

Wave 16 Questionnaire • January 26 - March 29, 2023

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

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

INTRODUCTION: Welcome to the University of Michigan’s Detroit Metro Area Communities Study survey! Your participation in this study is completely voluntary. You may skip any question that you do not wish to answer. However, your participation is important because it helps researchers understand Detroiters’ policy priorities, how they perceive changes in their community and how they are experiencing the impact of COVID-19. This information can be used to inform policy decisions affecting the region.

We expect that this survey will take you approximately 20 to 40 minutes to complete. Please remember there are no right or wrong answers, we are just interested in what you think. We take our promise of confidentiality very seriously. All of your answers will be kept strictly confidential. We will ask for your name and contact information so we can send you a token of appreciation for participating. No personally identifying information will ever appear in any study report. If you find that you are disturbed by the content of any of the questions or if you have any questions about the study, please contact us at 734-764-4145.

We may contact you in the future to participate in additional surveys. If you do not wish to complete this survey or any future Detroit Metro Area Communities Study surveys, please let us know by calling 734-764-4145 or sending an email to DMACS-info@umich.edu with “opt out of surveys” in the subject line. Please provide your name and address in the email or voicemail and we will not contact you about DMACS surveys in the future.

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

Block 0: Panelist Screening

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_d16]

Yes I am this person (GO TO Q1)	<input type="radio"/>
Yes I am this person but need to correct my name	<input type="radio"/>
No	<input type="radio"/>

IF [panelist_confirm_d16] 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.

First name: (TEXT BOX) [panelist_name_correct_first_d16]

Last name: (TEXT BOX) [panelist_name_correct_last_d16]

IF [panelist_confirm_d16] IS "No"

We are sorry, but since you are not the person we are intending to reach with this survey we cannot continue. If you know the person who completed our last survey, please encourage him/her to complete this questionnaire. If you have any questions, please feel free to contact us at DMACS-info@umich.edu or 734-764-4145.

To confirm, do you live at [INSERT
ADDRESS]?[address_confirm_d16]

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

IF [address_confirm_d16] IS "No"

Do you live in the city of Detroit?
[city_confirmation_d16]

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

If [city_confirmation_d16] IS "No," end of survey.

We are sorry, but since you moved out of the city, you are not eligible for this survey. If you have any questions, please feel free to contact us at DMACS-info@umich.edu or 734-764-4145.

If [city_confirmation_d16] IS "Yes", change of address.

What is your current address?

Address: (TEXT BOX) [updateaddress_street_d16]

City: (TEXT BOX) [updateaddress_city_d16]
 State: (TEXT BOX) [updateaddress_state_d16]
 Postal Code: (TEXT BOX) [updateaddress_zip_d16]

1. When were you born?

Month (DROPDOWN) [age_month_d16]
 Year (DROPDOWN) [age_year_d16]

Block 1: Household Composition, Residence and Housing Status

Next, we have some questions about your current living situation.

2. Besides yourself , are there any other adults (age 18 or older) living in your household? [hhanyoneelse_d16]	Yes	<input type="radio"/>
	No	<input type="radio"/>

IF [hhanyoneelse_d16] is "Yes"

3. **Besides yourself**, how many adults in each category live in your household?
 18 to 64 years old (DROP DOWN) [hhcat_18to64_d16]
 (please select "Zero (0)" if you there are no adults in this age range living in the household)
 65 years or older (DROP DOWN) [hhcat_65plus_d16]
 (please select "Zero (0)" if you there are no adults 65 years or older living in the household)

4. Are there any children under age 18 living in your household? [hhcat_child_d16]	Yes	<input type="radio"/>
	No	<input type="radio"/>

IF [hhcat_child_d16] IS "Yes"

5. How many children in each age group live in your household?
 (please select "Zero (0)" if there are no children in this age range living in the household)
 Age under 6 months old (PULL DOWN) [hhcat_under6mos_d16]
 Age 6 months to 4 years old (PULL DOWN) [hhcat_6mosto4_d16]
 Age 5 to 11 years old (PULL DOWN) [hhcat_5to11_d16]
 Age 12 to 17 years old (PULL DOWN) [hhcat_12to17_d16]

IF [hhcat_under6mos_d16] OR
 [hhcat_0to4_d16] OR
 [hhcat_5to11_d16] OR
 [hhcat_12to17_d16] IS ">0"

A custodial parent or guardian is someone who has the child living with him or her and has primary care, custody and responsibility for the child.

