San Antonio Energy and Time Use Survey

consent **San Antonio Energy and Time Use Survey**  
   You are invited to participate in a web-based online survey on energy and time use. This is a research project being conducted by Dr. Wenbo Wu and his team.  It should take approximately 20 minutes to complete.  
 PARTICIPATION Your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time. You are free to decline to answer any particular question you do not wish to answer for any reason.  
   BENEFITS You will receive a $20 HEB gift card from participating in this research study. Your responses may help us learn more about how energy and time use are associated with health outcomes.   
   RISKS There are no foreseeable risks involved in participating in this study other than those encountered in day-to-day life.  
   CONFIDENTIALITY Your survey answers will be sent to a link where data will be stored in a password protected electronic format. Therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study.   At the end of the survey, you will be asked for your email address. We use this email address to send you the HEB e-gift card. However, no names or identifying information would be included in any publications or presentations based on these data, and your responses to this survey will remain confidential.  
   CONTACT If you have questions at any time about the study or the procedures, you may contact Dr. Wenbo Wu, wenbo.wu@utsa.edu, Dr. Ying Huang, ying.huang@utsa.edu, or Dr. Eric Shattuck, eric.shattuck@utsa.edu.  
   **ELECTRONIC CONSENT:** Please select your choice below. You may print a copy of this consent form for your records. Clicking on the “Agree” button indicates that:  
   You have read the above information You voluntarily agree to participate You are 18 years of age or older

Agree (1)

Disagree (2)

disagree You chose Disagree. Are you sure? If you wish to participate in this **survey** please click on the Agree button below. Otherwise, please click on Disagree to exit the survey.

Agree (1)

Disagree (2)

zipcode What is your current zip code?

78230 (1)

78202 (2)

Other (3)

s1a\_intro We are interested in learning about how you spend your time on a **regular weekday and weekend day as well**. If an activity is too personal, there is no need to mention it. So let’s begin.

per\_care   
Thinking on **a regular weekday**, how much time did you spend...

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **hours** | | | | | | | Not Applicable | | | | | | |
|  | 0 | | 2 | 4 | 6 | 8 | 10 | 12 | | 14 | 16 | 18 | 20 | 22 | 24 |

|  |  |
| --- | --- |
| Sleeping? () |  |
| Eating and drinking? () |  |
| Cooking, preparing, or heating food or drinks? () |  |
| Grooming? (such as bathing, going to the bathroom, brushing your teeth, etc.) () |  |

per\_care\_wknd   
Now, on **a regular weekend day**, how much time did you spend...

|  |  |  |
| --- | --- | --- |
|  | same time as weekdays (4) | different time as weekdays (5) |
| Sleeping? (1) |  |  |
| Eating and drinking? (2) |  |  |
| Cooking, preparing, or heating food or drinks? (3) |  |  |
| Grooming? (such as bathing, going to the bathroom, brushing your teeth, etc.) (4) |  |  |

pc\_wknd\_time On **a regular weekend day**, how much time did you spend...

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **hours** | | | | | | | Not Applicable | | | | | | |
|  | 0 | | 2 | 4 | 6 | 8 | 10 | 12 | | 14 | 16 | 18 | 20 | 22 | 24 |

|  |  |
| --- | --- |
| Sleeping? () |  |
| Eating and drinking? () |  |
| Cooking, preparing, or heating food or drinks? () |  |
| Grooming? (such as bathing, going to the bathroom, brushing your teeth, etc.) () |  |

per\_care\_covid After the COVID-19 outbreak occurred (March 2020), how has the **time spent on personal care activities** changed?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Much less time (1) | Somewhat less time (2) | About the same (3) | Somewhat more time (4) | Much more time (5) | Don't apply/Don't know (6) |
| Sleeping (1) |  |  |  |  |  |  |
| Eating and drinking(2) |  |  |  |  |  |  |
| Cooking, preparing, or heating food or drinks(3) |  |  |  |  |  |  |
| Grooming (such as bathing, going to the bathroom, brushing your teeth, etc.) (4) |  |  |  |  |  |  |

st\_act   
Thinking on **a regular weekday**, how much time did you spend...

