

DMACS Wave 12 Questionnaire • January 6 - March 5, 2021

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.

To complete this survey in Spanish click “ES” in the dropdown menu in the upper righthand corner.

INTRODUCTION: Welcome to the University of Michigan’s Detroit Metro Area Communities Study 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 region.

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. We will ask for your name and contact information so we can send you a token of appreciation for participating. 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.

We may contact you in the future to participate in additional surveys. 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.

A brochure with additional information about the study is available on the DMACS website at detroitssurvey.umich.edu/about/brochure. The brochure will also be available for download for your records at the end of the survey.

Block 0: Panelist Screening

To confirm, do you live at [INSERT ADDRESS]?[address_confirm_d12]

Yes

No	<input type="radio"/>
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[IF [address_confirm_d12] IS "No" & RESPONDENT IS AN ESTABLISHED PANELIST]

What is your current address?

Address: (TEXT BOX) [updateaddress_street_d12]

City: (TEXT BOX) [updateaddress_city_d12]

State: (TEXT BOX) [updateaddress_state_d12]

Postal Code: (TEXT BOX) [updateaddress_zip_d12]

[IF RESPONDENT IS AN ESTABLISHED PANELIST BUT HAS NOT PREVIOUSLY PROVIDED A FIRST NAME]

Were you the person who completed a previous University of Michigan Detroit Metro Area Communities Study survey? [panelist_d12]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Don't know	<input type="radio"/>

[IF [panelist_d12] IS "No"]

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.

[IF RESPONDENT IS AN ESTABLISHED PANELIST BUT HAS NOT PREVIOUSLY PROVIDED A FIRST NAME AND LAST NAME]

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_d12]	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	<input type="radio"/>

[IF [panelist_confirm_d12] IS “Yes I am this person but I need to correct my name” OR RESPONDENT IS A NEW PANELIST]

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 after you complete the survey.

[panelist_name_correct_d12]

First name: (TEXT BOX)

Last name: (TEXT BOX)

[IF [panelist_confirm_d12] IS “No”]

We are sorry, but since you are not the person we are intending to reach with this survey we cannot continue. If you know [insert first and last name], 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.

Block 1: Residence

1. About how long have you lived at your current address?

[current_res_len_d12]

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"/>
SKIPPED/MISSING	<input type="radio"/>

2. How long have you lived in the City of Detroit?

[detroit_res_len_d12]

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"/>
I do not/no longer live in Detroit	<input type="radio"/>
SKIPPED/MISSING	<input type="radio"/>

IF [detroit_res_len_d12] IS "I do not/no longer live in Detroit"]

- | | | |
|---|-----------------------------|-----------------------|
| 3. In your previous response, you indicated that you no longer live in Detroit. Please confirm here:
[detroit_res_confirm_d12] | I no longer live in Detroit | <input type="radio"/> |
| | I do live in Detroit | <input type="radio"/> |

[IF [detroit_res_confirm_d12] IS "I do live in Detroit"]

4. Please describe the reason you selected 'I do live in Detroit' in the previous question: (TEXT BOX)
[detroit_res_open_d12]

[IF [detroit_res_confirm_d12] IS "I no longer live in Detroit"]

- | | | |
|--|--|-----------------------|
| 5. Since you do not live in Detroit, you are no longer eligible for our regular survey, but we would still like to ask you a few questions about why you moved. Please indicate below whether you are interested in completing a very brief survey for \$5.
[nonres_shorsurvey_d12] | Yes, I'd like to complete the short survey | <input type="radio"/> |
| | No, I do not want to complete the short survey | <input type="radio"/> |

- | | | |
|---|---|-----------------------|
| 6. Is your current residence....
[housing_d12] | 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"/> |

[IF [housing_d12] 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)"]

- | | | |
|--|--|-----------------------|
| 7. Do you own the home where you are living or does someone else in your household own it?
[home_owner_d12] | 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"/> |

8. Which best describes your primary residence?
[home_type_d12]

Mobile or manufactured home	<input type="radio"/>
One-family house	<input type="radio"/>
Two-family house/duplex	<input type="radio"/>
Apartment building or condo	<input type="radio"/>
Dormitory	<input type="radio"/>
Assisted living facility	<input type="radio"/>
Skilled nursing center	<input type="radio"/>
Unhoused or homeless	<input type="radio"/>
Other	<input type="radio"/>

Block 2: Questions for Movers

IF [nonres_shorsurvey_d12] IS “Yes, I’d like to complete the short survey“]

Consider the following list of reasons that people often consider moving. Which of these are reasons for your recent move? Please select all that apply.
(ORDER RANDOMIZED)

