DMACS Wave 13 Questionnaire ● June 2 - July 9, 2021

For additional information about the Detroit Metro Area Communities Study (DMACS), this survey instrument, or survey findings, please see detroitsurvey.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. 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 detroitsurvey.umich.edu/about/brochure. An information sheet will also be available to download for your records at the end of the survey.

Block 0: Panelist Screening

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_d13]		
	Yes I am this person (GO TO Q1)	o
	Yes I am this person but need to correct my name	o
	No	o

IF [panelist_confirm_d13] IS "Yes I am this person but I 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 after you complete the survey.
[panelist_name_correct_d13]

      First name: (TEXT BOX)
      Last name: (TEXT BOX)

IF [panelist_confirm_d13] 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.

To confirm, do you live at [INSERT ADDRESS]?[address_confirm_d13]		
	Yes	o
	No	o

IF [address_confirm_d13] IS "No"

What is your current address?
Address: (TEXT BOX)   [updateaddress_street_d13]
City: (TEXT BOX)   [updateaddress_city_d13]
State: (TEXT BOX)   [updateaddress _state_d13]
Postal Code: (TEXT BOX)   [updateaddress_zip_d13]

Block 1: Residence

1. About how long have you lived at your current address? [current_res_len_d13]		
	Less than six months	o
	Six months to 1 year	o
	1 to 5 years	o
	6 to 10 years	o
	11 to 20 years	o
	More than 20 years	o

2. Is your current residence....
   [housing_d13]

Owned by you or someone in this household **with a mortgage** or loan (which could be a home equity loan)	o
Owned by you or someone in this household **free and clear** (without a mortgage or loan)	o
Occupied without payment of rent	o
Rented	o

3. Including yourself, how many adults in each category live in your household?

   18 to 64 years old (NUMBER TEXT BOX) [hhcat_18to64_d13]
   65 years or older (NUMBER TEXT BOX) [hhcat_65plus_d13]

4. Are there any children under age 18 living in your household? [hhcat_child_d13]

Yes	o
No	o

IF [hhcat_child_d13] IS "Yes"

5. How many children in each age group live in your household?
   Infants under 2 year old (NUMBER TEXT BOX)   [hhcat_0to2_d13]
   Age 2 to 8 years old (NUMBER TEXT BOX)   [hhcat_2to8_d13]
   Age 9 to 11 years old (NUMBER TEXT BOX)   [hhcat_9to11_d13]
   Age 12 to 15 years old (NUMBER TEXT BOX)   [hhcat_12to15_d13]
   Age 16 to 17 years old (NUMBER TEXT BOX)   [hhcat_16to17_d13]

6. How long have you lived in the City of Detroit?
   [detroit_res_len_d13]

Less than six months	o
Six months to 1 year	o
1 to 5 years	o
6 to 10 years	o
11 to 20 years	o
More than 20 years	o
I do not/no longer live in Detroit	o

7. In your previous response, you indicated that you no longer live in Detroit. Please confirm here: [detroit_res_confirm_d13]

I no longer live in Detroit	o
I do live in Detroit	o

8. Please describe the reason you selected 'I do live in Detroit' in the previous question: (TEXT BOX) [detroit_res_open_d13]

9. 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_d13]

Yes, I'd like to complete the short survey	o
No, I do not want to complete the short survey	o

Block 2: Questions for Movers

10. 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) (RANDOMIZED)

Job or business opportunities [reasonstomove_jobs_d13]	o
Cost of living [reasonstomove_cost_d13]	o
Family ties [reasonstomove_family_d13]	o
Schools or educational opportunities [reasonstomove_edu_d13]	o
Climate/weather [reasonstomove_climate_d13]	o
Crime/safety [reasonstomove_safety_d13]	o
Recreational and outdoor activities [reasonstomove_recreation_d13]	o
Cultural activities [reasonstomove_cultural_d13]	o
Medical or health reasons [reasonstomove_health_d13]	o

Retirement [reasonstomove_retirement_d13]	o
Transportation issues [reasonstomove_transit_d13]	o
Neighborhood blight (e.g., abandoned buildings, vacant lots) [reasonstomove_blight_d13]	o
Financial hardship [reasonstomove_fin_d13]	o
Landlord issues [reasonstomove_landlord_d13]	o
Reasons related to the COVID-19 pandemic [reasonstomove_covid_d13]	o
Other [reasonstomove_other_d13]	o

IF reasonstomove_other_d13 is selected

11. Please describe the reason you selected "other" on the previous question. (TEXT BOX) [reasonstomove_other_text_d13]

12. How has your last move changed your quality of life? [move_qol_d13]

My quality of life has gotten worse	o
My quality of life has not changed	o
My quality of life has gotten better	o
Don't know	o

IF detroit_return_d13 IS "I no longer live in Detroit"

13. How likely is it that you would move back to Detroit sometime in the future? [detroit_return_d13]

Very unlikely	o
Somewhat unlikely	o
Neutral (neither likely nor unlikely)	o
Somewhat likely	
Very likely	
Don't know	o

IF detroit_return_d13 IS "I no longer live in Detroit"

14. If you have any other thoughts about leaving Detroit, please share them here. (TEXT BOX)
    [expat_open_d13]

IF [shortsurvey_d13] IS "Yes, I'd like to complete the short survey," SKIP TO Survey Closing Block

Block 3: Housing Repair

Now we have some questions about the conditions of your home.

15. How satisfied are you with the condition of the home in which you currently live?
    [home_satis_d13]

Very dissatisfied	o
Mostly dissatisfied	o
Somewhat dissatisfied	o
Neither satisfied nor dissatisfied	o
Somewhat satisfied	o
Mostly satisfied	o
Very satisfied	o

In the home in which you currently live, have you experienced any of these problems within the **past year**?

