



## DMACS Wave 8 Questionnaire • April 23 - May 7, 2020 COVID-19 Survey #2

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

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INTRODUCTION: Thank you for participating in a previous DMACS survey. Just a few weeks ago, we fielded a survey that focused on how Detroiters are experiencing the COVID-19 pandemic. We had a tremendous response from our panelists, with over 1,000 Detroiters responding in just a week's time. We are sharing the survey results with state and local policymakers, media organizations, and community groups. Your experiences matter, and we greatly appreciate you sharing them.

With the coronavirus situation changing so quickly, we are conducting another short, follow-up survey to learn how you are coping with the pandemic. Whether or not you responded to the previous COVID-19 survey, we invite you to share your responses with us on this one! We'll repeat some of the same questions and add some new ones. Like the previous COVID-19 survey, this one should take about 15 minutes. We are again asking for a quick turnaround (responses due by the end of the day on Thursday, May 7) and are offering \$40 as a token of appreciation for your responses.

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

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

### **Block 0: Panelist Screening**

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

QA. Please confirm that your name is [FIRSTNAME  
LASTNAME] [panelist\_d8]

Yes, I am this person	<input type="radio"/>
Yes, I am this person but need to correct my name	<input type="radio"/>
No (END SURVEY)	<input type="radio"/>

[IF QA IS "Yes, I am this person but I need to correct my name"]

QB. Please enter your name as you would like us to record it. [TEXT BOX]  
[panelist\_name\_correct\_d8]

[IF QB 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.

QC. To confirm, do you live at [INSERT  
ADDRESS?] [address\_confirm\_d8]

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

[IF QC IS "No"]

QD. What is your permanent address? (TEXT BOX)

1. Please indicate who currently lives in your household? (If you live alone select "no" for all)

	Yes	No
My spouse or partner [hh_spouse_d8]	<input type="radio"/>	<input type="radio"/>
My child(ren) under age 18 [hh_child_d8]	<input type="radio"/>	<input type="radio"/>

My adult child(ren) age 18 or older [hh_adultchild_d8]	<input type="radio"/>	<input type="radio"/>
My parent(s) [hh_parent_d8]	<input type="radio"/>	<input type="radio"/>
Extended family [hh_extended_d8]	<input type="radio"/>	<input type="radio"/>
Roommate(s) not related to me [hh_roommate_d8]	<input type="radio"/>	<input type="radio"/>
Other individuals [hh_other_d8]	<input type="radio"/>	<input type="radio"/>

2. Since the COVID-19 pandemic began in the U.S. (around March 1, 2020), have any of the following changes taken place in your living arrangements (select all that apply):

I moved to a new place to live [hh_change_newlocat_d8]	<input type="checkbox"/>
Someone moved into my household [hh_change_newmemb_d8]	<input type="checkbox"/>
Someone moved out of my household [hh_change_lostmemb_d8]	<input type="checkbox"/>
No changes [hh_nochange_d8]	<input type="checkbox"/>

3. [IF hh\_change\_d8 IS "I moved to a new place to live" OR "Someone moved into my household" OR "Someone moved out of my household] Please explain changes in your living arrangements since the COVID-19 pandemic began [TEXT BOX] [hh\_change\_text\_d8]

4. On a scale of 0 to 100 percent, what is the chance that you will get COVID-19 in the next three months? If you're not sure, please give your best guess. [contraction\_d8]  
RANGE 0..100

0%	<input type="radio"/>
10%	<input type="radio"/>
20%	<input type="radio"/>
30%	<input type="radio"/>
40%	<input type="radio"/>

50%	<input type="radio"/>
60%	<input type="radio"/>
70%	<input type="radio"/>
80%	<input type="radio"/>
90%	<input type="radio"/>
100%	<input type="radio"/>
Don't know	<input type="radio"/>

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

	Very serious	Somewhat serious	Not too serious	Not at all serious	Don't know
For you personally [serious_personal_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For people in your community [serious_community_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. The COVID-19 pandemic may cause challenges for some people regardless of whether they are actually infected. Have you experienced any challenges with the following things since the start of the pandemic (around March 1, 2020)? [ORDER RANDOMIZED]

