Housing	
Date of Housing, Employment and Insurance Collection	
	(MM/DD/YYYY)
What best describes your family at home:	 ◯ Just me ◯ Living with spouse, no kids ○ Family including kids ○ Family with 3 generations (parents, children, grandchildren) ○ Family with 4 generations ○ None of these
Are you currently living in transitional housing, staying in a shelter, or experiencing homelessness?	YesNoPrefer not to answerDon't know
Do you live in any of these?	 A group care setting Nursing home Residential care facility for people with intellectual and developmental disabilities A psychiatric treatment facility A group home A board and care home Prison or jail A halfway house Foster care Somewhere else
Where do you stay/live?	
Employment	
Have you, or has anyone in your household, experienced a loss of employment income since the start of the COVID-19 pandemic (March 2020)?	
We would like to know about what you do are you working now, looking for work, retired, keeping house, a student, or something else?	 Working now Only temporarily laid off, sick leave or maternity leave Looking for work, unemployed Retired Disabled, permanently or temporarily Keeping house Student Other (Specify) Prefer not to answer Don't know
Current employment status, Other - specify	



Are you considered an essential worker? An essential worker is someone who was required to go to work even when stay at home orders were in place	YesNoPrefer not to answerUnknown
Would any of these describe where you work?	 Nursing care facilities Visiting nurse or home health aide service Building cleaning services Public transportation Corrections facility EMT or paramedic services Meat packing farm facility Agriculture and food production facility Grocery store Construction No
What is the primary kind of health insurance or health care plan that you have now?	 ○ I do NOT have health insurance ○ Private (purchased directly or through Employment) ○ Public (Medicare, Medicaid, Tricare) ○ Don't know ○ Prefer not to answer (Exclude plans that pay for only one type of Service (such as, nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized.)
Did you lose health coverage because of the COVID-19 pandemic?	YesNoPrefer not to answerDon't know
The COVID-19 pandemic may cause challenges for some per months have you or your family experienced any of the belo	
Getting the health care I need (including for mental health)	No, not a challengeYes, a minor challengeYes, this is a major challenge
Having a place to stay/live	No, not a challengeYes, a minor challengeYes, this is a major challenge
Getting enough food to eat	No, not a challengeYes, a minor challengeYes, this is a major challenge
Having clean water to drink	No, not a challengeYes, a minor challengeYes, this is a major challenge
Getting the medicine I need	No, not a challengeYes, a minor challengeYes, this is a major challenge
Getting to where I need to go	No, not a challengeYes, a minor challengeYes, this is a major challenge



Spoken Language	
Do you speak a language other than English at home?	○ Yes○ No○ Prefer not to answer
What language(s)	☐ Spanish ☐ Vietnamese ☐ Mandarin ☐ Cantonese ☐ Tagalog ☐ Hawaiian ☐ Ilokano ☐ Navajo ☐ Other (For projects/sites needing additional languages, please reach out to your EIT lead to have additional languages added to the base instrument for coding consistency. Thank you.)
Specify other language(s)	
Family Income	
In 2019, what was your total household income before taxes?	 Less than \$15,000 \$15,000 - \$19,999 \$20,000 - \$24,999 \$25,000 - \$34,999 \$35,000 - \$49,999 \$50,000 - \$74,999 \$75,000 - \$99,999 \$100,000 and above Prefer not to answer

This module was extracted from pages 5-7, section "Housing Employment and Insurance" from the full document "RADx-UP Common Data Elements"

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