

Coronavirus Tracking Survey

Wave 2 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 the impact of the coronavirus outbreak on your health care experiences and the ability of you and your family to meet basic needs. It follows up on a similar survey you completed several 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

Q1A. Has a doctor or other health professional ever told you that you had any of the following medical conditions?

	Yes	No
1. Hypertension, also called high blood pressure	1	2
2. High cholesterol	1	2
3. Coronary heart disease, angina, heart attack, or other heart condition	1	2
4. Stroke	1	2
5. Cancer or a malignancy of any kind (do not include skin cancer)	1	2

6. Diabetes (do not include gestational diabetes or pre-diabetes)	1	2
7. Asthma	1	2
8. COVID-19, the disease caused by the novel coronavirus	1	2

[IF Q1A_7=1]

Q1B. Do you still have asthma?

Yes	1
No	2

Q1C. Has a doctor or other health professional ever told you that you had any of the following medical conditions?

	Yes	No
1. Chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis	1	2
2. Cystic fibrosis or pulmonary fibrosis	1	2
3. Some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	1	2
4. Sickle cell disease or thalassemia	1	2
5. Chronic kidney disease (do not include kidney stones, bladder infection, or incontinence)	1	2
6. Liver disease, including cirrhosis	1	2
7. Dementia, including Alzheimer's disease	1	2
8. A compromised or weakened immune system because of a medical condition, medical procedure, or use of medication	1	2

Q1D. Has a doctor or other health professional ever told you that you had any of the following mental health conditions?

	Yes	No
1. Any type of anxiety disorder (such as generalized anxiety disorder, social anxiety disorder, panic disorder, post-traumatic stress disorder, obsessive-compulsive disorder, or phobias)	1	2
2. Any type of depression (such as major depressive disorder, bipolar disorder, or dysthymia)	1	2
3. Any other type of mental health condition	1	2

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 logos 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 DOV_FAMSIZE > 1]

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

[IF (NO ITEMS FOR Q7A-Q7G="COVERED" AND Q8=1) OR Q10I=2]

TQ14A. How much have you heard about the health insurance marketplaces, which can be used to shop for health insurance and compare prices and benefits? [IF RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES, INSERT: You may know the marketplace as Healthcare.gov [INSERT PROGRAM NAME] in your state]. Have you heard:

A lot	1
Some	2
Only a little	3
Nothing at all	4

[IF (NO ITEMS FOR Q7A-Q7G="COVERED" AND Q8=1) OR Q10I=2]

TQ19A. Some people are able to get subsidies for premiums and out-of-pocket health care costs in the health insurance marketplaces. How much, if anything, have you heard about these subsidies? Have you heard:

A lot	1
Some	2
Only a little	3
Nothing at all	4

[IF (NO ITEMS FOR Q7A-Q7G="COVERED" AND Q8=1) AND TQ14A=1-3]

TQ28. Have you ever looked for information on health insurance plans in the marketplace?

- Yes 1
- No 2

[IF TQ28=2]

[ORDER OF ITEMS 1-4 IS RANDOMIZED]

TQ30. Which of the following is the main reason that you have not looked for information on health insurance plans in the marketplace?

- I do not want health insurance 1
- I do not have the time 2
- I do not know how to find the information 3
- The cost is too high / I cannot afford the insurance 4
- Other reason (please specify): _____ 5

[IF TQ28=1]

[ORDER OF ITEMS 1-7 IS RANDOMIZED]

TQ39B. What is the main reason why you have not enrolled in a health insurance plan in the marketplace?

- The cost is too high / I cannot afford the insurance 1
- I did not qualify for subsidized coverage 2
- The plans do not cover the benefits I am looking for 3
- The choice of doctors, hospitals, and other providers in the plans' networks is too limited 4
- Enrolling in a plan was too complicated or difficult 5
- I am still weighing my options and I am not yet ready to enroll 6
- I am in the process of enrolling in a plan 7
- Other reason (please specify): _____ 8

[IF NO ITEMS FOR Q7A-Q7G="COVERED" AND Q8=1]

TQ5A. Have you tried to obtain coverage through 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: You may know this type of coverage as [INSERT PROGRAM NAME]].

