

# Coronavirus Tracking Survey

## Wave 1 Questionnaire

**NOTE:** The format of the questions in this document do not necessarily reflect the format used in the web-based survey.

Tracking survey respondents are sampled from the participants in the March/April 2020 round of the Health Reform Monitoring Survey (HRMS). Information on family size and composition from the HRMS is used to program skip patterns for some of the questions below.

[DOV\_FAMSIZE: FAMILY SIZE, WHICH INCLUDES THE RESPONDENT, THEIR SPOUSE OR PARTNER, AND ANY OF THEIR CHILDREN OR STEPCHILDREN UNDER 19 WHO LIVE WITH THEM]

[NUMPEOPLE\_HH\_18PL: NUMBER OF PEOPLE AGES 18 AND OLDER IN THE HOUSEHOLD, INCLUDING THE RESPONDENT]

This survey focuses on your health care experiences and the ability of you and your family to meet basic needs, and follows up on a similar survey you completed one or two months ago. Your participation in this tracking survey is important to help us get the latest information on how well American families are doing. As with all KnowledgePanel® surveys, your response to this survey, or any individual question on the survey, is completely voluntary, and your responses to the survey will be kept confidential.

Q1. In general, would you say your health is:

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

Q2. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

\_\_\_\_\_ Number of days

Q3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

\_\_\_\_\_ Number of days

Q7. The next question asks about your health insurance or health coverage plans. In answering this question, please 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.

Are you currently covered by any of the following types of health insurance or health coverage plans?

	Covered	Not Covered	Not Sure
a. Insurance through a current or former employer or union (of yours or another family member’s). This would include COBRA coverage	1	2	3
b. Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as Healthcare.gov [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: [OR PROGRAM NAME]]	1	2	3
c. Medicare, for people 65 and older, or people with certain disabilities	1	2	3
d. Medicaid, Medical Assistance (MA), the Children’s Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability. [IF RESPONDENT IS IN A STATE WITH STATE SPECIFIC-NAMES, INSERT: You may know this type of coverage as [PROGRAM NAME]].	1	2	3
e. TRICARE or other military health care, including VA health care	1	2	3
f. Indian Health Service	1	2	3
g. Any other type of health insurance coverage or health coverage plan	1	2	3

[IF “COVERED” NOT SELECTED FOR ANY ITEMS IN Q7]

Q8. Does this mean you currently have no health insurance or health coverage plan?

In answering this question, please 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.

- I do NOT have health insurance 1
- I HAVE some kind of health insurance 2

[IF Q7G=1 OR Q8=2]

Q8B. What type of health insurance do you have?

[TEXT BOX]

[IF AT LEAST ONE ITEM IN GRID FOR (Q7A – Q7G = 1 (“COVERED”) OR Q8=2)]

Q8C. As you may know, state and federal health insurance marketplaces can be used to shop for health insurance and compare prices and benefits. These marketplaces can also be used to enroll in Medicaid, Medical Assistance or the Children's Health Insurance Program (CHIP). You may know the marketplace as Healthcare.gov [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES, INSERT [OR (INSERT PROGRAM NAME)]]. You may have seen a website or materials with the following marketplace [IF ONE LOGO: logo] [IF MORE THAN ONE LOGO: logos].

[INSERT HEALTHCARE.GOV LOGO AND RELEVANT STATE MARKETPLACE LOGO, IF ANY]

[FOR STATES WITH TWO LOGOS (ENGLISH AND SPANISH), SHOW BOTH]

Is your current coverage a health insurance plan through the marketplace? You may have completed the enrollment process yourself or had someone else do it for you.

- Yes, I am enrolled in a health insurance plan through the marketplace 1
- No, I am not enrolled in a health insurance plan through the marketplace 2

[IF Q8C=1]

Q8E. Is your health insurance plan through the marketplace a private health insurance plan? If it is a private plan, it would be a plan in one the following categories: bronze; silver; gold; platinum; or catastrophic (this is only available for those under 30 years old or those with a “hardship exemption”).

- Yes, it is a private plan 1
- No, it is not a private plan 2
- Don't know 3

[IF (Q7B=1 OR Q7C=1 OR Q7D=1 OR Q7G=1 OR Q8=2) AND Q7A NE 1 AND Q7E NE 1 AND Q8E NE 1]

Q8H. We know that it can sometimes be difficult to answer questions on type of health insurance coverage in surveys. It might help to see the program logo[s] for some coverage options in your state.