9. Job or business opportunities [ReasonsToMove_Jobs_D12]	<input type="checkbox"/>
10. Cost of living [ReasonsToMove_Cost_D12]	<input type="checkbox"/>
11. Family ties [ReasonsToMove_Family_D12]	<input type="checkbox"/>
12. Schools or educational opportunities [ReasonsToMove_Edu_D12]	<input type="checkbox"/>
13. Climate [ReasonsToMove_Climate_D12]	<input type="checkbox"/>
14. Crime/safety [ReasonsToMove_Safety_D12]	<input type="checkbox"/>
15. Recreational and outdoor activities [ReasonsToMove_Recreation_D12]	<input type="checkbox"/>
16. Cultural activities [ReasonsToMove_Cultural_D12]	<input type="checkbox"/>
17. Medical or health reasons [ReasonsToMove_Health_D12]	<input type="checkbox"/>
18. Retirement [ReasonsToMove_Retirement_D12]	<input type="checkbox"/>

19. Transportation issues [ReasonsToMove_Transit_D12]	<input type="checkbox"/>
20. Reasons related to the COVID-19 pandemic [ReasonsToMove_COVID_D12]	<input type="checkbox"/>
21. Other [ReasonsToMove_Other_D12]	<input type="checkbox"/>
22. None of these reasons [ReasonsToMove_None_D12]	<input type="checkbox"/>

23. In a sentence or two, please explain why you moved: (TEXT BOX)
[reasonstomove_open_d12]

[IF [current_res_len_d12] IS "Less than six months" OR "Six months to 1 year"]

24. How has your last move changed your quality of life? [move_qol_d12]	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_confirm_d12] IS "I no longer live in Detroit"]

25. How likely is it that you would move back to Detroit sometime in the future? [detroit_return_d12]	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_confirm_d12] IS "I no longer live in Detroit"]

26. If you have any other thoughts about leaving Detroit, please share them here. (TEXT BOX)

[expat_open_d12]

Block 3: Perceptions of Neighborhood

[IF [address_confirm_d12] IS "Yes" OR [current_address_city_d12] IS "Detroit"]

27. On a scale of 1 to 5, where 1 means <u>very bad</u> and 5 means <u>very good</u> , how do you assess the reputation of your neighborhood? [nb_reputation_d12]	1 - Very Bad	<input type="radio"/>
	2 - Bad	<input type="radio"/>
	3 - Neutral	<input type="radio"/>
	4 - Good	<input type="radio"/>
	5 - Very Good	<input type="radio"/>

28. On a scale of 1 to 7, where 1 means <u>very dissatisfied</u> and 7 means <u>very satisfied</u> , how satisfied overall are you with your neighborhood as a place to live? [nb_satis_d12]	1 - Very Dissatisfied	<input type="radio"/>
	2 - Mostly Dissatisfied	<input type="radio"/>
	3 - Somewhat Dissatisfied	<input type="radio"/>
	4 - Neither Satisfied or Dissatisfied	<input type="radio"/>
	5 - Somewhat Satisfied	<input type="radio"/>
	6 - Mostly Satisfied	<input type="radio"/>
	7 - Very Satisfied	<input type="radio"/>

The next questions ask about neighborhood changes in the **past year**.

29. Thinking about the quality of life in your neighborhood, do you feel it is improving, declining, or staying the same? [nb_qol_d12]	Improving	<input type="radio"/>
	Declining	<input type="radio"/>
	Staying the same	<input type="radio"/>
	Don't know	<input type="radio"/>

30. In the past year I have noticed... [nb_chng_pop_d12]	More people moving into my neighborhood	<input type="radio"/>
	More people moving out of my neighborhood	<input type="radio"/>
	No change in people moving in or out of my neighborhood	<input type="radio"/>
	Don't know	<input type="radio"/>

31. In the past year I have noticed... [nb_chng_bus_d12]	More businesses opening in my neighborhood	<input type="radio"/>
	More businesses closing in my neighborhood	<input type="radio"/>
	No change in businesses opening or closing in my neighborhood	<input type="radio"/>
	Don't know	<input type="radio"/>

[If [housing_d12] IS "Own outright" OR "Own and paying mortgage"]

32. In the past year I have noticed... [nb_chng_propvalue_d12]	My property's value has risen	<input type="radio"/>
	My property's value has gone down	<input type="radio"/>
	My property's value hasn't changed	<input type="radio"/>
	Don't know	<input type="radio"/>

[If [housing_d12] IS "Rent"]

33. In the past year I have noticed... [nb_chng_rentcost_d12]	My rent cost has risen	<input type="radio"/>
	My rent cost has gone down	<input type="radio"/>
	My rent cost hasn't changed	<input type="radio"/>
	Don't know	<input type="radio"/>