- Yes, tried to obtain coverage through those plans 1
- No, did not try to obtain coverage through those plans 2

[IF TQ5A=1]

[ORDER OF ITEMS 1-6 IS RANDOMIZED]

TQ6A. What is the main reason you are not currently enrolled in Medicaid, MA, CHIP or another state or government-sponsored assistance plan?

- I was told that I was not eligible 1
- The benefit package didn't cover the services I need 2
- The choice of doctors, hospitals, and other providers in the plans' networks was too limited 3

- Enrolling was too complicated or difficult 4
- I could not afford to enroll 5
- I am in the process of enrolling 6
- Other reason (please specify): _____ 7

[IF TQ5A=2]

[ORDER OF ITEMS 1-8 IS RANDOMIZED BUT ITEM 1 ALWAYS SHOWN BEFORE ITEM 2]

TQ6B. What is the main reason you did not try to obtain coverage through Medicaid, MA, CHIP or another state or government-sponsored assistance plan?

- I didn't think I was eligible 1
- I was told that I was not eligible 2
- The benefit package didn't cover the services I need 3
- The choice of doctors, hospitals, and other providers in the plans' networks is too limited 4
- Enrolling is too complicated or difficult 5
- I don't know how to enroll 6
- I could not afford to enroll 7
- I have never heard of those plans 8
- Other reason (please specify): _____ 9

[IF MARRIED OR LIVING WITH A PARTNER, UNLESS (Q10I=2 AND Q10J IS SKIPPED) OR Q10J=1]

Q31A_1. Is [IF MARRIED: your spouse] [IF LIVING WITH A PARTNER: your partner] currently enrolled in 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?

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

[IF PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN UNDER 19 WHO LIVE WITH THEM:]

Q31A_2. Are any of your children or stepchildren under 19 who are living with you currently enrolled in 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?

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

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

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

[IF MARRIED OR LIVING WITH A PARTNER]

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

TQCOVID7. The next question focuses on the impact of the coronavirus outbreak on the economy and on your work or the work of someone in your family. For this question, 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.

Thinking about the impact of the coronavirus outbreak on the economy, since the beginning of March 2020, has your work or the work of someone in your family ever been affected in any of the following ways?

	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

[IF DOV_FAMSIZE>1 AND TQCOVID7_1=1]

TQCOVID7A. Who in your family lost or was laid off from a job because of the coronavirus outbreak? Check all that apply.

- 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 live with you] 3

[IF TQCOVID7A=1 OR (DOV_FAMSIZE=1 AND TQCOVID7_1=1)]

TQCOVID7B. Thinking about the most recent time you lost or were laid off from a job because of the coronavirus outbreak, was this layoff temporary or permanent?

- Temporary 1
- Permanent 2
- Don’t know 3

[IF TQCOVID7A=2]

TQCOVID7C. Thinking about the most recent time your [IF MARRIED: spouse/IF LIVING WITH A PARTNER: partner] lost or was laid off from a job because of the coronavirus outbreak, was this layoff temporary or permanent?

- Temporary 1
- Permanent 2
- Don’t know 3

TQCOVID7D. For this question, think about how your current employment situation compares to the beginning of March 2020, before the coronavirus outbreak began to have a major impact on the economy.

Compared to the beginning of March 2020, are you currently working more hours, about the same number of hours, or fewer hours?

- Currently working more hours 1
- Currently working about the same number of hours 2
- Currently working fewer hours 3

[IF MARRIED OR LIVING WITH A PARTNER]

TQCOVID7E. For this question, think about how your [IF MARRIED: spouse's/IF LIVING WITH A PARTNER: partner's] current employment situation compares to the beginning of March 2020.

Compared to the beginning of March 2020, is your [IF MARRIED: spouse/IF LIVING WITH A PARTNER: partner] currently working more hours, about the same number of hours, or fewer hours?

