

# Exposure to COVID-19

## Survey Flow

### Group: Main

Block: Survey Instructions (1 Question)  
Standard: Introduction (3 Questions)  
Standard: About You (14 Questions)  
Standard: Residence and Household (15 Questions)  
Standard: Transportation (8 Questions)  
Standard: Work and Employment (General) (5 Questions)

### Branch: New Branch

If

If Since March 1, did you do any work for either pay or profit at a job or business?

Yes Is Selected

Standard: Work and Employment (Work Outside the Home) (13 Questions)

**EndSurvey:**

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## Start of Block: Survey Instructions

### Q1 Survey Instructions

This questionnaire is designed to assess your experiences with COVID-19, which you may also have heard referred to as coronavirus, coronavirus disease, 2019 novel coronavirus, 2019-nCoV, and SARS-CoV-2.

We will ask you questions about your home, transportation, and workplace because these are common places where people might be exposed to COVID-19. Your responses will help inform important public health interventions so please read and answer each question carefully.

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Start of Block: Introduction

Q2 How concerned are you about your exposure to COVID-19 **in your home**?

- Not at all concerned (1)
  - Slightly concerned (2)
  - Moderately concerned (3)
  - Very concerned (4)
  - Extremely concerned (5)
  - Not applicable (6)
- 

Q3 How concerned are you about your exposure to COVID-19 **while using your typical transportation**?

- Not at all concerned (1)
  - Slightly concerned (2)
  - Moderately concerned (3)
  - Very concerned (4)
  - Extremely concerned (5)
  - Not applicable (6)
-

Q4 How concerned are you about your exposure to COVID-19 **at your workplace?**

- Not at all concerned (1)
- Slightly concerned (2)
- Moderately concerned (3)
- Very concerned (4)
- Extremely concerned (5)
- Not applicable (6)

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**Q5 About You:**

We are going to ask some questions about you, your background, and your experience with COVID-19 testing. These questions are for statistical purposes only. All responses will remain confidential.

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Q6 What is your age in years?

▼ 18 (1) ... 100 or more (83)

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Q7 What is your sex assigned at birth?

Female (1)

Male (2)

Intersex (3)

Prefer not to answer (4)

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Q8 What is your current gender identity?

- Man (1)
  - Woman (2)
  - Transgender female / trans woman (3)
  - Transgender male / trans man (4)
  - Non-binary, genderqueer, or genderfluid (5)
  - A gender identity not listed here: *Please specify:* (6)
- 

- Prefer not to answer (7)
- 

Q9 Are you of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin (1)
  - Yes, Mexican, Mexican American, Chicano (2)
  - Yes, Puerto Rican (3)
  - Yes, Cuban (4)
  - Yes, another Hispanic, Latino, or Spanish origin: *Please specify:* (5)
- 

- Prefer not to answer (6)
-

Q10 What is your race? *Check all that apply.*

White (1)

Black or African American (2)

American Indian or Alaska Native: *Please specify tribe(s)/village(s)/nation(s):* (3)

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Asian Indian (4)

Chinese (5)

Filipino (6)

Japanese (7)

Korean (8)

Vietnamese (9)

Other Asian: *Please specify:* (10)

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Native Hawaiian (11)

Chamorro (12)

Samoan (13)

Other Pacific Islander: *Please specify:* (14)

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Prefer not to answer (15)

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Q11 Do you speak a main language other than English at home?

- Yes: *Please specify:* (1) \_\_\_\_\_
  - No (2)
  - Prefer not to answer (3)
- 

Q12 What is the highest degree or level of school you have completed?

- Less than high school (1)
  - Some high school (2)
  - High school graduate or equivalent (for example GED) (3)
  - Some college, but degree not received or is in progress (4)
  - Associate's degree (for example AA, AS) (5)
  - Bachelor's degree (for example BA, BS, AB) (6)
  - Graduate degree (for example master's, professional, doctorate) (7)
  - Prefer not to answer (8)
-



Q13 In 2019, what was your total household income before taxes?