34. In the past year I have noticed... [nb_chgn_safety_d12]	My neighborhood is safer	<input type="radio"/>
	My neighborhood is less safe	<input type="radio"/>

Safety in my neighborhood hasn't changed	<input type="radio"/>
Don't know	<input type="radio"/>

35. In the **past year** I have noticed...
 [nb_chgn_attractive_d12]

My neighborhood is more attractive	<input type="radio"/>
My neighborhood is less attractive	<input type="radio"/>
My neighborhood's attractiveness hasn't changed	<input type="radio"/>
Don't know	<input type="radio"/>

Block 4: Assessment of Services

Please indicate how much you agree or disagree with the following statements about your neighborhood.

(ORDER RANDOMIZED)	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewh at agree	Strongly agree	Don't know
36. I am worried that it is becoming too expensive for me to live in my neighborhood [nb_expensive_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I feel informed about what is happening in my neighborhood [nb_awareness_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how satisfied you are with each of the following aspects of life in your neighborhood

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very Satisfied	Don't know
38. The availability of affordable housing [nb_satis_houseprice_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. The availability of public transportation [nb_satis_transit_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. The condition of streets, sidewalks, and lighting [nb_satis_infrast_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. The amount of crime [nb_satis_crime_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. The way vacant lots are used and maintained [nb_satis_lots_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. The condition of most houses [nb_satis_housequal_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. The availability of parks and playgrounds [nb_satis_parks_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Access to public facilities such as libraries, recreation and community centers [nb_satis_facilities_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. The availability of stores nearby where I can shop regularly [nb_satis_stores_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Block 5: Parks, Walking, and Safety

47. During the last year, how often have you visited any parks or playgrounds in and around your neighborhood? [parks_freq_d12]	Daily or almost daily	<input type="radio"/>
	1-3 times a week	<input type="radio"/>
	1-3 times a month	<input type="radio"/>
	Less than once a month	<input type="radio"/>
	Never or almost never	<input type="radio"/>

48. Overall, how would you rate the quality of those parks or playgrounds? [parks_quality_d12]	Poor	<input type="radio"/>
	Fair	<input type="radio"/>
	Good	<input type="radio"/>
	Very good	<input type="radio"/>
	Excellent	<input type="radio"/>
	Don't know	<input type="radio"/>

49. When weather permits, how often do you usually walk in your neighborhood, either to go somewhere or for exercise or relaxation? [walk_freq_d12]	Daily or almost daily	<input type="radio"/>
	1-3 times a week	<input type="radio"/>
	1-3 times a month	<input type="radio"/>
	Less than once a month	<input type="radio"/>
	Never or almost never	<input type="radio"/>

50. When you walk in your neighborhood, how safe do you feel?	Not safe	<input type="radio"/>
	Somewhat safe	<input type="radio"/>

[walk_safety_d12]

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

51. How safe do you feel at home at night?

[nb_safety_d12]

Not safe	<input type="radio"/>
Somewhat safe	<input type="radio"/>
Very safe	<input type="radio"/>
Don't know	<input type="radio"/>

Block 6: Experience with COVID-19

Now we will shift to asking questions about how you are experiencing the impacts of the COVID-19 pandemic.

In the past 7 days, how often have you chosen to do each of the following when in public to keep yourself and others safe from COVID-19? (*Do not include things you were required to do, such as wear a mask while visiting a store.*) [CEAL core survey items](#)

	All of the time	Very often	Some of the time	Never
52. Wore a face covering or mask [protect_mask_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Washed my hands with soap or used hand sanitizer several times per day [protect_wash_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Stayed at least 6 feet away from other people who are not from my household [protect_distance_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. Have you ever been tested for COVID-19?

[CEAL core survey item](#)

[covid_test_ever_d12]

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

[IF [covid_test_ever_d12] IS "No"]

Why have you not been tested?

	Yes	No
56. I haven't felt sick (or not sick enough to get tested) [covid_notest_notsick_d12]	<input type="radio"/>	<input type="radio"/>
57. I don't think it's safe to go to a testing location [covid_notest_unsafe_d12]	<input type="radio"/>	<input type="radio"/>
58. I don't have transportation to get to the testing location [covid_notest_transport_d12]	<input type="radio"/>	<input type="radio"/>
59. I cannot afford to get tested [covid_notest_cantafford_d12]	<input type="radio"/>	<input type="radio"/>
60. I am afraid that the test will be painful or unpleasant [covid_notest_fear_d12]	<input type="radio"/>	<input type="radio"/>
61. I don't know where to go to get tested [covid_notest_locat_d12]	<input type="radio"/>	<input type="radio"/>
62. Other [covid_notest_other_d12]	<input type="radio"/>	<input type="radio"/>

[IF [covid_notest_other_d12] IS "Yes"]

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

[IF [covid_test_ever_d12] IS "Yes"]

Why did you get tested?

