



08-01-2025

MIMACS - Ypsilanti Wave 1 Questionnaire • February 24 - April 19, 2022

For additional information about the Michigan Metro Area Communities Study (MIMACS), this survey instrument, or survey findings, please see michiganceal.org/research-outreach/mimacs or contact: MIMACS-info@umich.edu.

This survey wave was undertaken as part of a collaborative data collection effort across 22 states through the NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities. Questions common to survey instruments across this collaborative are indicated as [CEAL core survey items](#).

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

INTRODUCTION: Welcome to the Michigan Metro Area Communities Study (MIMACS), a survey led by the University of Michigan. Your household was selected at random from a list of residents and 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 our team of researchers and community partners understand resident priorities and how your community is experiencing the impacts of the COVID-19 pandemic.

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 call 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 Michigan Metro Area Communities Study surveys, please let us know by calling 734-764-4145 or sending an email to MIMACS-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 MIMACS surveys in the future.

Additional information about the study is available at <https://www.michiganceal.org/research-outreach/mimacs>. An information sheet will also be available to download for your records at the end of the survey.

Block 0: Panelist Screening

In order to determine whether you are eligible for this study, we need to confirm some information about your age and place of residence.

1. Do you currently live in the city of Ypsilanti or Ypsilanti Township? [ypsilanti_resident_y1]

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

IF [ypsilanti_resident_y1] IS “No”, the following message is displayed:

We are sorry, but since you do not currently reside in the area we are surveying you are not eligible for this survey. If you have any questions, please feel free to contact us at MIMACS-info@umich.edu or 734-764-4145.

2. When were you born? (Month/Year DROPDOWN)
[age_month_y1]
[age_year_y1]

IF respondent is younger than 18 years old, display following message:

We are sorry, but since you are not at least 18 years old you are not eligible for this survey. If you have any questions, please feel free to contact us at MIMACS-info@umich.edu or 734-764-4145.

[END SURVEY]

Block 1: Neighborhood Satisfaction

(All questions in this block are MIMACS core items unless noted.)

To begin, we have some questions about your **neighborhood**.

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

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very Satisfied	Don't know
3. The availability of affordable housing [nb_satis_houseprice_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The availability of public transportation [nb_satis_transit_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The amount of crime [nb_satis_crime_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The condition of most houses [nb_satis_housequal_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The availability of parks and playgrounds [nb_satis_parks_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Access to public facilities such as libraries, recreation and community centers [nb_satis_facilities_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The availability of stores nearby where I can shop regularly [nb_satis_stores_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. 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_y1]

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"/>

11. 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_y1]

Improving	<input type="radio"/>
Declining	<input type="radio"/>
Staying the same	<input type="radio"/>
Don't know	<input type="radio"/>

12. In the **past year** I have noticed...

[nb_chng_pop_y1]

More people moving into my neighborhood	<input type="radio"/>
More people moving out of my neighborhood	<input type="radio"/>
No change in people moving in or out of my neighborhood	<input type="radio"/>
Don't know	<input type="radio"/>

13. In the **past year** I have noticed...

[nb_chng_bus_y1]

More businesses opening in my neighborhood	<input type="radio"/>
More businesses closing in my neighborhood	<input type="radio"/>
No change in businesses opening or closing in my neighborhood	<input type="radio"/>
Don't know	<input type="radio"/>

14. In the **past year** I have noticed...
[nb_chng_safety_y1]

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"/>

15. In the **past year** I have noticed...
[nb_chng_attractive_y1]

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

16. When you walk in your neighborhood, how safe do you feel?
[walk_safety_y1]

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

Block 2: Residence

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

17. About how long have you lived at your current address?
[current_res_len_y1]

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"/>

18. Is your current residence...
[housing_y1]

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_y1] 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)”

19. Do you own the home where you are living or does someone else in your household own it?
[home_owner_y1]

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"/>

20. **Besides yourself**, are there any other adults (age 18 or older) living in your household?
[hhanyoneelse_y1]

