

## Short Survey

### UAS Coronavirus Perceptions Panel Survey

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? 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?

1. Yes

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2. No
3. Unsure

### **cr007**

[if cr002 !=1 & cr005 !=1] Do you think you've been infected with the coronavirus?

1. Yes
2. No

### **cr003**

[if cr002=4] How much do you think it would cost for you to get tested?

### **cr011**

Have you contacted anyone, (other than the medical professionals that tested, or diagnosed, or treated you), to inform them you have coronavirus?

1. Yes
2. No

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

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

- |     |    |  |
|-----|----|--|
| Yes | No | A local health departments 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?

1. Yes
2. No

### **cr009**

[if cr004=1] Where did you first seek medical care for coronavirus?

1. Hospital or emergency room
2. Urgent care
3. My primary care doctor or another doctor
4. A local health department

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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 care
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

**cr014\_intro**, (cr014a - cr014r) [Randomize the order of the items]

Which of the following are the main symptoms people infected with the coronavirus experience?

- |     |    |        |  |
|-----|----|--------|--|
| Yes | No | Unsure | Fever or chills                                  |
| Yes | No | Unsure | Runny or stuffy nose                             |
| Yes | No | Unsure | Chest congestion                                 |
| Yes | No | Unsure | Skin rash  |
| 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                              |

**cr015\_intro**, (cr015a - cr015l) [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                       |

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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

### cr016\_intro

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	Unsure	Washed your hands with soap or used hand sanitizer several times per day
Yes	No	Unsure	Canceled or postponed air travel for work
Yes	No	Unsure	Canceled or postponed air travel for pleasure
Yes	No	Unsure	Canceled or postponed work or school activities
Yes	No	Unsure	Canceled or postponed personal or social activities
Yes	No	Unsure	Visited a doctor
Yes	No	Unsure	Canceled a doctor's appointment
Yes	No	Unsure	Stockpiled food or water
Yes	No	Unsure	Avoided contact with people who could be high-risk
Yes	No	Unsure	Avoided public spaces, gatherings, or crowds
Yes	No	Unsure	Prayed
Yes	No	Unsure	Avoided eating at restaurants

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Yes	No	Unsure	Stockpiled hand sanitizer or disinfectant wipes
Yes	No	Unsure	Worked or studied at home
Yes	No	Unsure	Worn a mask or other face covering
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 <= to total contacts]:  
[Soft check: "Do you really know [NUMBER] people who have been infected?"]

### 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]

### 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

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				

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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

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]

Yes      No California Governor Gavin Newsom  
Yes      No Los Angeles County Department of Public Health  
Yes      No Los Angeles County Board of Supervisors  
Yes      No Los Angeles Mayor Eric Garcetti  
Yes      No          The Los Angeles Times  
Yes      No Your local TV news  
Yes      No CNN  
Yes      No MSNBC  
Yes      No          Fox News  
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

**1r001**[only ask if they previously said they have a job]

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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.

### 1r002

[if 1r001 = 2, 3, 4] Are you still receiving benefits such as health insurance through your former job?

1. Yes
2. No
3. Unsure

### 1r003

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

[only ask if they previously said they did not have a job.]

1. I still do not have a job.
2. I now have a job.
3. None of these.

### 1r003a

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.

### 1r005

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)

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### 1r0019

Do any of the following describe your primary job? 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

### 1r006

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

[Radio buttons: 0-7]

### 1r006a

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

[Radio buttons: 0-7]

### 1r008

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:

### 1r016

[if 1r004 <>1 ] Have you received unemployment insurance benefits in the past fourteen days?

1. Yes
2. No
3. Unsure

### 1r017

[if 1r016= 1] How much did you receive in unemployment insurance in your most recent payment?

Amount>=0

[soft check if >\$5000]

### 1r018

[if 1r016=2, 3] 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.



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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.)