- Currently working more hours 1
- Currently working about the same number of hours 2
- Currently working fewer hours 3

TQCOVID7F. For this question, think about the total weekly income you and your family earn from all jobs. By family, we mean you, your spouse or partner, and any of your children or stepchildren under 19 who are living with you.

Compared to the beginning of March 2020, is your family's total weekly income currently higher, about the same, or lower?

- Currently higher 1
- Currently about the same 2
- Currently lower 3

TQCOVID7G. For this question, think about how your family's current financial situation compares to the beginning of March 2020.

Compared to the beginning of March 2020, are you and your family currently better off, about the same, or worse off financially?

- Much better off 1
- Somewhat better off 2
- About the same 3
- Somewhat worse off 4
- Much worse off 5

TQCOVID8. Because of the impact of the coronavirus outbreak, have you or your family done each of the following? By family, we mean you, your spouse or partner, and any of your children or stepchildren under 19 who are living with you.

	Yes	No
1. Used up all or most of your savings	1	2

2. Cut back spending on food	1	2
3. Took money out of retirement, college, or other long-term savings accounts	1	2
4. Increased your credit card debt	1	2
5. Borrowed money from family or friends	1	2
6. Pawned or sold possessions	1	2

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

[IF Q31B NE 1 AND Q31C NE 1]

Q31C_4. At any time since March 1, 2020, did you [IF MARRIED: or your spouse /IF LIVING WITH A PARTNER: or your partner] receive unemployment insurance benefits?

Yes 1
 No 2
 Don't know 3

[IF Q31C_4=2, 3, OR REFUSED]

Q31C_1. At any time since March 1, 2020, did you [IF MARRIED: or your spouse] [IF LIVING WITH A PARTNER: or your partner] apply for unemployment insurance benefits?

Yes 1
 No 2
 Don't know 3

TQH6. 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.

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

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

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

[IF TQTENURE=2]

TQH10H. What is the monthly rent for the place where you live? Your best guess is fine.

Monthly amount: \$_____

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

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 TQH10C=1 AND TQTENURE=2]

TQH10I. How much do you owe in unpaid rent? Your best guess is fine.

\$_____

[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

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

[IF PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN AGES 6-18 WHO LIVE WITH THEM]

TQCOVID9F. For fall 2020, are any of your children enrolled in school or educated in a homeschool setting in Kindergarten through 12th grade or grade equivalent? Check all that apply.

- Yes, enrolled in school 1
- Yes, homeschooled 2
- No 3

[IF TQCOVID9F=1 OR 2]

TQCOVID9G. Do any of your children currently receive instruction:

	Yes	No
1. In-person only	1	2
2. Remotely/virtually only	1	2
3. A combination of in-person and remotely	1	2
4. Other (please specify): _____	1	2

[IF TQCOVID9F=1 AND TQCOVID9G=1 OR 3]

TQCOVID9H. Are any of your children receiving school meals?

- Yes 1
- No 2

[IF TQCOVID9H=1]

TQCOVID9I. Are the meals your children receive at school free or reduced price?

- Yes 1
- No 2

[IF TQCOVID9G=2 OR 4 OR TQCOVID9H=2]

TQCOVID9J. Are any of your children receiving any form of replacement for school meals? This may include in-person meals, delivery, grab-and-go meals, or any combination of these.

- Yes 1
- No 2

[IF 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 in the past 30 days?

- Yes 1
- No 2

[IF 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 regular food box delivered to your home or post office box through a school-based meals program?

- Yes 1

No 2

Q30. In the last 30 days, did you [IF DOV_FAMSIZE>1: or anyone in your family] receive benefits from 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].]

Yes 1
No 2
Don't know 3

Q30A. In the last 30 days, did you [IF DOV_FAMSIZE>1: or anyone in your family] receive benefits from 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.

