

Short Form Coronavirus Survey Instrument – UAS 341

For LA short form: Preload variables from last asked short form or 230 (when available)

Thank you for agreeing to participate in our ongoing survey which focuses on the impact of the novel coronavirus (COVID-19). We will send you a reminder to check in every week on [day of the week] to let us know how the coronavirus epidemic is affecting you. Most of the questions in this survey were asked in previous surveys. Thank you for answering them accurately again, to ensure we always have the most up-to-date information.

cr001_intro, (cr001a – cr001r)

Have you experienced any of the following symptoms in **the past 7 days**?

[Randomize the order of items in the list]

Yes	No	Unsure	Fever or chills
Yes	No	Unsure	Runny or stuffy nose
Yes	No	Unsure	Chest congestion
Yes	No	Unsure	Cough
Yes	No	Unsure	Sore throat
Yes	No	Unsure	Sneezing
Yes	No	Unsure	Muscle or body aches
Yes	No	Unsure	Headaches
Yes	No	Unsure	Fatigue or tiredness
Yes	No	Unsure	Shortness of breath
Yes	No	Unsure	Abdominal Discomfort
Yes	No	Unsure	Vomiting
Yes	No	Unsure	Hair Loss
Yes	No	Unsure	Dry skin
Yes	No	Unsure	Body temperature higher than 100.4°F or 38.0°C
Yes	No	Unsure	Diarrhea
Yes	No	Unsure	Lost sense of smell
Yes	No	Unsure	Skin rash

cr002

Have you been tested for the coronavirus since [DATE OF PREVIOUS SURVEY]? If so, what was the result?

1. I have been tested and I tested positive (I had coronavirus)
2. I have been tested and I tested negative (I did **not** have coronavirus)
3. I have been tested and I do not know the result
4. I have not been tested

cr005

Whether or not you have had a coronavirus test, has a doctor or another healthcare professional diagnosed you as having or probably having the coronavirus since [DATE OF PREVIOUS SURVEY]?

1. Yes
2. No
3. Unsure

cr007

[if cr002 != 1 AND cr005 != 1]

Do you think you've been infected with the coronavirus since [DATE OF PREVIOUS SURVEY]?

1. Yes
2. No

cr011

[if cr002 = 1 OR cr005 = 1 OR cr007 = 1]

Have you contacted anyone (other than the medical professionals that tested, or diagnosed, or treated you,) to inform them you have coronavirus since [DATE OF PREVIOUS SURVEY]?

1. Yes
2. No

Coronavirus Expectations and Avoidance Behaviors

cr015_intro, (cr015a – cr015s, removed cr015o, cr015p)

[Randomize the order of items]

In the last **seven days**, have you done the following:

- | | |
|---------------|---|
| Yes No Unsure | Gone out to a bar, club, or other place where people gather |
| Yes No Unsure | Gone to the grocery store or pharmacy |
| Yes No Unsure | Gone to a friend, neighbor, or relative's residence (that is not your own) |
| Yes No Unsure | Had visitors such as friends, neighbors or relatives at your residence |
| Yes No Unsure | Attended a gathering with more than 10 people, such as a reunion, wedding, funeral, birthday party, concert, or religious service |
| Yes No Unsure | Sought care from a hospital or health care facility |
| Yes No Unsure | Been placed in isolation or quarantine |
| Yes No Unsure | Remained in your residence at all times, except for essential activities or exercise |
| Yes No Unsure | Shared items like towels or utensils with other people |
| Yes No Unsure | Had close contact (within 6 feet) with people who live with you |
| Yes No Unsure | Had close contact (within 6 feet) with people who do not live with you |
| Yes No Unsure | Gone outside to walk, hike, or exercise |
| Yes No Unsure | Attended a political rally, protest, or demonstration. |
| Yes No Unsure | Attended an in-person religious service |

Yes No Unsure Traveled by airplane

Yes No Unsure Traveled by public transportation (bus, subway, commuter rail, etc.)

cr016_intro, (cr016b – cr016p)

Which of the following have you done in the **last seven days** to keep yourself safe from coronavirus?