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **hours** | | | | | | | Not Applicable | | | | | | |
|  | 0 | | 2 | 4 | 6 | 8 | 10 | 12 | | 14 | 16 | 18 | 20 | 22 | 24 |

|  |  |
| --- | --- |
| Attending classes, taking courses or studying? () |  |
| Doing homework, school practice, or any other study activity? () |  |
| Traveling/Commuting to and from school? () |  |

st\_act\_wknd   
Now, on **a regular weekend day**, how much time did you spend...

|  |  |  |
| --- | --- | --- |
|  | same time as weekdays (3) | different time as weekdays (4) |
| Attending classes, taking courses or studying? (1) |  |  |
| Doing homework, school practice, or any other study activity? (2) |  |  |
| Traveling/Commuting to and from school? (3) |  |  |

sa\_wknd\_time On a regular weekend day, how much time did you spend...

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **hours** | | | | | | | Not Applicable | | | | | | |
|  | 0 | | 2 | 4 | 6 | 8 | 10 | 12 | | 14 | 16 | 18 | 20 | 22 | 24 |

|  |  |
| --- | --- |
| Attending classes, taking courses or studying? () |  |
| Doing homework, school practice, or any other study activity? () |  |
| Traveling/Commuting to and from school? () |  |

st\_act\_covid After the COVID-19 outbreak occurred (March 2020), how has the **time spent in study activities** changed?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Much less time (1) | Somewhat less time (2) | About the same (3) | Somewhat more time (4) | Much more time (5) | Don't apply/Don't know (6) |
| Attending classes, taking courses or studying (1) |  |  |  |  |  |  |
| Doing homework, school practice, or any other study activity (2) |  |  |  |  |  |  |
| Traveling/Commuting to and from school (3) |  |  |  |  |  |  |

own\_device Do you have a personal computer, laptop, and/ or TV at home?

I have both a personal computer and a TV (3)

I only have TV at home (2)

I only have a personal computer or laptop (1)

I have neither (4)

dev\_act   
Thinking on **a regular weekday**, how much time did you spend...

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **hours** | | | | | | | Not Applicable | | | | | | |
|  | 0 | | 2 | 4 | 6 | 8 | 10 | 12 | | 14 | 16 | 18 | 20 | 22 | 24 |

|  |  |
| --- | --- |
| Watching television? (i.e. movies, series, videos, documentaries, news, sports, etc.) () |  |
| Using a computer? (i.e. working, studying, email, streaming services, social media, etc.) () |  |
| Listening to the radio or other audio media? (music, news, podcasts, etc.) () |  |
| Playing video games on consoles? (i.e. Xbox, PlayStation, Nintendo, etc.) () |  |

dev\_act\_wknd   
Now, on **a regular weekend day**, how much time did you spend...

|  |  |  |
| --- | --- | --- |
|  | same time as weekdays(3) | different time as weekdays(2) |
| Watching television? (i.e. movies, series, videos, documentaries, news, sports, etc.) (1) |  |  |
| Using a computer? (i.e. working, studying, email, streaming services, social media, etc.) (2) |  |  |
| Listening to the radio or other audio media? (music, news, podcasts, etc.) (3) |  |  |
| Playing video games? (i.e. Xbox, PlayStation, Nintendo, etc.) (6) |  |  |

da\_wknd\_time On a regular weekend day, how much time did you spend...