Yes 1
No 2
Don't know 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

[PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN AGES 6-18 WHO LIVE WITH THEM]

TQCOVID9K. There is a new program that provides additional money to purchase food for your children on an electronic benefit card (EBT) to replace free and reduced-price meals they would have otherwise received at school in spring 2020. This program is known as Pandemic-EBT, P-EBT, or might be called something else in your area. Have you heard of this program?

Yes 1
No 2
Don't know 3

[IF TQCOVID9K=1]

TQCOVID9L. If you were already receiving SNAP, then Pandemic-EBT (P-EBT) may have been an additional benefit loaded on to the same EBT card. Has your family:

- Received P-EBT 1
- Applied for and waiting to receive P-EBT 2
- Applied for but denied P-EBT 3
- Not applied for P-EBT 4
- Don't know 5

[IF PARENT OR GUARDIAN OF CHILDREN UNDER 6 WHO LIVE WITH THEM]

TQCOVID29. For this question, think about your [RANDOMIZE: youngest/oldest] child under age 6. Are you currently using child care outside of your home for this child? Child care outside of your home might include a day care center or preschool, a home-based care program, or care at the home of a relative or neighbor.

- Yes, this child is in full-time or part-time child care outside the home on a regular schedule 1
- Yes, this child is occasionally in child care outside the home, but not on a regular schedule 2
- No, we do not use child care outside the home for this child because of the coronavirus outbreak (e.g., child care is not open, does not feel safe, or we cannot afford it because of lost work or income since the coronavirus outbreak began) 3
- No, we do not use child care outside the home for this child for other reasons (e.g., child care is not available, convenient or appealing, or we could not afford it even before the coronavirus outbreak) 4
- No, we do not need child care outside the home for this child 5

TQCOVID17A. The next questions ask about your recent experiences getting medical care.

Has there ever been a time when you needed any of the following but did not get it because you were worried about being exposed to coronavirus?

	Yes	No
a. Prescription drugs	1	2
b. To see a general doctor or specialist	1	2
c. To go to a hospital	1	2
d. Preventive health screenings or medical tests	1	2
e. Treatment or follow-up care	1	2
f. Dental care	1	2
g. Mental health care or counseling	1	2
h. Treatment or counseling for alcohol or drug use	1	2
i. Some other type of medical care (please specify): _____	1	2

[IF ANY ITEM IN TQCOVID17A=1]

[ONLY SHOW ITEMS SELECTED IN TQCOVID17A]

TQCOVID17B. Thinking of the most recent time you did not get the following types of health care because you were worried about being exposed to coronavirus, did you eventually get care or have you still not gotten it?

	Eventually got care	Have still not gotten it
a. Prescription drugs	1	2
b. To see a general doctor or specialist	1	2
c. To go to a hospital	1	2
d. Preventive health screenings or medical tests	1	2
e. Treatment or follow-up care	1	2
f. Dental care	1	2
g. Mental health care or counseling	1	2
h. Treatment or counseling for alcohol or drug use	1	2
i. Some other type of medical care [FILL FROM TQCOVID17A]	1	2

[IF ANY ITEM IN TQCOVID17A=1]

TQCOVID17C. Thinking of the most recent time you did not get health care because you were worried about being exposed to coronavirus, did not getting care cause any of the following to happen:

	Yes	No
1. Worsened one or more of your health conditions	1	2
2. Limited your ability to work	1	2
3. Limited your ability to do other daily activities	1	2

[IF MARRIED OR LIVING WITH A PARTNER]

TQCOVID18A. Has there ever been a time when your [IF MARRIED: spouse] [IF LIVING WITH A PARTNER: partner] needed any of the following but did not get it because they were worried about being exposed to coronavirus?

