**Evanston Survey Questions Draft**

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**COVID-19 IMPACT SURVEY**

**SOC1. We’d like to know how much you trust people in your neighborhood. Generally speaking, would you say that you can trust all the people, most of the people, some of the people, or none of the people in your neighborhood?**

RESPONSE OPTIONS:

1. All

2. Most

3. Some

4. None

**SOC2B. During a typical month prior to March 1, 2020, when COVID-19 began spreading in the United States, how often did you talk with any of your neighbors?**

RESPONSE OPTIONS:

1. Basically every day

2. A few times a week

3. A few times a month

4. Once a month

5. Not at all

77. Not sure

**SOC3B. During a typical month prior to March 1, 2020, when COVID-19 began spreading in the United States, how often did you communicate with friends and family by phone, text, email, app, or using the Internet?**

RESPONSE OPTIONS:

1. Basically every day

2. A few times a week

3. A few times a month

4. Once a month

5. Not at all

77. Not sure

**SOC4B.**

**During a typical month prior to March 1, 2020, when COVID-19 began spreading in the United States, did you spend any time volunteering for any organization or association, or not?**

RESPONSE OPTIONS:

1. Yes

2. No

77. Not sure

**PHYS8. Would you say your health in general is excellent, very good, good, fair, or poor?**

RESPONSE OPTIONS (CAPITALIZE CATI):

1. Excellent

2. Very good

3. Good

4. Fair

5. Poor

**SOC5. In the past 7 days, how often have you felt …?**

RANDOMIZE GRID ITEMS:

1. A. Felt nervous, anxious, or on edge
2. B. Felt depressed
3. C. Felt lonely
4. D. Felt hopeless about the future
5. E. [ANCHOR] Had physical reactions such as sweating, trouble breathing, nausea or a pounding heart when thinking about your experience with the coronavirus pandemic

**ECON7. Suppose that you have an unexpected expense that costs $400. Based on your current financial situation, how would you pay for this expense? If you would use more than one method to cover this expense, please select all that apply.**

RESPONSE OPTIONS:

1. Put it on [IF CAWI] my [CATI] your [END IF] credit card and pay it off in full at the next statement

2. Put it on [IF CAWI] my [CATI] your [END IF] credit card and pay it off over time

3. Use money currently in [IF CAWI] my [CATI] your [END IF] checking or savings account or with cash

4. Use money from a bank loan or line of credit

5. Borrow from a friend or family member

6. Use a payday loan, deposit advance or overdraft

7. Sell something

8. [IF CAWI] I [CATI] You [END IF] would not be able to pay for it right now [SP]

**ECON1. In the past 7 days, did you do any work for pay at a job or business?**

CAWI RESPONSE OPTIONS:

1. Yes, I worked for someone else for wages, salary, piece rate, commission, tips, or payments "in kind," for example, food or lodging received as payment for work performed

2. Yes, I worked as self-employed in my own business, professional practice, or farm

3. No, I did not work for pay last week.

**ECON3. Prior to March 1, 2020 when COVID-19 began spreading in the United States, how many hours did you usually work each week?**

\_\_\_ Enter number of hours worked per week

**ECON4A. Think about 30 days from now, how likely do you think it is that you will be employed at that time?**

RESPONSE OPTIONS:

1. Extremely likely

2. Very likely

3. Moderately likely

4. Not too likely

5. Not likely at all

**ECON4B.**

**Think about 3 months from now, how likely do you think it is that you will be employed at that time?**

RESPONSE OPTIONS:

1. Extremely likely

2. Very likely

3. Moderately likely

4. Not too likely

5. Not likely at all

**ECON6. In the past 7 days, have you either received, applied for, or tried to apply for any of the following forms of income or assistance, or not?**

GRID ITEMS:

1. A. Unemployment Insurance
2. B. SNAP [IF CAWI](Supplemental Nutrition Assistance Program) [CATI] called Supplemental Nutrition Assistance Program [END IF] or Food Stamps
3. C. TANF [IF CAWI](Temporary Assistance for Needy Families)[CATI] called Temporary Assistance for Needy Families [END IF]
4. D. Social Security
5. E. Supplemental Social Security
6. F. Any kind of government health insurance or health coverage plan including Medicaid, Medical Assistance or Medicare
7. G. Other aid from the government
8. H. Assistance from a union or other association
9. I. Assistance from a church or religious organization
10. J. Assistance from another community organization
11. K. A food pantry
12. L. Other assistance

RESPONSE OPTIONS:

1. Received

2. Applied for

3. Tried to apply for

4. Did not receive nor apply for any

**ECON5A. Please indicate whether the following statements were often true, sometimes true, or never true for you or your household over the past 30 days.**

GRID ITEMS:

A. We worried our food would run out before we got money to buy more

B. The food that we bought just didn’t last, and we didn’t have money to get more

RESPONSE OPTIONS:

1. Often true

2. Sometimes true

3. Never true

**PHYS9. Are you currently covered by any of the following types of health insurance or health coverage plans?**

GRID ITEMS:

A. Insurance through a current or former employer or union of yours or another family member

B. Insurance purchased directly from an insurance company by you or another family member

C. TRICARE or other military health care

D. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability

E. Medicare, for people 65 and older, or people with certain disabilities

F. The Veteran’s Administration, meaning you are currently enrolled for VA health care

G. Indian Health Service

H. Other health insurance or health coverage plan

RESPONSE OPTIONS:

1. Yes

2. No

**PHYS3. Has a doctor or other health care provider ever told you that you have any of the following?**

GRID ITEMS:

A. Diabetes

B. High blood pressure or hypertension

C. Heart disease, heart attack or stroke

D. Asthma

E. Chronic lung disease and COPD

F. Bronchitis and emphysema

G. Allergies

H. A mental health condition

I. Cystic fibrosis

J. Liver disease or end stage liver disease

K. Cancer

L. A compromised immune system

M. Overweight or obesity

RESPONSE OPTIONS:

1. Yes

2. No

77. Not Sure

**PHYS4. Has a doctor or other health care provider ever told you that you have COVID-19?**

RESPONSE OPTIONS:

1. Yes

2. No

77. Not sure

**GENDER. Are you male or female?**

RESPONSE OPTIONS:

1. Male

2. Female

**HISPAN. This question is about Hispanic ethnicity. Are you of Spanish, Hispanic, or Latino descent?**

RESPONSE OPTIONS:

1. No, [IF CAWI] I [CATI] you [END IF] am not

2. Yes, Mexican, Mexican-American, Chicano

3. Yes, Puerto Rican

4. Yes, Cuban

5. Yes, Central American

6. Yes, South American

7. Yes, Caribbean

8. Yes, Other Spanish/Hispanic/Latino

**RACE\_1. Please indicate what you consider your racial background to be. We greatly appreciate your help. The categories we use may not fully describe you, but they do match those used by the Census Bureau.**

**Please check one or more categories below to indicate what <u>race or races</u> you consider yourself to be.**

RESPONSE OPTIONS:

1. White

2. Black or African American

3. American Indian or Alaska Native *–* <i>*Type in name of enrolled or principal tribe*</i> [TEXTBOX] [SPACE]

4. Asian Indian

5. Chinese

6. Filipino

7. Japanese

8. Korean

9. Vietnamese

10. Other Asian – <i>*Type in race*</i> [TEXTBOX] [SPACE]

11. Native Hawaiian

12. Guamanian or Chamorro

13. Samoan

14. Other Pacific Islander *–* <i>*Type in race*</i> [TEXTBOX] [SPACE]

15. Some other race – <i>*Type in race*</i> [TEXTBOX]

**DISPLAY - HHINCINTRO. The next question is about the total income of YOUR HOUSEHOLD for 2019. Please include your own income PLUS the income of all members living in your household, including cohabiting partners and armed forces members living at home. Please count income BEFORE TAXES and from all sources such as wages, salaries, tips, net income from a business, interest, dividends, child support, alimony, and Social Security, public assistance, pensions, or retirement benefits.**

**INCOME2.**

**Was your total HOUSEHOLD income in 2019…**

RESPONSE OPTIONS:

1. Less than $5,000

2. $5,000 to $9,999

3. $10,000 to $14,999

4. $15,000 to $19,999

5. $20,000 to $24,999

6. $25,000 to $29,999

7. $30,000 to $34,999

8. $35,000 to $39,999

9. $40,000 to $49,999

10. $50,000 to $59,999

11. $60,000 to $74,999

12. $75,000 to $84,999

13. $85,000 to $99,999

14. $100,000 to $124,999

15. $125,000 to $149,999

16. $150,000 to $174,999

17. $175,000 to $199,999

18. $200,000 or more

**EDUCAT. What is the highest level of school you have completed?**

RESPONSE OPTIONS:

1. No formal education

2. 1st, 2nd, 3rd, or 4th grade

3. 5th or 6th grade

4. 7th or 8th grade

5. 9th grade

6. 10th grade

7. 11th grade

8. 12th grade – NO DIPLOMA

9. High school graduate – high school diploma or the equivalent (GED)

10. Some college, no degree

11. Associate degree

12. Bachelor’s degree

13. Master’s degree

14. Professional or Doctorate degree

**HHSIZE1. Tell us a little about your household. <u>Including yourself</u>, how many persons currently live in your household at least 50 percent of the time? Please include any children as well as adults.**

1. One person, I live by myself

2. Two persons

3. Three persons

4. Four persons

5. Five persons

6. Six or more persons

**Please tell us how many persons currently living in your household, including yourself, are…**

HH01S. \_\_\_ 0-1 years old

HH25S. \_\_\_ 2-5 years old

HH612S. \_\_\_ 6-12 years old

HH1317S. \_\_\_ 13-17 years old

HH18OVS. \_\_\_ 18 years old or older

HHtotal. \_\_\_\_ Total household members

**EVERYBODY EATS QUESTIONS.**

**WHAT IS YOUR AGE?**

\_\_\_\_\_\_\_\_\_ ENTER NUMBER OF YEARS

**WHAT IS YOUR PRIMARY LANGUAGE SPOKEN AT HOME?**

1. ENGLISH  
2. SPANISH

3. MANDARIN

4. HINDI

5. ARABIC

6. FRENCH

7. RUSSIAN

**DO YOU CONSIDER YOURSELF AS BEING DIFFERENTLY CHALLENGED?**

\_ YES

\_ NO

**DO YOU HAVE A COMPUTER AT HOME?**

\_YES

\_NO

\_SOMETIMES