	No, this is not a challenge	Yes, this is a minor challenge	Yes, this is a major challenge
Getting the health care I need (including for mental health) [challenge_health_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a place to live [challenge_house_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to interact with other people [challenge_interact_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting food, water, and other household supplies [challenge_supplies_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Getting medication [challenge_meds_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having transportation to get where I need to go [challenge_transpo_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for my family and friends [challenge_family_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. In the past seven days, have you done the following? [ORDER RANDOMIZED]

	Yes	No
Worn a face mask in public [behav_mask_d8]	<input type="radio"/>	<input type="radio"/>
Cancelled or postponed travel [behav_travel_d8]	<input type="radio"/>	<input type="radio"/>
Avoided public spaces, gatherings or crowds (including church or religious services) [behav_avoid_pub_d8]	<input type="radio"/>	<input type="radio"/>
Avoided contact with close family members [behav_avoid_fam_d8]	<input type="radio"/>	<input type="radio"/>
Gone out to a bar, club, or other place where people gather [behav_bar_d8]	<input type="radio"/>	<input type="radio"/>
Gone to the grocery store or pharmacy [behav_shop_d8]	<input type="radio"/>	<input type="radio"/>
Gone to a friend, neighbor, or relative's residence (that is not your own) [behav_visit_out_d8]	<input type="radio"/>	<input type="radio"/>
Had visitors such as friends, neighbors or relatives at your residence [behav_visit_in_d8]	<input type="radio"/>	<input type="radio"/>
Attended a gathering with more than 10 people, such as a reunion, wedding, funeral, birthday party, concert, or religious service [behav_gather_d8]	<input type="radio"/>	<input type="radio"/>
Sought care from a hospital or health care facility [behav_health_d8]	<input type="radio"/>	<input type="radio"/>
Remained in your residence at all times, except for essential activities or exercise [behav_socdist_d8]	<input type="radio"/>	<input type="radio"/>

Stockpiled food or water [behav_stockpile_d8]	<input type="radio"/>	<input type="radio"/>
Had close contact (within 6 feet) with people who live with you [behav_contact_hh_d8]	<input type="radio"/>	<input type="radio"/>
Had close contact (within 6 feet) with people who do not live with you [behav_contact_nonhh_d8]	<input type="radio"/>	<input type="radio"/>
Gone outside to walk, hike, or exercise [behav_walk_d8]	<input type="radio"/>	<input type="radio"/>

8. How safe or unsafe do you think the following actions are during the COVID-19 pandemic? [ORDER RANDOMIZED]

	Very Unsafe	Somewhat Unsafe	Somewhat Safe	Very Safe	Don't Know
Grocery shopping [safe_shop_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending gatherings of more than 10 people [safe_gather_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going to the hospital or doctor [safe_health_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dining in at restaurants [safe_restaur_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating take-out meals from restaurants [safe_takeout_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handling packages that have been delivered [safe_deliver_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting with relatives or friends in their home [safe_visit_out_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing on playground equipment [safe_play_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Touching door knobs, countertops, and other surfaces in your home [safe_touch_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacting closely with other members of your household [safe_contact_hh_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Going outside to walk, hike, or exercise [safe_walk_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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9. Has the COVID-19 pandemic affected how you are <u>spending</u> money? [fin_spend_d8]	Yes, I have been spending <u>a lot more</u> money	<input type="radio"/>
	Yes, I have been spending <u>a little more</u> money	<input type="radio"/>
	Yes, I have been spending <u>a little less</u> money	<input type="radio"/>
	Yes, I have been spending <u>a lot more</u> money	<input type="radio"/>
	No, I have not changed the amount I spend	<input type="radio"/>

10. (IF [fin\_spend\_d8] IS “Yes, I have been spending a lot more money” OR “Yes, I have been spending a little more money”) What kinds of expenses are you spending more money on? [TEXT BOX]  
[fin\_spend\_more\_text\_d8]

11. (IF [fin\_spend\_d8] IS “Yes, I have been spending a little less money” OR “Yes, I have been spending a lot less money”) What kinds of expenses are you spending less money on? [TEXT BOX]  
[fin\_spend\_less\_text\_d8]

12. Has the COVID-19 pandemic affected how you are <b>saving</b> money? [fin_save_d8]	Yes, I have been saving <u>a lot more</u> money	<input type="radio"/>
	Yes, I have been saving <u>a little more</u> money	<input type="radio"/>
	Yes, I have been saving <u>a little less</u> money	<input type="radio"/>
	Yes, I have been saving <u>a lot less</u> money	<input type="radio"/>
	No, I have not changed the amount I save	<input type="radio"/>
	Don't know	<input type="radio"/>