	No	Yes, a minor problem	Yes, a major problem	Don't know
16. Broken stove, refrigerator, or other appliance [home_disr_appliance_d13]	o	o	o	o
17. Broken window [home_disr_window_d13]	o	o	o	o
18. Broken door to the outside or broken lock on door to the outside [home_disr_door_d13]	o	o	o	o
19. Mice, rats, cockroaches, bedbugs, or other pests [home_disr_pest_d13]	o	o	o	o
20. Exposed wires or other electrical problems [home_disr_electric_d13]	o	o	o	o
21. No hot water [home_disr_hotwater_d13]	o	o	o	o
22. Broken furnace or heating system [home_disr_heat_d13]	o	o	o	o

23. No running water [home_disr_water_d13]	o	o	o	o
24. Stopped up sink, toilet, bath, or shower [home_disr_clog_d13]	o	o	o	o
25. Leaking or damaged roof [home_disr_roof_d13]	o	o	o	o
26. Stopped up main drain [home_disr_drain_d13]	o	o	o	o
27. Cracked foundation [home_disr_foundation_d13]	o	o	o	o
28. Crumbling or unstable porch [home_disr_porch_d13]	o	o	o	o
29. Damaged or unsafe trees [home_disrepair_trees_d13]	o	o	o	o
30. Insufficient or damaged insulation [home_disr_insulation_d13]	o	o	o	o
31. Other [home_disr_other_d13]	o	o	o	o

If [home_disrepair_other_d13] IS "Yes a major problem" OR "Yes a minor problem"

32. Please indicate why you selected other in the previous question. (TEXT BOX) [home_disrepair_other_text_d13]

33. In the **past year**, have you or a member of your household been cited for a property maintenance code violation or received a blight ticket? [home_blight_ticket_d13]	Yes	o
	No	
		o

If [housing_d13] IS "Rented"

34. In the **past year**, have you or a member of your household asked your landlord to repair any problems in your home? [landlord_request_d13]	Yes	o
	No	
		o

35. How responsive was your landlord to any requests to repair problems in your home?
[landlord_responsive_d13]

Very unresponsive	o
Somewhat unresponsive	o
Somewhat responsive	o
Very responsive	o

36. In the **past year**, did you conduct any major repairs on your home?
[home_major_repairs_d13]

Yes	o
No	o

37. About how much did you spend on those repairs?
[home_major_repairs_cost_d13]

Less than $500	o
Between $500-$999	o
Between $1,000-$4,999	o
Between $5,000-$9,999	o
$10,000 or more	o

Block 4: Neighborhood Satisfaction and Blight

Now we have some questions about the conditions of your neighborhood.

38. 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 <u>your neighborhood</u> as a place to live?
[nb_satis_d13]

Very dissatisfied	o
Mostly dissatisfied	o
Somewhat dissatisfied	o
Neither satisfied nor dissatisfied	o
Somewhat satisfied	o
Mostly satisfied	o
Very satisfied	o

39. Thinking about the quality of life in <u>your neighborhood</u>, over the **past year** do you feel it is improving, declining, or staying the same?
[nb_qol_d13]

Improving	o
Declining	o
Staying the same	o
Don't know	o

40. Over the **past several months**, have you had thoughts about moving from the place where you live now?
[relocation1_d13]

Yes	o
No	o

IF [relocation1_d13] IS "Yes"

41. If you were to move from the place where you live now, where would you be most likely to move?
[relocation2_d13]

Another location within the City of Detroit	o
Another place in the Metro Detroit area (outside of the City of Detroit)	o
Outside of the Metro Detroit area	o
Don't know	o

The next set of questions are about <u>blight</u>, which we define as a building or property that is deteriorating in a way that suggests long-term neglect. This can include missing or boarded-up windows and doors, badly peeling paint, detached pieces of siding or roofing, sagging roof, an uncut lawn/unshoveled driveway, or piled junk.

In the neighborhood where you live, how much of a problem are...

	Not a problem	Somewhat of a problem	A big problem	Don't know
42. Blighted or abandoned homes? [nb_prob_homes_d13]	o	o	o	o
43. Blighted or abandoned commercial structures (e.g. businesses, storefronts)? [nb_prob_stores_d13]	o	o	o	o
44. Blighted or vacant lots? [nb_prob_lots_d13]	o	o	o	o

45. Are you aware of any blighted properties that have been removed in your current neighborhood during the **past five years**?
[aware_blightremoval_d13]

Yes	o
No	o

46. What is your overall opinion of blight elimination activities in your neighborhood?
[opinion_blight_neighborhood_d13]

Very unfavorable	o
Somewhat unfavorable	o
Neither favorable nor unfavorable	o
Somewhat favorable	o
Very favorable	o
Don't know	o

47. What is your overall opinion of blight elimination activities throughout the City of Detroit?
[opinion_blight_city_d13]

Very unfavorable	o
Somewhat unfavorable	o
Neither favorable nor unfavorable	o
Somewhat favorable	o
Very favorable	o
Don't know	o

Block 5: Experience with COVID

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 <u>chosen</u> to do each of the following when in public to keep yourself and others safe from COVID-19?