[INSERT MEDICAID, CHIP, OTHER PUBLIC PROGRAM LOGOS]

Is your current coverage a health insurance plan through one of these programs? You may have completed the enrollment process yourself or had someone else do it for you.

- Yes, I am enrolled in a health insurance plan through one of those programs 1
- No, I am not enrolled in a health insurance plan through one of those programs 2

[IF ((COVERED SELECTED FOR ONLY ONE ITEM IN Q7B, Q7C, Q7D, Q7F, OR Q7G) AND Q7A NE 1 AND Q7E NE1) OR (Q8=2)]  
Q23A. What is the name of your health insurance plan? It would be helpful if you could write down the name of the health plan as it appears on your health plan card.

Health plan name: [TEXT BOX]

[IF (COVERED SELECTED FOR MORE THAN ONE ITEM IN Q7B, Q7C, Q7D, Q7F, OR Q7G) AND Q7A NE 1 AND Q7E NE 1]  
Q23B. What is the name of the plan for your main source of health insurance coverage? It would be helpful if you could write down the name of the health plan as it appears on your health insurance card.

Health plan name: [TEXT BOX]

[IF (COVERED SELECTED FOR ANY ITEM IN Q7B, Q7C, Q7D, Q7F, OR Q7G, OR Q8=2) AND Q7A NE 1 AND Q7E NE 1]  
Q22A. Is there a premium for your health insurance plan? A premium is a fixed amount of money people pay to have health coverage. It is often a monthly payment. It does not include copays or other expenses such as prescription costs.

Yes	1
No	2

[IF (COVERED SELECTED FOR ANY ITEM IN Q7B, Q7C, Q7D, Q7F, OR Q7G, OR Q8=2) AND Q7A NE 1 AND Q7E NE 1]  
Q22F. Is there a deductible for your health insurance plan? A deductible is the amount you have to pay before your health insurance or health coverage plan will start paying your medical bills.

Yes	1
No	2

[IF DOV\_FAMSIZE > 1 AND (AT LEAST ONE ITEM IN GRID FOR Q7A-G = 1 ("COVERED") OR Q8 = 2)]  
Q10I. Are all of the other people in your family currently covered by health insurance or a health coverage plan? That is, your spouse or partner (if present) and any of your children or stepchildren under 19 who live with you.

Yes	1
No	2

[IF Q10I=2 AND MARRIED OR LIVING WITH A PARTNER AND IS THE PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN UNDER 19 WHO LIVE WITH THEM)]

Q10J. Who in your family is not currently covered by health insurance or a health coverage plan? Check all that apply.

Your [IF MARRIED: spouse] [IF LIVING WITH A PARTNER: partner]	1
Your children or stepchildren under 19	2

TQTENURE. Is the place where you live...

Owned or being bought by you or someone in your household?	1
Rented?	2
Occupied without payment of rent?	3

Q30. The next question asks about public benefits you [IF DOV\_FAMSIZE>1: or your family] may have received in the last 30 days. [IF DOV\_FAMSIZE >1: Please include benefits received by you, your spouse or partner, and any of your children or stepchildren under 19 who are living with you.]

In the last 30 days, did you [IF DOV\_FAMSIZE >1: or anyone in your family] receive benefits from any of the following programs?

	Yes	No	Don't know
The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program. [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: You may know this program as [INSERT PROGRAM NAME].]	1	2	3
The Women, Infants, and Children (WIC) nutrition program, which provides supplemental foods, nutrition education, and health care referrals to pregnant women, new mothers, infants, and children up to age 5.	1	2	3
[IF TQTENURE=2 OR 3: A federal, state, or local government housing program that lowers your rent, such as a housing voucher or public housing]	1	2	3

[IF DOV\_FAMSIZE > 1]

Q31A. In the last 30 days, did [IF MARRIED: your spouse] [IF LIVING WITH A PARTNER: your partner] [IF MARRIED OR LIVING WITH A PARTNER AND IS THE PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN UNDER 19 WHO LIVE WITH THEM: or] [IF PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN UNDER 19 WHO LIVE WITH THEM: your children or stepchildren] receive benefits from Medicaid, Medical Assistance, the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored health insurance coverage based on income or a disability. [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: You may know this program as [INSERT PROGRAM NAME].]