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

IF [hhanyoneelse_y1] is “Yes”

21. **Besides yourself**, how many adults in each category live in your household?
18 to 64 years old (DROP DOWN) [hhcat_18to64_y1]
65 years or older (DROP DOWN) [hhcat_65plus_y1]

22. Are there any children under age 18 living in your household? [hhcat_child_y1]

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

IF [hhcat_child_y1] IS “Yes”

23. How many children in each age group live in your household?

- Age 4 years old or under (DROP DOWN) [hhcat_0to4_y1]
- Age 5 to 11 years old (DROP DOWN) [hhcat_5to11_y1]
- Age 12 to 17 years old (DROP DOWN) [hhcat_12to17_y1]

IF [hhcat_0to4_y1] OR [hhcat_5to11_y1] OR [hhcat_12to17_y1] IS “Yes”

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_0to4_y1] IS “Yes”

24. Are you the custodial parent or guardian of any of the children ages 0-4 years old that are living in your household?

[parentguard_0to4_y1]

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

25. 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_y1]

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

IF [hhcat_12to17_y1] IS “Yes”

26. 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_y1]

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

Block 3: Healthcare

Now we have some questions about your experience with **healthcare**.

27. When was the last time you saw a doctor or other health care professional for a physical or regular check-up? [doctor_visit_y1]	Never	<input type="radio"/>
	Within the past 12 months/1 year	<input type="radio"/>
	1 to 2 years ago	<input type="radio"/>
	3 to 4 years ago	<input type="radio"/>
	5 to 9 years ago	<input type="radio"/>
	10 years ago or more	<input type="radio"/>

28. 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_y1]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Don't know	<input type="radio"/>

IF [insured_y1] IS "No"

29. Did you lose health care coverage during the COVID-19 pandemic? [insurance_lost_covid_y1]	Yes	<input type="radio"/>
	No	<input type="radio"/>

IF [insured_y1] IS “Yes”

30. What is the primary kind of health insurance or health care plan that you have now?
[insurance_type_y1]

Private health insurance through a job or school	<input type="radio"/>
Insurance bought through a government exchange such as healthcare.gov	<input type="radio"/>
Insurance bought from a health plan or company	<input type="radio"/>
Medicare	<input type="radio"/>
Medi-Gap	<input type="radio"/>
Medicaid	<input type="radio"/>
CHIP or kid’s state insurance	<input type="radio"/>
Military health care	<input type="radio"/>
Indian Health Service	<input type="radio"/>
Other	<input type="radio"/>
Don’t know	<input type="radio"/>

IF [insurance_type_y1] IS “Other”

31. Please describe the reason you selected ‘other’ in the previous question: (TEXT BOX)
[insurance_type_text_y1]

Block 4: Pandemic Experience and Testing

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

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

(ORDER RANDOMIZED)	No, this is not a challenge	Yes, this is a minor challenge	Yes, this is a major challenge
32. Getting the health care I need (including for mental health) [challenge_health_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Having a place to live [challenge_house_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Getting enough food to eat [challenge_food_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Having clean water to drink [challenge_water_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Getting the medicine I need [challenge_meds_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Getting to where I need to go [challenge_transpo_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Taking care of my children or other people in my care [challenge_care_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. Have you ever been tested for COVID-19?
[covid_test_ever_y1]

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

IF [covid_test_ever_y1] IS "Yes"

40. Have you ever tested positive for COVID-19?
[covid_testpos_y1]

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

41. If you were entering a business establishment (such as a grocery store) where you were not required to wear a mask, how likely would you be to wear a mask?
[mask_notrequired_y1]

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

The next few questions ask about the federal government program to provide free at-home COVID tests.

Every home in the U.S. is eligible to order 4 free at-home COVID-19 tests from the federal government. (We provide more information on how to order these tests at the end of the survey.)