	Yes	No
64. A healthcare provider told me to get tested [covid_test_doctor_d12]	<input type="radio"/>	<input type="radio"/>
65. I had symptoms of COVID-19 [covid_test_sympt_d12]	<input type="radio"/>	<input type="radio"/>
66. I needed to get tested for my job [covid_test_work_d12]	<input type="radio"/>	<input type="radio"/>
67. I needed to get tested in order to travel or visit someone [covid_test_travel_d12]	<input type="radio"/>	<input type="radio"/>

68. I think I was near/around someone who was infected [covid_test_contact_d12]	<input type="radio"/>	<input type="radio"/>
69. I do not want to spread the virus to other people [covid_test_contain_d12]	<input type="radio"/>	<input type="radio"/>
70. Other [covid_test_other_d12]	<input type="radio"/>	<input type="radio"/>

[IF[covid_test_other_d12] IS "Yes"]

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

72. 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_d12]	Very unlikely	<input type="radio"/>
	Somewhat unlikely	<input type="radio"/>
	Somewhat likely	<input type="radio"/>
	Very likely	<input type="radio"/>

Having to self-quarantine may be difficult for some people.

By self-quarantine, we mean to stay home for 14 days and isolate from other household members (including children), and to not leave home, even for essential needs such as food and medications (drop off deliveries are okay).

If you had to self-quarantine due to COVID-19, would any of the following make it difficult for you to do so?

	Yes	Maybe	No
73. Having a reliable place to stay [isolate_unstable_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Having enough space in my home [isolate_crowded_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Childcare or eldercare responsibilities [isolate_care_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Accessing food [isolate_food_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

77. Accessing medications [isolate_meds_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Potential job loss [isolate_jobloss_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. Potential loss of income [isolate_income_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Block 7: COVID Vaccine Intention

80. How likely are you to get an approved COVID-19 vaccine when it becomes available? CEAL core survey item [vac_covid_d12]	1 - Not at all likely	<input type="radio"/>
	2	<input type="radio"/>
	3	<input type="radio"/>
	4	<input type="radio"/>
	5	<input type="radio"/>
	6	<input type="radio"/>
	7 - Very likely	<input type="radio"/>

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

	Very unimportant	Somewhat unimportant	Somewhat important	Very important
81. Keeping my family safe [vac_imp_protect_fam_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Keeping my community safe [vac_imp_protect_comm_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. Keeping me safe [vac_imp_protect_self_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Whether my doctor tells me to get the vaccine [vac_imp_doctor_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. What scientists tell us about how effective the vaccine is [vac_imp_protect_sci_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. The country in which the vaccine is produced [vac_imp_country_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

87. Whether the vaccine has been in use for a long time with no serious side-effects [vac_imp_sideeffects_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. How bad the pandemic is at the time when the vaccine is available [vac_imp_risk_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. Where and when I can be vaccinated [vac_imp_easy_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Whether the vaccine is free of charge [vac_imp_free_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Whether other people I know are getting vaccinated [vac_imp_network_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Block 8: Trust

How much do you trust each of these sources to provide correct information about COVID-19?

[CEAL core survey items](#)

	Not at all	A little	A great deal	Don't know
92. Your doctor or health care provider [trust_doctor_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Your faith leader [trust_faith_leader_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Your close friends and members of your family [trust_friends_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. People you go to work or class with or other people you know [trust_acquaint_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. News on the radio, TV, online, or in newspapers [trust_news_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Your contacts on social media [trust_socialmedia_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. The U.S. government [trust_usgovt_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

99. The U.S. Coronavirus Task Force [trust_taskforce_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Block 9: COVID-19 Clinical Trials

Now we are going to ask you some questions about COVID-19 clinical trials.

A **clinical trial** is a kind of research study. Clinical trials study if treatments or vaccines are safe for people and if they work like they are supposed to.

Right now, clinical trials are being done across the U.S. to see if new treatments and vaccines for COVID-19 work to keep people healthy.

