

**RAND AMERICAN LIFE PANEL  
(MS546) IMPACTS OF COVID-19 [RIR SURVEY 1]**

**SW\_Q1**

*[Not required]*

Using a scale of 1 to 10 where 1 means "very dissatisfied" and 10 means "very satisfied", how do you feel about your life as a whole these days?

- 1 Very dissatisfied (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 Very satisfied (10)

**SW\_Q2**

*[Not required]*

How satisfied are you with your job or other daily activities these days?

- Very satisfied (1)
- Satisfied (2)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (4)
- Very dissatisfied (5)

**SW\_Q3**

*[Not required]*

Overall in the last 30 days, how much difficulty did you have sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?

- None (1)
- Some (2)
- Moderate (3)
- Severe (4)
- Extreme (5)

**SW\_Q4**

*[Not required]*

Overall in the last 30 days, how much of a problem did you have with feeling sad, low, or depressed?

- None (1)
- Some (2)
- Moderate (3)
- Severe (4)
- Extreme (5)

**SPD\_Q1**

[Not required]

During the past 30 days, about how often did you feel nervous?

- All of the time (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time (5)

**SPD\_Q2**

[Not required]

During the past 30 days, about how often did you feel hopeless?

- All of the time (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time (5)

**SPD\_Q3**

[Not required]

During the past 30 days, about how often did you feel restless or fidgety?

- All of the time (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time (5)

**SPD\_Q4**

[Not required]

During the past 30 days, about how often did you feel so depressed that nothing could cheer you up?

- All of the time (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time (5)

**SPD\_Q5**

[Not required]

During the past 30 days, about how often did you feel that everything was an effort?

- All of the time (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time (5)

**SPD\_Q6**

[Not required]

During the past 30 days, about how often did you feel worthless?

- All of the time (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time (5)

**DRB\_Q1**

[Not required]

Since the coronavirus (COVID-19) outbreak first started, how much has it prevented you from:

	Not at all (1)	A little (2)	Somewhat (3)	Very much (4)	Totally (5)
Interacting with your friends? (1)	?	?	?	?	?
Taking care of your usual daily chores? (2)	?	?	?	?	?
Doing your usual job or other tasks? (3)	?	?	?	?	?
Being able to take care of your family or others who depend on you as well as you would like? (4)	?	?	?	?	?
Planning for the future? (5)	?	?	?	?	?
Imagining a return to "normal life" in the future? (6)	?	?	?	?	?

**H\_Q1**

[Not required]

Prior to the beginning of the coronavirus (COVID-19) pandemic, were you being treated by a medical professional for any of the health conditions listed below? Diabetes High Blood Pressure Heart Disease Lung Disease (for example, COPD or asthma) Cancer Arthritis Chronic Kidney Disease Obesity

- Yes (1)
- No (2)

**If H\_Q1 equals 1 then ask H\_Q2 and H\_Q3  
Else skip to H\_Q4**

**H\_Q2**

[Not required]

Since the pandemic started, has your treatment for any of those conditions been disrupted, canceled, or delayed?

- Yes (1)
- No (2)

### H\_Q3

Since the pandemic started, did you communicate with a doctor or provider in any of the following ways about any of those conditions? (check all that apply)

- My own personal doctor or provider by email (1)
- My own personal doctor or provider by telephone (2)
- My own personal doctor or provider by videoconference (3)
- A new/unfamiliar doctor or provider by email (4)
- A new/unfamiliar doctor or provider by telephone (5)
- A new/unfamiliar doctor or provider by videoconference (6)
- None of these (7) [*Exclusive*]

### H\_Q4

[*Not required*]

Prior to the beginning of the pandemic, were you being treated for a problem with your emotions, nerves, mental health or your use of alcohol or drugs by any of the following professionals? Psychiatrist Other medical doctor, such as a general practitioner or a primary care doctor Psychologist Social worker or Counselor Other professional, such as a nurse or occupational therapist

- Yes (1)
- No (2)

***If H\_Q4 equals 1 then ask H\_Q5 and H\_Q6  
Else skip to H\_Q7***

#### H\_Q5

[Not required]

Since the pandemic started has your treatment for a problem with your emotions, nerves, mental health or your use of alcohol or drugs been disrupted, cancelled, or delayed?