- Less than \$25,000 (1)
  - \$25,000 - \$34,999 (2)
  - \$35,000 - \$49,999 (3)
  - \$50,000 - \$74,999 (4)
  - \$75,000 - \$99,999 (5)
  - \$100,000 - \$149,999 (6)
  - \$150,000 - \$199,999 (7)
  - \$200,000 and above (8)
  - Prefer not to answer (9)
- 

Q14 Do you currently have health insurance?

- Yes (1)
  - No (2)
- 

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Q15 Do you think you've previously had a COVID-19 infection?

Yes (1)

No (2)

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Q16 Have you previously been tested for COVID-19?

Yes (1)

No (2)

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*Display This Question:*

*If Have you previously been tested for COVID-19? = Yes*

Q17 What was the result of the test?

Positive test (1)

Negative test (2)

Results pending or unknown (3)

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*Display This Question:*

*If Have you previously been tested for COVID-19? = No*

*And Do you think you've previously had a COVID-19 infection? = Yes*

Q18 Why have you not been tested for coronavirus?

- You haven't felt sick (1)
- You have felt sick, but didn't feel sick enough to get tested (2)
- You were told by a healthcare provider to self-quarantine instead of getting tested (3)
- You were told or believed testing was not available (4)
- You didn't think it was safe to go to a testing location (11)
- You haven't had transportation to or from a testing location (5)
- You were worried about not being able to pay (6)
- You didn't know where to go for testing (7)
- You didn't have someone to watch your children/other people in your care while you went (8)
- You haven't been able to take time off of work for testing (9)
- Other: *Please specify:* (10) \_\_\_\_\_

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**Q19 Residence and Household:**

Next, we will ask you questions about your household and people that live in your household.

Please answer the following questions about **your primary residence (the place that you have lived most of the time) since March 1, 2020.**

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Q20 What is the ZIP code of your primary residence?

\_\_\_\_\_

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Q21 Since March 1, 2020, how many different places have you stayed overnight for at least three nights?

▼ 1 (1) ... 10 or more (10)

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Q22 Which best describes your primary residence?

- A mobile or manufactured home (1)
  - A one-family house (2)
  - A two-family house/duplex (3)
  - An apartment building or condo (4)
  - A dormitory (5)
  - Assisted living facility (6)
  - Skilled nursing center (7)
  - Unhoused or homeless (8)
  - Other: *Please specify:* (9)
- 

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Q23 How many separate rooms are there in your primary residence? *Do not include: bathrooms, laundry rooms, hallways, unfinished basements, and porches.*

▼ 0 (1) ... 20 or more (21)

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Q24 How many total people – adults and children – currently live in your household, not including yourself?

▼ 0 (21) ... 20 or more (20)

*Skip To: Q33 If How many total people – adults and children – currently live in your household, not including you... = 0*



Q25 How many individuals in each age group live with you? *Enter 0 if none in age group. Do not include yourself.*

Age 0-5 (1)	
Age 6-12 (2)	
Age 13-18 (3)	
Age 19-29 (4)	
Age 30-39 (5)	
Age 40-49 (6)	
Age 50-59 (7)	
Age 60-69 (8)	
Age 70-79 (9)	

80+ years old (10)	
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Q26 Since March 1, 2020, how many of your household members, not including yourself, have worked outside of the home for at least 10 hours per week?

▼ 0 (1) ... 20 or more (21)

Q27 Do you think **any of your household members** have had a COVID-19 infection?

Yes: *Please specify how many (enter a number):* (1)

\_\_\_\_\_

No (2)

Q28 Have **any of your household members** been tested for COVID-19?

Yes: *Please specify how many (enter a number):* (1)

\_\_\_\_\_

No (2)

*Display This Question:*

*If Have any of your household members been tested for COVID-19? = Yes: *Please specify how many (enter a number):**

Q29 Have **any of your household members** had a positive COVID-19 test result?

Yes: *Please specify how many (enter a number):* (1)

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No (2)

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*Display This Question:*

*If Do you think any of your household members have had a COVID-19 infection? = Yes: *Please specify how many (enter a number):**

*Or Have any of your household members had a positive COVID-19 test result? = Yes: *Please specify how many (enter a number):**

Q30 Have **any of your household members** been hospitalized for COVID-19?