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **hours** | | | | | | | Not Applicable | | | | | | |
|  | 0 | | 2 | 4 | 6 | 8 | 10 | 12 | | 14 | 16 | 18 | 20 | 22 | 24 |

|  |  |
| --- | --- |
| Watching television? (i.e. movies, series, videos, documentaries, news, sports, etc.) () |  |
| Using a computer? (i.e. working, studying, email, streaming services, social media, etc.) () |  |
| Listening to the radio or other audio media? (music, news, podcasts, etc.) () |  |
| Playing video games? (i.e. Xbox, PlayStation, Nintendo, etc.) () |  |

dev\_act\_covid After the COVID-19 outbreak occurred (March 2020), how has the **time spent on internet/electronic devices related activities** changed?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Much less time(1) | Somewhat less time(2) | About the same(3) | Somewhat more time(4) | Much more time(5) | Don't apply/Don't know (6) |
| Watching television? (i.e. movies, series, videos, documentaries, news, sports, etc.) (1) |  |  |  |  |  |  |
| On streaming services on your TV/phone/tablet? (i.e. Netflix, AmazonPrime Video, HBOmax, Hulu, Youtube, etc.) (2) |  |  |  |  |  |  |
| Listening to the radio or other audio media? (music, news, podcasts, etc.) (3) |  |  |  |  |  |  |
| Checking email, checking social networks or chatting? (WhatsApp, Facebook, Twitter, Instagram, etc.) (4) |  |  |  |  |  |  |
| On social networks or chatting/texting? (i.e. WhatsApp, Facebook, Twitter, Instagram, etc.)(5) |  |  |  |  |  |  |
| Consulting information, browsing the internet or checking your email on your phone or computer?(6) |  |  |  |  |  |  |
| Playing video games on consoles? (i.e. Xbox, PlayStation, Nintendo, etc.)(7) |  |  |  |  |  |  |

other\_act   
Thinking on **a regular weekday**, how much time did you spend...

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **hours** | | | | | | | Not Applicable | | | | | | |
|  | 0 | | 2 | 4 | 6 | 8 | 10 | 12 | | 14 | 16 | 18 | 20 | 22 | 24 |

|  |  |
| --- | --- |
| Reading a book, magazine, newspaper or other material printed? () |  |
| Cleaning or cleaning the interior of your home? () |  |
| Washing and/or drying clothes? () |  |
| Repairing or making a minor installation of your home? () |  |

other\_act\_wknd   
Now, on **a regular weekend day**, how much time did you spend...

|  |  |  |
| --- | --- | --- |
|  | same time as weekdays (3) | different time as weekdays (2) |
| Reading a book, magazine, newspaper or other material printed? (1) |  |  |
| Cleaning or cleaning the interior of your home? (2) |  |  |
| Washing and/or drying clothes? (3) |  |  |
| Repairing or making a minor installation of your home? (4) |  |  |

oa\_wknd\_time On a regular weekend day, how much time did you spend...

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **hours** | | | | | | | Not Applicable | | | | | | |
|  | 0 | | 2 | 4 | 6 | 8 | 10 | 12 | | 14 | 16 | 18 | 20 | 22 | 24 |

|  |  |
| --- | --- |
| Reading a book, magazine, newspaper or other material printed? () |  |
| Cleaning or cleaning the interior of your home? () |  |
| Washing and/or drying clothes? () |  |
| Repairing or making a minor installation of your home? () |  |

other\_act\_covid After the COVID-19 outbreak occurred (March 2020), how has the **time spent in the following activities** changed?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Much less time (1) | Somewhat less time (2) | About the same (3) | Somewhat more time (4) | Much more time (5) | Don't apply/Don't know (6) |
| Reading a book, magazine, newspaper or other material printed? (1) |  |  |  |  |  |  |
| Cleaning or cleaning the interior of your home? (2) |  |  |  |  |  |  |
| Washing and/or drying clothes? (3) |  |  |  |  |  |  |
| Repairing or making a minor installation of your home? (4) |  |  |  |  |  |  |

s1b\_intro In this section, we would like you to think back to your energy consumption from **BEFORE** to **AFTER** the COVID-19 outbreak occurred in March 2020.