100. Have you ever signed up for a COVID-19 clinical trial? CEAL core survey item	Yes, I signed up for a clinical trial for a COVID-19 <u>vaccine</u> . [trial_signup_vac_d12]	<input type="radio"/>
	Yes, I signed up for a clinical trial for a COVID-19 <u>treatment</u> . [trial_signup_treat_d12]	<input type="radio"/>
	No, I have never signed up for a COVID-19 clinical trial. [trial_signup_no_d12]	<input type="radio"/>

[IF trial_signup_vac_d12 AND trial_signup_treat_d12 ARE NOT “Yes”]

101. Are you aware of COVID-19 clinical trials that are being done? CEAL core survey item	Yes, I am aware of clinical trials for COVID-19 <u>vaccines</u> [trial_aware_vac_d12] [GO TO [trial_info_d12]]	<input type="radio"/>
	Yes, I am aware of clinical trials for COVID-19 <u>treatments</u> [trial_aware_treat_d12] [GO TO [trial_info_d12]]	<input type="radio"/>
	No [trial_aware_no_d12] [50% GO TO [trial_signup_willing_d12] 50% GO TO [trial_signup_likely_d12]]	<input type="radio"/>
	Not sure [trial_aware_notsure_d12]	<input type="radio"/>

[50% GO TO [trial_signup_willing_d12] 50% GO TO [trial_signup_likely_d12]]	
SKIPPED/MISSING	o

[IF trial_aware_no_d12 OR trial_aware_notsure_d12 IS SELECTED]

102. Do you know what to do to sign up for a COVID-19 clinical trial in your area? CEAL core survey item [trial_info_d12]	Yes	o
	No	o
	Not sure	o

We have a few more questions about COVID-19 clinical trials.

Again, a **clinical trial** is a kind of research study. Clinical trials study if treatments or vaccines are safe for people and if they work like they are supposed to.

Right now, clinical trials are being done across the U.S. to see if new treatments and vaccines for COVID-19 work to keep people healthy.

[THE FOLLOWING TWO QUESTIONS ARE RANDOMIZED SO HALF OF RESPONDENTS GET trial_signup_willing_d12 AND HALF GET trial_signup_likely_d12 based on the value of trial_assignment_d12]

[IF trial_assignment_d12 == "Trial Willing"]

103. How willing are you to sign up for a clinical trial for a COVID-19 <u>vaccine</u> ? CEAL core survey item [trial_signup_willing_d12]	1 - Not at all willing	o
	2	o
	3	o
	4	o
	5	o
	6	o
	7 - Very willing	o

[IF trial_assignment_d12 == "Trial Likely"]

104. How **likely** are you to sign up for a clinical trial for a COVID-19 vaccine?
[CEAL core survey item](#)
 [trial_signup_likely_d12]

1 - Not at all likely	<input type="radio"/>
2	<input type="radio"/>
3	<input type="radio"/>
4	<input type="radio"/>
5	<input type="radio"/>
6	<input type="radio"/>
7 - Very likely	<input type="radio"/>

Below are sources of information of COVID-19 clinical trials. How much do you trust each of these sources to give correct information about COVID-19 clinical trials? [trust_trials_d12](Select one response for each row.) [CEAL core survey items](#)

	A great deal	A fair amount	Not very much	None at all	No opinion
105. The U.S. government [trust_trials_usgovt_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. Your doctor or health care provider [trust_trials_doctor_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. Your local health care clinic or hospital [trust_trials_clinic_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. University hospitals [trust_trials_univ_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. Companies that make drugs for medical use [trust_trials_pharma_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. People who do research [trust_researchers_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Block 10: Employment

Now we are going to ask about your employment.

111. In the **past month**, did you do any work for either pay or profit?
 CEAL core survey item (adapted)
 [anywork_d12]

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

[IF [anywork_d12] IS "No"]

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? CEAL core survey item (adapted)

	Yes	No	Don't know
112. I am retired [lf_nowork_retired_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. I am going to school or training [lf_nowork_student_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. I have health/medical limitations or am disabled [lf_nowork_disabled_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. I did not want to work for pay at this time [lf_nowork_choice_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. I am a homemaker or don't work due to family/personal obligations [lf_nowork_homemaker_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. I have lost my job, been laid off, or am otherwise out of work [lf_nowork_layoff_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. Other [lf_nowork_other_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[IF [lf_nowork_other_d12] IS "Yes"]

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

[IF [lf_nowork_xx_d12] IS "Yes"]

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

[IF [lf_nowork_disabled_d12] IS Yes] I have health/medical limitations or am disabled	<input type="radio"/>
--	-----------------------

[If_nowork_primary_d12]

[IF If_nowork_retired_d12 IS Yes"] I am retired	<input type="radio"/>
[IF If_nowork_layoff_d12 IS Yes"] I have lost my job, been laid off, or am otherwise out of work	<input type="radio"/>
[IF If_nowork_student_d12 IS Yes"] I am going to school or training	<input type="radio"/>
[IF If_nowork_homemaker_d12 IS Yes"] I am a homemaker or don't work due to family/personal obligations	<input type="radio"/>
[IF If_nowork_choice_d12 IS Yes"] I did not want to work for pay at this time	<input type="radio"/>
[IF nowork_other_d12 IS Yes"] Other	<input type="radio"/>