IF [hhcat_under6mos_d16] IS “Yes”

6. Are you the **custodial parent or guardian** of any of the children **under 6 months old** that are living in your household?
[parentguard_les6mos_d16]

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

IF [hhcat_6mosto4_d16] IS “Yes”

7. Are you the **custodial parent or guardian** of any of the children ages **6 months to 4 years old** that are living in your household?
[parentguard_6mosto4_d16]

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

IF [hhcat_5to11_d16] IS “Yes”

8. Are you the **custodial parent or guardian** of any of the children ages **5-11 years old** that are living in your household?
[parentguard_5to11_d16]

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

IF [hhcat_12to17_d16] IS “Yes”

9. Are you the **custodial parent or guardian** of any of the children ages **12-17 years old** that are living in your household?
[parentguard_12up_d16]

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

10. About how long have you lived at your current address?
[current_res_len_d16]

Less than six months	<input type="radio"/>
Six months to 1 year	<input type="radio"/>
1 to 5 years	<input type="radio"/>
6 to 10 years	<input type="radio"/>
11 to 20 years	<input type="radio"/>
More than 20 years	<input type="radio"/>

11. About how long have you lived in Detroit?

Less than six months	<input type="radio"/>
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[city_res_len_d16]

Six months to 1 year	<input type="radio"/>
1 to 5 years	<input type="radio"/>
6 to 10 years	<input type="radio"/>
11 to 20 years	<input type="radio"/>
More than 20 years	<input type="radio"/>
I do not/no longer live in Detroit	<input type="radio"/>

IF [city_res_len_d16] IS "I do not/no longer live in Detroit"

12. In your previous response, you indicated that you no longer live in Detroit. Please confirm here:
[res_confirm_d16]

I no longer live in Detroit	<input type="radio"/>
I do live in Detroit	<input type="radio"/>

IF [res_confirm_d16] IS "I no longer live in Detroit"

Since you do not live in Detroit, you are not eligible to complete this survey. Thank you for your participation in previous DMACS surveys.

13. Is your current residence....
[housing_d16]

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

IF [housing_d16] IS "Owned by you or someone in this household with a mortgage or loan (which could be a home equity loan)" OR "Owned by you or someone in this household free and clear (without a mortgage or loan)"

14. Do you own the home where you are living or does someone else in your household own it?
[home_owner_d16]

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

I and someone else own it together	<input type="radio"/>
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IF [housing_d16] IS “Owned by you or someone in this household with a mortgage or loan (which could be a home equity loan)” OR “Owned by you or someone in this household free and clear (without a mortgage or loan)”

15. Was this home bought with a mortgage or loan, gifted or inherited, or obtained through some other arrangement? [home_acquire_d16]	The home was bought with a mortgage or other type of loan	<input type="radio"/>
	The home was gifted or inherited	<input type="radio"/>
	Other arrangement	<input type="radio"/>
	Don't know	<input type="radio"/>

16. Please describe the reason you selected ‘Other arrangement’ in the previous question: (TEXT BOX)
[home_acquire_text_d16]

Some people buy homes using a land contract. A land contract is different from a mortgage. Under a land contract, the buyer makes payments directly to the owner of the house instead of borrowing money from a mortgage lender.

17. Have you ever entered into a land contract to purchase a home? [land_contract_ever_d16]	Yes	<input type="radio"/>
	No	<input type="radio"/>

IF [land_contract_ever_d16] IS “Yes”

18. Are you currently making payments on your home through a land contract? [land_contract_currpay_d16]	Yes	<input type="radio"/>
	No	<input type="radio"/>

IF [land_contract_ever_d16] IS “Yes” AND [land_contract_currpay_d16] IS “No”

19. Did you buy your current home using a land contract? [land_contract_currhome_d16]	Yes	<input type="radio"/>
	No	<input type="radio"/>

Block 2: Health and COVID Experience

Next, we have some questions about your health and the COVID-19 pandemic.

20. Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?
[covid_postest_told_d16]

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

IF [covid_postest_told_d16] IS "Yes"

21. How would you describe your coronavirus symptoms when they were at their worst?
[covid_symptoms_d16]

I had no symptoms	<input type="radio"/>
I had mild symptoms	<input type="radio"/>
I had moderate symptoms	<input type="radio"/>
I had severe symptoms	<input type="radio"/>

IF [covid_postest_told_d16] IS "Yes" AND [covid_symptoms_d16] IS NOT "I had no symptoms"

22. Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19? Symptoms may include: tiredness or fatigue, difficulty concentrating or forgetfulness, shortness of breath, joint or muscle pain, fast-beating or pounding heart, chest pain, dizziness, changes to taste/smell.
[covid_long_d16]

Yes	<input type="radio"/>
No	<input type="radio"/>
Not Applicable (I contracted COVID less than 3 months ago)	<input type="radio"/>

How concerned are you right now, if at all, about each of the following? (ORDER RANDOMIZED)	Very concerned	Somewhat concerned	Not at all concerned
23. Spreading the coronavirus to other people [concern_spread_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Developing long COVID [concern_longcov_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Dealing with COVID restrictions in your daily life (e.g., vaccine or mask requirements) [concern_restrict_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Dying from COVID-19 [concern_dying_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Getting sick from COVID-19 [concern_sick_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Block 3: Vaccination

Now we have some questions about your experience with COVID-19 vaccines and vaccine booster shots.