13. Has the COVID-19 pandemic affected how you are <b>borrowing</b> money? [fin_borrow_d8]	Yes, I have been borrowing <u>a lot more</u> money	<input type="radio"/>
	Yes, I have been borrowing <u>a little more</u> money	<input type="radio"/>
	Yes, I have been borrowing <u>a little less</u> money	<input type="radio"/>
	Yes, I have been borrowing <u>a lot less</u> money	<input type="radio"/>
	No, I have not changed the amount I borrow	<input type="radio"/>

14. As of today, which of the following statements describes how manageable your household debt is? [fin_debtexp_d8]	My household does not have any debt	<input type="radio"/>
	My household has a manageable amount of debt	<input type="radio"/>
	My household has a bit more debt than is manageable	<input type="radio"/>
	My household has far more debt than is manageable	<input type="radio"/>

15. Since March 1, 2020, have you received any of the following forms of public assistance or charity? (Select all that apply) [ORDER RANDOMIZED]	SNAP, Food Stamps, or EBT/Bridge Card [fin_pubassist_snap_d8]	<input type="checkbox"/>
	Unemployment Insurance (UI) benefits [fin_pubassist_ui_d8]	<input type="checkbox"/>
	TANF (Temporary Assistance for Needy Families) [fin_pubassist_tanf_d8]	<input type="checkbox"/>
	Social Security [fin_pubassist_socsecur_d8]	<input type="checkbox"/>
	Supplemental Social Security [fin_pubassist_ssi_d8]	<input type="checkbox"/>
	Assistance from a union or other association [fin_pubassist_union_d8]	<input type="checkbox"/>
	Assistance from a church or religious organization [fin_pubassist_church_d8]	<input type="checkbox"/>
	Assistance from another community organization [fin_pubassist_co_d8]	<input type="checkbox"/>



Food from a food bank or food pantry [fin_pubassist_food_d8]	<input type="checkbox"/>
Emergency cash assistance [fin_pubassist_cash_d8]	<input type="checkbox"/>
Other public assistance (Please explain) [fin_pubassist_other_d8]	<input type="checkbox"/>
None of the above (Last option) [fin_pubassist_none_d8]	<input type="checkbox"/>

16. Has the COVID-19 pandemic affected your use of any forms of public assistance or charity?  
[fin\_pubassist\_d8]

Yes, my use of public assistance or charity has <u>increased a great deal</u>	<input type="radio"/>
Yes, my use of public assistance or charity has <u>increased a small amount</u>	<input type="radio"/>
Yes, my use of public assistance or charity has <u>decreased a small amount</u>	<input type="radio"/>
Yes, my use of public assistance or charity has <u>decreased a great deal</u>	<input type="radio"/>
No, my use of public assistance or charity has not changed	<input type="radio"/>

17. In the past seven days, were you worried you would run out of food because of a lack of money or other resources? [food\_worry\_d8]

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

18. In the past seven days, did you eat less than you thought you should because of a lack of money or other resources? [food\_eatless\_d8]

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

Next, we have some questions about work. First, we want to focus on work you were doing before the pandemic (before March 1, 2020).

19. Prior to the start of the COVID-19 pandemic (around March 1, 2020), were you working for pay? [pre\_work\_d8]

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

20. [IF [pre\_work\_d8] IS "No"] Did any of the following contribute to your not working prior to March 1, 2020?

	Yes	No
Could not find work [pre_nowork_find_d8]	<input type="radio"/>	<input type="radio"/>
Child care [pre_nowork_child_d8]	<input type="radio"/>	<input type="radio"/>
Other family or personal obligations [pre_nowork_fam_d8]	<input type="radio"/>	<input type="radio"/>
Health/medical limitations or disability [pre_nowork_health_d8]	<input type="radio"/>	<input type="radio"/>
Going to school or training [pre_nowork_school_d8]	<input type="radio"/>	<input type="radio"/>
Retired [pre_nowork_retire_d8]	<input type="radio"/>	<input type="radio"/>
Other [TEXT BOX] [pre_nowork_other_d8]	<input type="radio"/>	<input type="radio"/>

21. IF [pre\_work\_d8] IS "Yes" Think about your main job (the job from which you earned the most income) prior to the start of the pandemic (around March 1, 2020). In this job, were you self-employed or did you work for an employer? [pre\_worktype\_d8]