	Yes	No
a. Prescription drugs	1	2
b. To see a general doctor or specialist	1	2
c. To go to a hospital	1	2
d. Preventive health screenings or medical tests	1	2
e. Treatment or follow-up care	1	2
f. Dental care	1	2
g. Mental health care or counseling	1	2
h. Treatment or counseling for alcohol or drug use	1	2
i. Some other type of medical care (please specify): _____	1	2

[IF ANY ITEM IN TQCOVID18A=1]

[ONLY SHOW ITEMS SELECTED IN TQCOVID18A]

TQCOVID18B. Thinking of the most recent time your [IF MARRIED: spouse] [IF LIVING WITH A PARTNER: partner] did not get the following types of health care because they were worried about being exposed to coronavirus, did your [IF MARRIED: spouse] [IF LIVING WITH A PARTNER: partner] eventually get care or have they still not gotten it?

	Eventually got care	Have still not gotten it
a. Prescription drugs	1	2

b. To see a general doctor or specialist	1	2
c. To go to a hospital	1	2
d. Preventive health screenings or medical tests	1	2
e. Treatment or follow-up care	1	2
f. Dental care	1	2
g. Mental health care or counseling	1	2
h. Treatment or counseling for alcohol or drug use	1	2
i. Some other type of medical care [FILL FROM TQCOVID18A]	1	2

[IF ANY ITEM IN TQCOVID18A=1]

TQCOVID18C. Thinking of the most recent time your [IF MARRIED: spouse] [IF LIVING WITH A PARTNER: partner] did not get health care because they were worried about being exposed to coronavirus, did not getting care cause any of the following to happen:

	Yes	No
1. Worsened one or more of your [IF MARRIED: spouse's] [IF LIVING WITH A PARTNER: partner's] health conditions	1	2
2. Limited your [IF MARRIED: spouse's] [IF LIVING WITH A PARTNER: partner's] ability to work	1	2
3. Limited your [IF MARRIED: spouse's] [IF LIVING WITH A PARTNER: partner's] ability to do other daily activities	1	2

[IF PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN UNDER 19 WHO LIVE WITH THEM]

TQCOVID19A. Thinking of your children under 19 who are living with you, has there ever been a time when your children needed any of the following but did not get it because you were worried they would be exposed to coronavirus?

	Yes	No
a. Prescription drugs	1	2
b. To see a general doctor or specialist	1	2
c. To go to a hospital	1	2
d. Checkups, well child visits, or other preventive health screenings	1	2
e. Immunizations	1	2
f. Treatment or follow-up care	1	2
g. Dental care	1	2
h. Mental health care or counseling	1	2
i. Treatment or counseling for alcohol or drug use	1	2
j. Physical, occupational, or speech therapy	1	2
k. Some other type of medical care (please specify): _____	1	2

[IF ANY ITEM IN TQCOVID19A=1]

[ONLY SHOW ITEMS SELECTED IN TQCOVID19A]

TQCOVID19B. Thinking of the most recent time your child did not get the following types of health care because you were worried they would be exposed to coronavirus, did your child eventually get care or have they still not gotten it?

	Eventually got care	Have still not gotten it
a. Prescription drugs	1	2
b. To see a general doctor or specialist	1	2
c. To go to a hospital	1	2
d. Checkups, well child visits, or other preventive health screenings	1	2
e. Immunizations	1	2
f. Treatment or follow-up care	1	2
g. Dental care	1	2
h. Mental health care or counseling	1	2
i. Treatment or counseling for alcohol or drug use	1	2
j. Physical, occupational, or speech therapy	1	2
k. Some other type of medical care [FILL FROM TQCOVID19A]	1	2

[IF ANY ITEM IN TQCOVID19A=1]

TQCOVID19C. Thinking of the most recent time your child did not get health care because you were worried they would be exposed to coronavirus, did not getting care cause any of the following to happen:

	Yes	No
1. Worsened one or more of your child's health conditions	1	2
2. Limited your child's ability to go to school or day care or to do their schoolwork	1	2
3. Limited your child's ability to do other daily activities	1	2

TQCOVID20A. Has there ever been a time when you needed any of the following but did not get it because your doctor, a hospital, or another health care provider limited their services due to the coronavirus outbreak?