- Yes (1)
- No (2)

#### H\_Q6

[Not required]

Since the pandemic started, did you communicate with a professional provider(s) for a problem with your emotions, nerves, mental health or your use of alcohol or drugs in any of the following ways? (check all that apply)

- My own personal doctor or provider by email (1)
- My own personal doctor or provider by telephone (2)
- My own personal doctor or provider by videoconference (3)
- A new/unfamiliar doctor or provider by email (4)
- A new/unfamiliar doctor or provider by telephone (5)
- A new/unfamiliar doctor or provider by videoconference (6)
- None of these (7) [*Exclusive*]

#### H\_Q7

[Not required]

Since the pandemic started, have you had any new health problem or a recurrence or worsening of a pre-existing condition, for which you sought or considered seeking medical care?

- Yes (1)
- No (2)

***If H\_Q7 equals 1 then ask H\_Q8 and H\_Q9***

***Else skip to H\_Q10***

#### H\_Q8

[Not required]

When you had this new health problem, did you have any difficulty getting medical care because of the pandemic?

- Yes (1)
- No (2)

### H\_Q9

[Not required]

When you had this new health problem, did you communicate with a health care provider in any of the following ways? (check all that apply)

- My own personal doctor or provider by email (1)
- My own personal doctor or provider by telephone (2)
- My own personal doctor or provider by videoconference (3)
- A new/unfamiliar doctor or provider by email (4)
- A new/unfamiliar doctor or provider by telephone (5)
- A new/unfamiliar doctor or provider by videoconference (6)
- None of these (7) [Exclusive]

### H\_Q10

Which of the following have you ever done? (check all that apply)

- Made any legal arrangements for a specific person or persons to make decisions about your care or medical treatment if you cannot make those decisions yourself. This is sometimes called a "Durable Power of Attorney for Health Care." (1)
- Provided written instructions about the care or medical treatment that you want to receive if you cannot make those decisions yourself. This is sometimes called an "Advance directive" or "Living will." (2)
- Neither of these (3) [Exclusive]

### IE\_Q1

[Not required]

Since January 2020, have you had an illness that you think was or could be the coronavirus (COVID-19)?

- Yes, and I've had it confirmed by a healthcare provider (either with or without testing) (1)
- I got sick, but I don't know if it was the coronavirus (2)
- I thought I had the coronavirus, but later found out it wasn't the coronavirus (3)
- No (4)
- I don't know (5)

### IE\_Q2

[Not required]

Do you personally know anyone that you think or know has had the coronavirus (COVID-19)?

- Yes, I personally know someone who has had the coronavirus (1)
- Yes, I personally know someone who may have had the coronavirus, but I'm not sure (2)
- No, I don't personally know anyone that I think or am certain has had the coronavirus (3)

### TI\_Q1

[Randomized answerlist ♦ Not required ♦ Ranking ♦ Force Number of Items: Max 4]

Where do you get most of your national and international news? Please rank the top four in the order you use them (1=most frequently, 2=2nd most frequently, 3=3rd most frequently, 4=4th most frequently).

- \_\_\_ Print (e.g. newspapers, news magazines [e.g. Time or Newsweek]) (1)
- \_\_\_ Broadcast television (e.g. ABC, NBC, CBS) (2)
- \_\_\_ Cable television (e.g. CNN, FOX, MSNBC) (3)
- \_\_\_ Radio news programs (including streaming, e.g. Sirius) (4)
- \_\_\_ Online news sites (e.g. websites for print publications, Huffington Post, The Hill, Breitbart) (5)
- \_\_\_ Social media (e.g. Twitter, Facebook, NextDoor) (6)
- \_\_\_ Friends, family, or personal networks (e.g. work, church) (7)

### TI\_Q1\_na

- I don't consume national or international news (8)

### TI\_Q2

[Randomized answerlist ♦ Not required ♦ Ranking ♦ Force Number of Items: Max 4]

Where do you get most of your information about the coronavirus (COVID-19)? Please rank the top four in the order you use them (1=most frequently, 2=2nd most frequently, 3=3rd most frequently, 4=4th most frequently).