42. Prior to taking this survey, had you heard about the federal government's free at-home COVID test program?
[freetests_aware_y1]

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

IF [freetests_aware_y1] IS "Yes"

43. Have you ordered any free at-home COVID tests?
[freetests_pastorder_y1]

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

IF [freetests_pastorder_y1] IS "No"

44. Do you plan to order any free at-home COVID tests?
[freetests_plan_y1]

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

Block 5: Vaccination

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

45. Have you received a COVID-19 vaccine?
[vac_received_y1]

Yes (I have received at least one dose/injection of a vaccine)	<input type="radio"/>
No	<input type="radio"/>

IF [vac_received_y1] IS "Yes"

46. Where did you get the COVID-19 vaccine (e.g., pharmacy, doctors office, etc)? (TEXT BOX)
[vac_where_text_y1]

IF [vac_received_y1] IS "Yes"

47. Which type of COVID-19 vaccine did you receive?
(We are asking about your original COVID-19
vaccine shot(s), not booster shots.)
[vac_type_y1]

I got a one-dose vaccine (e.g., Johnson & Johnson or AstraZeneca)	<input type="radio"/>
I got the first dose/injection of a two-dose vaccine (e.g., Moderna or Pfizer)	<input type="radio"/>
I got both doses/injections of a two-dose vaccine (e.g., Moderna or Pfizer)	<input type="radio"/>
Other	<input type="radio"/>
Don't know	<input type="radio"/>

IF [vac_type_y1] IS "I got the first dose/injection of a two-dose vaccine (e.g., Moderna or Pfizer)"

48. How likely are you to get the second dose of
your COVID-19 vaccine?
[vac_dose2_y1]

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

IF [vac_received_y1] IS "No"

49. How likely are you to get a COVID-19 vaccine in
the next several months?
[vac_future_y1]

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

IF [vac_received_y1] IS "Yes"

50. What is the main reason you chose to get vaccinated? (TEXT BOX)
[vac_received_reason_text_y1]

IF [covid_testpos_y1] IS "Yes" AND [vac_received_y1] IS "Yes"

51. Since being vaccinated have you tested positive for COVID-19? [vac_postvac_pos_y1]

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

IF [vac_type_y1] IS "I got a one-dose vaccine (e.g., Johnson & Johnson or AstraZeneca)" OR "I got both doses/injections of a two-dose vaccine (e.g., Moderna or Pfizer)"

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.

52. Have you received a COVID-19 vaccine booster?
This could include receiving a 3rd dose of the Pfizer or Moderna vaccine or receiving another vaccine after getting the one-dose Johnson & Johnson vaccine. [booster_received_y1]

Yes, I received a vaccine booster	<input type="radio"/>
No, I have not received a vaccine booster	<input type="radio"/>

IF [booster_received_y1] IS "Yes"

53. Please indicate where you received the COVID-19 vaccine booster (e.g., pharmacy, doctors office, etc): (TEXT BOX)
[booster_where_text_y1]

IF [booster_received_y1] IS "No"

54. What is the main reason you have not received a booster? (TEXT BOX)
[booster_not_received_reason_text_y1]

55. How likely are you to get a COVID-19 vaccine booster in the next several months? [vac_boostfuture_y1]	1 - Not at all likely	<input type="radio"/>
	2	<input type="radio"/>
	3	<input type="radio"/>
	4 - Neutral	<input type="radio"/>
	5	<input type="radio"/>
	6	<input type="radio"/>
	7 - Very likely	<input type="radio"/>

IF [vac_received_y1] IS "No"