Self-employed	<input type="radio"/>
Worked for an employer	<input type="radio"/>
Other [TEXT BOX]	<input type="radio"/>

22. [IF [pre\_work\_d8] IS "Yes"] Still thinking about your main job (prior to the start of the

Full-time (35 or more hours per week)	<input type="radio"/>
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pandemic), did you usually work:  
 [pre\_workhrs\_d8]

Part-time (less than 35 hours per week)	<input type="radio"/>
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23. [IF [pre\_work\_d8] IS "Yes"] A temporary job lasts for a limited time or until the end of a project. Was your main job (prior to the start of the pandemic) a temporary job? [pre\_worktemp\_d8]

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

24. In early 2020, prior to the start of the pandemic (from January 1 to March 1, 2020), were you paid for any of the following activities?

	Yes	No
Child or elder care services [pre_gig_child_d8]	<input type="radio"/>	<input type="radio"/>
Dog walking, feeding pets, or house sitting [pre_gig_pet_d8]	<input type="radio"/>	<input type="radio"/>
House cleaning, yard work, or other property maintenance work [pre_gig_house_d8]	<input type="radio"/>	<input type="radio"/>
Driving or ride-sharing, such as Uber or Lyft [pre_gig_drive_d8]	<input type="radio"/>	<input type="radio"/>
Delivering food, such as DoorDash or Grubhub [pre_gig_food_d8]	<input type="radio"/>	<input type="radio"/>
Paid tasks online, such as posting YouTube videos [pre_gig_online_d8]	<input type="radio"/>	<input type="radio"/>
Other personal tasks, such as deliveries, running errands, or helping people move [pre_gig_other_d8]	<input type="radio"/>	<input type="radio"/>

The next questions are about your work status now.

25. [IF [pre\_work\_d8] IS "Yes"] Which statement best reflects your current employment status:  
 [curr\_work1\_d8]

I am still working in the same job	<input type="radio"/>
I lost my job and I am looking for work	<input type="radio"/>

I have been temporarily laid off from the same job (i.e., a furlough)	<input type="radio"/>
I am on sick leave or other leave from the same job	<input type="radio"/>
I am now working at a different job	<input type="radio"/>
Other (Please explain) [TEXT BOX]	<input type="radio"/>

26. [IF [pre\_work\_d8] IS "No" OR not answered] Which statement best reflects your current employment status: [curr\_work2\_d8]

I am not working for pay	<input type="radio"/>
I am working for pay	<input type="radio"/>
Other (Please explain) [TEXT BOX]	<input type="radio"/>

[IF curr\_work1\_d8 IS "I am now working at a different job OR "Other"] OR [IF curr\_work2\_d8 IS "I am working for pay" OR "Other"]

27. In your primary job now, are you self-employed or do you work for an employer? [curr\_workself\_d8]

Self-employed	<input type="radio"/>
Work for an employer	<input type="radio"/>
Other (Please Explain) [TEXT BOX]	<input type="radio"/>

[IF curr\_work1\_d8 IS "I am still working in the same job" OR "I am now working at a different job" OR "Other"] OR [IF curr\_work2\_d8 IS "I am working for pay" OR "Other"]

28. Have your work hours been reduced since March 1, 2020? [curr\_workless\_d8]

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

29. Since the start of the pandemic (around March 1, 2020), have you been paid for any of the following activities?

	Yes	No
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Child or elder care services [curr_gig_child_d8]	<input type="radio"/>	<input type="radio"/>
Dog walking, feeding pets, or house sitting [curr_gig_pet_d8]	<input type="radio"/>	<input type="radio"/>
House cleaning, yard work, or other property maintenance work [curr_gig_house_d8]	<input type="radio"/>	<input type="radio"/>
Driving or ride-sharing, such as Uber or Lyft [curr_gig_drive_d8]	<input type="radio"/>	<input type="radio"/>
Delivering food, such as DoorDash or Grubhub [curr_gig_food_d8]	<input type="radio"/>	<input type="radio"/>
Paid tasks online, such as posting YouTube videos [curr_gig_online_d8]	<input type="radio"/>	<input type="radio"/>
Other personal tasks, such as deliveries, running errands, or helping people move [curr_gig_other_d8]	<input type="radio"/>	<input type="radio"/>