[IF [If_nowork_layoff_d12] IS "Yes" OR [If_nowork_other_d12] IS "Yes"]

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

	Yes	No	Don't know
121. I am sick with COVID-19 symptoms [notworking_covidself_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. I am caring for someone with COVID-19 symptoms [notworking_covidothor_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. I am/was laid off due to the COVID-19 pandemic [notworking_layoff_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. My place of employment closed due to the COVID-19 pandemic [notworking_tempclosed_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. I could not work because my job was seasonal [notworking_seasonal_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. I stopped working due to family/personal obligations resulting from the pandemic (e.g., childcare) [notworking_famcare_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[If both [anywork_d12] IS "No" AND [If_nowork_retired_d12] IS "No" OR [If_nowork_disabled_d12] IS "No"]

127. How likely do you think it is that you will work for pay or profit in the next month ? [notworking_return_d12]	Very unlikely	<input type="radio"/>
	Somewhat unlikely	<input type="radio"/>
	Somewhat likely	<input type="radio"/>
	Very likely	<input type="radio"/>
	Not applicable	<input type="radio"/>

[IF [anywork_d12] IS "Yes"]

128. In your main job, do you usually work: [workhrs_d12] CEAL core survey item (adapted)	Full-time (35 or more hours per week)	<input type="radio"/>
	Part-time (less than 35 hours per week)	<input type="radio"/>

[IF [anywork_d12] IS "Yes"]

129. Have your work hours been reduced since March 1, 2020 ? [workless_d12]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Don't know	<input type="radio"/>

[IF [anywork_d12] IS "Yes"]

130. Which of the following statements best explains where you are working now? [workplace_d12]	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_d12] IS "Other"]

131. Please describe the reason you selected 'other' during the previous question: (Text Box)
[workplace_other_d12]

132. Have you received unemployment insurance (UI) benefits during the pandemic (since March 12, 2020)? [fin_pubassist_ui_year_d12]	Yes, I received UI benefit	<input type="radio"/>
	No, I applied for UI benefits but did not receive them	<input type="radio"/>
	No, I did not apply for UI benefits	<input type="radio"/>

[IF [fin_pubassist_ui_year_d12] IS "Yes, I received UI benefits"]

133. In the past month , have you received unemployment Insurance (UI) benefits? [fin_pubassist_ui_month_d12]	Yes	<input type="radio"/>
	No	<input type="radio"/>

Block 11: Health and Healthcare

The next set of questions asks about you and your household.

134. When was the last time you saw a doctor or other health care professional for a physical or regular check-up? Do not include visits when you were sick. CEAL core survey item [doctor_visit_d12]	Never	<input type="radio"/>
	Within the past 12 months/1 year	<input type="radio"/>
	1 to 2 years ago	<input type="radio"/>
	3 to 4 years ago	<input type="radio"/>
	5 to 9 years ago	<input type="radio"/>
	10 years ago or more	<input type="radio"/>

135. Is there a place that you usually go when you are sick? CEAL core survey item [sick_place_d12]	Yes [GO TO [place_for_care_d12]]	<input type="radio"/>
	No [GO TO [insured_d12]]	<input type="radio"/>
	Don't know [GO TO [insured_d12]]	<input type="radio"/>

[IF [sick_place_d12] IS "Yes"]

136. What kind of place do you go most often for medical care? CEAL core survey item	Clinic or health center	<input type="radio"/>
	Family doctor	<input type="radio"/>

[place_for_care_d12]

Hospital ER	<input type="radio"/>
Urgent care clinic at a hospital	<input type="radio"/>
Urgent care clinic <u>not</u> at a hospital	<input type="radio"/>
Retail center (for example, in a drug store)	<input type="radio"/>
Some other place	<input type="radio"/>
There is no one place I go to most often for medical care	<input type="radio"/>

137. Do you have any kind of health insurance or health care plan? This includes health insurance you get from your job or school, that you buy yourself, and programs like Medicare and Medicaid.
[CEAL core survey item](#)
[insured_d12]

Yes [GO TO [insurance_type_d12]]	<input type="radio"/>
No [GO TO [insurance_lost_covid_d12]]	<input type="radio"/>
Don't know [GO TO [challenges_d12]]	<input type="radio"/>

[IF [insured_d12] IS "No"]