	All of the time	Very often	Some of the time	Never	SKIPPED/ MISSING
48. Worn a face covering or mask [protect_mask_d13]	o	o	o	o	o
49. Stayed at least 6 feet away from other people who are not from my household [protect_distance_d13]	o	o	o	o	o

Whether you personally do these things or not, how safe or unsafe do you feel doing the following activities right now? (ORDER RANDOMIZED)

	Very unsafe	Somewhat unsafe	Somewhat safe	Very safe	Don't know
50. Grocery shopping [safe_shop_d13]	o	o	o	o	o
51. Attending gatherings of more than 10 people [safe_gather_d13]	o	o	o	o	o
52. Going to the hospital or doctor [safe_health_d13]	o	o	o	o	o
53. Dining in at restaurants [safe_restaur_d13]	o	o	o	o	o
54. Visiting with relatives or friends in their home [safe_visit_out_d13]	o	o	o	o	o
55. Playing on playground equipment [safe_play_d13]	o	o	o	o	o
56. Going outside to walk, hike, or exercise [safe_walk_d13]	o	o	o	o	o
57. Working outside the home [safe_work_d13]	o	o	o	o	o
58. Going to events (like sporting events and concerts) [safe_events_d13]	o	o	o	o	o
59. Exercising in gyms and studios [safe_gym_d13]	o	o	o	o	o

60. Just your best guess, how long do you think it will be before most businesses, schools, places of worship and other public activities are operating about as they were before the pandemic? [reopen_d13]		
	Already there	o
	Less than 6 months	o
	Between 6 months and 1 year	o
	Between 1 year and 2 years	o
	2 or more years	o

61. Just your best guess, how long do you think it will be before the job situation in the U.S. recovers to about where it was before the pandemic? [recovery_d13]

Already there	o
Less than 6 months	o
Between 6 months and 1 year	o
Between 1 year and 2 years	o
2 or more years	o

62. Have you ever been tested for COVID-19? [covid_test_ever_d13]

Yes	o
No	o

IF [covid_test_ever_d13] IS "No"

Why have you not been tested? (ORDER RANDOMIZED)

	Yes	No
63. I haven't felt sick (or not sick enough to get tested) [covid_notest_notsick_d13]	o	o
64. I don't think it's safe to go to a testing location [covid_notest_unsafe_d13]	o	o
65. I don't have transportation to get to the testing location [covid_notest_transport_d13]	o	o
66. I cannot pay for it right now [covid_notest_cantafford_d13]	o	o
67. I am afraid the test will be painful or unpleasant [covid_notest_fear_d13]	o	o
68. I don't know where to go to get tested [covid_notest_locat_d13]	o	o
69. I may be asked to provide a social security number or government issued ID [covid_notest_id_d13]	o	o
70. I don't have time to get tested [covid_notest_time_d13]	o	o
71. I am not able to access information in my preferred language. [covid_notest_lang_d13]	o	o
72. Other [covid_notest_other_d13]	o	o

IF [covid_notest_other_d13] IS "Yes"

73. Please describe the reason you selected 'other' in the previous question: (TEXT BOX)
    [covid_notest_other_reason_d13]

If [covid_test_ever_d13] IS "Yes"

74. When was the last time you were tested for COVID-19? [covid_test_date_d13]

March 2020	o
April 2020	o
May 2020	o
June 2020	o
July 2020	o
August 2020	o
September 2020	o
October 2020	o
November 2020	o
December 2020	o
January 2021	o
February 2021	o
March 2021	o
April 2021	o
May 2021	o
June 2021	o
July 2021	o

If [covid_test_ever_d13] IS "Yes"

75. Have you ever tested positive for COVID-19? [covid_postest_d13]

Yes	o
No	o

76. Have you ever been hospitalized because of COVID-19? [covid_hospital_d13]

Yes	o
No	o

If [covid_test_ever_d13] IS "No" OR ([covid_postest_d13] IS "No" AND [covid_hospital_d13] IS "No")

77. Whether or not you have tested positive or been hospitalized for COVID-19, do you think you have had COVID-19? [covid_selfdiagnose_d13]

Yes	o
No	o
Don't know	o

IF [covid_postest_d13] IS "No" AND [covid_hospital_d13] IS "No"

78. Approximately when do you think you contracted COVID-19? [covid_contract_date_d13]

January 2020	o
February 2020	o
March 2020	o
April 2020	o
May 2020	o
June 2020	o
July 2020	o
August 2020	o
September 2020	o
October 2020	o
November 2020	o
December 2020	o
January 2021	o
February 2021	o
March 2021	o
April 2021	o
May 2021	o
June 2021	o

79. Are you still experiencing any symptoms of COVID-19? [covid_sympt_d13]	Yes	o
	No	o

Which of the following symptoms of COVID-19 are you currently experiencing?

	Yes	No	Don't know
80. Tiredness or fatigue [covid_sympt_tired_d13]	o	o	o
81. Difficulty thinking or concentrating (sometimes referred to as "brain fog") [covid_sympt_fog_d13]	o	o	o
82. Headache [covid_sympt_head_d13]	o	o	o
83. Loss of smell or taste [covid_sympt_smell_d13]	o	o	o
84. Dizziness on standing [covid_sympt_dizzy_d13]	o	o	o
85. Fast-beating or pounding heart (also known as heart palpitations) [covid_sympt_heart_d13]	o	o	o
86. Chest pain [covid_sympt_chest_d13]	o	o	o
87. Difficulty breathing or shortness of breath [covid_sympt_breath_d13]	o	o	o
88. Cough [covid_sympt_cough_d13]	o	o	o
89. Joint or muscle pain [covid_sympt_joint_d13]	o	o	o
90. Depression or anxiety [covid_sympt_mh_d13]	o	o	o
91. Fever [covid_sympt_fever_d13]	o	o	o
92. Symptoms that get worse after physical or mental activities [covid_sympt_worse_d13]	o	o	o

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
93. ...felt nervous, anxious, or on edge? [mh_anxiety_d13]	o	o	o	o
94. ...not been able to stop or control worrying? [mh_worry_d13]	o	o	o	o
95. ...felt depressed? [mh_depress_d13]	o	o	o	o

96. Have any of your friends or family members become ill with, or suspect they are ill with, COVID-19? [covid_famill_d13]		
Yes	o
No	o
Don't know	o

97. Have any of your friends or family members died from COVID-19? [covid_famdie_d13]		
Yes	o
No	o
Don't know	o

Block 5: COVID Vaccination - Receipt, Intention, Obstacles

98. Have you received a COVID-19 vaccine? [vac_received_d13]		
Yes (I have received at least one dose/injection of a vaccine)	o
No	o

IF [vac_received_d13] IS "Yes"