Yes: *Please specify how many (enter a number):* (1)

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No (2)

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*Display This Question:*

*If Do you think any of your household members have had a COVID-19 infection? = Yes: *Please specify how many (enter a number):**

*Or Have any of your household members had a positive COVID-19 test result? = Yes: *Please specify how many (enter a number):**

*Or Have any of your household members been hospitalized for COVID-19? = Yes: *Please specify how many (enter a number):**



Q31 During their illness, did you provide any of the following care or supportive activities to sick household members? *Check all that apply.*

Assisting with physical functioning (e.g., dressing, eating, walking, taking medications, and other personal care activities) (1)

Assisting with supportive activities (e.g., preparing meals, grocery shopping, using the telephone, taking medications, and managing money) (2)

None of these (3)

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*Display This Question:*

*If Do you think any of your household members have had a COVID-19 infection? = Yes: *Please specify how many (enter a number):**

*Or Have any of your household members had a positive COVID-19 test result? = Yes: *Please specify how many (enter a number):**

*Or Have any of your household members been hospitalized for COVID-19? = Yes: *Please specify how many (enter a number):**

Q32 During their illness, how much time did you spend within 6 feet of this person per day? *If more than one person in your household was sick, answer this question about the person you spent the most time with while sick.*

Less than 10 minutes (1)

10 to 30 minutes (2)

30 to 60 minutes (3)

1 to 2 hours (4)

More than 2 hours (5)

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Q33 In the last three weeks, how many guests has your household typically received per week?

- None (1)
- Less than 1 per week (2)
- 1-2 per week (3)
- 3-4 per week (4)
- 5 or more per week (5)

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**Q34 Transportation:**

Next, we will ask you questions about the places you typically go and how you get to those places.

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Q35 Do you have access to a personal vehicle (such as a car, passenger class truck or van, or motorcycle)?

Yes (1)

No (2)

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Q36 In the past three weeks, how many days did you typically leave your home for each of the following activities? *Select one for each activity.*

	Never (1)	1 to 2 days per week (2)	3 to 4 days per week (3)	5 or more days per week (4)
<b>Work/Employment</b> (Q36_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Outdoor Exercise and Recreation</b> (Q36_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Essential Errands</b> <i>For example, going to the grocery store or pharmacy, in-person medical visits, going to the bank, etc.</i> (Q36_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Personal and Social Activities</b> <i>For example, dining at a restaurant, attending a religious service, visiting friends or family outside your home, using gyms or fitness centers, etc.</i> (Q36_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Display This Question:

If In the past three weeks, how many days did you typically leave your home for each of the followin... != <strong>Work/Employment</strong> [ Never ]

Q37 In the past three weeks, how did you typically get to **work**? Check all that apply.

- Personal vehicle (1)
  - Shared carpool (2)
  - Bus (3)
  - Subway or short-distance train (4)
  - Long-distance train or commuter rail (5)
  - Bicycle (6)
  - Walked (7)
  - Ride-share (Uber, Lyft, etc.) or taxicab (8)
  - Worked from home and did not commute (9)
  - Other: *Please specify:* (11)
- 

Display This Question:

If In the past three weeks, how many days did you typically leave your home for each of the followin... != <strong>Essential Errands</strong> <em>For example, going to the grocery store or pharmacy, in-person medical visits, going to the bank, etc.</em> [ Never ]

Q38 In the past three weeks, what transportation did you use for **essential errands** (e.g., going to the grocery store or pharmacy, in-person medical visits, going to the bank, etc.)? *Check all that apply.*

- Personal vehicle (1)
  - Shared carpool (2)
  - Bus (3)
  - Subway or short-distance train (4)
  - Long-distance train or commuter rail (5)
  - Bicycle (6)
  - Walked (7)
  - Ride-share (Uber, Lyft, etc.) or taxicab (8)
  - Other: *Please specify:* (10)
- 

*Display This Question:*

*If In the past three weeks, how many days did you typically leave your home for each of the followin... != <strong>Personal and Social Activities </strong> <em>For example, dining at a restaurant, attending a religious service, visiting friends or family outside your home, using gyms or fitness centers, etc.</em> [ Never ]*