Yes 1  
 No 2  
 Don't know 3

Q31B. In the last 30 days, did you receive unemployment insurance benefits? [IF DOV\_FAMSIZE>1: For this question, please exclude benefits received by another family member.]

Yes 1  
 No 2  
 Don't know 3

[IF MARRIED OR LIVING WITH A PARTNER]

Q31C. In the last 30 days, did [IF MARRIED: your spouse] [IF LIVING WITH A PARTNER: your partner] receive unemployment insurance benefits?

Yes 1

No 2  
 Don't know 3

[(Q31B NE 1 AND Q31C NE 1) OR (Q30\_1 NE 1) OR (Q31A NE 1 AND Q7D NE 1) OR (Q30\_2 NE 1) OR (TQTENURE=2 OR 3 AND Q30\_3 NE 1)]

Q31C\_1. Since March 1, 2020, did you [IF DOV\_FAMSIZE>1: or someone in your family] apply for any of the following public benefits?

	Yes	No	Don't know
a. [IF Q31B NE 1 AND Q31C NE 1: Unemployment insurance benefits]	1	2	3
b. [IF Q30_1 NE 1: The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program. [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: You may know this program as [INSERT PROGRAM NAME].]	1	2	3
c. [IF Q31A NE 1 AND Q7D NE 1: Medicaid, Medical Assistance, the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored health insurance coverage based on income or a disability. [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: You may know this program as [INSERT PROGRAM NAME].]]	1	2	3
d. [IF Q30_2 NE 1: The Women, Infants, and Children (WIC) nutrition program]	1	2	3
e. [IF TQTENURE=2 OR 3 AND Q30_3 NE 1: A federal, state, or local government housing program that lowers your rent, such as a housing voucher or public housing]	1	2	3

[IF ANY ITEM IN Q31C\_1=1]

Q31C\_2. How difficult or easy was it to apply for the following public benefits?

	Very difficult	Difficult	Neither easy or difficult	Easy	Very easy
a. [IF Q31C_1A=1: Unemployment insurance benefits]	1	2	3	4	5
b. [IF Q31C_1B=1: The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program.	1	2	3	4	5
c. [IF Q31C_1C=1: Medicaid, Medical Assistance, the Children's Health	1	2	3	4	5

Insurance Program (CHIP) or any kind of state or government-sponsored health insurance coverage based on income or a disability.					
d. [IF Q31C_1D=1: The Women, Infants, and Children (WIC) nutrition program]	1	2	3	4	5
e. [IF Q31C_1E=1: A federal, state, or local government housing program that lowers your rent, such as a housing voucher or public housing]	1	2	3	4	5

[IF Q31C\_1A=1]

Q31C\_3. Thinking of the person in your family who applied for unemployment insurance benefits most recently, when did they apply? Your best guess is fine.

- In the last week 1
- 1 to 2 weeks ago 2
- 3 to 4 weeks ago 3
- 5 to 6 weeks ago 4
- 7 to 8 weeks ago 5
- More than 8 weeks ago 6

Q31D. To address the impact of the coronavirus outbreak on the economy, the federal government is sending one-time cash payments to most US households. These are sometimes referred to as “economic impact payments” or “stimulus payments.” Most single adults will receive up to \$1,200 (\$2,400 for married couples) and \$500 per child under age 17. The payments may be directly deposited into taxpayers’ bank accounts or sent as a paper check.

Since April 10, 2020, did you [IF DOV\_FAMSIZE>1: or your family] receive this “economic impact” or “stimulus” payment from the federal government?

- Yes 1
- No 2
- Don’t know 3

[IF Q31D NE 1]

Q31E. There are many factors that determine who is eligible to receive these payments and how soon people will receive them. To help us understand why some people have not received these payments, please tell us if you [IF DOV\_FAMSIZE>1: or someone in your family]...