99. Which COVID-19 vaccine did you receive? [vac_type_d13]		
I got a one-dose vaccine (e.g., Johnson & Johnson or AstraZeneca)	o
I got the first dose/injection of a two-dose vaccine (e.g., Moderna or Pfizer)	o
I got both doses/injections of a two-dose vaccine (e.g., Moderna or Pfizer)	o
Other	o
Don't know	o

IF [vac_type_d13] IS "I got a one-dose vaccine (e.g., Johnson & Johnson or AstraZeneca)"

100. When did you receive the COVID-19 vaccine? [vac_date_singledose_d13]

November 2020	O
December 2020	O
January 2021	O
February 2021	O
March 2021	O
April 2021	O
May 2021	O
June 2021	O

IF [vac_type_d13] IS "I got the first dose/injection of a two-dose vaccine (e.g., Moderna or Pfizer)" OR "I got both doses/injections of a two-dose vaccine (e.g., Moderna or Pfizer)"

101. When did you receive your first dose of the COVID-19 vaccine? [vac_date1_d13]

December 2020	O
January 2021	O
February 2021	O
March 2021	O
April 2021	O
May 2021	O
June 2021	O

IF [vac_type_d13] IS "I got both doses/injections of a two-dose vaccine (e.g., Moderna or Pfizer)"

102. When did you receive your **second** dose of the COVID-19 vaccine? [vac_date2_d13]

January 2021	O
February 2021	O
March 2021	O
April 2021	O
May 2021	O
June 2021	O

IF [vac_type_d13] IS "I got the first dose/injection of a two-dose vaccine (e.g., Moderna or Pfizer)"

103. [vac_dose2_d13] How likely are you to get the second dose of your COVID-19 vaccine?	

1 - Not at all likely	o
2	o
3	
	o
4	o
5	o
6	o
7 - Very likely	o

IF [vac_received_d13] IS "No"

You indicated that you have not yet received a COVID-19 vaccine. Please indicate which of the following are reasons why you have not been vaccinated. For each of the reasons below, please indicate "yes" (if it is a reason) or "no" (if it is not a reason). (ORDER RANDOMIZED, EXCEPT WHERE NOTED)

	Yes	No
104. I do not get vaccines in general. [novac_belief_d13]	o	o
105. I have concerns about the effectiveness of COVID-19 vaccines. [novac_efficacy_d13] (PLACEMENT FIXED)	o	o
106. I have concerns about the safety of COVID-19 vaccines. [novac_safety_d13] (PLACEMENT FIXED)	o	o
107. I cannot get the vaccine from a place that I trust. [novac_trust_d13]	o	o
108. I have concerns about the side effects of COVID-19 vaccines. [novac_sideeffects_d13]	o	o
109. I feel my risk of getting COVID-19 is low. [novac_lowrisk_d13] (PLACEMENT FIXED)	o	o
110. Even if I got COVID-19, I feel it is unlikely that I would get very sick. [novac_health_d13] (PLACEMENT FIXED)	o	o
111. I may be asked to provide a social security number or government issued ID in order to get the COVID-19 vaccine. [novac_id_d13]	o	o
112. I am not able to access information about the COVID-19 vaccine in my preferred language. [novac_lang_d13]	o	o

113. I don't know how to schedule a vaccine appointment. [novac_appt_d13]	o	o
114. I don't have access to a phone or computer to schedule a vaccine appointment. [novac_tech_d13]	o	o
115. I don't have transportation to get to a vaccine site. [novac_transport_d13]	o	o
116. I don't have time to get vaccinated. [novac_time_d13]	o	o
117. I might need to miss work if the side effects of the vaccine make me feel sick. [novac_work_d13]	o	o
118. Other, please specify: [novac_other_d13] (PLACEMENT FIXED)	o	o

If [vac_received_other_d13] IS "Yes"
  119.   Please describe the reason you selected "other" in the previous question: (TEXT BOX) [novac_other_text_d13]

IF [vac_received_d13] IS "No" AND ANSWERED "Yes" TO TWO OR MORE OF THE [novac_x_d13] QUESTIONS

120. Among the several reasons you selected, please tell us which is the <u>main</u> reason you have not been vaccinated. [novac_main_reason_d13]	[IF novac_belief_d13 IS "Yes"] I do not get vaccines in general.	o
	[IF novac_efficacy_d13 IS "Yes"] I have concerns about the effectiveness of COVID-19 vaccines	o
	[IF novac_safety_d13 IS "Yes"] I have concerns about the safety of COVID-19 vaccines.	o
	[IF novac_trust_d13 IS "Yes"] I cannot get the vaccine from a place that I trust.	o
	[IF novac_sideeffects_d13 IS "Yes"] I have concerns about the side effects of COVID-19 vaccines.	o
	[IF novac_lowrisk_d13 IS "Yes"] I feel my risk of getting COVID-19 is low.	o
	[IF novac_health_d13 IS "Yes"] Even if I got COVID-19, I feel it is unlikely that I would get very sick.	o

[IF novac_id_d13 IS "Yes"] I may be asked to provide a social security number or government issued ID in order to get the COVID-19 vaccine.	o
[IF novac_lang_d13 IS "Yes"] I am not able to access information about the COVID-19 vaccine in my preferred language.	o
[IF novac_appt_d13 IS "Yes"] I don't know how to schedule a vaccine appointment.	o
[IF novac_tech_d13 IS "Yes"] I don't have access to a phone or computer to schedule a vaccine appointment.	o
[IF novac_transport_d13 IS "Yes"] I don't have transportation to get to a vaccine site.	o
[IF novac_time_d13 IS "Yes"] I don't have time to get vaccinated.	o
[IF novac_work_d13 IS "YES"] I might need to miss work if the side effects of the vaccine make me feel sick.	o
[IF nowork_other_d13 IS Yes"] Other	o

If [vac_received_d13] IS "No"