Only consider actions that you took or decisions that you made personally.

Yes No Washed your hands with soap or used hand sanitizer several times per day

Yes No Visited a doctor

Yes No Avoided contact with people who could be high-risk

Yes No Avoided public spaces, gatherings, or crowds

Yes No Prayed

Yes No Avoided eating at restaurants

Yes No Worked or studied at home

Yes No Worn a mask or other face covering

cr021

We'd like to ask about your family, as well as your close friends. How many family or close friends do you have? Only include people who are still alive, regardless of where they live.

[Input number: 0-999: Soft check "Do you really have [NUMBER] family and close friends?"]

cr022

You said that you have [NUMBER] family and close friends. Of these people, how many do you think have been infected with the coronavirus?

[Input number: 0-999, must be <= to total contacts]:

[Soft check: "Do you really know [NUMBER] people who have been infected?"]

cr022a

You said that you have [NUMBER] family and close friends. Of these people, how many do you think have been hospitalized (spent at least one night in the hospital) from the coronavirus?

[Input number: 0-999, must be <= to total contacts and <= cr022]:

[Soft check: "Do you really know [NUMBER] people who have been hospitalized?"]

cr022b

You said that you have [NUMBER] family and close friends. Of these people, how many do you think have died from the coronavirus?

[Input number: 0-999, must be <= to total contacts and <= cr022]:

[Soft check: "Do you really know [NUMBER] people who have died?"]

cr023

On a scale of 0 to 100 percent, what is the chance that you will get the coronavirus in the **next three months**? If you're not sure, please give your best guess.

[0%-100% Visual Linear Scale]

cr023b

If you do get the coronavirus, what is the percent chance you will be hospitalized (spend at least one night in the hospital) from it? If you're not sure, please give your best guess.

[0%-100% Visual Linear Scale]

cr024

If you do get the coronavirus, what is the percent chance you will die from it? If you're not sure, please give your best guess.

[0%-100% Visual Linear Scale]

cr032_intro, (cr032a – cr032j)

How much do you trust the following sources of information about the coronavirus:

[Randomize the order of items in the list]

	Do not trust at all	Trust somewhat	Trust mostly	Trust completely
California Governor Gavin Newsom				
Los Angeles County Department of Public Health				
Los Angeles County Board of Supervisors				
Los Angeles Mayor Eric Garcetti				
The Los Angeles Times				
CNN				
MSNBC				
Fox News				
Network News (NBC, ABC, CBS)				
Your local TV news				
	Do not trust at all	Trust somewhat	Trust mostly	Trust completely

cr033_intro, (cr033a – cr033j)

Which of the following information sources have you used to learn about the coronavirus in **the past 7 days**?

[Randomize the order of items in the list]

- a. Yes No California Governor Gavin Newsom
- b. Yes No Los Angeles County Department of Public Health
- c. Yes No Los Angeles County Board of Supervisors
- d. Yes No Los Angeles Mayor Eric Garcetti
- e. Yes No The Los Angeles Times
- f. Yes No Your local TV news
- g. Yes No CNN
- h. Yes No MSNBC
- i. Yes No Fox News
- j. Yes No Network News (NBC, ABC, CBS)

Economic Insecurity

ei002

In the **past seven days**, were you worried you would run out of food because of a lack of money or other resources?

- 1. Yes
- 2. No
- 3. Unsure

ei003

In the **past seven days**, did you eat less than you thought you should because of a lack of money or other resources?

- 1. Yes
- 2. No
- 3. Unsure

ei004

In the **past seven days**, did you go without eating for a whole day because of a lack of money or other resources?

- 1. Yes
- 2. No
- 3. Unsure

ei024

How much of a threat would you say the coronavirus outbreak is to your household's finances?

- 1. A substantial threat

2. A moderate threat
3. Not much of a threat
4. Not a threat at all

ei025

Thinking about the decisions by a number of state governments to impose significant restrictions on public activity because of the coronavirus outbreak, is your greater concern that state governments will...

[Randomize order]

- Lift the restrictions too quickly
- Not lift the restrictions quickly enough

ei026

Now thinking about the decisions by the **government of your state**, is your greater concern that **your own state government** will...