Q39 In the past three weeks, what transportation did you use for **personal and social activities** (e.g., dining at a restaurant, attending a religious service, visiting friends or family outside your home, using gyms or fitness centers, etc.)? *Check all that apply.*

- Personal vehicle (1)
  - Shared carpool (2)
  - Bus (3)
  - Subway or short-distance train (4)
  - Long-distance train or commuter rail (5)
  - Bicycle (6)
  - Walked (7)
  - Ride-share (Uber, Lyft, etc.) or taxicab (8)
  - Other: *Please specify:* (10)
-

Display This Question:

*If In the past three weeks, how did you typically get to work? Check all that apply. = Bus*

*Or In the past three weeks, how did you typically get to work? Check all that apply. = Subway or short-distance train*

*Or In the past three weeks, how did you typically get to work? Check all that apply. = Long-distance train or commuter rail*

*Or In the past three weeks, what transportation did you use for essential errands (e.g., going to th... = Bus*

*Or In the past three weeks, what transportation did you use for essential errands (e.g., going to th... = Subway or short-distance train*

*Or In the past three weeks, what transportation did you use for essential errands (e.g., going to th... = Long-distance train or commuter rail*

*Or In the past three weeks, what transportation did you use for personal and social activities (e.g.... = Bus*

*Or In the past three weeks, what transportation did you use for personal and social activities (e.g.... = Subway or short-distance train*

*Or In the past three weeks, what transportation did you use for personal and social activities (e.g.... = Long-distance train or commuter rail*

Q40 In the past three weeks, did you wear a mask while on public transportation (e.g., bus, subway or short-distance train, long-distance train or commuter rail)?

- Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Most of the time (4)
  - Always (5)
-



*Display This Question:*

*If In the past three weeks, how did you typically get to work? Check all that apply. = Bus*

*Or In the past three weeks, how did you typically get to work? Check all that apply. = Subway or short-distance train*

*Or In the past three weeks, how did you typically get to work? Check all that apply. = Long-distance train or commuter rail*

*Or In the past three weeks, what transportation did you use for essential errands (e.g., going to th... = Bus*

*Or In the past three weeks, what transportation did you use for essential errands (e.g., going to th... = Subway or short-distance train*

*Or In the past three weeks, what transportation did you use for essential errands (e.g., going to th... = Long-distance train or commuter rail*

*Or In the past three weeks, what transportation did you use for personal and social activities (e.g.... = Bus*

*Or In the past three weeks, what transportation did you use for personal and social activities (e.g.... = Subway or short-distance train*

*Or In the past three weeks, what transportation did you use for personal and social activities (e.g.... = Long-distance train or commuter rail*

**Q41 In the past three weeks, were you able to sit or stand 6 feet or more away from other people on public transportation (e.g., bus, subway or short-distance train, long-distance train or commuter rail)?**

- Never (1)
- Rarely (2)
- Sometimes (3)
- Most of the time (4)
- Always (5)

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**Q42 Work and Employment:**

Please answer these questions about your primary employment since **March 1, 2020**. *If you have more than one job or have switched jobs, answer these questions for the job that you worked the most hours since March 1.*

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**Q43 Since March 1, did you do any work for either pay or profit at a job or business?**

- Yes (1)
  - No (2)
- 

*Display This Question:*

*If Since March 1, did you do any work for either pay or profit at a job or business? = No*

Q44 What is your main reason for not working for pay or profit? I did not work because:

- I did not want to be employed at this time (1)
  - I am retired (2)
  - I am/was sick with coronavirus symptoms (3)
  - I am/was caring for someone with coronavirus symptoms (4)
  - I am/was caring for children not in school or daycare (5)
  - I am/was caring for an elderly person (6)
  - I was concerned about getting or spreading the coronavirus (7)
  - I am/was sick (not coronavirus related) or disabled (8)
  - My employer experienced a reduction in business (including furlough) due to coronavirus pandemic (9)
  - I am/was laid off due to coronavirus pandemic (10)
  - My employer closed temporarily due to the coronavirus pandemic (11)
  - My employer went out of business due to the coronavirus pandemic (12)
  - Other reason: *Please specify:* (13)
- 



