

COVID-19 Survey #3 Questionnaire
Spring 2020 -- DMACS Wave 9

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.

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

With the coronavirus situation changing so quickly, we are conducting another short, follow-up survey to learn how you are coping with the pandemic. Whether or not you responded to the previous COVID-19 surveys, we invite you to share your responses with us on this one! We'll repeat some of the same questions and add some new ones. Like the previous COVID-19 surveys, this one should take about 20 minutes. We are again asking for a quick turnaround (responses due by the end of the day on June 11) and are offering \$40 as a token of appreciation for your responses.

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

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

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

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

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

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

QB. Please enter your name as you would like us to record it. (TEXT BOX)

[IF “No I am not this person” IN QB]

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?]

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

[IF NO IN QC]

QD. What is your permanent address?

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

	Very serious	Somewhat serious	Not too serious	Not at all serious	Don't know
For you personally [serious_personal_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For people in your community [serious_community_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very unsafe	Somewhat unsafe	Somewhat safe	Very safe	Don't know
Grocery shopping [safe_shop_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending gatherings of more than 10 people [safe_gather_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going to the hospital or doctor [safe_health_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dining in at restaurants [safe_restaur_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating take-out meals from restaurants [safe_takeout_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handling packages that have been delivered [safe_deliver_d9]	<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_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing on playground equipment [safe_play_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going outside to walk, hike, or exercise [safe_walk_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. In the **past seven days**, have you done the following?

	Yes	No
Worn a face mask in public [behav_mask_d9]	<input type="radio"/>	<input type="radio"/>
Avoided public spaces, gatherings or crowds (including church or religious services) [behav_avoid_pub_d9]	<input type="radio"/>	<input type="radio"/>
Gone out to a bar, club, or other place where people gather [behav_bar_d9]	<input type="radio"/>	<input type="radio"/>
Gone to a friend, neighbor, or relative's residence (that is not your own) [behav_visit_out_d9]	<input type="radio"/>	<input type="radio"/>
Had visitors such as friends, neighbors or relatives at your residence [behav_visit_in_d9]	<input type="radio"/>	<input type="radio"/>
Attended an in person gathering with more than 10 people, such as a reunion, wedding, funeral, birthday party, concert, or religious service [behav_gather_d9]	<input type="radio"/>	<input type="radio"/>

Had close contact (within 6 feet) with people who do not live with you [behav_contact_nonhh_d9]	<input type="radio"/>	<input type="radio"/>
Gone outside to walk, hike, or exercise [behav_walk_d9]	<input type="radio"/>	<input type="radio"/>

4. In the **past month**, have any of the following changes taken place in your living arrangements:

	No	Yes
I moved to a new place to live [hh_change_newlocat_d9]	<input type="radio"/>	<input type="radio"/>
Someone moved into my household [hh_change_newmemb_d9]	<input type="radio"/>	<input type="radio"/>
Someone moved out of my household [hh_change_lostmemb_d9]	<input type="radio"/>	<input type="radio"/>

[IF ANY OF hh_change_newlocat_d9, hh_change_newmemb_d9, OR hh_change_lostmemb_d9 IS YES]

5. Please explain changes in your living arrangements in the past month. [TEXT BOX]

[hh_change_text_d9]

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

	No, this is not a challenge	Yes, this is a minor challenge	Yes, this is a major challenge
Getting the health care I need (including for mental health) [challenge_health_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a place to live [challenge_house_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to interact with other people [challenge_interact_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting food, water, and other household supplies [challenge_supplies_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting medication [challenge_meds_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Having transportation to get where I need to go [challenge_transpo_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for my family and friends [challenge_family_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. In the past month, has your spending on any of the following changed?
[ORDER RANDOMIZED, BUT fin_spchng_overall_d9 IS ALWAYS LISTED FIRST]

	Spending More	Spending Less	No Change	Don't Know	N/A
Overall [fin_spchng_overall_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Groceries [fin_spchng_groceries_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restaurant food / take out [fin_spchng_restaurant_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilities [fin_spchng_utilities_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleaning supplies (including personal protective equipment or PPE) [fin_spchng_cleaning_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entertainment [fin_spchng_entertain_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel [fin_spchng_travel_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gas [fin_spchng_gas_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charitable giving [fin_spchng_giving_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. In the past month, have you received any of the following forms of public assistance or charity? (Select all that apply)
[ORDER RANDOMIZED]

SNAP, Food Assistance Program, Food Stamps [fin_pubassist_snap_d9]	<input type="radio"/>
Unemployment Insurance (UI) benefits [fin_pubassist_ui_d9]	<input type="radio"/>