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

(ORDER RANDOMIZED, EXCEPT WHERE NOTED)	Yes	No
56. I do not get vaccines in general. [novac_belief_y1]	<input type="radio"/>	<input type="radio"/>
57. I have concerns about the effectiveness of COVID-19 vaccines. [novac_efficacy_y1] (PLACEMENT FIXED)	<input type="radio"/>	<input type="radio"/>
58. I have concerns about the safety or side effects of COVID-19 vaccines. [novac_safetysideeffect_y1] (PLACEMENT FIXED)	<input type="radio"/>	<input type="radio"/>
59. I feel my risk of getting COVID-19 is low. [novac_lowrisk_y1] (PLACEMENT FIXED)	<input type="radio"/>	<input type="radio"/>
60. I don't know how to schedule a vaccine appointment. [novac_appt_y1]	<input type="radio"/>	<input type="radio"/>
61. I don't have transportation to get to a vaccine site. [novac_transport_y1]	<input type="radio"/>	<input type="radio"/>
62. I don't have time to get vaccinated. [novac_time_y1]	<input type="radio"/>	<input type="radio"/>
63. I might need to miss work if the side effects of the vaccine make me feel sick. [novac_work_y1]	<input type="radio"/>	<input type="radio"/>

IF [vac_received_y1] IS "No"

64. What is the main reason you have not been vaccinated? (TEXT BOX)

[vac_notreceived_reason_text_y1]

65. How confident are you that the COVID-19 vaccines currently available in the U.S. are safe?
[vac_safe_y1]

Very confident	<input type="radio"/>
Somewhat confident	<input type="radio"/>
Not too confident	<input type="radio"/>
Not at all confident	<input type="radio"/>
Don't know	<input type="radio"/>

Vaccines for Children

IF [parentguard_y1] IS "Yes" AND [hhcat_12to17_y1] IS GREATER THAN 1

66. Has your child/children ages 12-17 already been vaccinated against COVID-19? [vac_kids_older_y1]

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

IF [hhcat_12to17_y1] IS GREATER THAN 1 AND [vac_kids_older_y1] IS "Yes"

67. Has your child/children ages 12-17 gotten the booster? [boost_kids_older_d14]

IF [hhcat_12to17_y1] IS GREATER THAN 1 AND [vac_kids_older_y1] IS "No"

68. For your child/children ages 12-17, how comfortable are you getting your child/children vaccinated against COVID-19 in the future?
[vac_kids_older_comfort_y1]

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

IF [hhcat_5to11_y1] IS GREATER THAN 1

69. Has your child/children ages 5-11 already been vaccinated against COVID-19?
[vac_kids_younger_y1]

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

IF [vac_kids_younger_y1] IS No

70. For your child/children ages 5-11, how comfortable are you getting your child/children vaccinated against COVID-19 in the future?
[vac_kids_younger_comfort_y1]

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

Vaccine Attitudes and Trust

71. How much do you trust the federal government to ensure the COVID-19 vaccine is safe for the public?
[vac_trust_covid_y1]

Fully trust	<input type="radio"/>
Mostly trust	<input type="radio"/>
Somewhat trust	<input type="radio"/>
Do not trust	<input type="radio"/>

72. How much do you trust the federal government to ensure a COVID-19 vaccine is safe **for children**?
[vac_trust_covid_child_y1]

Fully trust	<input type="radio"/>
Mostly trust	<input type="radio"/>
Somewhat trust	<input type="radio"/>
Do not trust	<input type="radio"/>

73. How much do you trust doctors and healthcare providers to act in your best interest when treating you?
 [trust_healthcare_y1]

Fully trust	<input type="radio"/>
Mostly trust	<input type="radio"/>
Somewhat trust	<input type="radio"/>
Do not trust	<input type="radio"/>

74. How much do you support or oppose **businesses** requiring proof of a COVID-19 vaccine in order to enter their business?
 [vac_require_business_y1]

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

75. How much do you support or oppose **employers** requiring employees to get a COVID-19 vaccine in order to remain employed?
 [vac_require_employer_y1]

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

76. Do you typically get a flu vaccine **each year**?
 [flushot_y1]

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

77. How likely, if at all, are you to get the flu vaccine this season? [flushot_intent_y1]	I have already received a flu vaccine this year	<input type="radio"/>
	Very likely	<input type="radio"/>
	Somewhat likely	<input type="radio"/>
	Not very likely	<input type="radio"/>
	Not at all likely	<input type="radio"/>