28. Have you received a COVID-19 vaccine? [vac_received_d16]	Yes (I have received at least one dose/injection of a vaccine)	<input type="radio"/>
	No	<input type="radio"/>

If [vac_received_d16] IS "Yes"

29. What is the main reason you chose to get vaccinated? (TEXT BOX)
[vac_recd_reason_text_d16]

If [vac_received_d16] IS "No"

30. What is the main reason you have not been vaccinated? (TEXT BOX)
[vac_not_reason_text_d16]

If [vac_received_d16] IS "Yes"

Next we will ask you about COVID-19 vaccine booster shots. A booster shot is an additional dose of a vaccine given after the protection provided by the original shot(s) has begun to decrease over time.

31. Have you received at least one COVID-19 vaccine booster? [booster_received_d16]	Yes, I received a vaccine booster	<input type="radio"/>
	No, I have not received a vaccine booster	<input type="radio"/>

If [booster_received_d16] IS "No"

32. What is the main reason you have not received a booster? (TEXT BOX)
[booster_not_text_d16]

IF [parentguard_6mosto4_d16] IS “Yes”

33. Have any of your children ages **6 months to 4 years** been vaccinated against COVID-19?
[vac_kids_6mosto4_d16]

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

IF [parentguard_5to11_d16] IS “Yes”

34. Have any of your children ages **5-11** been vaccinated against COVID-19?
[vac_kids_5to11_d16]

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

IF [parentguard_12to17_d16] IS “Yes”

35. Have any of your children ages **12-17** been vaccinated against COVID-19?
[vac_kids_12to17_d16]

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

IF [parentguard_6mosto4_d16], [parentguard_5to11_d16] OR [parentguard_12to17_d16] IS “Yes”

36. What factors shaped your decision around COVID-19 vaccination for your child (children)? [TEXT BOX] [vac_kids_reason_text_d16]

Block 4: Disability

Next we have some additional questions about your health and well being.

37. 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_d16]

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

38. Do you identify as disabled or a person with a disability? [disab_identify_d16]	Yes	<input type="radio"/>
	No	<input type="radio"/>

Do you consider yourself or anyone in your household to have any of the following? (ORDER RANDOMIZED, EXCEPT ANCHOR CHRONIC ILLNESS AT END) [allow multi-select]

disab_type_	Yes, I have this condition	Yes, another member of my household has this condition	No, nobody in my household has this condition
39. Autism/neurodivergence/neuroatypicality [disab_aut_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Blindness or a visual impairment [disab_visual_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Deafness or a hearing impairment [disab_hear_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. An intellectual or cognitive disability, including serious difficulty remembering, concentrating, or making decisions.* [disab_intell_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. A learning disability [disab_learn_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. A mental health or psychiatric condition [disab_mental_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. A mobility limitation or disability [disab_mobil_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Another chronic illness or disability [disab_other_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* This item was changed on 2/24/23 from “An intellectual or cognitive disability”

Block 5: Mental Well-Being

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
47. ...felt nervous, anxious, or on edge? [mh_anxiety_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. ...not been able to stop or control worrying? [mh_worry_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. ...felt depressed? [mh_depress_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Block 6: Trust and Sources of Information

Now we have some questions about your trust in the healthcare system.

50. Do you have a doctor or healthcare provider whom you usually see for your medical care? [health_doctor_d16]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Don't know	<input type="radio"/>

51. How much do you trust doctors and healthcare providers to act in your best interest when treating you? [trust_healthcare_d16]	Fully trust	<input type="radio"/>
	Mostly trust	<input type="radio"/>
	Somewhat trust	<input type="radio"/>
	Do not trust	<input type="radio"/>

How important is each of the following factors in determining how much you trust doctors and healthcare providers? (ORDER RANDOMIZED)

	Not important	Somewhat important	Very important
52. How long I have known the doctor/healthcare provider [trust_healthcare_leng_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. The professional background of the doctor/healthcare provider (e.g., their training and experience) [trust_healthcare_train_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. The race or ethnicity of the doctor/healthcare provider [trust_healthcare_race_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. The age of the doctor/healthcare provider [trust_healthcare_age_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. The gender of the doctor/healthcare provider [trust_healthcare_gender_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. How much time my doctor/healthcare provider spends with me [trust_healthcare_time_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. How clearly my doctor/healthcare provider explains things to me [trust_healthcare_explain_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you get news from each of the following sources? By news we mean information about events and issues that involve more than just your friends or family.
(ORDER RANDOMIZED)

	Never	Rarely	Sometimes	Often
59. Twitter [news_twitter_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Facebook [news_facebook_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Instagram [news_instagram_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. TikTok [news_tiktok_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. YouTube [news_youtube_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. WhatsApp [news_whatsapp_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Block 7: Household Finances

Now we have some questions about you and your household's finances.