	Yes	No
a. Prescription drugs	1	2
b. To see a general doctor or specialist	1	2
c. To go to a hospital	1	2
d. Preventive health screenings or medical tests	1	2
e. Treatment or follow-up care	1	2
f. Dental care	1	2
g. Mental health care or counseling	1	2
h. Treatment or counseling for alcohol or drug use	1	2
i. Some other type of medical care (please specify): _____	1	2

[IF ANY ITEM IN TQCOVID20A=1]

[ONLY SHOW ITEMS SELECTED IN TQCOVID20A]

TQCOVID20B. Thinking of the most recent time you did not get the following types of health care because a health care provider limited their services due to the coronavirus outbreak, did you eventually get care or have you still not gotten it?

	Eventually got care	Have still not gotten it
a. Prescription drugs	1	2
b. To see a general doctor or specialist	1	2
c. To go to a hospital	1	2
d. Preventive health screenings or medical tests	1	2
e. Treatment or follow-up care	1	2
f. Dental care	1	2
g. Mental health care or counseling	1	2
h. Treatment or counseling for alcohol or drug use	1	2
i. Some other type of medical care [FILL FROM TQCOVID20A]	1	2

[IF ANY ITEM IN TQCOVID20A=1]

TQCOVID20C. Thinking of the most recent time you did not get health care because a health care provider limited their services due to the coronavirus outbreak, did not getting care cause any of the following to happen:

	Yes	No
1. Worsened one or more of your health conditions	1	2
2. Limited your ability to work	1	2
3. Limited your ability to do other daily activities	1	2

[IF MARRIED OR LIVING WITH A PARTNER]

TQCOVID21A. Has there ever been a time when your [IF MARRIED: spouse] [IF LIVING WITH A PARTNER: partner] needed any of the following but did not get it because their doctor, a hospital, or another health care provider limited their services due to the coronavirus outbreak?

	Yes	No
a. Prescription drugs	1	2
b. To see a general doctor or specialist	1	2
c. To go to a hospital	1	2
d. Preventive health screenings or medical tests	1	2
e. Treatment or follow-up care	1	2
f. Dental care	1	2
g. Mental health care or counseling	1	2
h. Treatment or counseling for alcohol or drug use	1	2
i. Some other type of medical care (please specify): _____	1	2

[IF ANY ITEM IN TQCOVID21A=1]

[ONLY SHOW ITEMS SELECTED IN TQCOVID21A]

TQCOVID21B. Thinking of the most recent time your [IF MARRIED: spouse] [IF LIVING WITH A PARTNER: partner] did not get the following types of health care because a health care provider limited their services due to the coronavirus outbreak, did your [IF MARRIED: spouse] [IF LIVING WITH A PARTNER: partner] eventually get care or have they still not gotten it?

	Eventually got care	Have still not gotten it

a. Prescription drugs	1	2
b. To see a general doctor or specialist	1	2
c. To go to a hospital	1	2
d. Preventive health screenings or medical tests	1	2
e. Treatment or follow-up care	1	2
f. Dental care	1	2
g. Mental health care or counseling	1	2
h. Treatment or counseling for alcohol or drug use	1	2
i. Some other type of medical care [FILL FROM TQCOVID21A]	1	2

[IF ANY ITEM IN TQCOVID21A=1]

TQCOVID21C. Thinking of the most recent time your [IF MARRIED: spouse] [IF LIVING WITH A PARTNER: partner] did not get health care because a health care provider limited their services due to the coronavirus outbreak, did not getting care cause any of the following to happen:

	Yes	No
1. Worsened one or more of your [IF MARRIED: spouse's] [IF LIVING WITH A PARTNER: partner's] health conditions	1	2
2. Limited your [IF MARRIED: spouse's] [IF LIVING WITH A PARTNER: partner's] ability to work	1	2
3. Limited your [IF MARRIED: spouse's] [IF LIVING WITH A PARTNER: partner's] ability to do other daily activities	1	2

[IF PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN UNDER 19 WHO LIVE WITH THEM]

TQCOVID22A. Has there ever been a time when your children needed any of the following but did not get it because their doctor, a hospital, or another health care provider limited their services due to the coronavirus outbreak? Include services that your children normally receive from a school nurse or school-based health clinic.

