

Short Form Coronavirus Survey Instrument – UAS 245 - Wave 5

Thank you for agreeing to participate in our ongoing survey which focuses on the impact of the novel coronavirus (COVID-19). As you know we are sending you a reminder to check in every week on [day of the week] to let us know how the coronavirus epidemic is affecting you.

**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 & cr005 !=1] Do you think you've been infected with the coronavirus since [DATE OF PREVIOUS SURVEY]?

1. Yes
2. No

**cr011**

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

**cr012\_intro**, (cr012a – cr012h) [Randomize the order items in the list]

[if cr011=1] Who have you contacted since [DATE OF PREVIOUS SURVEY] to let them know that you think you have coronavirus? Please check all that apply.

- |     |    |  |
|-----|----|--|
| Yes | No | A local health department or hotline                         |
| Yes | No | Hospital or emergency room                                   |
| Yes | No | My primary care doctor or another doctor                     |
| Yes | No | My employer, supervisor or school                            |
| Yes | No | Community or religious leaders                               |
| Yes | No | Family or friends  |
| Yes | No | Online social contacts such as people on Facebook or Twitter |
| Yes | No | Other: Specify   |

**cr004**

Whether or not you have been tested, or diagnosed, have you sought medical care for coronavirus since [DATE OF PREVIOUS SURVEY]?

1. Yes
2. No

**cr009**

[if cr004=1] When you sought medical care for coronavirus since [DATE OF PREVIOUS SURVEY], where did you first seek medical care?

1. Hospital or emergency room
2. Urgent care
3. My primary care doctor or another doctor
4. A local health department
5. Other, please specify:
6. I did not seek care

**cr010a**

[if cr009 = 1 to 5] When you sought care from [insert cr009] did you obtain care?

1. Yes, in person
2. Yes, phone or video visit
3. Did not obtain care

**cr010b**

[if cr010a = 1] Did you call ahead before seeking care in person?

1. Yes
2. No

**Coronavirus Expectations and Avoidance Behaviors**

**cr015\_intro**, (cr015a – cr015l) [Randomize the order of items]

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

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

**cr016\_intro**, (cr016a – 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.

- a. Yes No Unsure Washed your hands with soap or used hand sanitizer several times per day
- b. Yes No Unsure Canceled or postponed air travel for work
- c. Yes No Unsure Canceled or postponed air travel for pleasure
- d. Yes No Unsure Canceled or postponed work or school activities
- e. Yes No Unsure Canceled or postponed personal or social activities
- f. Yes No Unsure Visited a doctor
- g. Yes No Unsure Canceled a doctor's appointment
- h. Yes No Unsure Stockpiled food or water
- i. Yes No Unsure Avoided contact with people who could be high-risk
- j. Yes No Unsure Avoided public spaces, gatherings, or crowds
- k. Yes No Unsure Prayed
- l. Yes No Unsure Avoided eating at restaurants
- m. Yes No Unsure Stockpiled hand sanitizer or disinfectant wipes
- n. Yes No Unsure Worked or studied at home
- o. Yes No Unsure Worn a mask or other face covering
- p. Yes No Unsure Stockpiled medication

**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  $\leq$  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  $\leq$  to total contacts and  $\leq$  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  $\leq$  to total contacts and  $\leq$  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

**[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.
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

**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.
3. I am retired
4. I am not in the labor force (not currently working and not looking for work)
5. None of these, please specify:

**Ir003aa**

[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:

**Ir003bb**

[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:

**Ir003cc**

[if respondent was on 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:

**Ir003dd**

[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:

**Ir003a**

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.

**Ir005**

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)

**Ir019**

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

**Ir006**

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

[Radio buttons: 0-7]

**Ir006a**

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

[Radio buttons: 0-7]

**Ir008**

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]

[Ask the following questions if the respondent does not have a job]

**Ir016**

[if Ir004 <>1 ] Have you received unemployment insurance benefits in the past fourteen days?

1. Yes
2. No
3. Unsure

**Ir017**

[if Ir016= 1] How much did you receive in unemployment insurance in your most recent payment?

Amount>=0

[soft check if >\$5000]

**Ir017a**

[if Ir017 > 0] 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 (specify)
5. Unsure

**Ir018**

[If not receiving unemployment benefits] Why haven't you received unemployment insurance benefits? Mark all that apply. [Radio buttons]

1. My former employer has not made me eligible.
2. I am not eligible for other reasons.
3. I am unsure how to apply.
4. I was approved but I haven't been paid yet.
5. I applied and was rejected.
6. I decided not to apply
7. Other

**CS\_001**

Could you tell us how interesting or uninteresting you found the questions in this interview?

1. Very interesting
2. Interesting
3. Neither interesting nor uninteresting
4. Uninteresting
5. Very uninteresting

**CS\_003**

Do you have any other comments on the interview? Please type these in the box below. (If you have no comments, please click next to complete this survey.)