[randomize order]

- Lift the restrictions too quickly
- Not lift the restrictions quickly enough

Labor Market Outcomes

lr001

[only ask if they previously said they have a job]

The next set of questions are about your primary job. If you have multiple jobs, think of the job in which you work the most hours or receive the most pay.

You told us on [DATE OF EARLIER SURVEY] that you had a job. Which statement best reflects your current employment status:

1. I am still working in the same job
2. I lost my job and I am looking for work
3. I have been temporarily laid off from the same job
4. I am on sick leave or other leave from the same job
5. I am now working at a different job
7. I am now retired
6. None of these, please specify:

lr002

[if lr001 = 2, 3, 4]

Are you still receiving benefits such as health insurance through your former job?

1. Yes

2. No
3. Unsure

lr003aa

[if respondent was temporarily laid off in previous wave]

You told us on [DATE OF EARLIER SURVEY] that you were temporarily laid off from your job. Which statement best reflects your current employment status?

1. I have resumed working at the same job
2. I am still temporarily laid off from the same job
3. I have lost my job and I am looking for work
4. I am on sick leave or other leave from the same job
5. I am now working at a different job
6. None of these, please specify:

lr003bb

[if respondents was on sick leave or other leave in the previous wave]

You told us on [DATE OF EARLIER SURVEY] that you were on sick leave or other leave from your job. Which statement best reflects your current employment status?

1. I have resumed working at the same job
2. I am still on sick leave or other leave from the same job
3. I have lost my job and I am looking for work
4. I have been temporarily laid off from the same job
5. I am now working at a different job
6. None of these, please specify:

lr003cc

[if respondent was retired in the previous wave]

You told us on [DATE OF EARLIER SURVEY] that you were on retired. Which statement best reflects your current employment status?

1. I am still retired
2. I now have a job
3. I am unemployed and looking for work
4. None of these, please specify:

lr003dd

[if respondent was not in labor force in previous wave]

You told us on [DATE OF EARLIER SURVEY] that you were not in the labor force. Which statement best reflects your current employment status?

1. I am still not in the labor force (not currently working and not looking for work)
2. I now have a job
3. I am unemployed and looking for work
4. I am retired
5. None of these, please specify:

lr003

[if respondent did not have a job in previous wave]

You told us on [DATE OF EARLIER SURVEY] that you did not have a job. Which statement best reflects your current employment status?

1. I still do not have a job
2. I now have a job
- 4 . I am retired
- 5 . I am not in the labor force (not currently working and not looking for work)
- 3 . None of these, please specify:

lr003a

Do you currently have a job?

[fill based on responses above.]

1. Yes
2. No

[Ask the following questions if the respondent has a job]

The next set of questions ask about your primary job. If you have multiple jobs, think of the job in which you work the most hours or receive the most pay.

lr005

In your primary job, are you self-employed or do you work for an employer?

1. Self-employed
2. Work for an employer
3. Other (specify)

lr019

Do any of the following describe your primary job? Please check all that apply.

1. Independent contractor (for example, freelance worker, Uber driver, Instacart worker, independent consultant)
2. On-call worker or day laborer
3. Temporary agency worker
4. Contract company worker
5. None of the above

lr006

Out of the **past seven days**, how many days did you work at your job?

[Radio buttons: 0-7]

lr006a

Out of the **past seven days**, how many days did you work **from home**?

[Radio buttons: 0-7]

lr008

Think of every day you worked in the **past seven days**. How many total hours did you work for pay across all the days?

[0<=hours <= 150]

lr016

Have you received unemployment insurance benefits in the past fourteen days?

1. Yes
2. No
3. Unsure

lr017

[if lr016 = 1]

How much did you receive in unemployment insurance in your most recent payment?

Amount>=0

[soft check if >\$5000]

lr017b

[If lr017<\$15]

You said your most recent payment for unemployment compensation was \$[fillin lr017]. Is this correct?