TANF (Temporary Assistance for Needy Families)/Family Independence Program [fin_pubassist_tanf_d9]	<input type="radio"/>
Social Security [fin_pubassist_socsecur_d9]	<input type="radio"/>
Supplemental Security Income (SSI) or Supplemental Security Disability Income (SSDI) [fin_pubassist_ssi_d9]	<input type="radio"/>
Assistance from a church or religious organization, community organization, labor union, or other organization [fin_pubassist_org_d9]	<input type="radio"/>
Food from a food bank or food pantry [fin_pubassist_food_d9]	<input type="radio"/>
Emergency cash assistance (State Emergency Relief) [fin_pubassist_cash_d9]	<input type="radio"/>
School lunch program pickup or delivery [fin_pubassist_schoollunch_d9]	<input type="radio"/>
Rental/mortgage assistance program [fin_pubassist_rent_d9]	<input type="radio"/>
Other public assistance (textbox) [fin_pubassist_other_d9]	<input type="radio"/>
None of the above (LAST OPTION) [fin_pubassist_none_d9]	<input type="radio"/>

9. Did you receive a stimulus payment from the federal government through the CARES Act recently passed by Congress?
[stimcheck_d9]

Yes	<input type="radio"/>
No, I expect one but have not received it	<input type="radio"/>
No, I am not eligible	<input type="radio"/>
Don't know	<input type="radio"/>

10. Have you applied for unemployment benefits in the past month?

[unemp_bens_d9]

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

11. Which of these statements best describes the food eaten in your household before the start of the COVID-19 pandemic (around March 1, 2020)? (select one)

[pre_enoughfood_d9]

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

12. Which of these statements best describes the food eaten in your household in the past seven days? (select one)

[now_enoughfood_d9]

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

[IF now_enoughfood_d9 IS “Enough, but not always the kinds of food (I/we) wanted to eat”, “Sometimes not enough to eat”, OR “Often not enough to eat”]

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

	Yes	No	Don't know
Couldn't afford to buy more food [enoughfood_cost_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't get out to buy food (for example, didn't have transportation, or had mobility or health problems that prevented you from getting out) [enoughfood_unable_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afraid to go or didn't want to go out to buy food [enoughfood_fear_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't get groceries or meals delivered to me [enoughfood_delivery_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The stores didn't have the food I wanted [enoughfood_stock_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. During the **last 7 days**, did you or anyone in your household get free groceries or a free meal? (select one)
[freefood_d9]

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

(IF GOT FREE GROCERIES OR A FREE MEAL IN LAST 7 DAYS)

15. Did you get free groceries or free meals from any of the following sources?

	Yes	No	Don't know
Free meals through the school or other programs aimed at children [freefood_child_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food pantry or food bank [freefood_pantry_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-delivered meal service like Meals on Wheels [freefood_delivery_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Church, synagogue, temple, mosque or other religious organization [freefood_religious_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shelter or soup kitchen [freefood_shelter_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other community program [freefood_commprog_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family, friends, or neighbors [freefood_family_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. How confident are you that your household will be able to afford the kinds of food you need for the **next month**? (select one)
[food_conf_d9]

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

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

	Paid on time	Made a late or reduced payment	Did not pay	N/A
Mortgage or rent [bills_housing_d9]				
Loans (eg student loans, car loan) [bills_loan_d9]				
Credit card [bills_credit_d9]				
Utility or water bill [bills_utility_d9]				
Phone/ internet/ cable [bills_phone_d9]				

18. As of today, which of the following statements describes how manageable your household debt is?
[fin_debtexp_d9]

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"/>
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19. Do you currently own your home, rent it, or have some other arrangement? Please select all that apply.

Own outright [housing_own_d9]	<input type="radio"/>
Own and paying a mortgage [housing_mortgage_d9]	<input type="radio"/>
Rent [housing_rent_d9]	<input type="radio"/>
Land contract (aka rent-to-own, lease to purchase, contract for deed) [housing_landcontract_d9]	<input type="radio"/>
Staying someplace for free [housing_free_d9]	<input type="radio"/>
Some other arrangement [TEXT BOX] [housing_other_d9]	<input type="radio"/>

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

	Very concerned	Somewhat concerned	Not at all concerned	N/A
Having my water shut off [hardship_water_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having my electricity and/or gas shut off [hardship_elec_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being evicted [hardship_evic_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facing foreclosure [hardship_foreclose_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Declaring bankruptcy [hardship_bankrupt_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Losing my phone or internet service [hardship_phone_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Do you or anyone else in your household have a checking or savings account now? [banked_d9]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Don't know	<input type="radio"/>

Now we are going to ask about your employment.

