

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

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"/>