121. How likely are you to get a COVID-19 vaccine in the next several months? [vac_future_d13]

1 - Not at all likely	o
2	o
3	o
4 - Neutral	o
5	o
6	o
7 - Very likely	o

IF [hhcat_12to15_d13] IS GREATER THAN 1 OR [hhcat_16to17_d13] IS GREATER THAN 1

122. Has your child/children ages 12-17 already been vaccinated against COVID-19? [vac_kids_older_d13]	Yes	o
	No	o

IF [hhcat_12to15_d13] IS GREATER THAN 1 OR [hhcat_16to17_d13] IS GREATER THAN 1 AND [vac_kids_older_d13] IS "No"

123. For your child/children ages 12-17, how comfortable are you getting your child/children vaccinated against COVID-19 in the future? [vac_kids_older_comfort_d13]	1 - Not at all comfortable	o
	2	o
	3	o
	4 - Neutral	o
	5	o
	6	o
	7 - Very comfortable	o

IF [hhcat_0to2_d13] IS GREATER THAN 1 OR [hhcat_2to8_d13] IS GREATER THAN 1 OR [hhcat_9to11_d13] IS GREATER THAN 1

124. For your child/children under age 12, how comfortable are you getting your child/children vaccinated against COVID-19 once they are eligible? [vac_kids_younger_comfort_d13]	1 - Not at all comfortable	o
	2	o
	3	o
	4 - Neutral	o
	5	o
	6	o
	7 - Very comfortable	o

Block 6: Vaccine Attitudes and Trust

Would you support or oppose requiring people to be vaccinated against COVID-19 to do the following things:

	Support	Oppose	Don't know
125. Attend sporting events or concerts [vac_require_events_d13]	o	o	o
126. Fly on an airplane [vac_require_fly_d13]	o	o	o
127. Take a bus, train, or other form of public transit [vac_require_transit_d13]	o	o	o
128. Serve in the military [vac_require_military_d13]	o	o	o
129. Attend college classes in-person [vac_require_college_d13]	o	o	o
130. Attend K-12 schools in-person (for age-eligible students) [vac_require_k12_d13]	o	o	o
131. Work outside the home [vac_require_work_d13]	o	o	o

Many people have strong views on whether people should get vaccinated against COVID-19. To what extent have you experienced pressure to do any of the following?

	No pressure	Some pressure	A lot of pressure
132. Get a COVID-19 vaccine [vac_pressure_get_d13]	o	o	o
133. Not get a COVID-19 vaccine [vac_pressure_not_d13]	o	o	o

134. How much do you trust the federal government to ensure the COVID-19 vaccine is safe for the public? [vac_trust_covid_d13]		
	Fully trust	o
	Mostly trust	o
	Somewhat trust	o
	Do not trust	o

135. How much do you trust the federal government to ensure a COVID-19 vaccine is safe **for children**? [vac_trust_covid_child_d13]

Fully trust	o
Mostly trust	o
Somewhat trust	o
Do not trust	o

136. How much do you trust doctors and healthcare providers to act in your best interest when treating you?
[trust_healthcare_d13]

Fully trust	o
Mostly trust	o
Somewhat trust	o
Do not trust	o

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

	Not at all	A little	A great deal	Don't know
137. Your doctor or health care provider [trust_doctor_d13]	o	o	o	o
138. Your faith leader [trust_faithleader_d13]	o	o	o	o
139. News on the radio, TV, online, or in newspapers [trust_news_d13]	o	o	o	o
140. The Centers for Disease Control (CDC) [trust_cdc_d13	o	o	o	o
141. President Biden and his administration [trust_pres_d13]	o	o	o	o
142. Michigan Governor Whitmer and her administration [trust_gov_d13]	o	o	o	o
143. Detroit Mayor Duggan and his administration [trust_mayor_d13]	o	o	o	o

Block 7: Economic Hardship

Now we have some questions about you and your family's financial well-being.

144. How did you file your 2020 federal income taxes? [taxfiling_d13]	I filed my taxes electronically (on-line) using tax-preparation tool software, like Turbo Tax	o
	I had an accountant file my taxes or used a service like VITA/TCE or a tax preparation company like H&R Block	o
	I filled out hard copies of tax forms and mailed them to the IRS	o
	I requested an extension to file my taxes later	o
	I don't know how my taxes were filed	o
	I did not file my taxes	o
	Other	o

IF [taxfiling_d13] IS "Other"
  145. Please describe the reason you selected 'other' during the previous question. (TEXT BOX) [taxfiling_other_text_d13]

146. 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. [insured_d13]	Yes	o
	No	o
	Don't know	o

In the past month, have you received any of the following forms of public assistance or charity?

	Yes	No	Don't know
147. SNAP, Food Assistance Program, Food Stamps [fin_pubassist_snap_d13]	o	o	o
148. Unemployment Insurance (UI) benefits [fin_pubassist_ui_d13]	o	o	o
149. TANF (Temporary Assistance for Needy Families)/Family Independence Program [fin_pubassist_tanf_d13]	o	o	o
150. Social Security [fin_pubassist_socsecur_d13]	o	o	o

151. Supplemental Security Income (SSI) or Supplemental Security Disability Income (SSDI) [fin_pubassist_ssi_d13]	o	o	o
152. Assistance from a church or religious organization, community organization, labor union, or other organization [fin_pubassist_org_d13]	o	o	o
153. Food from a food bank or food pantry [fin_pubassist_food_d13]	o	o	o
154. Emergency cash assistance (State Emergency Relief) [fin_pubassist_cash_d13]	o	o	o
155. School lunch program pickup or delivery [fin_pubassist_schoollunch_d13]	o	o	o
156. Rental/mortgage assistance program (e.g., the State's COVID Emergency Rental Assistance program) [fin_pubassist_rent_d13]	o	o	o
157. Water payment or subsidy plan (e.g., Water Residential Assistance Program (WRAP)) [fin_pubassist_water_d13]	o	o	o
158. Other public assistance [fin_pubassist_other_d13]	o	o	o