22. In the past month , did you do any work for either pay or profit? [anywork_d9]	Yes	<input type="radio"/>
	No	<input type="radio"/>

[IF [anywork_d9] IS YES]

23. Think about your main job (the job from which you earned the most income in the past month). What kind of job or employer is it? Please select only one. [employer_type_d9]	Government	<input type="radio"/>
	Private company	<input type="radio"/>
	Non-profit organization, including tax exempt charitable organizations	<input type="radio"/>
	Self-employed	<input type="radio"/>
	Working in a family business	<input type="radio"/>
	Other [TEXT BOX]	<input type="radio"/>

[IF [anywork_d9] IS NO]

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

	Yes	No	Don't know
I am retired [notworking_retired_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not want to work for pay at this time [notworking_choice_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am disabled and cannot work [notworking_disabled_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am/was sick with coronavirus symptoms [notworking_covidself_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am/was caring for someone with COVID-19 symptoms [notworking_covidother_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am/was caring for children not in school or daycare [notworking_childcare_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am/was caring for an elderly person [notworking_eldercare_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am/was sick (not COVID-19 related) [notworking_illness_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not have work to do because of a reduction in business (including furlough) [notworking_furlough_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am/was laid off due to COVID-19 pandemic [notworking_layoff_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My place of employment closed temporarily due to the COVID-19 pandemic [notworking_tempclosed_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My place of employment went out of business due to the COVID-19 pandemic [notworking_closedperm_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not work because my job is seasonal [notworking_seasonal_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other reason, please specify [TEXT BOX] [notworking_other_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[IF anywork_d9 IS NO]

25. Are you receiving pay for some or all of the time you are not working? (select one)

[notworking_leave_d9]

Yes, I use paid leave	<input type="radio"/>
Yes, I receive full pay but do not have to take leave	<input type="radio"/>
Yes, I receive partial pay	<input type="radio"/>
No, I receive no pay	<input type="radio"/>
N/A	<input type="radio"/>

[IF anywork_d9 IS NO]

26. How likely do you think it is that you will return to work in the next month?
[notworking_return_d9]

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

[IF anywork_d9 IS YES]

27. In your main job, do you usually work:
[workhrs_d9]

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

[IF anywork_d9 IS YES]

28. Which of the following statements best explains where you are working now?
[workplace_d9]

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

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

29. Have any of your friends or family members become ill with, or suspect they are ill with, COVID-19?
[covid_famill_d9]

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

	Don't know	<input type="radio"/>
30. Have any of your friends or family members died from COVID-19? [covid_famdie_d9]	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.

31. Have you been tested for COVID-19? [covid_test_d9]	Yes	<input type="radio"/>
	No	<input type="radio"/>

[IF covid_test_d9 IS YES]

32. What was the result of your test? [covid_test_yes_d9]	I tested positive (I had/have COVID-19)	<input type="radio"/>
	I tested negative (I did not have COVID-19)	<input type="radio"/>
	I do not know the result	<input type="radio"/>

[IF covid_test_d9 IS NO]

33. Why have you not been tested? Please select all that apply.	I feel I have no reason to be tested [Covid_test_noneed_d9]	<input type="radio"/>
	I cannot get a referral from a doctor or another health care provider [Covid_test_referral_d9]	<input type="radio"/>
	I am afraid to get tested [Covid_test_fear_d9]	<input type="radio"/>
	I don't know where to go to get tested [Covid_test_locat_d9]	<input type="radio"/>
	Other [TEXT BOX] [Covid_test_other_d9]	<input type="radio"/>

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

[[covid_diag_d9](#)]

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

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

[[covid_care_d9](#)]

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

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

[[covid_expose_d9](#)]

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

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

[[covid_medchange_d9](#)]

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

[IF [covid_medchange_d9](#) IS "Yes, I've delayed getting treatment for an ongoing condition or ailment" OR "Yes, I've delayed getting treatment for a new condition or ailment"]

38. Why are you delaying treatment? [TEXT BOX]

[[covid_medchange_why_d9](#)]

39. Have you ever had a virtual care visit with a health care provider? This includes talking with a health care provider by

Yes	<input type="radio"/>
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video (e.g., Zoom, Skype, FaceTime, or an app offered by your health provider), using text chat (on a website or app), or talking on the telephone.

[telemed_ever_d9]

[IF telemed_ever_d9 IS YES]

40. During the past month, did you have a virtual care visit with a health care provider?

[telemed_month_d9]

N=461

[IF telemed_month_d9 IS YES]

41. Overall, how would you rate the quality of the care you received in that visit (or visits)? (select one) [telemed_rate_d9]

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

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

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

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

[trace_positive_d9]

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

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

Yes	<input type="radio"/>
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[trace_self_d9]

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

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

[health_private_d9]

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

45. Please indicate how much you agree with the following statements [ORDER RANDOMIZED]

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
I trust health care providers to use my health information responsibly. [info_trust_use]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust health care providers to think about what is best for all patients. [provider_care_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust health care providers to offer me high quality care. [provider_quality_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. Are you covered by any kind of health insurance or some other kind of health care plan? This includes health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.
[insurance_d9]