[IF curr\_work1\_d8 IS "I am still working in the same job" OR "I am now working at a different job" OR "Other"] OR [IF curr\_work2\_d8 IS "I am working for pay" OR "Other"] OR [curr\_gig\_d8 IS "Yes" for any]

30. Which of the following statements best explains where you are working now? [curr\_workplace\_d8]

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 (Please explain) [TEXT BOX]	<input type="radio"/>

[IF curr\_work1\_d8 IS "I am still working in the same job" OR "I have been temporarily laid off from the same job" OR "I am on sick leave or other leave from the same job" OR "I am now working at a different job" OR "Other"] OR [IF curr\_work2\_d8 IS "I am working for pay" OR "Other"] OR [curr\_gig\_d8 IS "Yes" for any]

31. On a scale of 0 to 100 percent, what is the percent chance that you will lose your job because of the COVID-19 pandemic within the next three months? [risk\_jobloss\_d8]  
RANGE 0..100

0%	<input type="radio"/>
10%	<input type="radio"/>

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

32. On a scale of 0 to 100 percent, what is the percent chance you will run out of money because of the COVID-19 pandemic within the next three months? [fincushion\_d8]  
 RANGE 0..100

0%	<input type="radio"/>
10%	<input type="radio"/>
20%	<input type="radio"/>
30%	<input type="radio"/>
40%	<input type="radio"/>
50%	<input type="radio"/>
60%	<input type="radio"/>
70%	<input type="radio"/>
80%	<input type="radio"/>

90%	<input type="radio"/>
100%	<input type="radio"/>
Don't know	<input type="radio"/>

33. Do you expect to receive a stimulus check from the federal government through the CARES Act recently passed by Congress? (Please select yes if you have already received your stimulus check.) [stimcheck\_d8]

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

34. Do you own your home, rent it, or have some other arrangement? [housing\_d8]

Own	<input type="radio"/>
Rent	<input type="radio"/>
Have a land contract (aka rent-to-own, lease to purchase, contract for deed)	<input type="radio"/>
Some other arrangement (Please explain) [TEXT BOX]	<input type="radio"/>

35. In response to the COVID-19 pandemic how have you and your household responded to the following household bills or expenses?

	Paid on time	Received permission to delay or reduce a payment	Received permission to waive or skip a payment	Did not pay	Don't Know	N/A
Mortgage or rent [bills_housing_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loans (eg student loans, car loan) [bills_loan_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Credit card [bills_credit_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Utility or water bill [bills_utility_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone/ internet/ cable [bills_phone_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

36. Have any of your friends or family members become ill with, or suspect they are ill with, COVID-19? [covid\_famill\_d8]

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

37. Have any of your friends or family members died from COVID-19? [covid\_famdie\_d8]

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

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

38. In general, how is your health? [health\_d8]

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



39. Have you been diagnosed by a medical doctor or other healthcare professional with any of the following diseases or conditions?

	Yes	No	Don't know
Diabetes [pemc_diabetes_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory disease (including emphysema, COPD, asthma) [pemc_respdis_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease [pemc_heartdis_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autoimmune disease (including lupus, sarcoidosis, rheumatoid arthritis) [pemc_autoimdis_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer (in the past or now) [pemc_cancer_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. Have you been tested for COVID-19? [covid\_test\_d8]

Yes, I have been tested and I tested positive (I had/have COVID-19)	<input type="radio"/>
Yes, I have been tested and I tested negative (I did not have COVID-19)	<input type="radio"/>
Yes, I have been tested and I do not know the result	<input type="radio"/>
No, I have not been tested	<input type="radio"/>

41. Whether or not you have been tested for COVID-19, has a doctor or another healthcare professional diagnosed you as having or probably having COVID-19? [covid\_diag\_d8]