Research Participation

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

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

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

78. Have you ever enrolled in a COVID-19 clinical trial? (Select all the apply)	Yes, I signed up for a clinical trial for a COVID-19 <u>vaccine</u> . [trial_signup_vac_y1]	<input type="radio"/>
	Yes, I signed up for a clinical trial for a COVID-19 <u>treatment</u> . [trial_signup_treat_y1]	<input type="radio"/>
	No, I have never signed up for a COVID-19 clinical trial. [trial_signup_no_y1]	<input type="radio"/>

79. If you get COVID-19, how willing would you be to sign up for a clinical trial for a COVID-19 treatment?

[trial_signup_willing_y1]

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

Block 6: Information, Trust, Risk Perception

Now we will move from asking about clinical trials to asking about trust in sources of information about COVID-19.

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

(ORDER RANDOMIZED)	Not at all	A little	A great deal	Don't know	Does not apply
80. Your doctor or health care provider [trust_doctor_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. Your faith leader (e.g., pastor, minister, imam, rabbi) [trust_faith_leader_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Your close friends and members of your family [trust_friends_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. People you go to work or class with or other people you know [trust_acquaint_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. News on the radio, TV, online, or in newspapers [trust_news_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Your contacts on social media [trust_socialmedia_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. The federal government [trust_usgovt_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. State government [trust_stategovt_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

88. Local government [trust_citygovt_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. Tribal leadership [trust_tribal_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. An organization that provides services and assistance in your community [trust_commorg_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Block 7: Media Use

91. From which of the following sources do you typically get news? By news we mean information about events and issues that involve more than just your friends or family. Select all that apply.

Television [media_tv_y1]	<input type="radio"/>
Radio [media_radio_y1]	<input type="radio"/>
Print publications, like newspapers and magazines [media_print_y1]	<input type="radio"/>
News websites or apps [media_web_y1]	<input type="radio"/>
Social media such as YouTube, Twitter, Facebook or Instagram [media_social_y1]	<input type="radio"/>
Podcasts [media_podcasts_y1]	<input type="radio"/>

92. What specific programs or sources do you typically get your news from? (TEXT BOX)
[media_text_y1]

Block 8: Economic Hardship

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

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

[hhdebt_level_y1]

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"/>

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

	Yes	No	Don't know	Does not apply
94. Had the water shut off [exp_water_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Had electricity and/or gas shut off [exp_elec_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Had phone or internet service shut off [exp_phone_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Been evicted or otherwise forced to leave a living arrangement [exp_evict_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Experienced a foreclosure [exp_foreclose_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. Declared bankruptcy [exp_bankrupt_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

100. In the **past 12 months**, how often has your household been late on monthly housing payments (mortgage or rent) or has only made a partial housing payment? [freq_late_housing_y1]

Never	<input type="radio"/>
1-2 times	<input type="radio"/>
3-4 times	<input type="radio"/>
5-6 times	<input type="radio"/>
7 or more times	<input type="radio"/>
My household does not make any housing payments	<input type="radio"/>

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

[housing_incomeport_y1]

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

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

[fin_sit_y1]

Better	<input type="radio"/>
Worse	<input type="radio"/>
About the same	<input type="radio"/>
Don't know	<input type="radio"/>

Block 9: Employment

Now we are going to ask about your **employment**.

103. In the **past month**, did you do any work for either pay or profit?

[anywork_y1]

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

IF [anywork_y1] IS "Yes"

104. In your main job, do you usually work:

[workhrs_y1]

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

IF [anywork_y1] IS "No"

105. How long have you been out of work?

[nowork_length_y1]

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_y1] IS "No"

106. In the past month , have you received unemployment Insurance (UI) benefits? [fin_pubassist_ui_month_y1]	Yes	<input type="radio"/>
	No	<input type="radio"/>

IF [anywork_y1] IS "No"

Did any of the following contribute to your not working?