138. Did you lose health care coverage because of the COVID-19 pandemic?
[CEAL core survey item](#)
[insurance_lost_covid_d12]

Yes [GO TO [challenges_d12]]	<input type="radio"/>
No	<input type="radio"/>

139. What is the primary kind of health insurance or health care plan that you have now?
[CEAL core survey item](#)
[insurance_type_d12]

Private health insurance through a job or school	<input type="radio"/>
Insurance bought through a government exchange such as healthcare.gov	<input type="radio"/>
Insurance bought from a health plan or company	<input type="radio"/>
Medicare	<input type="radio"/>
Medi-Gap	<input type="radio"/>
Medicaid	<input type="radio"/>
CHIP or kid's state insurance	<input type="radio"/>
Military health care	<input type="radio"/>
Indian Health Service	<input type="radio"/>

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

[IF [insurance_type_d12] IS "Other"]

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

The COVID-19 pandemic may cause challenges for some people, whether they get COVID-19 or not. In the **past month** have you or your family experienced any of the below challenges?

[CEAL core survey items](#)

	No, this is not a challenge	Yes, this is a minor challenge	Yes, this is a major challenge
141. Getting the health care I need (including for mental health) [challenge_health_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. Having a place to live [challenge_house_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. Getting enough food to eat [challenge_food_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. Having clean water to drink [challenge_water_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. Getting the medicine I need [challenge_meds_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. Getting to where I need to go [challenge_transpo_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
147. ...felt nervous, anxious, or on edge? [mh_anxiety_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. ...not been able to stop or control worrying? [mh_worry_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. ...felt depressed? [mh_depress_d12]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Block 12: Demographics

150. Do you speak a language other than English at home?
 CEAL core survey item
 [language_d12]

Yes [GO TO [language_spoken_d12]]	<input type="radio"/>
No [GO TO [reading_help_d12]]	<input type="radio"/>
Prefer not to answer [GO TO [reading_help_d12]]	<input type="radio"/>

151. What language(s) other than English do you speak at home? (TEXT BOX)
 CEAL core survey item
 [language_spoken_d12]

152. How often do you need someone to help you read written information from your doctor or drug store?
 CEAL core survey item
 [reading_help_d12]

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

153. What month were you born?
 CEAL core survey item
 [age_month_d12]

January	<input type="radio"/>
February	<input type="radio"/>
March	<input type="radio"/>
April	<input type="radio"/>
May	<input type="radio"/>
June	<input type="radio"/>
July	<input type="radio"/>
August	<input type="radio"/>
September	<input type="radio"/>
October	<input type="radio"/>
November	<input type="radio"/>
December	<input type="radio"/>

154. What year were you born?

[CEAL core survey item](#)

[age_year_d12]

155. What is your gender?

[CEAL core survey item \(adapted\)](#)

[gender_d12]

Man	<input type="radio"/>
Woman	<input type="radio"/>
Trans woman	<input type="radio"/>
Trans man	<input type="radio"/>
Nonbinary, genderqueer, or genderfluid	<input type="radio"/>
I would use a different term to describe my gender	<input type="radio"/>
Prefer not to answer	<input type="radio"/>

[IF [gender_d12] IS "I would use a different term to describe my gender"]

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

[gender_TEXT_d12]

157. Which of the following best describes how you think of yourself?

[CEAL core survey item \(adapted\)](#)

[sexuality_d12]

Gay	<input type="radio"/>
Lesbian	<input type="radio"/>
Straight (that is, not gay, lesbian, bisexual, or other)	<input type="radio"/>
Bisexual	<input type="radio"/>
I would use a different term to describe myself	<input type="radio"/>
Prefer not to answer	<input type="radio"/>

[IF [sexuality_d12] IS "Other"]

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

159. Are you of Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban? CEAL core survey item [hisp_d12]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Prefer not to answer	<input type="radio"/>

160. Are you of Arab, Persian, or Middle Eastern descent? CEAL core survey item [mideastern_d12]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Prefer not to answer	<input type="radio"/>

161. Which of the following best describes your race? Please select all that apply CEAL core survey item	White [race_white_d12]	<input type="checkbox"/>
	Black or African-American [race_black_d12]	<input type="checkbox"/>
	Asian or Asian-American [race_asian_d12]	<input type="checkbox"/>
	American Indian or Alaska Native [race_native_d12]	<input type="checkbox"/>
	Native Hawaiian or Other Pacific Islander [race_pacIsl_d12]	<input type="checkbox"/>
	Other [race_other_d12]	<input type="checkbox"/>
	Prefer not to answer [race_noanswer_d12]	<input type="checkbox"/>

[IF [race_other_d12] is selected display]

