointment for an ongoing medical condition [delay_care_followup_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical procedure [delay_care_surgery_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtaining birth control [delay_care_contraceptio_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pap smear [delay_care_pap_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mammogram [delay_care_mammo_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy [delay_care_colonoscopy_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dental cleaning [delay_care_dental_clean_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent dental care [delay_care_dental_urgent_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other medical care [delay_care_other_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[EACH ITEM THAT WAS “Yes” IN [delay_care_xx_d11] IS AUTOPOPULATED BELOW]

67. You mentioned that you have been delayed in receiving care for the following. What was the main cause of the delay in receiving care? Select one.

	My healthcare provider asked/required that I reschedule	I chose to reschedule the appointment	Other
Routine well check-up [delay_cause_routine_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appointment for a new medical condition [delay_cause_new_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow-up appointment for an ongoing medical condition [delay_cause_followup_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical procedure [delay_cause_surgery_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtaining birth control [delay_cause_contraceptio_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pap smear [delay_cause_pap_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mammogram [delay_cause_mammo_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy [delay_cause_colonoscopy_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental cleaning [delay_cause_dental_clean_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[delay_cause_dental_urgent_d11]			
Other medical care [delay_cause_other_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[EACH ITEM THAT WAS “Yes” IN [delay_care_xx_d11] IS AUTOPOPULATED BELOW]

68. Have you received the delayed care or treatment?

	Yes	No	Don't know
Routine well check-up [delay_reschedule_routine_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appointment for a new medical condition [delay_reschedule_new_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow-up appointment for an ongoing medical condition [delay_reschedule_followup_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical procedure [delay_reschedule_surgery_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtaining birth control [delay_reschedule_contraceptio_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pap smear [delay_reschedule_pap_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mammogram [delay_reschedule_mammo_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy [delay_reschedule_colonoscopy_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental cleaning [delay_reschedule_dental_clean_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent dental care [delay_reschedule_dental_urgent_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other medical care [delay_reschedule_other_d11]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. During the past month, have you had a virtual care visit with a health care provider? This includes talking with a health care provider by video (e.g., Zoom, Skype, FaceTime, or an app offered by your health provider), using text chat (on a website or app), or talking on the telephone. [telemed_month_d11]

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

[If [telemed_month_d11] IS "Yes"]

70. Overall, how would you rate the quality of the care you received in that visit (or visits)? [telemed_rate_d11]

Poor	<input type="radio"/>
Fair	<input type="radio"/>
Good	<input type="radio"/>
Very good	<input type="radio"/>
Excellent	<input type="radio"/>

Block 8: Digital Inclusion

71. Do you have access to a computer at home? [computer_home_d11]

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

72. Do you have reliable access to the Internet in your home? [internet_d11]

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

[If [home_computer_d11] IS "No" OR [home_internet_d11] IS "No"]

73. Can you access a computer and the Internet within a 5 minute walk of your house? [computer_walk_d11]

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

Block 9: Voting Intent

74. Do you plan to vote in the upcoming election on November 3? [intention_to_vote_d11]

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

[IF [intention_to_vote_d11] IS "Yes"]

75. How do you intend to cast your vote? [vote_mode_d11]

In person on election day	<input type="radio"/>
Drop off my absentee ballot before election day	<input type="radio"/>
Mail in my absentee ballot before election day	<input type="radio"/>
Don't know	<input type="radio"/>

Block 10: Demographics

76. What best describes your current gender identity? [gender_d11]

Male	<input type="radio"/>
Female	<input type="radio"/>
Gender non-conforming/ non-binary	<input type="radio"/>
Other	<input type="radio"/>

77. If [gender_d11] IS "Other"

If the categories in the previous question did not accurately describe your gender, and you would like to provide more detail, please describe your gender here: (TEXT BOX)

The next question is about the total income of your household for the past 12 months. Please include your income plus the income of all members living in your household (including cohabitating partners and armed forces members living at home). Please count income before taxes and from all sources (such as wages, salaries, tips, net income from a business, interest, dividends, child support, alimony, and social security, public assistance, pensions, or retirement benefits).

78. Was your total HOUSEHOLD income in the past 12 months . . . [income_1_d11]	Below \$35,000	<input type="radio"/>
	\$35,000 or more	<input type="radio"/>

[IF [income_1_d11] IS "Below \$35,000"]

79. We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it...[income_2_d11]	Less than \$5,000	<input type="radio"/>
	\$5,001 to \$7,499	<input type="radio"/>
	\$7,500 to \$9,999	<input type="radio"/>
	\$10,000 to \$12,499	<input type="radio"/>
	\$12,500 to \$14,999	<input type="radio"/>
	\$15,000 to \$19,999	<input type="radio"/>
	\$20,000 to \$24,999	<input type="radio"/>
	\$25,000 to \$29,999	<input type="radio"/>
	\$30,000 to \$34,999	<input type="radio"/>

[IF [income_1_d11] IS "\$35,000 or more"]

80. We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it...[income_3_d11]	\$35,000 to \$39,999	<input type="radio"/>
	\$40,000 to \$49,999	<input type="radio"/>
	\$50,000 to \$59,999	<input type="radio"/>

\$60,000 to \$74,999	<input type="radio"/>
\$75,000 to \$84,999	<input type="radio"/>
\$85,000 to \$94,999	<input type="radio"/>
\$95,000 to \$99,999	<input type="radio"/>
\$100,000 to \$124,999	<input type="radio"/>
\$125,000 to \$149,999	<input type="radio"/>
\$150,000 to \$174,999	<input type="radio"/>
\$175,000 or more	<input type="radio"/>

Block 11: Survey Closing

81. Do you have any other thoughts about this survey or the topics covered in this survey?(TEXT BOX)

82. Based on feedback from respondents in previous DMACS surveys, we are offering the option of receiving your \$25 payment by either check or gift card. Please select which you prefer. If neither option is selected, we will send you a gift card.

Gift card	<input type="radio"/>
Check	<input type="radio"/>

83. We plan to mail your payment to this address: [Auto fill original address or corrected address]. Is this where you want your payment sent?

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

[IF IS "No"]

84. Please provide your correct mailing address:

85. Please edit incorrect information and add any that is missing:
 Email address:

Home phone [update_hphone_d11]

Cell phone: [update_cphone_d11]

86. May we text you with links to surveys in the future?
[surv_text_d11]

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

87. I completed this survey...
[surv_mode_d11]

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"/>

The following appears on the final Qualtrics screen after a respondent submits his/her survey:

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.

Please click [here](#) for results from previous DMACS surveys.

For information on how to access programs aimed at supporting Michiganders during the coronavirus pandemic, please see the following resource developed by the University of Michigan's Poverty Solutions initiative.

[Michigan COVID-19 Pandemic Resource Guide](#)