	Yes	No	Don’t know
1. Filed a 2018 or 2019 federal income tax return	1	2	3

2. Currently [IF DOV_FAMSIZE=1: receive] [IF DOV_FAMSIZE>1: receives] Social Security benefits	1	2	3
3. Currently [IF DOV_FAMSIZE=1: have] [IF DOV_FAMSIZE>1: has] a checking, savings, or money market account	1	2	3

[IF Q31E\_1=1 OR ((Q31E\_1=1 OR Q31E\_2=1) AND Q31E\_3=1)]

Q31F. Have [IF DOV\_FAMSIZE=1: you] [IF DOV\_FAMSIZE>1: you or someone in your family]...?

	Yes	No	Don't know
1. [IF (Q31E_1=1 OR Q31E_2=1) AND Q31E_3=1: Had [IF Q31E_1=1: a 2018 or 2019 federal tax refund] [IF Q31E_1=1 AND Q32E_2=1: or] [IF Q32E_2=1: Social Security benefits] electronically deposited into a checking, savings, or money market account]]	1	2	3
2. [IF Q31E_1=1: Moved to a new address since filing your last tax return]	1	2	3
3. [IF Q31E_1=1: Received a refund anticipation check from a tax preparer when you filed your last tax return]	1	2	3

Q32. Sometimes people need help getting food for their household. There are many programs in the community that can help.

During the past 30 days, have you or anyone in your household gotten free groceries from a food pantry, food bank, church, or other place that helps with free food? Include any free food you plan to receive today.

Yes            1  
No             2

Q33. During the past 30 days, have you or anyone in your household received a free meal from a church, shelter, home-delivered meal service like Meals on Wheels, or other place that helps with free meals? Include any free food you plan to receive today.

Yes            1  
No             2

Q17. Are you currently working for pay or self-employed?

Yes, working for pay            1  
Yes, self-employed            2  
No, not working                3



[IF Q17=1 OR 2]

Q17E. Do you have the following at your main job [IF Q17=2: or business]?

	Yes	No	Don't know
1. Paid sick leave	1	2	3
2. The ability to do at least part of your job from home	1	2	3

[IF (Q24=1 OR Q24A=1) AND Q17=3 OR REFUSED]

Q17C. Is your [IF MARRIED: spouse] [IF LIVING WITH A PARTNER: partner] currently working for pay or self-employed?

- Yes, [IF MARRIED: spouse] [IF LIVING WITH A PARTNER: partner] is working for pay or self-employed 1
- No, not working 2

[IF (Q17=3 OR REFUSED) AND (Q17C=2, REFUSED, SKIP) AND NUMPEOPLE\_HH\_18PL>1]

Q17D. Other than yourself [IF MARRIED OR LIVING WITH A PARTNER: and your [IF MARRIED: spouse/IF LIVING WITH A PARTNER=1: partner], are any other adults in your household currently working for pay or self-employed?

- Yes, other adults in my household are working for pay or self-employed. 1
- No, not working 2

TQH5. How confident are you that you could come up with \$400 if an unexpected expense arose within the next month?

- Very confident 1
- Somewhat confident 2
- Not too confident 3
- Not at all confident 4

To help us understand how American families are doing right now, we would like to know more about the ability of you and your family to meet basic needs. For the next questions, please think about the last 30 days.

TQH6. In the last 30 days, did [IF DOV\_FAMSIZE=1: you] [IF DOV\_FAMSIZE>1: you or someone in your family] have trouble finding a doctor or other health care provider who would see you? [IF DOV\_FAMSIZE>1: By family, we mean you, your spouse or partner, and any of your children or stepchildren under 19 who are living with you.]

- Yes 1
- No 2
- Did not need care 3

TQH8. In the last 30 days, did [IF DOV\_FAMSIZE=1: you] [IF DOV\_FAMSIZE>1: you or someone in your family] have trouble getting prescription drugs?

- Yes 1
- No 2
- Did not need prescription drugs 3

Q13. In the last 30 days, did you [IF DOV\_FAMSIZE>1: or anyone in your family] have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home, or home care.

- Yes 1
- No 2

TQH9. Was there any time in the last 30 days when [IF DOV\_FAMSIZE=1: you] [IF DOV\_FAMSIZE>1: you or someone in your family] needed any of the following but didn't get it because [IF DOV\_FAMSIZE=1: you] [IF DOV\_FAMSIZE>1: your family] couldn't afford it?