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

163. What is the highest degree or level of school you have completed? CEAL core survey item [educ_d12]	Less than high school	<input type="radio"/>
	Some high school	<input type="radio"/>
	High school graduate or GED	<input type="radio"/>
	Associate's or technical degree (for example, AA or AS)	<input type="radio"/>
	Bachelor's degree (for example BA, BS, or AB)	<input type="radio"/>
	Graduate degree (for example MA, PhD)	<input type="radio"/>
	Prefer not to answer	<input type="radio"/>

164. Are you now married, widowed, divorced, separated, never married, or living with a partner? [marital_d12]	Married	<input type="radio"/>
	Widowed	<input type="radio"/>
	Divorced	<input type="radio"/>
	Separated	<input type="radio"/>
	Never Married	<input type="radio"/>
	Living with Partner	<input type="radio"/>

165. Including yourself, how many adults in each category live in your household? [CEAL core survey item](#)
 18 to 64 years old (NUMBER TEXT BOX) [hhcat_18to64_d12]
 65 years or older (NUMBER TEXT BOX) [hhcat_65plus_d12]

166. How many children in each age group live in your household? [CEAL core survey item](#)
 Infants under 1 year old (NUMBER TEXT BOX) [hhcat_0to1_d12]
 Age 1 to 8 years old (NUMBER TEXT BOX) [hhcat_1to8_d12]
 Age 9 to 17 years old (NUMBER TEXT BOX) [hhcat_9to17_d12]

The next questions are 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).

167. Was your total HOUSEHOLD income in the past 12 months . . . CEAL core survey item [income_1_d12]	Below \$35,000	<input type="radio"/>
	\$35,000 or more	<input type="radio"/>

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

168. We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it... CEAL core survey item [income_2_d12]	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"]

169. We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it...
[CEAL core survey item](#)
[\[income_3_d12\]](#)

\$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"/>

[IF [\[housing_d12\]](#) IS "Own outright" OR "Own and paying on a mortgage"]

170. If you were to sell your house today, how much do you think it would be worth?
[\[home_value_d12\]](#)

\$0	<input type="radio"/>
\$1 - \$9,999	<input type="radio"/>
\$10,000 - \$19,999	<input type="radio"/>

\$20,000 - \$29,999	<input type="radio"/>
\$30,000 - \$39,999	<input type="radio"/>
\$40,000 - \$49,999	<input type="radio"/>
\$50,000 - \$59,999	<input type="radio"/>
\$60,000 - \$74,999	<input type="radio"/>
\$75,000 - \$99,999	<input type="radio"/>
\$100,000 - \$124,999	<input type="radio"/>
\$125,000 - \$149,999	<input type="radio"/>
\$150,000 - \$199,999	<input type="radio"/>
\$200,000 - \$249,000	<input type="radio"/>
\$250,000 - \$499,999	<input type="radio"/>
\$500,000 or more	<input type="radio"/>
Don't know	<input type="radio"/>

Block 13: Digital Inclusion

171. Do you have access to a computer at home? [home_computer_d12]

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

172. Do you have consistent access to the internet at home? [home_internet_d12]

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

[IF [home_computer_d12] IS "No" OR [home_internet_d12] IS "No"]

173. Can you access a computer and the internet within a 5 minute walk of your house? [nearby_computer_d12]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Don't know	<input type="radio"/>

Block 14: Survey Closing

174. Do you have any other thoughts about this survey or the topics covered in this survey? (Text Box)
[feedback_d12]

175. As a token of appreciation for taking the survey, we are offering the option of receiving either a check or a gift card. Please select which you prefer. If neither option is selected, we will send you a gift card. [incentive_option_d12]	Gift card	<input type="radio"/>
	Check	<input type="radio"/>

176. We will mail your payment to this address: [Auto fill original address or corrected address]. Is this where you would like us to send this payment? [incentive_d12]	Yes	<input type="radio"/>
	No	<input type="radio"/>

[IF [incentive_d12] IS "No"]

177. Please enter the address where we should send the payment.
Alternate Address: (TEXT BOX) [incentive_street_d12]
City: (TEXT BOX) [incentive_city_d12]
State: (TEXT BOX) [incentive_state_d12]
Postal Code: (TEXT BOX) [incentive_zip_d12]

178. Please edit incorrect information and add any that is missing:
Email address: [update_email_d12]
Home phone [update_hphone_d12]
Cell phone: [update_cphone_d12]

179. May we text you with links to surveys in the future?

[surv_text_d12]

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

180. I completed this survey...

[surv_mode_d12]

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 will appear 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 outbreak, please see the following resources developed by the University of Michigan's Poverty Solutions initiative.

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