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

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

[ORDER RANDOMIZED]

	Less than 1 day	1 to 2 days	3 to 4 days	5 to 7 days
...felt nervous, anxious, or on edge? [mh_anxiety_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...not been able to stop or control worrying? [mh_worry_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...felt depressed? [mh_depress_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. People have different ways of coping with the stresses and challenges they have encountered during the COVID-19 pandemic. Please share with us one way that you have been coping with the stresses and challenges you might be facing right now. [TEXT BOX]

49. Thinking about restrictions on public activities in your community, which of the following statements best captures your views? [ORDER RANDOMIZED]
[open_tradeoff_d9]

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

50. Which of the following would make you comfortable resuming activities that involve interacting with lots of people (e.g., shopping in clothing stores, going to the gym, attending sporting events, dining in at a restaurant, attending religious services, etc.)? Please select all that apply.
[ORDER RANDOMIZED]

Extreme, frequent cleaning of the facility [actions_cleaning_d9]	<input type="radio"/>
Providing hand sanitizer [actions_handsanit_d9]	<input type="radio"/>
Providing personal protective equipment (PPE), like masks and gloves [actions_PPE_d9]	<input type="radio"/>
A vaccine is widely available [actions_vaccine_d9]	<input type="radio"/>
Mandatory masks for workers and patrons [actions_masks_d9]	<input type="radio"/>
Maximum capacity limits to ensure 6-foot distance between people [actions_6ft_d9]	<input type="radio"/>

Other [TEXT BOX] [actions_other_d9]	<input type="radio"/>
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51. Which of the following do you think workplaces must have in order to re-open? Please select all that apply. [ORDER RANDOMIZED]

Supply of hand sanitizer [workplace_need_handsanit_d9]	<input type="radio"/>
Requirement to use of personal protective equipment (PPE) such as masks and gloves [workplace_need_PPE_d9]	<input type="radio"/>
Physical barriers/work spaces reconfigured for social distancing [workplace_need_barriers_d9]	<input type="radio"/>
Employee training for proper use of personal protective equipment (PPE) such as masks and gloves [workplace_need_train_d9]	<input type="radio"/>
Temperature tests [workplace_need_temp_d9]	<input type="radio"/>
Limits on the number of people in the workplace [workplace_need_poplimit_d9]	<input type="radio"/>
Other (textbox) [workplace_need_other_d9]	<input type="radio"/>

[IF workplace_d9 IS “I am working from home most or all of the time” OR “I split my time between working from home and working outside my home” OR “Other”]

52. As social distancing restrictions are eased and things begin to return to normal, which of the following comes closest to your point of view about returning to your normal place of work?

[workplace_return_d9]

I will return to working at my normal place of work as soon as I am allowed	<input type="radio"/>
I will return to working at my normal place of work as soon as I am allowed, but only for a few days a week to reduce interaction with others	<input type="radio"/>
I prefer to work from home until I feel more safe in being in close proximity to others	<input type="radio"/>

53. How much do you trust the Michigan state government to deal with the COVID-19 pandemic, on a scale of 1 to 10, where 1 is not at all and 10 is entirely?

[trustscale_stategov_d9]

1	<input type="radio"/>
2	<input type="radio"/>
3	<input type="radio"/>
4	<input type="radio"/>
5	<input type="radio"/>
6	<input type="radio"/>
7	<input type="radio"/>
8	<input type="radio"/>
9	<input type="radio"/>
10	<input type="radio"/>

54. Are there currently children under 18 staying in your household?

[hh_kids_d9]

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

[IF [hh_kids_d9] IS YES]

55. How much do you agree with these statements about how childcare responsibilities can affect your ability to do work?

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know	N/A
Childcare duties currently make it difficult for me to work at home [curr_ccare_work_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare duties will make it difficult for me to return to work even after the stay-at-home orders are lifted [fut_ccare_work_d9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. Do you have reliable access to the Internet in your home?

[internet_d9]

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

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

[feedback_d9]

58. Based on feedback from respondents in previous DMACS surveys, we are offering the option of receiving your \$40 payment by either check or gift card. Please select which you prefer. If neither option is selected, we will send you a gift card.

[incentive_option_d9]

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

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

[incentive_d9]

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

[IF incentive_d9 IS NO]

60. Please provide your correct mailing address: [TEXT BOX]

[update_mail_d9]

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

- Email address: [update_email_d9]
- Home phone: [update_hphone_d9]
- Cell phone: [update_cphone_d9]

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

[surv_text_d9]

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

63. I completed this survey...[surv_mode_d9]

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"/>

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 the latest DMACS COVID-19 survey.