Are you or is someone in your household currently paying off any of the following types of debt?
(ORDER RANDOMIZED)

	Yes	No	Don't Know
65. Credit cards (or mobile wallet "cards") [debt_creditcard_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Mortgage loan/home loan/land contract [debt_homeloan_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Personal loan/line of credit from a bank, including a car loan [debt_personloan_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Student loan [debt_student_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Payday loan [debt_paydayloan_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Layaway/installment plan [debt_layaway_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Informal loan from family/friends [debt_informalloan_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Other [debt_other_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF [debt_other_d16] IS "Yes"

73. Please describe the reason you selected 'Other' on the previous question about types of debt:
(TEXT BOX) [debt_other_text_d16]

74. Was there any time in the **past 5 years** that you or someone else in your household was unable to get a loan or credit card?
[loan_denied_d16]

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

75. Was there any time in the **past 5 years** that you or someone else in your household was unable to get a mortgage loan for a house you/they wanted to purchase?
[mort_denied_d16]

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

76. As of today, which of the following statements best describes how manageable your household debt is?

[hhdebt_level_d16]

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"/>

77. Suppose you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense? [expense_400_d16]

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

78. Do you or does anyone else in your household have a checking or savings account now? [banked_d16]

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

79. What portion of your household's monthly income is spent on housing payments (mortgage or rent)? [housing_incomeport_d16]

0%-30%	<input type="radio"/>
31%-50%	<input type="radio"/>
51%-100%	<input type="radio"/>
Don't know	<input type="radio"/>

80. Have you been evicted or forced to move from your home in the **last 5 years**? [evict_5yrs_d16]

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

IF [evict_5yrs_d16] IS "Yes"

81. Did this eviction or forced move happen in the **last year**? [evict_1yr_d16]

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

IF [evict_5yrs_d16] IS "No"

82. Even if you were not evicted or forced to move, have you been threatened with eviction or forced relocation in the last 5 years ? [evict_threat_d16]	Yes	<input type="radio"/>
	No	<input type="radio"/>

In the **past month** have you or has anyone in your household experienced any of the below challenges?
(ORDER RANDOMIZED)

	No, this is not a challenge	Yes, this is a minor challenge	Yes, this is a major challenge
83. Getting the health care we need (including for mental health) [challenge_health_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Having a place to live [challenge_house_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Getting enough food to eat [challenge_food_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Having clean water to drink [challenge_water_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Getting the medicine we need [challenge_meds_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Getting to where we need to go [challenge_transpo_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. Taking care of our children or other people in our care [challenge_care_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Block 8: Reparations

Now we would like to ask you a few questions about some policies to address inequality that different communities have considered in the last few years.

90. Some people think that governments should make amends to Black Americans for the ongoing harm caused by slavery, or more recent discriminatory policies. These include policies that led to excessive policing in Black communities and that prevented Black Americans from getting health care, receiving veterans benefits, and buying homes.

What about you? How much do you support or oppose governments taking action to make amends to Black Americans?

[rep_support_long_d16]

Strongly oppose	<input type="radio"/>
Somewhat oppose	<input type="radio"/>
Neither oppose nor support	<input type="radio"/>
Somewhat support	<input type="radio"/>
Strongly support	<input type="radio"/>

91. Some people think that governments should make amends to Black Americans for the ongoing harm caused by slavery, or more recent discriminatory policies. These include policies that led to excessive policing in Black communities and that prevented Black Americans from getting health care, receiving veterans benefits, and buying homes.

What about you? How much do you support or oppose governments taking action to make amends to Black Americans?

[rep_support_short_d16]

Strongly oppose	<input type="radio"/>
Somewhat oppose	<input type="radio"/>
Neither oppose nor support	<input type="radio"/>
Somewhat support	<input type="radio"/>
Strongly support	<input type="radio"/>

Now we are going to list some specific ways for governments to make amends to **individual Black Americans**. How much do you support or oppose each of the following ways of making amends for the impact of slavery or discriminatory policies?

(ORDER RANDOMIZED)	Strongly oppose	Somewhat oppose	Neither oppose nor support	Somewhat support	Strongly support	Don't know
92. Cash payments [rep_amend_cash_d16] [LOCATION FIXED]						
93. A trust or investment account provided to newborns [rep_amend_stock_d16]						
94. Vouchers or scholarships for post-secondary education (e.g., college and trade schools) [rep_amend_edvouch_d16]						
95. Financial assistance for buying or improving a home [rep_amend_home_d16]						
96. Financial assistance for starting or improving a business [rep_amend_bus_d16]						
97. Land grants [rep_amend_land_d16]						
98. Free health care [rep_amend_health_d16]						

Now we are going to ask about other approaches for making amends to Black Americans for the impact of slavery or discriminatory policies that involve **systemic changes** by governments. How much do you support or oppose these ideas?

(ORDER RANDOMIZED)	Strongly oppose	Somewhat oppose	Neither oppose nor support	Somewhat support	Strongly support	Don't know
99. Expedited review and expungement of eligible criminal records for Black Americans [rep_amend_sys_expunge_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. Targeted investments into historically Black neighborhoods harmed by economic and environmental discrimination [rep_amend_sys_school_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. A commission that seeks to hold governments accountable for the ways that slavery and discriminatory policies have harmed Black Americans [rep_amend_sys_comm_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Block 9: Social Capital/Social Cohesion

Next we have some questions about your neighborhood.