- \_\_\_ Print (e.g. newspapers, news magazines [e.g. Time or Newsweek]) (1)
- \_\_\_ Broadcast television (e.g. ABC, NBC, CBS) (2)
- \_\_\_ Cable television (e.g. CNN, FOX, MSNBC) (3)
- \_\_\_ Radio news programs (including streaming, e.g. Sirius) (4)
- \_\_\_ Online news sites (e.g. websites for print publications, Huffington Post, The Hill, Breitbart) (5)
- \_\_\_ Social media (e.g. Twitter, Facebook, NextDoor) (6)
- \_\_\_ Friends, family, or personal networks (e.g. work, church) (7)
- \_\_\_ State or local government (8)
- \_\_\_ Federal government officials other than the President (such as the CDC, Anthony Fauci, Deborah Birx) (9)
- \_\_\_ The President (10)

### TI\_Q2\_na

- I don't consume news about the coronavirus (11)

### TI\_Q3

[Randomized answerlist ♦ Not required ♦ Ranking ♦ Force Number of Items: Max 4]

Which source provides the most reliable information about the coronavirus (COVID-19), in your opinion? Please rank the top four (1=most reliable, 2=2nd most reliable, 3=3rd most reliable, 4=4th most reliable).

- \_\_\_ Print (e.g. newspapers, news magazines [e.g. Time or Newsweek]) (1)
- \_\_\_ Broadcast television (e.g. ABC, NBC, CBS) (2)
- \_\_\_ Cable television (e.g. CNN, FOX, MSNBC) (3)
- \_\_\_ Radio news programs (including streaming, e.g. Sirius) (4)
- \_\_\_ Online news sites (e.g. websites for print publications, Huffington Post, The Hill, Breitbart) (5)
- \_\_\_ Social media (e.g. Twitter, Facebook, NextDoor) (6)
- \_\_\_ Friends, family, or personal networks (e.g. work, church) (7)
- \_\_\_ State or local government (8)
- \_\_\_ Federal government officials other than the President (such as the CDC, Anthony Fauci, Deborah Birx) (9)
- \_\_\_ The President (10)

**TI\_Q3\_na**

I don't consume news about the coronavirus (11)

**TI\_Q4**

[Not required]

Which of these statements best describes the availability of a vaccine for the coronavirus (COVID-19)?

- A vaccine will be available in a year or more (1)
- A vaccine will be available in the next few months (2)
- A vaccine is available now (3)
- It is not possible to create a vaccine for it (4)
- Not sure (5)

**TI\_Q5**

[Not required]

From what you've seen or heard, do you think it is most likely that coronavirus (COVID-19)...

- Came about naturally (1)
- Was developed intentionally in a lab (2)
- Was made accidentally in a lab (3)
- Doesn't really exist (4)
- Not sure (5) [Keep position]

**TI\_Q6**

[Not required]

Please indicate whether you think these questions are true or false.

	True (1)	False (2)
People exposed to coronavirus (COVID-19) can spread the disease to others, even if they do not have any symptoms. (1)	<input type="checkbox"/>	<input type="checkbox"/>
The symptoms of coronavirus (COVID-19) are connected to 5G mobile network radiation. (2)	<input type="checkbox"/>	<input type="checkbox"/>
Regularly washing your hands for 20 seconds can help protect you from the coronavirus. (3)	<input type="checkbox"/>	<input type="checkbox"/>



**TI\_Q7**

[Randomized answerlist ♦ Not required]

Attitudes towards various government and private institutions can range from distrust to trust. Using a scale from 0 to 10, where 0 indicates complete distrust and 10 indicates complete trust, please indicate your level of trust in:

	Complete Distrust 0 (1)	1 (2)	2 (3)	3 (4)	4 (5)	Neither Trust nor Distrust 5 (6)	6 (7)	7 (8)	8 (9)	9 (10)	Complete Trust 10 (11)
the United States Congress (1)	?	?	?	?	?	?	?	?	?	?	?
network television news (e.g., ABC, NBC, CBS) (2)	?	?	?	?	?	?	?	?	?	?	?
cable news (e.g. CNN, FOX, MSNBC) (3)	?	?	?	?	?	?	?	?	?	?	?
national newspapers (e.g., The New York Times, The Wall Street Journal, USA Today) (4)	?	?	?	?	?	?	?	?	?	?	?
the Centers for Disease Control and Prevention (CDC) (6)	?	?	?	?	?	?	?	?	?	?	?
the United States Postal Service (USPS) (7)	?	?	?	?	?	?	?	?	?	?	?
the Federal Emergency Management Agency (FEMA) (8)	?	?	?	?	?	?	?	?	?	?	?
the Central Intelligence Agency (CIA) (9)	?	?	?	?	?	?	?	?	?	?	?

**CI\_Q1**

[Not required]

Please indicate your level of agreement or disagreement with each of the statements below.

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)
Despite the different groups in the U.S., there is frequently the sense that we are all just one group. (1)	?	?	?	?	?
In the U.S., it usually feels as though we belong to different groups. (2)	?	?	?	?	?
In the U.S., it usually feels as though we are individuals and not members of a particular group. (3)	?	?	?	?	?

**FW\_Q1**

[Not required]

Has your household income changed significantly since February 2020? (please EXCLUDE a stimulus payment from the federal government if you have received one)

- Yes, my household income is more (1)
- Yes, my household income is less (2)
- No, my household income is about the same (3)

**FW\_Q2**

[Not required]

How worried are you that your household income has been or will be negatively impacted the coronavirus (COVID-19) and its effects?

- Very worried (1)
- Somewhat worried (2)
- Not very worried (3)
- Not at all worried (4)

**FW\_Q3**

[Not required]

How worried are you that the value of your assets (including housing, savings, and other financial assets) has been or will be negatively impacted by the coronavirus (COVID-19) and its effects?

- Very worried (1)
- Somewhat worried (2)
- Not very worried (3)
- Not at all worried (4)

**FW\_Q4**

[Not required]

In the past month, how difficult has it been for you to cover your expenses and pay all your bills?

- Very difficult (1)
- Somewhat difficult (2)
- Not at all difficult (3)
- Don't know (4)

***If FW\_Q4 equals 3 or 4 then ask FW\_Q5a***

***Else if FW\_Q4 equals 1 or 2 then ask FW\_Q5b***

**FW\_Q5a**

[Not required]

Suppose now you have an emergency expense that costs \$400. Based on your current financial situation, how would you pay this expense?

	Yes (1)	No (2)
By putting it on my credit card and paying it off in full at the next statement (1)	<input type="checkbox"/>	<input type="checkbox"/>
By putting it on my credit card and paying it off over time (2)	<input type="checkbox"/>	<input type="checkbox"/>
With the money currently in my checking/savings account or with cash (3)	<input type="checkbox"/>	<input type="checkbox"/>
Using a bank loan or line of credit (4)	<input type="checkbox"/>	<input type="checkbox"/>
By borrowing from a friend or family member (5)	<input type="checkbox"/>	<input type="checkbox"/>
Using a payday loan, deposit advance, or overdraft (6)	<input type="checkbox"/>	<input type="checkbox"/>
By selling something (7)	<input type="checkbox"/>	<input type="checkbox"/>
By using my stimulus payment (8)	<input type="checkbox"/>	<input type="checkbox"/>
By asking my landlord or mortgage provider for an extension (9)	<input type="checkbox"/>	<input type="checkbox"/>
I wouldn't be able to pay for the expense right now (10)	<input type="checkbox"/>	<input type="checkbox"/>
Other (11)	<input type="checkbox"/>	<input type="checkbox"/>

**FW\_Q5a\_other**

[Not required]

Please specify other way you would pay this expense:

**FW\_Q5b**

[Not required]

What methods are you using or do you plan to use to cover your expenses?