	Yes	No
a. Prescription drugs	1	2
b. To see a general doctor or specialist	1	2
c. To go to a hospital	1	2
d. Checkups, well child visits, or other preventive health screenings	1	2
e. Immunizations	1	2
f. Treatment or follow-up care	1	2
g. Dental care	1	2
h. Mental health care or counseling	1	2
i. Treatment or counseling for alcohol or drug use	1	2
j. Physical, occupational, or speech therapy	1	2
k. Some other type of medical care (please specify): _____	1	2

[IF ANY ITEM IN TQCOVID22A=1]

[ONLY SHOW ITEMS SELECTED IN TQCOVID22A]

TQCOVID22B. Thinking of the most recent time your child did not get the following types of health care because a health care provider limited their services due to the coronavirus outbreak, did your child eventually get care or have they still not gotten it?

	Eventually got care	Have still not gotten it
a. Prescription drugs	1	2
b. To see a general doctor or specialist	1	2
c. To go to a hospital	1	2
d. Checkups, well child visits, or other preventive health screenings	1	2
e. Immunizations	1	2
f. Treatment or follow-up care	1	2
g. Dental care	1	2
h. Mental health care or counseling	1	2
i. Treatment or counseling for alcohol or drug use	1	2
j. Physical, occupational, or speech therapy	1	2
k. Some other type of medical care [FILL FROM TQCOVID22A]	1	2

[IF ANY ITEM IN TQCOVID22A=1]

TQCOVID22C. Thinking of the most recent time your child did not get health care because a health care provider limited their services due to the coronavirus outbreak, did not getting care cause any of the following to happen:

	Yes	No
1. Worsened one or more of your child’s health conditions	1	2
2. Limited your child’s ability to go to school or day care or to do their schoolwork	1	2
3. Limited your child’s ability to do other daily activities	1	2

TQCOVID23. Since the coronavirus outbreak began, have you had a phone or video visit with a doctor, nurse, or other health care provider to talk about your own health? These types of visits are sometimes called telehealth visits.

Yes 1
 No 2

[IF TQCOVID23=1]

TQCOVID24. Thinking of your most recent phone or video visit with a health care provider to talk about your own health, how satisfied were you with the visit?

Very satisfied 1
 Somewhat satisfied 2
 Neither satisfied or dissatisfied 3
 Somewhat dissatisfied 4
 Very dissatisfied 5

TQCOVID25. Since the coronavirus outbreak began, was there a time when you wanted a phone or video visit with a health care provider to talk about your own health, but did not get one?

- Yes 1
- No 2

[IF TQCOVID25=1]

[ORDER OF ITEMS 1-7 IS RANDOMIZED]

TQCOVID26. Thinking of the most recent time you wanted a phone or video visit with a health care provider to talk about your own health but did not get one, which of the following are reasons you did not get a phone or video visit? Check all that apply.

- The provider was not taking visits by phone or video 1
- It took too long to get an appointment 2
- The visit would not be covered by my health insurance 3
- I could not afford the copayment or other out-of-pocket costs 4
- I needed a test, treatment, or medication that could only be provided in person 5
- I did not have the technology needed for this type of visit 6
- I did not want to use too much data under my cellular data plan 7
- Other reason (please specify):_____ 8

TQCOVID27. Since the coronavirus outbreak began, was there a time when you did not see a health care provider to talk about your own health because they were only taking visits by phone or video and you did not want that type of visit?

- Yes 1
- No 2

[IF TQCOVID27=1]

[ORDER OF ITEMS 1-7 IS RANDOMIZED]

TQCOVID28. Thinking of the most recent time you did not see a health care provider to talk about your own health because they were only taking visits by phone or video and you did not want that type of visit, which of the following are reasons you did not want that type of visit? Check all that apply.