IF [fin_pubassist_other_d13] IS "Yes"

159.   Please describe the reason you selected "other public assistance" in the previous question.

160. Did you receive a stimulus payment from the federal government after the passage of the American Rescue Plan Act in March 2021? [stimcheck_d13]		
	Yes	o
	No, I expect one but have not received it	o
	No, I am not eligible	o
	Don't know	o

161. As of today, which of the following statements best describes how manageable your household debt is? [hhdebt_level_d13]		
	My household does not have any debt	o
	My household has a manageable amount of debt	o
	My household has a bit more debt than is manageable	o
	My household has far more debt than is manageable	o

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

Put it on my credit card and pay it off in full at the next statement [emergexpense_creditonce_d13]	o
Put it on my credit card and pay it off over time [emergexpense_creditextend_d13]	o
Pay it now with the money currently in my checking/savings account or with cash [emergexpense_cash_d13]	o
Use money from a bank loan or line of credit [emergexpense_bankloan_d13]	o
Borrow from a friend or family member [emergexpense_borrow_d13]	o
Use a payday loan, deposit advance, or overdraft [emergexpense_payday_d13]	o
Sell something [emergexpense_sell_d13]	o
I would not be able to pay for the expense right now [emergexpense_unable_d13]	o
Other [emergexpense_other_d13]	o

IF [emergexpense_other_d13] IS Yes

163. Please describe the reason you selected "other" in the previous question. (TEXT BOX) [emergexpense_other_text_d13]

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

	Yes	No	Don't know	Not applicable (Does not apply)
164. Had the water shut off [exp_water_d13]	o	o	o	o
165. Had electricity and/or gas shut off [exp_elec_d13]	o	o	o	o
166. Had phone or internet service shut off [exp_phone_d13]	o	o	o	o
167. Was evicted or otherwise forced to leave a living arrangement [exp_evict_d13]	o	o	o	o

168. Experienced a foreclosure [exp_foreclose_d13]	o	o	o	o
169. Declared bankruptcy [exp_bankrupt_d13]	o	o	o	o

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/partial payment	Did not pay	Did not owe/ Not applicable
170. Mortgage or rent [bills_housing_d13]	o	o	o	o
171. Loans (e.g., student loans, car loan) [bills_loan_d13]	o	o	o	o
172. Credit card [bills_credit_d13]	o	o	o	o
173. Utility [bills_utility_d13]	o	o	o	o
174. Water bill [bills_water_d13]	o	o	o	o
175. Phone/ internet/ cable [bills_phone_d13]	o	o	o	o
176. Medical bills [bills_medical_d13]	o	o	o	o

177. In the **past 12 months**, how often have you been late on monthly housing payments (mortgage or rent) or have only made a partial housing payment? [freq_late_housing_d13]

Never	o
1-2 times	o
3-4 times	o
5-6 times	o
7 or more times	o
I do not make any housing payments	o

178. Compared to **one year ago**, is the financial situation of you and your household better, worse, or about the same?
[fin_sit_d13]

Better	o
Worse	o
About the same	o
Don't know	o

Block 8: Employment

Now we are going to ask about your employment.

179. In the **past month**, did you do any work for either pay or profit?
[anywork_d13]

Yes	o
No	o

IF [anywork_d13] IS "No"

180. How long have you been out of work?
[nowork_length_d13]

Less than a month	o
1 to 2 months	o
3 to 5 months	o
6 to 11 months	o
1 to 3 years	o
More than 3 years	o

IF [anywork_d13] IS "No"
Did any of the following contribute to your not working?

	Yes	No	Don't know
181. I am retired [lf_nowork_retired_d13]	o	o	o
182. I am going to school or training [lf_nowork_student_d13]	o	o	o
183. I have health/medical limitations or am disabled [lf_nowork_disabled_d13]	o	o	o
184. I did not want to work for pay at this time [lf_nowork_choice_d13]	o	o	o
185. I am a homemaker or don't work due to family/personal obligations [lf_nowork_homemaker_d13]	o	o	o

186. I have lost my job, been laid off, or am otherwise out of work [lf_nowork_layoff_d13]	○	○	○
187. Other [lf_nowork_other_d13]	○	○	○

IF [lf_nowork_other_d13] IS "Yes"

188. Please describe the reason you selected 'other' on the previous question about your work status: (TEXT BOX) [If_nowork_other_text_d13]

IF [lf_nowork_xx_d13] IS GREATER THAN OR EQUAL TO 2 "Yes" RESPONSES

189. Among the several reasons you selected for not working during the **past month**, please tell us which is the <u>main</u> reason for not working. [If_nowork_primary_d13]	[IF lf_nowork_retired_d13 IS "Yes"] I am retired	○
	[IF lf_nowork_student_d13 IS "Yes"] I am going to school or training	○
	[IF lf_nowork_disabled_d13 IS "Yes"] I have health/medical limitations or am disabled	○
	[IF llf_nowork_choice_d13 IS "Yes"] I did not want to work for pay at this time	○
	[IF lf_nowork_homemaker_d13 IS "Yes"] I am a homemaker or don't work due to family/personal obligations	○
	[IF lf_nowork_layoff_d13 IS "Yes"] I have lost my job, been laid off, or am otherwise out of work	○
	[IF nowork_other_d13 IS "Yes"] Other	○

IF [lf_nowork_layoff_d13] IS "Yes" OR [lf_nowork_other_d13] IS "Yes"