	Yes (1)	No (2)
By putting it on my credit card and paying it off in full at the next statement (1)	<input type="checkbox"/>	<input type="checkbox"/>
By putting it on my credit card and paying it off over time (2)	<input type="checkbox"/>	<input type="checkbox"/>
With the money currently in my checking/savings account or with cash (3)	<input type="checkbox"/>	<input type="checkbox"/>
Using a bank loan or line of credit (4)	<input type="checkbox"/>	<input type="checkbox"/>
By borrowing from a friend or family member (5)	<input type="checkbox"/>	<input type="checkbox"/>
Using a payday loan, deposit advance, or overdraft (6)	<input type="checkbox"/>	<input type="checkbox"/>
By selling something (7)	<input type="checkbox"/>	<input type="checkbox"/>
By using my stimulus payment (8)	<input type="checkbox"/>	<input type="checkbox"/>
By asking my landlord or mortgage provider for an extension (9)	<input type="checkbox"/>	<input type="checkbox"/>
I wouldn't be able to pay for the expense right now (10)	<input type="checkbox"/>	<input type="checkbox"/>
Other (11)	<input type="checkbox"/>	<input type="checkbox"/>

**FW\_Q5b\_other**

[Not required]

Please specify other method:

**FW\_Q6**

[Not required]

Since February 2020, have you either received, applied for, or tried to apply for any of the following forms of income or assistance?

	Received (1)	Applied and waiting to receive (2)	Tried but was not able to apply for, or was not eligible (3)	Did not apply for (4)
Unemployment Insurance (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNAP (Supplemental Nutrition Assistance Program) or Food Stamps (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF (Temporary Assistance for Needy Families) (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Social Security (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any kind of government health insurance or health coverage plan including Medicaid, Medical Assistance or Medicare (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paycheck Protection Program (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other aid from the government (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance from a union or other association (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance from a church or religious organization (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance from another community organization (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A food pantry (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other assistance (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D\_Q1**

[Not required]

In January and February of this year, how often did you do online shopping or get home delivery of any products, including meals, groceries, medication, clothing, books, or other products?

- Daily or almost every day (1)
- A few times a week (2)
- About once a week (3)
- A few times per month (4)
- Never or almost never (5)

**D\_Q2**

[Not required]

Since the middle of March, how often did you do online shopping or get home delivery of any products, including meals, groceries, medication, clothing, books, or other products?

- Daily or almost every day (1)
- A few times a week (2)
- About once a week (3)
- A few times per month (4)
- Never or almost never (5)

**D\_Q3**

[Not required]

In light of coronavirus (COVID-19), are you concerned about how safe it is to handle mail or packages you receive from the United States Postal Service (USPS) or from private courier services like FedEx and United Parcel Service (UPS)?

- Extremely concerned (1)
- Moderately concerned (2)
- Somewhat concerned (3)
- Slightly concerned (4)
- Not at all concerned (5)

**D\_Q4**

[Not required]

Thinking of the United States Postal Service (USPS) and of courier services like FedEx or United Parcel Service (UPS) during the coronavirus (COVID-19) pandemic, which do you think...

	USPS (1)	Courier Service (e.g., FedEx, UPS) (2)	They are about the same (3)	Don't Know/Unsure (4)
Is a more reliable service (1)	?	?	?	?
Does a better job ensuring the security of the mail and parcels (2)	?	?	?	?
Has better COVID-19 related safety measures (3)	?	?	?	?

**If respondent's household includes members age 18 or younger, ask CS\_Q1**

**Else skip to EMP\_Q1\_screener**

**CS\_Q1**

[Not required]

Were any of your children enrolled in childcare centers or schools that closed because of the coronavirus (COVID-19) pandemic?

- No (1)
- Yes (2)

**If CS\_Q1 equals 2 then ask CS\_Q2 and CS\_Q3**

**Else skip to EMP\_Q1\_screener**

**CS\_Q2**

[Not required]

Compared with when they were in school or a childcare center, how much time are you spending on each of the following activities?