- The visit would not be covered by my health insurance 1
- I could not afford the copayment or other out-of-pocket costs 2
- I needed a test, treatment, or medication that could only be provided in person 3
- I was concerned about my privacy 4
- I did not have the technology needed for that type of visit 5
- I was not comfortable using the technology for that type of visit 6
- I did not want to use too much data under my cellular data plan 7
- Other reason (please specify):_____ 8

[IF PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN UNDER 19 WHO LIVE WITH THEM]

TQCOVID23A. Since the coronavirus outbreak began, have you had a phone or video visit with a doctor, nurse, or other health care provider to talk about your child's health?

Yes	1
No	2

[IF TQCOVID23A=1]

TQCOVID24A. Thinking of your most recent phone or video visit with a health care provider to talk about your child’s health, how satisfied were you with the visit?

Very satisfied	1
Somewhat satisfied	2
Neither satisfied or dissatisfied	3
Somewhat dissatisfied	4
Very dissatisfied	5

[IF PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN UNDER 19 WHO LIVE WITH THEM]

TQCOVID25A. Since the coronavirus outbreak began, was there a time when you wanted a phone or video visit with a health care provider to talk about your child’s health, but did not get one?

Yes	1
No	2

[IF TQCOVID25A=1]

[ORDER OF ITEMS 1-7 IS RANDOMIZED]

TQCOVID26A. Thinking of the most recent time you wanted a phone or video visit with a health care provider to talk about your child’s health but did not get one, which of the following are reasons you did not get a phone or video visit? Check all that apply.

The provider was not taking visits by phone or video	1
It took too long to get an appointment	2
The visit would not be covered by my health insurance	3
I could not afford the copayment or other out-of-pocket costs	4
My child needed a test, treatment, or medication that could only be provided in person	5
I did not have the technology needed for this type of visit	6
I did not want to use too much data under my cellular data plan	7
Other reason (please specify): _____	8

[IF PARENT OR GUARDIAN OF CHILDREN OR STEPCHILDREN UNDER 19 WHO LIVE WITH THEM]

TQCOVID27A. Since the coronavirus outbreak began, was there a time when you did not see a health care provider to talk about your child’s health because they were only taking visits by phone or video and you did not want that type of visit?

Yes	1
No	2

[IF TQCOVID27A=1]

[ORDER OF ITEMS 1-7 IS RANDOMIZED]

TQCOVID28A. Thinking of the most recent time you did not see a health care provider to talk about your child’s health because they were only taking visits by phone or video and you did not want that type of visit, which of the following are reasons you did not want that type of visit? Check all that apply.

- The visit would not be covered by my health insurance 1
- I could not afford the copayment or other out-of-pocket costs 2
- My child needed a test, treatment, or medication that could only be provided in person 3
- I was concerned about my child’s privacy 4
- I did not have the technology needed for that type of visit 5
- I was not comfortable using the technology for that type of visit 6
- I did not want to use too much data under my cellular data plan 7
- Other reason (please specify): _____ 8

TQ86A. For the next questions think about the health care you’ve received over the last 12 months, that is, since September 2019.

In the last 12 months, have you ever felt that a doctor, other health care provider, or their staff judged you unfairly or discriminated against you because of any of the following?

	Yes	No
a. Your race	1	2
b. Your ethnicity	1	2
c. Your gender	1	2
d. Your sexual orientation	1	2
e. Your gender identity	1	2
f. A disability	1	2
g. A health condition	1	2

[IF ANY ITEM IN TQ86A=1]

[ORDER OF ITEMS 1-6 IS RANDOMIZED BUT ITEM 2 ALWAYS SHOWN BEFORE ITEM 3]

TQ86B. Did you do any of the following because a doctor, other provider, or their staff judged you unfairly or discriminated against you?

	Yes	No
1. Looked for a new health care provider	1	2
2. Delayed getting care you needed	1	2
3. Didn't get care you needed	1	2
4. Spoke to the doctor or provider about the way you were treated	1	2
5. Filed a complaint	1	2
6. Didn't follow the doctor or provider's recommendations	1	2
7. Other (specify): _____	1	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 your health care experiences or 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