Please indicate how much you agree or disagree with each statement.

(ORDER RANDOMIZED)	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know
102. This is a close-knit neighborhood [nb_cohes_close_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. People around here are willing to help their neighbors [nb_cohes_help_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. People in this neighborhood generally don't get along with each other [nb_cohes_conflict_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. People in this neighborhood can be trusted [nb_cohes_trust_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. People in this neighborhood don't share the same values [nb_cohes_values_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now we have some additional questions about how often you interact with your neighbors.

How often do you... (ORDER RANDOMIZED)	Never	Rarely	Sometimes	Often	Always
107. Stop and talk with your neighbors [nb_talk_d16]	<input type="radio"/>				

108. See other people engaging with their neighbors [nb_engage_d16]	<input type="radio"/>				
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109. Many communities have non-profit groups and other volunteer organizations that work on local problems like providing aid to the needy or services for children. Would you say that organizations like this in and around your neighborhood are very active, somewhat active, not too active, or not active at all? [nb_nonprofit_d16]	Very active	<input type="radio"/>
	Somewhat active	<input type="radio"/>
	Not too active	<input type="radio"/>
	Not active at all	<input type="radio"/>
	Don't know	<input type="radio"/>

Block 10: Perceptions of Neighborhood

Now we have some questions about your neighborhood.

110. On a scale of 1 to 7, where 1 means very dissatisfied and 7 means very satisfied , how satisfied overall are you with your neighborhood as a place to live? [nb_satis_d16]	1- Very dissatisfied	<input type="radio"/>
	2- Mostly dissatisfied	<input type="radio"/>
	3- Somewhat dissatisfied	<input type="radio"/>
	4- Neither satisfied nor dissatisfied	<input type="radio"/>
	5- Somewhat satisfied	<input type="radio"/>
	6- Mostly satisfied	<input type="radio"/>
	7- Very satisfied	<input type="radio"/>

111. Thinking about the quality of life in your neighborhood , over the past year do you feel it is improving, declining, or staying the same? [nb_qol_d16]	Improving	<input type="radio"/>
	Declining	<input type="radio"/>
	Staying the same	<input type="radio"/>
	Don't know	<input type="radio"/>

112. Over the **past several months**, have you had thoughts about moving from the place where you live now?
 [relocation1_d16]

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

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

(ORDER RANDOMIZED)

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very Satisfied	Don't know
113. The availability of affordable housing [nb_satis_houseprice_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. The availability of public transportation [nb_satis_transit_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Places to buy healthy food [nb_satis_food_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. The condition of streets, sidewalks, and lighting [nb_satis_infrast_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. The way vacant lots are used and maintained [nb_satis_lots_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. The condition of most houses [nb_satis_housequal_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. The availability of parks and playgrounds [nb_satis_parks_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

120. Access to public facilities such as libraries, recreation and community centers [nb_satis_facilities_d16]	<input type="radio"/>					
121. The availability of stores nearby where I can shop regularly [nb_satis_stores_d16]	<input type="radio"/>					

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

(ORDER RANDOMIZED)	Not a problem	Somewhat of a problem	A big problem	Don't know
122. Blighted or abandoned homes? [nb_prob_homes_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. Blighted or abandoned commercial structures (e.g. businesses, storefronts)? [nb_prob_stores_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. Blighted or vacant lots? [nb_prob_lots_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

125. When you walk in your neighborhood, how safe do you feel?

[walk_safety_d16]

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

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

[nb_safety_d16]

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

127. In the past year I have noticed... [nb_chng_safety_d16]	My neighborhood is safer	<input type="radio"/>
	My neighborhood is less safe	<input type="radio"/>
	Safety in my neighborhood hasn't changed	<input type="radio"/>
	Don't know	<input type="radio"/>

128. In the past year , have you heard gunshots in your neighborhood? [crime_gunshots_d16]	Yes	<input type="radio"/>
	No	<input type="radio"/>

Block 11: Awareness of/Involvement in Vacant Lot Reuse

Next we have some questions about what is happening with vacant lots in your neighborhood (if there are any).

129. Are you aware of vacant land revitalization projects (e.g., community gardens, new small parks, public art) that are happening in your neighborhood? [revital_aware_d16]	Yes	<input type="radio"/>
	No	<input type="radio"/>

IF [revital_aware_d16] IS "Yes"

130. Have you participated in vacant land revitalization projects (e.g., community gardens, new small parks, public art) that are happening in your neighborhood? [revital_part_d16]	Yes	<input type="radio"/>
	No	<input type="radio"/>

IF [revital_part_d16] IS "Yes"

131. Please describe how you have participated in vacant land revitalization projects in your neighborhood. (TEXT BOX)
[revital_part_text_d16]

IF [revital_aware_d16] IS "Yes" AND [revital_part_d16] IS "No"

Please indicate whether each of the following is a reason you have **not** been involved with vacant land revitalization projects in your neighborhood.