[ORDER RANDOMIZED, "Other" FIXED AS LAST RESPONSE OPTION]	Yes	No	Don't know
107. I am retired [lf_nowork_retired_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. I am going to school or training [lf_nowork_student_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. I have health/medical limitations or am disabled [lf_nowork_disabled_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. I did not want to work for pay at this time [lf_nowork_choice_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. I do not work due to family/personal obligations or am a homemaker [lf_nowork_homemaker_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. I lost my job, have been laid off, or am otherwise out of work [lf_nowork_layoff_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. Other [lf_nowork_other_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF [lf_nowork_other_y1] IS "Yes"

114. Please describe the reason you selected 'other' on the previous question about your work status: (TEXT BOX) [lf_nowork_other_text_y1]

IF [lf_nowork_xx_] IS GREATER THAN OR EQUAL TO 2 “Yes” RESPONSES

115. 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 [lf_nowork_disabled_y1] IS “Yes”] I have health/medical limitations or am disabled	<input type="radio"/>
	[IF [lf_nowork_retired_y1] IS “Yes”] I am retired	<input type="radio"/>
	[IF [lf_nowork_layoff_y1] IS “Yes”] I have lost my job, been laid off, or am otherwise out of work	<input type="radio"/>
	[IF [lf_nowork_student_y1] IS “Yes”] I am going to school or training	<input type="radio"/>
	[IF [lf_nowork_homemaker_y1] IS “Yes”] I don’t work due to family/personal obligations or am a homemaker	<input type="radio"/>
	[IF [lf_nowork_choice_y1] IS “Yes”] I did not want to work for pay at this time	<input type="radio"/>
	[IF [nowork_other_y1] IS “Yes”] Other	<input type="radio"/>

IF [lf_nowork_retired_y1] IS NOT selected AND [lf_nowork_disabled_y1] IS NOT selected

116. Have you actively searched for a new job in the past month ? [jobsearch_cur_y1]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Not applicable	<input type="radio"/>

IF [lf_nowork_retired_y1] IS NOT selected AND [lf_nowork_disabled_y1] IS NOT selected AND [anywork_y1] IS NOT “No”

117. How likely do you think it is that you will work for pay or profit in the next month ? [notworking_return_y1]	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"/>

Block 10: Digital Inclusion

Now we have some questions about your **use of technology**.

118. Do you have consistent access to the internet at home?
[home_internet_y1]

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

119. About how often do you use the internet?
[internet_use_y1]

Almost constantly	<input type="radio"/>
Several times a day	<input type="radio"/>
About once a day	<input type="radio"/>
Several times a week	<input type="radio"/>
About once per week	<input type="radio"/>
Never	<input type="radio"/>

120. How often do you need help doing the things you want to do on the internet?
[internet_support_y1]

Most of the time	<input type="radio"/>
Sometimes	<input type="radio"/>
Rarely	<input type="radio"/>
Never	<input type="radio"/>
Not applicable	<input type="radio"/>

Block 11: Childcare

Now we have some questions about **childcare**.

IF [hhcat_child_y1] IS “Yes”

121. How easy or difficult has it been for you to handle child care responsibilities during the COVID-19 pandemic? [cvchildcare_y1]

Very easy	<input type="radio"/>
Somewhat easy	<input type="radio"/>
Somewhat difficult	<input type="radio"/>
Very difficult	<input type="radio"/>
Not applicable	<input type="radio"/>

What challenges (if any) do you face when accessing childcare?

(ORDER RANDOMIZED)	Major challenge	Minor challenge	Not a challenge	Does not apply
122. Finding an opening at a childcare provider [childcare_provider_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. Finding someone to watch my child at home (e.g., a babysitter) [childcare_homecare_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. Finding high quality childcare [childcare_quality_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. Finding affordable childcare [childcare_cost_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. Finding childcare in a convenient location [childcare_location_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. Finding childcare that can accommodate my work schedule [childcare_schedule_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. Finding back-up childcare, or emergency childcare, or care for a sick child [childcare_emergency_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. Finding care for a child with special needs [childcare_specialneeds_y1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