	Yes	No
a. Prescription drugs	1	2
b. To see a general doctor	1	2
c. To see a specialist-- A specialist is a doctor who focuses on a particular class of patients (such as children) or on a specific disease (such as heart disease) or on a particular technique (such as surgery)	1	2
d. To get medical tests, treatment, or follow-up care	1	2
e. Dental care	1	2
f. Mental health care or counseling	1	2
g. Treatment or counseling for alcohol or drug use	1	2

TQH11. The following are statements that people have made about their food situation. For these statements, please indicate whether the statement was often true, sometimes true, or never true for [IF NUMPEOPLE\_HH\_18PL=1: you; IF NUMPEOPLE\_HH\_18PL>1: your household] in the last 30 days.

The first statement is, "The food that [IF NUMPEOPLE\_HH\_18PL=1: I; IF NUMPEOPLE\_HH\_18PL>1: we] bought just didn't last, and [IF NUMPEOPLE\_HH\_18PL=1: I; IF NUMPEOPLE\_HH\_18PL>1: we] didn't have money to get more."

Was that often, sometimes, or never true for [IF NUMPEOPLE\_HH\_18PL=1: you; IF NUMPEOPLE\_HH\_18PL>1: your household] in the last 30 days?

- Often true 1
- Sometimes true 2
- Never true 3
- Don't know 4

TQH12. “[IF NUMPEOPLE\_HH\_18PL=1: I; IF NUMPEOPLE\_HH\_18PL>1: We] couldn’t afford to eat balanced meals.”

Was that often, sometimes, or never true for [IF NUMPEOPLE\_HH\_18PL=1: you; IF NUMPEOPLE\_HH\_18PL>1: your household] in the last 30 days?

- Often true 1
- Sometimes true 2
- Never true 3
- Don’t know 4

TQH13. In the last 30 days, did [IF NUMPEOPLE\_HH\_18PL=1: you; IF NUMPEOPLE\_HH\_18PL>1: you or other adults in your household] ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes 1
- No 2
- Don’t know 3

[IF TQH13=1]

TQH14. In the last 30 days, how many days did this happen?

\_\_\_\_\_ days  
Don’t know

[CREATE DOV\_FOODSCREEN = 0 IF TQH11=3 AND TQH12=3 AND TQH13=2, ELSE DOV\_FOODSCREEN = 1]

[IF DOV\_FOODSCREEN=1]

TQH15. In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes 1
- No 2
- Don’t know 3

[IF DOV\_FOODSCREEN=1]

TQH16. In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes 1
- No 2
- Don’t know 3

TQH10. Was there any time in the last 30 days when:

	Yes	No
--	-----	----

a. Your household did not pay the full amount of the rent or mortgage or was late with a payment because your household could not afford to pay?	1	2
b. Your household was not able to pay the full amount of the gas, oil, or electricity bills?	1	2

[IF TQH10A NE 1]

TQH10C. Have you currently fallen one month or more behind on your [IF TQTENURE=2 OR 3: rent] [IF TQTENURE=1: mortgage] [IF TQTENURE=REFUSED: rent or mortgage]?

Yes 1  
No 2

[IF TQH10A=1 OR TQH10C=1]

TQH10D. Have you worked out a plan with your [IF TQTENURE=2 OR 3: landlord] [IF TQTENURE=1: bank] [IF TQTENURE=REFUSED: landlord or bank] to catch up on or reduce [IF TQTENURE=2 OR 3: rent] [IF TQTENURE=1: mortgage] [IF TQTENURE=REFUSED: rent or mortgage] payments?

Yes 1  
No 2

[IF TQH10D= 2 OR REFUSED]

TQH10E. Are you currently working out a plan with your [IF TQTENURE=2 OR 3: landlord] [IF TQTENURE=1: bank] [IF TQTENURE=REFUSED: landlord or bank] to catch up on or reduce [IF TQTENURE=2 OR 3: rent] [IF TQTENURE=1: mortgage] [IF TQTENURE=REFUSED: rent or mortgage] payments?

Yes 1  
No 2

[IF TQTENURE=2 OR 3]

[IF ITEM 3 IS SELECTED, ITEMS 1 AND 2 CANNOT BE SELECTED]

TQH10F. Since March 1, 2020, have you received an eviction notice or been threatened with eviction? Check all that apply.