(ORDER RANDOMIZED)	Yes	No
132. I don't have time [revital_notime_d16]	<input type="radio"/>	<input type="radio"/>
133. I don't know how to get involved [revital_nohow_d16]	<input type="radio"/>	<input type="radio"/>
134. I don't feel welcome [revital_nowelcome_d16]	<input type="radio"/>	<input type="radio"/>
135. I'm not interested in getting involved [revital_nointerest_d16]	<input type="radio"/>	<input type="radio"/>
136. There aren't opportunities to get involved [revital_noopp_d16]	<input type="radio"/>	<input type="radio"/>

Block 12: Employment

Now we are going to ask about your employment.

137. In the past month , did you do any work for either pay or profit? [anywork_d16]	Yes	<input type="radio"/>
	No	<input type="radio"/>

IF [anywork_d16] IS "Yes"

138. In your main job, do you usually work: [workhrs_d16]	Full-time (35 or more hours per week)	<input type="radio"/>
	Part-time (less than 35 hours per week)	<input type="radio"/>

IF [anywork_d16] IS "No"

139. How long have you been out of work? [nowork_length_d16]	Less than a month	<input type="radio"/>
	1 to 2 months	<input type="radio"/>
	3 to 5 months	<input type="radio"/>
	6 to 11 months	<input type="radio"/>
	1 to 3 years	<input type="radio"/>
	More than 3 years	<input type="radio"/>

IF [anywork_d16] IS "No"

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

[fin_pubassist_ui_month_d16]

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[IF [anywork_d16] IS "No"]

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

[ORDER RANDOMIZED, "Other" FIXED AS LAST RESPONSE OPTION]

	Yes	No	Don't know
141. I am retired [If_nowork_retired_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. I am going to school or training [If_nowork_student_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. I have health/medical limitations or am disabled [If_nowork_disabled_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. I do not want to work for pay at this time [If_nowork_choice_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. I do not work due to family/personal obligations or am a homemaker [If_nowork_homemaker_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. I lost my job, have been laid off, or am otherwise out of work [If_nowork_layoff_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147. Other [If_nowork_other_d16]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF [If_nowork_other_d16] IS "Yes"

148. Please describe the reason you selected 'Other' on the previous question about your work status: (TEXT BOX) [If_nowork_other_text_d16]

IF [If_nowork_*_d16] IS GREATER THAN OR EQUAL TO 2 "Yes" RESPONSES

149. 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_d16]	[IF [If_nowork_disabled_d16] IS "Yes"] I have health/medical limitations or am disabled	<input type="radio"/>
	[IF [If_nowork_retired_d16] IS "Yes"] I am retired	<input type="radio"/>
	[IF [If_nowork_layoff_d16] IS "Yes"] I have lost my job, been laid off, or am otherwise out of work	<input type="radio"/>

[IF [lf_nowork_student_d16] IS "Yes"] I am going to school or training	<input type="radio"/>
[IF [lf_nowork_homemaker_d16] IS "Yes"] I don't work due to family/personal obligations or am a homemaker	<input type="radio"/>
[IF [lf_nowork_choice_d16] IS "Yes"] I did not want to work for pay at this time	<input type="radio"/>
[IF [nowork_other_d16] IS Yes"] Other	<input type="radio"/>

150. Have you actively searched for a new job in the past month ? [jobsearch_cur_d16]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Not applicable	<input type="radio"/>

IF [anywork_d16] IS "No"

151. How likely do you think it is that you will work for pay or profit in the next month ? [notworking_return_d16]	Very likely	<input type="radio"/>
	Somewhat likely	<input type="radio"/>
	Somewhat unlikely	<input type="radio"/>
	Very unlikely	<input type="radio"/>
	Not applicable	<input type="radio"/>

IF [anywork_d16] IS "Yes"

152. In the last 7 days , have you teleworked or worked from home? [telework_d16]	Yes, for 1-2 days	<input type="radio"/>
	Yes, for 3-4 days	<input type="radio"/>
	Yes, for 5 or more days	<input type="radio"/>
	No	<input type="radio"/>

Block 13: Party Identification

Now we are going to ask some questions about the two major political parties.