	Much less (1)	A little less (2)	About the same (3)	A little more (4)	Much more (5)
Care and supervision of your children (1)	?	?	?	?	?
Helping your children with learning activities provided by their schools or childcare centers (2)	?	?	?	?	?

**CS\_Q3**

[Not required]

To what extent do you need more of any of the following to support your children’s learning while their schools/centers are closed?

	No need (1)	Slight need (2)	Moderate need (3)	Great need (4)
Instructional materials or resources from their schools or childcare centers (1)	?	?	?	?
Teachers or others who can provide them with instruction or support (2)	?	?	?	?
Guidance to help me support their academic learning (3)	?	?	?	?
Guidance to help me address their social or emotional needs or their mental health (4)	?	?	?	?
Ideas for ways to motivate them to engage with learning materials (5)	?	?	?	?
Availability of an internet-connected device for them to use (6)	?	?	?	?
School or center staff who can provide them or me with technical support for online learning activities (7)	?	?	?	?
More time in my schedule to spend with them on learning activities (8)	?	?	?	?
More space in my home for them to work (9)	?	?	?	?
Supports for their special needs (10)	?	?	?	?

**EMP\_Q1\_screener**

[Not required]

Thinking back to February 2020, were you doing any of the following? If you had more than one job, please think about your MAIN job (that is, the job where you spent the most hours in a typical week).

- I worked for an employer (1)
- I was self-employed (2)
- I worked as an independent contractor (including gig economy work) (3)
- I did internet-based sales of goods or services (including selling items on Etsy or eBay) (4)
- I was doing some other work for pay or profit (specify) (5) \_\_\_\_\_ [Other]
- I was not doing any work for pay or profit (6)

**If EMP\_Q1\_screener equals 6, skip to EMP\_Q5**

**EMP\_Q1a\_essential**

[Not required]

Different states have different rules for determining what jobs are “essential”, or too critical to be halted during the coronavirus (COVID-19) pandemic. Thinking about the MAIN job you had in February 2020, would that job be considered “essential” in your state?

- Yes (1)
- No (2)
- Don't know (3)

**EMP\_Q2**

[Not required]

Check all that apply. As of February 2020 did your MAIN job...

- Allow you to work from home (1)
- Provide access to paid sick leave or family leave (2)
- Provide access to unpaid sick leave or family leave (3)
- Allow flexibility in the total number of hours you work each week (4)
- Allow flexibility in the timing of your work schedule (when you work during the day or week) (5)
- None of the above (6) [Exclusive]

**If “Allow you to work from home” is selected in EMP\_Q2, then ask EMP\_Q2a  
Else skip to EMP\_Q3**

**EMP\_Q2a**

[Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=7 ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=3 ♦ Decimal places=1]

In February 2020, how many days in a typical week did you work from home for your MAIN job?

**EMP\_Q3**

[Not required]

Are you still working in that same MAIN job?

- I am working in the same job (1)
- I am not working in that job anymore (2)

**If EMP\_Q3 equals 2, then ask EMP\_Q3a  
Else ask EMP\_Q3b**

**EMP\_Q3b -**

[Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=100 ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=4 ♦ Decimal places=1]

How likely is it that you will no longer be working in the same job 30 days from now?

### EMP\_Q3a

What are your reasons for not working in the same job? (check all that apply)

- I started another job (1)
- I was laid off, furloughed or put on temporary unpaid leave by my employer (2)
- I was put on paid leave by my employer (3)
- I was no longer able to do my work or run my business because of restrictions associated with the coronavirus (COVID-19) pandemic (4)
- I stopped working because I am at high risk for complications associated with the coronavirus (5)
- I am caring for children who are not in school or with their usual childcare providers (6)
- I am caring for someone with a disability or chronic health condition who no longer has access to their usual source of care (e.g. home health/personal care aide, nursing home, assisted living or continuing care retirement community, etc.) (7)
- I am caring for someone who has or may have the coronavirus (8)
- I am recovering from the coronavirus or isolating due to exposure to the coronavirus (9)
- Other (specify) (10)\_\_\_\_\_ [Other]