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

	Yes	No	Don't know
190. I am sick with COVID-19 symptoms [notworking_covidself_d13]	o	o	o
191. I am caring for someone with COVID-19 symptoms [notworking_covidother_d13]	o	o	o
192. I am/was laid off due to the COVID-19 pandemic [notworking_layoff_d13]	o	o	o
193. My place of employment closed due to the COVID-19 pandemic [notworking_tempclosed_d13]	o	o	o
194. I could not work because my job was seasonal [notworking_seasonal_d13]	o	o	o
195. I stopped working due to family/personal obligations resulting from the pandemic (e.g., childcare) [notworking_famcare_d13]	o	o	o

IF [lf_nowork_retired_d13] IS "Yes" AND [lf_nowork_disabled_d13] IS "Yes"

196. Have you searched for a new job **in the past 12 months**? [jobsearch_d13]

Yes	o
No	o

IF [jobsearch_d13] IS "Yes"
How did you search for a new job **in the past 12 months**? Select all that apply

	Yes	No	Don't know
197. Visited a Detroit at Work center [jobsearch_DAW_d13]	o	o	o
198. Visited Detroit at Work online [jobsearch_DAWonline_d13]	o	o	o
199. Visited other online job posting boards [jobsearch_online_d13]	o	o	o
200. Learned about job opportunities from family or friends [jobsearch_friends_d13]	o	o	o
201. Used social media [jobsearch_socialmedia_d13]	o	o	o
202. Other [jobsearch_other_d13]	o	o	o

IF [jobsearch_other_d13] is "Yes"
203.   Please describe the reason you selected "other" in the previous question about your job search. (TEXT BOX) [jobsearch_other_text_d13]

IF [lf_nowork_primary_d13] IS NOT "I am retired" AND [lf_nowork_primary_d13] IS NOT "I have health/medical limitations or am disabled"

204. How likely do you think it is that you will work for pay or profit in the **next month?**
[notworking_return_d13]

Very likely	o
Somewhat likely	o
Somewhat unlikely	o
Very unlikely	o
Not applicable	o

IF [anywork_d13] IS "Yes"

205. In your main job, do you usually work:
[workhrs_d13]

Full-time (35 or more hours per week)	o
Part-time (less than 35 hours per week)	o

IF [anywork_d13] IS "Yes"

206. Do you own a small business or consider yourself to be self-employed (including as an independent contractor or gig-economy worker)? [selfemploy_d13]

Yes	o
No	o

IF [anywork_d13] IS "Yes"

207. Did you apply for a Paycheck Protection Plan (PPP) loan? [ppp_apply_d13]

Yes	o
No	o

IF [ppp_apply_d13] IS "Yes"

208. Did you receive funds through the Paycheck Protection Plan (PPP) loan? [ppp_receive_d13]

Yes	o
No	o

IF [anywork_d13] IS "Yes"

209. Which of the following statements best explains where you are working now?
    [workplace_d13]

I am working outside my home most or all of the time	O
I am working from home most or all of the time	O
I split my time between working from home and working outside my home	O
Other	O

IF [workplace_d13] IS "Other"

210. Please describe the reason you selected 'other' during the previous question about your place of work: (TEXT BOX) [workplace_other_text_d13]

Block 9: Crime, Safety and Policing

Now we have some questions about crimes you may have experienced in or around your neighborhood. In the **past 12 months**...

	Yes	No
211. Have you or a member of your household had a motor vehicle (like a car, van, truck, motorcycle, or motor scooter) stolen? [crime_autotheft_d13]	○	○
212. Have any of the motor vehicles belonging to your household been deliberately damaged or broken into (in your neighborhood)? [crime_autobreakin_d13]	○	○
213. Did anyone get into your house/apartment without permission and steal or try to steal something? [crime_housebreakin_d13]	○	○
214. Did anyone vandalize or intentionally damage your home or a structure on your property? [crime_housevandalism_d13]	○	○
215. Has anyone taken something that was kept outside your home or happened to be left out, such as a bicycle, clothing, tools, or toys? [crime_theft_d13]	○	○
216. Have you heard gunshots in your neighborhood? [crime_gunshots_d13]	○	○
217. Have you seen drug dealing in your neighborhood? [crime_drugs_d13]	○	○
218. Have you been physically attacked by someone? [crime_attack_d13]	○	○

Next we have some questions about police behavior.

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

(RANDOMIZE ORDER)	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
219. I think the local police are doing a good job of protecting me in my neighborhood. [police_protect_d13]	○	○	○	○	○

220.	The police in my neighborhood can be trusted. {police_trust_d13]	○	○	○	○	○

221. Do you think recent killings of Black people by police are isolated incidents or are they part of a broader pattern of how police treat Black people? [police_killings_black_d13]

Isolated incidents	○
Part of a broader pattern	○
Don't know	○

222. Do you think recent killings of Latino people by police are isolated incidents or are they part of a broader pattern of how police treat Latino people? [police_killings_latino_d13]

Isolated incidents	○
Part of a broader pattern	○
Don't know	○

223. In general, do you think the police in and around Detroit are more likely to use deadly force against a Black person, or are more likely to use it against a white person, or do you think race does not affect police use of deadly force? [police_force_black_d13]

More likely to use deadly force against a Black person	○
More likely to use deadly force against a white person	○
Race does not affect the use of deadly force	○
Don't know	○

224. In general, do you think the police in and around Detroit are more likely to use deadly force against a Latino person, or are more likely to use it against a white person, or do you think race does not affect police use of deadly force? [police_force_latino_d13]

More likely to use deadly force against a Latino person	○
More likely to use deadly force against a white person	○
Race does not affect the use of deadly force	○
Don't know	○

225. Would increasing police presence in your neighborhood make you feel less safe, more safe, or would it not affect how safe you feel? [police_feelsafe_d13]

It would make me feel less safe	o
It would make me feel more safe	o
It would not affect how safe I feel	o
Don't know	o

How would you rate the job police in Detroit are doing when it comes to each of the following?