153. Generally speaking, do you usually think of yourself as a Republican, a Democrat, an Independent, or what? [pid_d16]	Republican	<input type="radio"/>
	Democrat	<input type="radio"/>
	Independent	<input type="radio"/>
	Other party	<input type="radio"/>
	No preference	<input type="radio"/>

IF [pid_d16] IS "Republican"

154. Would you call yourself a strong Republican or a not very strong Republican? [pid_strength_r_d16]	Strong	<input type="radio"/>
	Not very strong	<input type="radio"/>

IF [pid_d16] IS "Democrat"

155. Would you call yourself a strong Democrat or a not very strong Democrat? [pid_strength_d_d16]	Strong	<input type="radio"/>
	Not very strong	<input type="radio"/>

IF [pid_d16] IS "Independent" OR "Other party" OR "No preference"

156. Do you think of yourself as closer to the Republican Party or to the Democratic Party? [pid_leaning_d16]	Closer to Republican	<input type="radio"/>
	Closer to Democratic	<input type="radio"/>
	Neither	<input type="radio"/>

Block 14: Demographics and Background Characteristics

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

157. Do you speak a language other than English at home? [language_d16]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Prefer not to answer	<input type="radio"/>

IF [language_d16] IS “Yes”

158. What language(s) other than English do you speak at home? (TEXT BOX)

[language_spoken_text_d16]

159. Were you born in the United States or a U.S. territory? [born_us_d16]

Yes, I was born in one of the 50 U.S. states	<input type="radio"/>
Yes, I was born in a U.S. territory (e.g., Puerto Rico, Guam, U.S. Virgin Islands)	<input type="radio"/>
No	<input type="radio"/>

IF [born_us_d16] IS “Yes, I was born in one of the 50 U.S. states” OR IS “Yes, I was born in a U.S. territory (e.g., Puerto Rico, Guam, U.S. Virgin Islands)”

160. In which territory were you born? [born_us_territory_d16]

Puerto Rico	<input type="radio"/>
Guam	<input type="radio"/>
U.S. Virgin Islands	<input type="radio"/>
American Samoa	<input type="radio"/>
Commonwealth of the Northern Mariana Islands	<input type="radio"/>

IF [born_us_d16] IS “No”

161. In which country were you born? (TEXT BOX)

[born_country_text_d16]

162. What is your gender?

[gender_d16]

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

IF [gender_d16] IS “I would use a different term to describe my gender”

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

[gender_text_d16]

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

[sexuality_d16]

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

IF [sexuality_d16] IS “I use a different term to describe myself”

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

[sexuality_text_d16]

166. Are you of Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban?

[hisp_d16]

Yes	<input type="radio"/>
No	<input type="radio"/>
Prefer not to answer	<input type="radio"/>

167. Are you of Arab, Persian, or Middle Eastern descent?

[mideastern_d16]

Yes	<input type="radio"/>
No	<input type="radio"/>
Prefer not to answer	<input type="radio"/>

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

White [race_white_d16]	<input type="checkbox"/>
Black or African-American [race_black_d16]	<input type="checkbox"/>
Asian or Asian-American [race_asian_d16]	<input type="checkbox"/>

American Indian or Alaska Native [race_native_d16]	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander [race_pacisl_d16]	<input type="checkbox"/>
Other [race_other_d16]	<input type="checkbox"/>
Prefer not to answer [race_noanswer_d16]	<input type="checkbox"/>

IF [race_other_d16] IS SELECTED

169. If the categories in the previous question did not accurately describe your race, and you would like to provide more detail, please do so here: (TEXT BOX)
[race_text_d16]

170. What is the highest degree or level of school you have completed?
[educ_d16]

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

171. Are you now married, widowed, divorced, separated or never married?
[marital_d16]

Now married	<input type="radio"/>
Widowed	<input type="radio"/>
Divorced	<input type="radio"/>
Separated	<input type="radio"/>
Never married	<input type="radio"/>

IF [marital_d16] IS NOT "Now Married"

172. Are you currently living with a romantic partner? [cohab_d16]	Yes	<input type="radio"/>
	No	<input type="radio"/>

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).

173. Was your total HOUSEHOLD income in the past 12 months . . . [income_1_d16]	Below \$35,000	<input type="radio"/>
	\$35,000 or more	<input type="radio"/>

IF [income_1_d16] IS "Below \$35,000"

174. We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it... [income_2_d16]	Less than \$5,000	<input type="radio"/>
	\$5,000 to \$9,999	<input type="radio"/>
	\$10,000 to \$14,999	<input type="radio"/>
	\$15,000 to \$19,999	<input type="radio"/>
	\$20,000 to \$24,999	<input type="radio"/>
	\$25,000 to \$29,999	<input type="radio"/>
	\$30,000 to \$34,999	<input type="radio"/>

IF [income_1_d16] IS "\$35,000 or more"

175. We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it... [income_3_d16]	\$35,000 to \$39,999	<input type="radio"/>
	\$40,000 to \$49,999	<input type="radio"/>
	\$50,000 to \$59,999	<input type="radio"/>
	\$60,000 to \$74,999	<input type="radio"/>
	\$75,000 to \$99,999	<input type="radio"/>

\$100,000 to \$124,999	<input type="radio"/>
\$125,000 to \$149,999	<input type="radio"/>
\$150,000 or more	<input type="radio"/>

IF [housing_d16] IS "Own outright" OR "Own and paying on a mortgage"