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

42. Whether or not you have been tested or diagnosed, have you sought medical care for COVID-19? [covid\_care\_d8]

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

43. Have you been exposed to someone with COVID-19?  
[covid\_expose\_d8]

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

44. Have you experienced any of the following symptoms in the past 7 days? [ORDER RANDOMIZED]

Fever or chills [symp_chills_d8]	<input type="checkbox"/>
Runny or stuffy nose [symp_nasal_d8]	<input type="checkbox"/>
Chest congestion [symp_chest_d8]	<input type="checkbox"/>
Cough [symp_cough_d8]	<input type="checkbox"/>
Sore throat [symp_sorethroat_d8]	<input type="checkbox"/>
Sneezing [symp_sneeze_d8]	<input type="checkbox"/>
Muscle or body aches [symp_bodache_d8]	<input type="checkbox"/>
Headaches [symp_headache_d8]	<input type="checkbox"/>
Fatigue or tiredness [symp_tired_d8]	<input type="checkbox"/>
Shortness of breath [symp_breath_d8]	<input type="checkbox"/>
Abdominal Discomfort [symp_abdpain_d8]	<input type="checkbox"/>
Vomiting [symp_vomit_d8]	<input type="checkbox"/>
Hair Loss [symp_hairloss_d8]	<input type="checkbox"/>
Dry skin [symp_dryskin_d8]	<input type="checkbox"/>
Body temperature higher than 100.4 F or 38.0 C [symp_fever_d8]	<input type="checkbox"/>

Diarrhea [symp_diarrhea_d8]	<input type="checkbox"/>
Lost sense of smell [symp_anosmia_d8]	<input type="checkbox"/>
Skin rash [symp_rash_d8]	<input type="checkbox"/>
None of the above [symp_none_d8]	<input type="checkbox"/>

45. Are you covered by any kind of health insurance or some other kind of health care plan? Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.  
[insurance\_d8]

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

46. 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]

	Rarely or none of the time (Less than 1 day)	Some or a little of the time (1 to 2 days)	Occasionally or a moderate amount of time (3 to 4 days)	Most or all of the time (5 to 7 days)
...felt nervous, anxious, or on edge? [mh_anxiety_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...not been able to stop or control worrying? [mh_worry_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...felt depressed? [mh_depress_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...felt lonely? [mh_lonely_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...felt hopeful about the future? [mh_hope_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

...felt little interest or pleasure in doing things? [mh_apathy_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**[IF HOUSEHOLD HAS CHILDREN UNDER 18]**

47. [IF [hh\_child\_d8] IS "Yes"] Prior to the start of the COVID-19 pandemic (around March 1, 2020), on a scale of 0 to 100 percent, what percentage of your household's childcare did you provide? Please include time spent supervising kids at home, helping with schoolwork/homework, etc.  
[pre\_ccare\_d8] Range 0..100

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

**[IF HOUSEHOLD HAS CHILDREN UNDER 18]**

48. [IF [hh\_child\_d8] IS "YES"] In the past month since the start of the COVID-19 pandemic, on a scale of 0 to 100 percent, what percentage of your household's childcare do you now provide? Please include time spent supervising kids at home, helping with schoolwork/homework, etc.  
[curr\_ccare\_d8] Range 0..100

0%	<input type="radio"/>
10%	<input type="radio"/>
20%	<input type="radio"/>
30%	<input type="radio"/>
40%	<input type="radio"/>

50%	<input type="radio"/>
60%	<input type="radio"/>
70%	<input type="radio"/>
80%	<input type="radio"/>
90%	<input type="radio"/>
100%	<input type="radio"/>
Don't know	<input type="radio"/>

[IF HOUSEHOLD HAS CHILDREN UNDER 18]

49. [IF [hh\_child\_d8] IS "YES"] How are your current childcare responsibilities affecting your ability to work and do household tasks?

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know	N/A
Childcare duties have made it difficult for me to work [curr_ccare_work_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare duties have made it difficult for me to do household tasks [curr_ccare_hh_d8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. Do you have any other thoughts about this survey or the topics covered in this survey? [TEXT BOX] [feedback\_d8]

51. What is your legal name?

First Name \_\_\_\_\_  
 Middle \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Suffix \_\_\_\_\_

52. We plan to mail your gift card to this address: [Auto fill original address or corrected address]. Is this where you would like us to send this gift card? [incentive\_d8]

Yes

No	<input type="radio"/>
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53. [IF IS [incentive\_d8] "NO"] Please enter the address where we should mail you gift card: [TEXT BOX] [update\_mail\_d8]

54. Please edit incorrect information and add any that is missing:

Email address: [TEXT BOX] [update\_email\_d8]

Cell phone number: [TEXT BOX] [update\_hphone\_d8]

Home/alternate phone number: [TEXT BOX] [update\_cphone\_d8]

55. May we text you with links to surveys in the future? [surv\_text\_d8]

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

56. I completed this survey... [surv\_mode\_d8]

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 [TEXT BOX]	<input type="radio"/>