1. Yes, that is correct
2. No, I made a mistake [GO BACK TO LR017]
3. I did not receive a payment in the past fourteen days.
4. I do not recall the amount of my last UI payment
5. I prefer not to answer

lr017b_i

[If lr017 is skipped OR (lr017 = RESPONSE AND lr017 < 15 AND lr017b="do not recall")]

Would you say the amount was?

1. \$300 or less
2. \$301 to \$600
3. \$601 to \$900

4. \$901 to \$1200
5. More than \$1200
6. I prefer not to answer
7. Don't know

lr017a

[if lr017 > 14 OR (lr017 = RESPONSE AND lr017 < 15 AND lr017b = 1) OR (lr017 = RESPONSE AND lr017 < 15 AND lr017b_i = 1-5)]

How often do you expect to receive this amount?

1. Once every week
2. Once every two weeks
3. Once every month
4. Another interval, please specify:
5. Unsure

lr016a

[if lr016 = 3]

Why are you unsure about whether you have received unemployment insurance in the past 14 days?

1. I received a benefit payment but I am unsure about whether it is from unemployment insurance or some other program
2. I am expecting to receive a payment but I am unsure whether it has been deposited/mailed
3. I received a payment but I am unsure when I received it
4. I prefer not to answer this question
5. Other, please specify:

Food Insecurity

fd008_intro, (fd008a – fd008m, removed fd008f, fd008g, fd008j, fd008k)

In the **last 14 days**, where did you get your food (either in person or by delivery)?

[randomize order]

- | | | |
|-----|----|--|
| Yes | No | Grocery store / supermarket (Ralphs, Vons, Trader Joe's, etc.) |
| Yes | No | Convenience store (7-Eleven, ampm, etc.) |
| Yes | No | Drug store (CVS, Walgreens, Rite Aid, etc.) |
| Yes | No | Big-box store (Target, Walmart, Costco, etc.) |
| Yes | No | Food pantry |
| Yes | No | Full service restaurant or café |
| Yes | No | Fast food restaurant or café |
| Yes | No | Online retailer (Amazon Fresh, Fresh Direct, etc.) |
| Yes | No | Farmer's market |

Yes	No	Food donations from a faith-based organization, or other community-based organization (e.g. YMCA, local health organization, etc.)
Yes	No	Other. Please specify

fd035

[If “Food donations from a faith-based organization ...” = Yes, ask:]

What are the names of the organization(s) you received food donations from? _____

fd036

When you get food from the store that is **your most frequent source** of food, how long does it take you to travel to this place?

1. No time because the food is delivered to me
2. Less than 10 minutes each way
3. 10 to 20 minutes each way
4. 20 to 30 minutes each way
5. More than 30 minutes each way

fd030_intro, (fd030a – fd030c)

Thinking about the foods you ate or drank during the past month (i.e., past 30 days), including meals and snacks...

a) During the past month, how many times did you eat fruit? Do not count juices. You can indicate if this is per day, per week, or in a month. Your best guess is fine.

___ times

Enter unit: “per day” “per week, OR “per month”

b) During the past month, how many times did you eat vegetables like green salad, green beans, or potatoes? Do not include fried potatoes or cooked dried beans such as refried beans, baked beans or bean soup.

Other vegetables include tomatoes, carrots, onions, or broccoli. Rice is not a vegetable.

___ times

Enter unit: “per day” “per week, OR “per month”

c) During the past month, how often did you drink sodas or sweetened fruit drinks, sports, or energy drinks? Do not include diet sodas or sugar-free drinks. Please count a 12-ounce can, bottle, or glass as one drink.

Examples might include sweet lemonade, Coke, Gatorade, Snapple, or Red Bull. Do not include: 100% fruit juices, yogurt drinks, carbonated water, or fruit-flavored teas.

___ times

Enter unit: “per day” “per week, OR “per month”

fd031

Next we will ask you about meals. By meal, we mean breakfast, lunch and dinner.

During the **past 7 days**, how many meals did you get that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?