Q45 What is your main **occupation**? *For example: 4th grade teacher, entry-level plumber, registered nurse, personnel manager, secretary, accountant, etc.*

*If you had more than one job, describe the one at which the most hours were worked since March 1.*

*If you have not worked since March 1, please list your most recent employment within the past five years.*

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Q46 What kind of **business or industry** was this? *Describe the activity at the location where employed. For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank.*

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End of Block: Work and Employment (General)

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Start of Block: Work and Employment (Work Outside the Home)

Q47 Since March 1, 2020, how many hours do you typically work in a week? *Do not include time spent commuting to your job.*

▼ 1-9 (1) ... 80 or more (9)

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Q48 Since March 1, 2020, what percent of the time do you typically work from home?

- Never (1)
- Less than 25% (2)
- 25%-49% (3)
- 50%-74% (4)
- 75%-99% (5)
- 100% (6)

*Skip To: End of Survey If Since March 1, 2020, what percent of the time do you typically work from home? = 100%*

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Q49 Are you in close contact (defined as face-to-face within 6 feet for  $\geq 10$  minutes) with **the public** as part of your job?

- Yes (1)
- No (2)

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*Display This Question:*

*If Are you in close contact (defined as face-to-face within 6 feet for  $\geq 10$  minutes) with the public... = Yes*

Q50 How often are these customers wearing face masks or cloth face coverings?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Most of the time (4)
- Always (5)

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Q51 Are you in close contact (defined as face-to-face within 6 feet for  $\geq 10$  minutes) with **your co-workers** as part of your job?

- Yes (1)
- No (2)

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*Display This Question:*

*If Are you in close contact (defined as face-to-face within 6 feet for  $\geq 10$  minutes) with your co-wo... = Yes*

Q52 How often are these co-workers wearing face masks or cloth face coverings?

- Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Most of the time (4)
  - Always (5)
- 

Q53 Since March 1, what types of personal protective equipment (PPE) have you used at work? *Select one answer for each.*

	Yes, provided by my employer (1)	Yes, I supply my own (2)	No, do not use (3)
Cloth face coverings (Q53_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical face masks (i.e. surgical masks) (Q53_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respirators, such as N95 respirators (Q53_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye protection (i.e. face shield or goggles) (Q53_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disposable medical gloves (Q53_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disposable gowns/one-piece coveralls (Q53_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q54 How often do you use the personal protective equipment (PPE) that is available to you?

No PPE available (1)

Never (2)

Rarely (3)

Sometimes (4)

Most of the time (5)

Always (6)

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Q55 Which of these policies does your employer offer? *Check all that apply.*

- Paid sick leave (1)
  - Unpaid sick leave (2)
  - Paid work-from-home (3)
  - Paid overtime (4)
  - Hazard pay (5)
  - Employer-provided childcare (e.g., on-site childcare, childcare subsidies, etc.) (6)
  - None of these (7)
- 



Q56 I can afford to stay home sick from work.

- True (1)
  - False (2)
- 



Q57 I would be punished by my employer for staying home sick from work.

- True (1)
  - False (2)
-

Q58 How important is COVID-19 prevention to your employer?

- Not a priority (1)
  - Low priority (2)
  - Medium priority (3)
  - High priority (4)
  - Essential (5)
-

Q59 What other precautions has your employer taken to address COVID-19? *Check all that apply.*

- Requiring employees to wear face masks or cloth face coverings. (1)
- Requiring customers to wear face masks or cloth face coverings. (2)
- Using social distancing strategies to increase the space between individuals. (3)
- Requiring regular hand washing or use of alcohol-based hand sanitizers. (4)
- Enhanced cleaning and disinfecting protocols. (5)
- Installing physical barriers, such as clear plastic sneeze guards. (6)
- Using curbside pickup or drive-through options for customers. (7)
- Symptom and/or temperature screening of employees. (8)
- Allowing employees to work from home (telework) when possible. (9)
- Establishing alternating days or extra shifts to reduce the total number of employees in the facility at a given time. (10)
- Grouping employees together into cohorts such that they always work with the same co-workers. (11)
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors. (12)

End of Block: Work and Employment (Work Outside the Home)

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