Yes, received an eviction notice 1  
Yes, threatened with eviction 2  
No 3

[IF TQTENURE=1]

TQH10G. Since March 1, 2020, have you received a notice that the current mortgage was going to be foreclosed on?

Yes 1  
No 2

The next few questions ask about the coronavirus outbreak, also known as Covid-19, and how it has affected you and your household.

TQCOVID1. Since the coronavirus outbreak began, have you or someone in your household tried to get tested for coronavirus?

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

[IF TQCOVID1=1]

TQCOVID2. Who in your household tried to get tested for coronavirus?

- Yourself 1
- Your [IF MARRIED: spouse/IF LIVING WITH A PARTNER: partner] 2
- [IF PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN UNDER 19 WHO LIVE WITH THEM: Your children or stepchildren under 19 who are living with you] 3
- [IF LIVING WITH OTHER RELATIVES: Other relatives who are living with you] 4
- [IF LIVING WITH OTHER ADULTS: Nonrelatives who are living with you ] 5

[IF TQCOVID1=1]

TQCOVID2A. Thinking about the person in your household who tried to get tested most recently, when did they try to get tested?

- In the last 30 days 1
- More than 30 days ago 2

[IF TQCOVID1=1]

TQCOVID4. Thinking about the person in your household who tried to get tested most recently, were they able to get tested?

- Yes 1
- No 2

[IF TQCOVID4=2]

TQCOVID4A. Thinking about the person in your household who tried to get tested most recently, why wasn't that person able to get tested? Check all that apply.

- Was told not to get tested by a doctor or other health care provider 1
- Was told symptoms would not qualify for getting a test 2
- Was told no tests were available 3
- Was told it would take too long to get tested 4
- Did not think tests would be available 5
- Other reason (please specify): [text box] 6

[IF TQCOVID4=1]

TQCOVID3. Thinking about the person in your household who tried to get tested most recently, how difficult or easy was it to get tested?

- Very difficult 1

Difficult	2
Neither easy or difficult	3
Easy	4
Very easy	5
[IF TQCOVID2 IS SELECTED FOR ITEMS 2, 3, 4, OR 5: Don't know]	6

[IF TQCOVID1 NE 1]

TQCOVID1A. [IF TQCOVID1=2: Even though no one in your household tried to get tested for coronavirus, have] [IF TQCOVID1=3 OR REFUSED: Have] you or someone in your household had symptoms that made you or them want to get tested for coronavirus?

Yes	1
No	2

[IF TQCOVID1A=1]

TQCOVID1B. Thinking about the person in your household who wanted to get tested most recently, when did they start having symptoms that made them want to get tested?

In the last 30 days	1
More than 30 days ago	2

[IF TQCOVID1A=1]

TQCOVID1C. Thinking about the person in your household who wanted to get tested most recently, why didn't that person try to get tested? Check all that apply.

Was told not to get tested by a doctor or other health care provider	1
Was told symptoms would not qualify for getting a test	2
Was told no tests were available	3
Was told it would take too long to get tested	4
Did not think tests would be available	5
Other reason (please specify): [text box]	6

[IF TQCOVID1=2,3, OR REFUSED]

TQCOVID5. To the best of your knowledge, have you or someone in your household been exposed to coronavirus?

Yes	1
No	2
Not sure	3

[IF TQCOVID5=2,3, OR REFUSED]

TQCOVID6. How worried are you that you or someone in your household will be exposed to coronavirus?

Not at all worried	1
Not too worried	2
Somewhat worried	3
Very worried	4

[IF TQCOVID6=2,3, OR 4]

TQCOVID6A. In which of the following places are you worried that you or someone in your household will be exposed to coronavirus? Check all that apply.

	Yes	No
1. At work	1	2
2. On public transportation	1	2
3. In a grocery store or other place where you shop	1	2
4. Some other place (please specify): _____	1	2

The next questions focus on the impact of the coronavirus outbreak on the economy and on daily life for you and your family. For these questions, we're interested in your immediate family, which would include you, your spouse or partner, and any of your children or stepchildren under 19 who are living with you.

TQCOVID7. Thinking about the impact of the coronavirus outbreak on the economy, how has your work or the work of someone in your family been affected?