[Box: integers 0-35, no text]

**DISPLAY A MESSAGE if "NUMBER" is LARGER THAN "21." – "An unusually large number was entered: this is more than 3 meals per day, each day during the past 7 days. Please verify your answer OR click "Next" to continue."*

fd032

[if fd031 >= 1] How many of those [number entered in fd031] meals did you get from a fast-food restaurant (like McDonald's, Taco Bell, Kentucky Fried Chicken, or another similar type of place) or from a pizza place?

[Box: integers 0-[number from fd031]]

fd034_intro, (fd034f – fd034i)

During the coronavirus pandemic period (since March 2020), did you do the following things more than before, less than before, or about the same as before?

[Less than before / About the same / More than before]

Ate fast food

Drank sugary beverages like sweetened soda, sports drinks, and energy drinks

Bought canned or frozen food

Threw away uneaten food

fd037

Have you weighed yourself on scale in the past three months?

Yes No Unsure

ei005_intro, (ei005n – ei005o)

In the **past month**, did you or anyone in your household receive any of the following government benefits? [randomize the order of items]

Yes No Unsure CalFresh, also known as Supplemental Nutrition Assistance Program (SNAP or Food Stamps)

Yes No Unsure "Pandemic EBT" benefits for children in your household, to help pay for food because schools are closed

ei006a

[if ei005n (CalFresh/SNAP) = yes]

Were you able to use your CalFresh/SNAP benefits at the grocery store?

Yes

No

Unsure

I did not try

ei006b

[If ei006a = No]

Why were you not able to use your CalFresh/SNAP benefits at the grocery store?

_____ (text)

ei040

[if ei005n (CalFresh/SNAP) = yes]

Is it possible to use your CalFresh/SNAP benefits to purchase groceries online that can be delivered to your home?

Yes No Unsure

ei041

[if ei040 = yes]

Have you ever used your CalFresh/SNAP benefits to purchase groceries online?

Yes No

ei042

[if ei040 = no OR ei040 = unsure OR ei041 = no]

Why haven't you used your CalFresh/SNAP benefits to purchase groceries online? (select all that apply)

___ I tried but could not figure out how to do this

___ I prefer getting groceries in person instead of online

___ I don't want food to be delivered to my home

___ I don't have consistent access to internet

___ My preferred stores don't accept EBT online

___ I can't find the grocery items I prefer online

___ I worry about the security of online data

___ Other, please specify: _____

ei043

[if ei005n (CalFresh/SNAP) = no]

In the **past year** (i.e., in the past 12 months), have you ever applied for CalFresh/SNAP benefits?

Yes No Unsure

ei044

[if ei043 = no]

Why haven't you applied for CalFresh/SNAP benefits in the past year? (select all that apply)

- ☐ I don't know about CalFresh/SNAP
- ☐ I didn't apply because I don't think I'd be eligible
- ☐ I didn't apply because I think the process is too difficult
- ☐ I didn't apply because I was worried about my immigration status
- ☐ Other, please specify: _____

ei045

In the past month, did you have difficulty getting food or eating well for any of the following reasons?

Check all that apply.

- ☐ Food stores were closed
- ☐ Food stores had limited hours
- ☐ Food stores ran out of the foods you wanted to buy
- ☐ Food stores had limits on how many items you could buy
- ☐ Food prices had gone up
- ☐ I don't have a car or personal transportation
- ☐ I was unable to leave the house because of health concerns
- ☐ I didn't have time to get and/or prepare food because of increased childcare responsibilities
- ☐ I didn't have time to get and/or prepare food because of **other** responsibilities
- ☐ I didn't have time to get food
- ☐ I didn't have enough money to buy the foods I wanted
- ☐ Food pantry or soup kitchen was closed or had limited hours
- ☐ Other, please specify: _____
- ☐ I didn't have any difficulty getting food or eating well

ei046

How worried are you that after paying your rent or other bills, you won't have enough money for food in the next three months?

1. Very worried
2. A little worried
3. Not worried at all

ei047

Compared to before the coronavirus pandemic (February 2020), how has your amount of free time changed? By free time we mean time that is not committed to paid work, childcare or other caregiving, housework, chores, shopping, and basic self-care like eating and sleeping.

1. I have less free time than before the pandemic
2. I have more free time than before the pandemic
3. I have about the same free time as before the pandemic