### EMP\_Q4

As of February 2020, did you do any other kind of paid work in addition to your MAIN job? (check all that apply)

- I did not do any other kind of paid work (1) [Exclusive]
- I worked for an employer (2)
- I was self-employed (3)
- I worked as an independent contractor (i.e. gig economy work) (4)
- I did internet-based sales of goods or services (e.g., selling items on Etsy or eBay) (5)
- Other (specify): (6)\_\_\_\_\_ [Other]

### EMP\_Q5

[Not required]

Have you started to do any new work for pay since February 2020? (check all that apply)

- No, I have not started to do any new work and I am not looking for any new paid work (7) [Exclusive]
- No, I have not started to do any new work but I am looking for new paid work (6) [Exclusive]
- Yes, I started a new full-time job for a new employer (1)
- Yes, I started a new part-time job for a new employer (2)
- Yes, I started to work for myself (self-employed) (3)
- Yes, I started to work as an independent contractor (including gig economy work) (4)
- Yes, I started to do internet-based sales of goods or services (including selling items on Etsy or eBay) (5)
- Yes, I started to do some other work for pay or profit (8)\_\_\_\_\_ [Other]

**If EMP\_Q3 equals 1 or EMP\_Q5 equals 1, 2, 3, 4, 5, or 8, continue below.**

**Else skip to EMP\_Q12**

**If EMP\_Q3 equals 1, display EMP\_Q6\_intro1**

**Else display EMP\_Q3\_intro2**

### EMP\_Q6\_intro1

You said you are still working in the same job that was your MAIN paid job in February. The next set of questions will ask you about your work in that job during the PAST 7 DAYS.



## EMP\_Q6\_intro2

The next set of questions will ask you about your work in your MAIN paid job during the PAST 7 DAYS. By main paid job, we mean the one where you spend the most hours.

## EMP\_Q6

Check all that apply. Does your MAIN job currently...

- Allow you to work from home (1)
- Provide access to paid sick leave or family leave (2)
- Provide access to unpaid sick leave or family leave (3)
- Allow flexibility in the total number of hours you work each week (4)
- Allow flexibility in the timing of your work schedule (when you work during the day or week) (5)
- None of the above (6) [*Exclusive*]

## EMP\_Q7a

[Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=7 ♦ Upper limit type=SmallerOrEqual]

In the past 7 days, on how many days were you required to leave your home to do your MAIN job?

## EMP\_Q7a\_NA

- Not required to leave home to do my main job (2)

***If "Allow you to work from home" is selected in EMP\_Q6, then ask EMP\_Q7b  
Else skip to EMP\_Q8***

## EMP\_Q7b

[Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=7 ♦ Upper limit type=SmallerOrEqual]

In the past 7 days, on how many days have you worked from home for your MAIN job?

**EMP\_Q8 -**

[Not required]

Which of the following categories best describes the type of work you do now in your MAIN paid job? If you do not know, please select "Other" and write in your occupation.

- Management Occupations (1)
- Business and Financial Operations Occupations (2)
- Computer and Mathematical Occupations (3)
- Architecture and Engineering Occupations (4)
- Life, Physical, and Social Science Occupations (5)
- Community and Social Services Occupations (6)
- Legal Occupations (7)
- Education, Training, and Library Occupations (8)
- Arts, Design, Entertainment, Sports, and Media Occupations (9)
- Healthcare Practitioner and Technical Occupations (10)
- Healthcare Support Occupations (11)
- Protective Service Occupations (12)
- Food Preparation and Serving Related Occupations (13)
- Building and Grounds Cleaning and Maintenance Occupations (14)
- Personal Care and Service Occupations (15)
- Sales and Related Occupations (16)
- Office and Administrative Support Occupations (17)
- Farming, Fishing, and Forestry Occupations (18)
- Construction and Extraction Occupations (19)
- Installation, Maintenance, and Repair Occupations (20)
- Production Occupations (21)
- Transportation and Material Moving Occupations (22)
- Other, please specify (23)\_\_\_\_\_ [Other]