	Yes	No
1. Lost a job or was laid off from a job	1	2
2. Furloughed or reduced hours at work	1	2
3. Lost earnings or income from a job or business	1	2
4. Worked from home	1	2
5. Found a new job	1	2
6. Increased hours at work	1	2
7. Increased earnings or income from a job or business	1	2

TQCOVID8. Because of the impact of the coronavirus outbreak, have you or your family done each of the following?

	Yes	No
1. Put off major household purchases	1	2
2. Used up all or most of your savings	1	2
3. Cut back spending on food	1	2
4. Took money out of retirement, college, or other long-term savings accounts	1	2
5. Increased your credit card debt	1	2

TQCOVID9. Because of the impact of the coronavirus outbreak, have you or your family experienced any of the following:

	Yes	No

1. [IF PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN UNDER 19 WHO LIVE WITH THEM]: Had children stay home because of school or day care closures	1	2
2. [IF PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN UNDER 19 WHO LIVE WITH THEM]: Had to stay home from work to care for children	1	2
3. Did not go to a doctor's office, clinic, hospital, or other health care provider because of worries about being exposed to coronavirus	1	2
4. Had other relatives or friends move in with you	1	2
5. Moved in with other relatives or friends	1	2

[IF TQCOVID9\_1=1 AND PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN AGES 6-18 WHO LIVE WITH THEM]  
TQCOVID9A. Are any of your children receiving school meals while school is out?

This could include picking up school meals from a school or other delivery location in the community, having school meals delivered at home, or receiving extra benefits from the Supplemental Nutrition Assistance Program (or SNAP, formerly known as the Food Stamp Program) to replace school meals.

Yes            1  
No             2

[IF TQCOVID9A=2 OR REFUSED]  
TQCOVID9B. Since your children began staying home because of school or day care closures, have you applied for school meals for your children?

Yes            1  
No             2

[IF TQCOVID9\_1=1 AND PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN AGES 6-18 WHO LIVE WITH THEM]  
TQCOVID9C. Did any of your children receive a free or reduced-price school lunch during the school year before the coronavirus outbreak caused school closures?

Yes            1  
No             2

[IF TQCOVID9\_1=1 AND PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN AGES 6-18 WHO LIVE WITH THEM]  
TQCOVID9D. Has your family received any food from emergency food pick-up sites at schools or from a bus stop distribution site at any time since the beginning of school closures that were due to the coronavirus outbreak?

Yes            1  
No             2

[IF TQCOVID9\_1=1 AND PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN AGES 6-18 WHO LIVE WITH THEM]  
TQCOVID9E. Has your family received, or is it scheduled to receive, a weekly food box delivered to your home or post office box through a school-based meals program?



Yes 1  
 No 2

TQCOVID10. Because of the impact of the coronavirus outbreak, have you or your family had difficulty with any of the following:

	Yes	No
1. [IF PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN UNDER 19 WHO LIVE WITH THEM]: Arranging child care	1	2
2. Arranging care for an elderly parent, a sibling, or another relative who does not live with you	1	2
3. Getting protective supplies, such as face masks, disposable gloves, hand sanitizer, or disinfectant wipes	1	2

TQCOVID12. Thinking about the next month, how worried are you that you and your family will have difficulty with each of the following?

	Not at all worried	Not too worried	Somewhat worried	Very worried
1. Having enough to eat	1	2	3	4
2. Being able to work as many hours as you want	1	2	3	4
3. Being able to pay your rent or mortgage	1	2	3	4
4. Being able to pay your gas, oil, or electricity bills	1	2	3	4
5. Being able to pay your debts	1	2	3	4
6. Being able to pay for medical costs	1	2	3	4

TQCOVID14. Is there anything else you want to tell us about the most important ways the coronavirus outbreak is affecting you [IF DOV\_FAMSIZE>1: and your family]?

Yes [text box] 1  
 No 2

QFollowup. Based on your responses to the survey, you may be eligible to participate in a 20-minute follow-up telephone interview to learn more about the impact of the coronavirus outbreak on you and your family. If you are selected for a follow-up interview, your first name, phone number, some of your survey responses, and some of your characteristics (such as age, gender, and race/ethnicity) will be shared with the researcher who will be conducting these interviews. Responding yes to this question does not guarantee you will be contacted, and if you are, you will have the opportunity to decide whether or not you want to participate. Would you be interested in being contacted to hear more about the follow-up interviews?

Yes	1
No	2