130. Please tell us more about the childcare challenges that you are facing. (TEXT BOX)
[childcare_text_y1]

Block 12: Demographic and Background Characteristics

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

131. Do you speak a language other than English at home? [language_y1]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Prefer not to answer	<input type="radio"/>

IF [language_y1] IS "Yes"

132. What language(s) other than English do you speak at home? (TEXT BOX)
[language_spoken_y1]

133. What is your gender? [gender_y1]	Man	<input type="radio"/>
	Woman	<input type="radio"/>
	Trans woman	<input type="radio"/>
	Trans man	<input type="radio"/>
	Nonbinary, genderqueer, or genderfluid	<input type="radio"/>
	I would use a different term to describe my gender	<input type="radio"/>
	I would prefer not to answer	<input type="radio"/>

IF [gender_y1] IS "I would use a different term to describe my gender"

134. 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_y1]

135. Which of the following best describes how you think of yourself? [sexuality_y1]	Gay	<input type="radio"/>
	Lesbian	<input type="radio"/>
	Straight (that is, not gay, lesbian, bisexual, or other)	<input type="radio"/>
	Bisexual	<input type="radio"/>
	Other	<input type="radio"/>
	Prefer not to answer	<input type="radio"/>

IF [sexuality_y1] IS "Other"

136. If the categories in the previous question did not accurately describe you, and you would like to provide more detail, please do so here:
[sexuality_text_y1]

137. Are you of Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban? [hisp_y1]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Prefer not to answer	<input type="radio"/>

138. Are you of Arab, Persian, or Middle Eastern descent? [mideastern_y1]	Yes	<input type="radio"/>
	No	<input type="radio"/>
	Prefer not to answer	<input type="radio"/>

139. Which of the following best describes your race? Please select all that apply	White [race_white_y1]	<input type="radio"/>
	Black or African-American [race_black_y1]	<input type="radio"/>
	Asian or Asian-American [race_asian_y1]	<input type="radio"/>
	American Indian or Alaska Native [race_native_y1]	<input type="radio"/>
	Native Hawaiian or Other Pacific Islander [race_pacIsl_y1]	<input type="radio"/>
	Other [race_other_y1]	<input type="radio"/>
	Prefer not to answer [race_noanswer_y1]	<input type="radio"/>

IF [race_other_y1] IS SELECTED

140. 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_y1]

141. What is the highest degree or level of school you have completed?

[educ_y1]

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"/>

142. What is your marital status?

[marital_y1]

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

IF [marital_y1] IS NOT "Now Married"

143. Are you currently living with a romantic partner? [cohab_y1]

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).

144. Was your total HOUSEHOLD income in the past 12 months . . . [income_1_y1]	Below \$35,000	<input type="radio"/>
	\$35,000 or more	<input type="radio"/>

145. We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it... [income_y1]	Less than \$5,000	<input type="radio"/>
	\$5,001 to \$7,499	<input type="radio"/>
	\$7,500 to \$9,999	<input type="radio"/>
	\$10,000 to \$12,499	<input type="radio"/>
	\$12,500 to \$14,999	<input type="radio"/>
	\$15,000 to \$19,999	<input type="radio"/>
	\$20,000 to \$24,999	<input type="radio"/>
	\$25,000 to \$29,999	<input type="radio"/>
	\$30,000 to \$34,999	<input type="radio"/>
	\$35,000 to \$39,999	<input type="radio"/>
	\$40,000 to \$49,999	<input type="radio"/>
	\$50,000 to \$59,999	<input type="radio"/>
	\$60,000 to \$74,999	<input type="radio"/>
	\$75,000 to \$84,999	<input type="radio"/>
\$85,000 to \$94,999	<input type="radio"/>	
\$95,000 to \$99,999	<input type="radio"/>	
\$100,000 to \$124,999	<input type="radio"/>	

\$125,000 to \$149,999	<input type="radio"/>
\$150,000 to \$174,999	<input type="radio"/>
\$175,000 or more	<input type="radio"/>