	Excellent	Good	Fair	Poor	Don't know
226. Holding officers accountable when misconduct occurs [police_rate_accountable_d13]	o	o	o	o	o
227. Using the right amount of force for each situation [police_rate_force_d13]	o	o	o	o	o
228. Treating racial and ethnic groups equally [police_rate_equality_d13]	o	o	o	o	o

Please indicate whether you would favor or oppose each of the following proposals about policing in Detroit.

	Strongly favor	Somewhat favor	Neither favor nor oppose	Somewhat oppose	Strongly oppose
229. Prohibit police from using chokeholds or strangleholds [police_support_chokeholds_d13] * During data collection it became apparent that participants struggled with the wording of this question and were unsure how to respond. This question has been dropped from the dataset as a result.	○	○	○	○	○
230. Give civilian oversight boards the power to investigate and discipline police officers accused of inappropriate use of force or other misconduct [police_support_oversight_d13]	○	○	○	○	○
231. Require police to be trained in nonviolent alternatives to deadly force [police_support_training_d13]	○	○	○	○	○
232. Send unarmed first responders (such as social workers or counselors) on calls involving mental health situations [police_support_unarmed_d13]	○	○	○	○	○

Block 10: Demographic and Background Characteristics
(Question 234-241 were only asked of panelists for whom we did not have this information as of March 2021)

In our final section, we have some questions about your background.

233. Do you speak a language other than English at home?
[language_d13]

Yes	o
No	o
Prefer not to answer	o

234. What month were you born? (DROPDOWN)
[age_month_d13]

235. What year were you born? (DROPDOWN)
[age_year_d13]

236. What is your gender?
[gender_d13]

Man	o
Woman	o
Trans woman	o
Trans man	o
Nonbinary, genderqueer, or genderfluid	o
I would use a different term to describe my gender	o
I would prefer not to answer	o

237. Which of the following best describes how you think of yourself?
[sexuality_d13]

Gay	o
Lesbian	o
Straight (that is, not gay, lesbian, bisexual, or other	o
Bisexual	o
Other	o
Prefer not to answer	o

IF [sexuality_d13] IS "Other"
238. Please indicate why you selected "other" in the previous question.

239. Are you of Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban?
[hisp_d13]

Yes	o
No	o
Prefer not to answer	o

240. Are you of Arab, Persian, or Middle Eastern descent?
[mideastern_d13]

Yes	o
No	o
Prefer not to answer	o

241. Which of the following best describes your race? Please select all that apply

White [race_white_d13]	o
Black or African-American [race_black_d13]	o
Asian or Asian-American [race_asian_d13]	o
American Indian or Alaska Native [race_native_d13]	o
Native Hawaiian or Other Pacific Islander [race_pacIsl_d13]	o
Other [race_other_d13]	o
Prefer not to answer [race_noanswer_d13]	o

242. What is the highest degree or level of school you have completed?
[educ_d13]

No formal education	o
Some education but did not graduate from high school or receive a GED	o
High school diploma or GED	o
Some college, no degree	o
Associate's degree (for example, AA or AS)	o
Bachelor's degree (for example BA, BS, or AB)	o
Graduate degree (e.g., Master's degree or doctorate)	o

243. What is your marital status?
[marital_d13]

Now married	o
Widowed	o
Divorced	o
Separated	o
Never married	o

IF [marital_d13] IS NOT "Now Married"

244. Are you currently living with a romantic partner? [cohab_d13]

Yes	o
No	o

245. Aside from weddings and funerals, how often do you attend religious services?
[relig_attend_d13]

More than once a week	o
Once a week	o
Once or twice a month	o
A few times a year	o
Seldom	o
Never	o

246. How important is religion in your life?
[relig_import_d13]

Very important	o
Somewhat important	o
Not too important	o
Not at all important	o

247. Generally speaking, do you usually think of yourself as a Republican, a Democrat, an Independent, or what?
[pid_d13]

Republican	o
Democrat	o
Independent	o
Other party	o
No preference	o

IF [pid_d13] IS "Republican"

248. Would you call yourself a strong Republican or a not very strong Republican? [pid_strength_r_d13]

Strong	O
Not very strong	O

IF [pid_d13] IS "Democrat"

249. Would you call yourself a strong Democrat or a not very strong Democrat? [pid_strength_d_d13]

Strong	O
Not very strong	O

IF [pid_d13] IS "Independent" OR "Other party" OR "No preference"

250. Do you think of yourself as closer to the Republican Party or to the Democratic Party? [pid_leaning_d13]

Closer to Republican	O
Closer to Democratic	O
Neither	O

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).

251. Was your total HOUSEHOLD income in the past 12 months . . . [income_1_d13]

Below $35,000	O
$35,000 or more	O

252. We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it…
[income_d13]

Less than $5,000	o
$5,001 to $7,499	o
$7,500 to $9,999	o
$10,000 to $12,499	o
$12,500 to $14,999	o
$15,000 to $19,999	o
$20,000 to $24,999	o
$25,000 to $29,999	o
$30,000 to $34,999	o
$35,000 to $39,999	o
$40,000 to $49,999	o
$50,000 to $59,999	o
$60,000 to $74,999	o
$75,000 to $84,999	o
$85,000 to $94,999	o
$95,000 to $99,999	o
$100,000 to $124,999	o
$125,000 to $149,999	o
$150,000 to $174,999	o
$175,000 or more	o

Block 11: Digital Inclusion

253. Do you have access to a computer at home? [home_computer_d13]

Yes	o
No	o
Don't know	o

254. Do you have consistent access to the internet at home? [home_internet_d13]

Yes	o
No	o
Don't know	o

If [home_computer_d13] IS "No" OR [home_internet_d13] IS "No"

255. Can you access a computer and the internet within a 5 minute walk of your house? [home_access_d13]

Yes	o
No	o
Don't know	o

Block 12: Survey Closing

256. I completed this survey… [surv_mode_d13]

On a computer (laptop or desktop)	o
On a mobile device (e.g., cell phone or tablet)	o
On the phone with a DMACS interviewer	o
Other	o