***If EMP\_Q1\_screener equals 1, 2, 3, 4, or 5, and either EMP\_Q3 equals 1 or EMP\_Q5 equals 1, 2, 3, 4, 5, or 8, then continue below***

***Else skip to EMP\_Q12***

***If EMP\_Q3 equals 2 and EMP\_Q5 equals 1, 2, 3, 4, 5, or 8, then display Intro\_part\_9\_10***

***Else do not display intro\_part\_9\_10 but go directly to EMP\_Q9***

**Intro\_part\_9\_10**

The next two questions will ask you to compare the MAIN job you had in February 2020 with the MAIN job you had over the past 7 days.

**EMP\_Q9 -**

[Not required]

Have your work hours in your MAIN job changed significantly since February 2020?

- Yes, I am working more hours (1)
- Yes, I am working fewer hours (2)
- No, I am working the same number of hours (3)

**EMP\_Q10 -**

[Not required]

Have your earnings in your MAIN job changed significantly since February 2020?

- Yes, I am earning more (1)
- Yes, I am earning less (2)
- No, I am earning the same amount (3)

**If EMP\_Q3 equals 1, ask EMP\_Q11**

**Else skip to EMP\_Q12**

**EMP\_Q11 -**

[Not required]

Thinking about the past week, how did your work productivity in your MAIN job compare to your usual level of productivity (e.g., the amount or kind of work you were able to do, or whether you worked as carefully as usual) in February 2020?

- I was much less productive than usual in the last week. (1)
- I was somewhat less productive than usual in the last week. (2)
- I was about as productive as usual in the last week (3)
- I was somewhat more productive than usual in the last week. (4)
- I was much more productive than usual in the last week. (5)

**If respondent is married or living with a partner, ask EMP\_Q12**

**Else skip to PA\_Q1**

**EMP\_Q12 -**

In your most recent household survey, you told us you were married or living with a partner. Does your partner's MAIN job (the job where they spent the most hours during the LAST WEEK)... (check all that apply)

- Allow him or her to work from home (1)
- Provide access to paid sick leave or family leave (2)
- Provide access to unpaid sick leave or family leave (3)
- Allow flexibility in the total number of hours he or she works each week (4)
- Allow flexibility in the timing of his or her work schedule (when he or she works during the day or week) (5)
- My spouse or partner's job does not provide any of the above (8) [Exclusive]
- My spouse or partner does not currently have a paid job (6) [Exclusive]
- I am no longer married or living with a spouse or partner (7) [Exclusive]

**If EMP\_Q12 equals 7, skip to PA\_Q1**

**Else continue to DC\_Q1**

**DC\_Q1**

[Not required]

How has the number of verbal or physical fights with your domestic partner changed since the coronavirus (COVID-19) outbreak began?

- Increased (1)
- Decreased (2)
- No change (3)

## DC\_Q2

[Not required]

How has the intensity of verbal or physical fights with your domestic partner changed since the coronavirus (COVID-19) outbreak began?

- Increased (1)
- Decreased (2)
- No change (3)

## PA\_Q1

[Randomized answerlist ♦ Not required]

Generally speaking, do you think of yourself as a...?

- Democrat (1)
- Republican (2)
- Independent (3) [Keep position]
- Other (4) [Keep position]
- Not sure (5) [Keep position]

**If PA\_Q1 equals 1, ask PA\_Q2a**

**Else if PA\_Q1 equals 2, ask PA\_Q2b**

**Else if PA\_Q1 equals 3 or 4, ask PA\_Q2c**

**Else end**

## PA\_Q2a

[Not required]

Would you call yourself a strong Democrat or a not very strong Democrat?

- Strong Democrat (1)
- Not very strong Democrat (2)

## PA\_Q2b

[Not required]

Would you call yourself a strong Republican or a not very strong Republican?

- Strong Republican (1)
- Not very strong Republican (2)

## PA\_Q2c

[Not required]

Do you think of yourself as closer to the Democratic or the Republican Party?

- The Democratic Party (1)
- The Republican Party (2)
- Neither (3)
- Not sure (4)