146. Generally speaking, do you usually think of yourself as a Republican, a Democrat, an Independent, or what? [pid_y1]

Republican	<input type="radio"/>
Democrat	<input type="radio"/>
Independent	<input type="radio"/>
Other party	<input type="radio"/>
No preference	<input type="radio"/>
Prefer not to answer	<input type="radio"/>

IF [pid_y1] IS "Republican"

147. Would you call yourself a strong Republican or a not very strong Republican? [pid_strength_r_y1]

Strong	<input type="radio"/>
Not very strong	<input type="radio"/>
Prefer not to answer	<input type="radio"/>

IF [pid_y1] IS "Democrat"

148. Would you call yourself a strong Democrat or a not very strong Democrat? [pid_strength_d_y1]

Strong	<input type="radio"/>
Not very strong	<input type="radio"/>
Prefer not to answer	<input type="radio"/>

IF [pid_y1] IS "Independent" OR "Other party" OR "No preference"

149. Do you think of yourself as closer to the Republican Party or to the Democratic Party? [pid_leaning_y1]	Closer to Republican	<input type="radio"/>
	Closer to Democratic	<input type="radio"/>
	Neither	<input type="radio"/>
	Prefer not to answer	<input type="radio"/>

Finally, we need to know your name and address so we can mail you a check or gift card for completing this survey and to invite you to participate in future surveys.

150. To confirm, do you live at [INSERT ADDRESS]? [address_confirm_y1]	Yes	<input type="radio"/>
	No	<input type="radio"/>

IF [address_confirm_y1] IS "No"

151. What is your current address?

Address: (TEXT BOX) [updateaddress_street_y1]
City: (TEXT BOX) [updateaddress_city_y1]
State: (TEXT BOX) [updateaddress_state_y1]
Postal Code: (TEXT BOX) [updateaddress_zip_y1]

152. Please enter your name as you would like us to record it. This is important because we will use this information to process your check or gift card after you complete the survey.
[panelist_name_correct_y1]

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

Survey Closing

153. 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.** If neither option is selected, we will send you a check. [incentive_option_y1]

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

154. 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_y1]

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

IF [incentive_y1] IS "No"

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

Alternate Address: (TEXT BOX) [incentive_street_y1]
 City: (TEXT BOX) [incentive_city_y1]
 State: (TEXT BOX) [incentive_state_y1]
 Postal Code: (TEXT BOX) [incentive_zip_y1]

156. We may contact you in the future to participate in additional surveys or if we run into an issue with your payment. Your contact information will be kept confidential and will not be shared. Please provide your contact information:

Email address: [update_email_y1]
 Home phone [update_hphone_y1]
 Cell phone: [update_cphone_y1]

IF [update_cphone_y1] IS PROVIDED

157. May we text you with links to surveys in the future? [surv_text_y1]

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

IF [update_email_y1] IS PROVIDED

158. Would you like to receive MIMACS survey findings via email in the future? [contact_y1]

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

159. I completed this survey... [surv_mode_y1]

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 MIMACS interviewer	<input type="radio"/>
Other	<input type="radio"/>

IF [surv_mode_y1] IS "Other"

160. Please describe the reason you selected other in the previous question

161. If you have any other thoughts about this survey or the topics covered in this survey, please share them here: (TEXT BOX) [feedback_y1]

The following will appear on the final Qualtrics screen after a respondent submits his/her survey:

Your response has been recorded! Thank you for your participation! Please download the following document containing information about the study for your records: [click here](#)

The Michigan Metro Area Communities Study (MIMACS) team may conduct additional surveys in the future. If you do not wish to be contacted about future MIMACS surveys, please let us know by calling 734-764-4145 or sending an email to MIMACS-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 MIMACS surveys in the future.

For more information about MIMACS please click [here](#), and for results from a similar survey initiative in Detroit please click [here](#).

Information about free at-home COVID-19 tests:

Every home in the US is eligible to order free at-home COVID-19 tests through [COVIDtest.gov](#) or by calling 1-800-232-0233. To place an order, all you need is your name and residential address. No ID, credit card, or health insurance information is required."