176. If you were to sell your house today, how much do you think it would be worth?
[home_value_d16]

\$0	<input type="radio"/>
\$1 - \$9,999	<input type="radio"/>
\$10,000 - \$19,999	<input type="radio"/>
\$20,000 - \$29,999	<input type="radio"/>
\$30,000 - \$39,999	<input type="radio"/>
\$40,000 - \$49,999	<input type="radio"/>
\$50,000 - \$59,999	<input type="radio"/>
\$60,000 - \$74,999	<input type="radio"/>
\$75,000 - \$99,999	<input type="radio"/>
\$100,000 - \$124,999	<input type="radio"/>
\$125,000 - \$149,999	<input type="radio"/>
\$150,000 - \$199,999	<input type="radio"/>
\$200,000 - \$249,000	<input type="radio"/>
\$250,000 - \$499,999	<input type="radio"/>
\$500,000 or more	<input type="radio"/>
Don't know	<input type="radio"/>

Block 15: Survey Closing

177. Do you have any other thoughts about this survey or the topics covered in this survey? (TEXT BOX) [feedback_d16]

178. As a token of appreciation for taking the survey, we are offering the option of receiving either a check or a gift card. **Please note that a gift card will take at least 3 weeks longer to arrive than a check.** Please select which you prefer. If neither option is selected, we will send you a check. [incentive_option_d16]

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

179. We will mail your payment to this address: [Auto fill original address or corrected address]. Is this where you would like us to send this payment? [incentive_d16]

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

IF [incentive_d16] IS "No"

180. Please enter the address where we should send the payment.

Alternate Address: (TEXT BOX) [incentive_street_d16]
 City: (TEXT BOX) [incentive_city_d16]
 State: (TEXT BOX) [incentive_state_d16]
 Postal Code: (TEXT BOX) [incentive_zip_d16]

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

Email address: [update_email_d16]
 Cell phone: [update_cphone_d16]
 Home/alternate phone: [update_hphone_d16]

IF [update_cphone_d16] IS PROVIDED

182. May we text you or send you a WhatsApp message with links to surveys in the future? [surv_text_d16]
 Select all that apply.

Yes, you may send me a text	<input type="radio"/>
Yes, you may message me on WhatsApp	<input type="radio"/>
No, do not contact me via text or WhatsApp	<input type="radio"/>

IF [update_email_d16] IS PROVIDED

183. Would you like to receive DMACS survey findings via email in the future?
[contact_consent_d16]

Yes, send me findings by email	<input type="radio"/>
No, do not send me findings by email	<input type="radio"/>

184. I completed this survey...
[surv_mode_d16]

On a computer (laptop or desktop)	<input type="radio"/>
On a mobile device (e.g., cell phone or tablet)	<input type="radio"/>
On the phone with a DMACS interviewer	<input type="radio"/>
Other	<input type="radio"/>

IF [surv_mode_d16] IS "OTHER"

185. Please describe the reason you selected 'other' in the previous question.
[surv_mode_other_d16]

IF [race_black_d16] IS NOT SELECTED

Thank you for completing our survey. If you are done please click the bottom right button. Once you do you will be unable to go back to change any of your responses.

If you are ready to "submit" please click the bottom right button now.

Block 16: Optional -- Opportunity for Additional Research

IF [race_black_d16] IS "Black or African-American"

A team of researchers at the University of Michigan is interested in identifying people who served as "frontline workers" during the COVID-19 pandemic. They define frontline workers as anyone who worked in one of the following types of jobs:

- restaurant service (including fast food or other restaurants)
- food store worker (including grocery stores, convenience stores, and gas stations)
- health care (including elderly support services)
- custodial services (e.g., cleaning and building maintenance)

186. Did you serve as a front-line worker during the first year of the COVID-19 pandemic (February 2020 - March 2021)?
 [frontline_wkr_d16]

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

IF [frontline_wkr_d16] IS "Yes"

187. Are you interested in participating in a study of frontline workers during the pandemic? The study is being led by Al Young, a researcher at the University of Michigan. Eligible individuals will complete two 90 minute interviews and can receive up to \$60 for participating.

Please indicate if you would be interested in talking with Al or one of his research assistants about participating in this research project.

Participants will be randomly selected from the group of people who are interested. Your participation in this study is entirely voluntary and in no way affects your status as a DMACS panelist.

[ay_optin_d16]

Yes, please contact me about participating in this research	<input type="radio"/>
No, please do not contact me about participating in this research	<input type="radio"/>

IF [ay_optin_d16] is "Yes, please contact me about participating in this research"

188. How would you like Al Young's team to contact you for this research?
 [ay_optin_contact_d16]

By email	<input type="radio"/>
By phone	<input type="radio"/>

IF [ay_optin_d16] is "Yes, please contact me about participating in this research"

189. Please provide the email and/or phone number that Al Young's team should use to contact you.
 (TEXT BOX)

Thank you for completing our survey. If you are done please click the bottom right button. Once you do you will be unable to go back to change any of your responses.

If you are ready to "submit" please click the bottom right button now.