pre\_electric About how much was the last electric bill for your household **BEFORE** the COVID-19 outbreak occurred (March 2020)?  
 *Please provide a dollar amount (rounded to the nearest dollar). Your best estimate is fine.*   
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

post\_electric About how much was the last electric bill for your household **AFTER**the COVID-19 outbreak occurred (March 2020)? *Please provide a dollar amount (rounded to the nearest dollar). Your best estimate is fine.*   
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

pre\_gas About how much did your household pay for gas the last month **BEFORE** the COVID-19 outbreak occurred (March 2020)?  
 *Please provide a dollar amount (rounded to the nearest dollar). Your best estimate is fine.*   
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

post\_gas About how much did your household pay for gas **AFTER**the COVID-19 outbreak occurred (March 2020)? *Please provide a dollar amount (rounded to the nearest dollar). Your best estimate is fine.*   
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

num\_vehicles How many vehicles are at home for use by members of this household?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

pre\_trans About how much did your household pay for gas (for transportation) the last month **BEFORE** the COVID-19 outbreak occurred (March 2020)? *Please provide a dollar amount (rounded to the nearest dollar). Your best estimate is fine.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

post\_trans About how much did your household pay for gas (for transportation) **AFTER**the COVID-19 outbreak occurred (March 2020)? *Please provide a dollar amount (rounded to the nearest dollar). Your best estimate is fine.*   
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

health Would you say that in general, your health is:

Excellent (1)

Very good (2)

Good (3)

Fair (4)

Poor (5)

mental\_health Over the last 7 days, how often have you been bothered by the following problems...  *Select only one answer*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all (1) | Several days (2) | More than half the days (3) | Nearly every day (4) | Not Applicable (5) |
| Feeling nervous, anxious, or on edge (mental\_health\_anxious) |  |  |  |  |  |
| Not being able to stop or control worrying (mental\_health\_worry) |  |  |  |  |  |
| Having little interest or pleasure in doing things (mental\_health\_interest) |  |  |  |  |  |
| Feeling down, depressed, or hopeless (mental\_health\_down) |  |  |  |  |  |

physical\_health 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?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

mental\_health 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?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

pre\_phy\_health Now thinking about your **physical health** **PRIOR to COVID-19** (March 2020), would you say your physical health is:

Worse (1)

About the same (2)

Better (3)

Don’t know (-99)

pre\_mental\_health Now thinking about your **mental health** **PRIOR to COVID-19** (March 2020), would you say your mental health is:

Worse (1)

About the same (2)

Better (3)

Don’t know (-99)

days\_poor\_health During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

impairment Are you **LIMITED** in any way in any activities because of any impairment or health problem?

Yes (1)

No (2)

Not Applicable (3)

impairment\_hsh Is anyone else in your household **LIMITED**in any way in any activities because of any impairment or health problem?

Yes (1)

No (2)

Not Applicable (5)

num\_hsh\_impair How many members of this household have any type of impairment or health problem?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

major\_impairment What is the **MAJOR** impairment or health problem that limits your activities?

Arthritis/rheumatism (1)

Back or neck problem (2)

Fractures, bone/joint injury (3)

Walking problem (4)

Lung/breathing problem (5)

Hearing problem (6)

Eye/vision problem (7)

Heart problem (8)

Stroke problem (9)

Hypertension/high blood pressure (10)

Diabetes (11)

Cancer (12)

Depression/anxiety/emotional problem (13)

Other impairment/problem (14)

Not Applicable (15)

other\_major\_imp What is the other impairment or health problem that limits your activities?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

impairment\_hsh What is the **MAJOR** impairment or health problem that limits their activities?

Arthritis/rheumatism (1)

Back or neck problem (2)

Fractures, bone/joint injury (3)

Walking problem (4)

Lung/breathing problem (5)

Hearing problem (6)

Eye/vision problem (7)

Heart problem (8)

Stroke problem (9)

Hypertension/high blood pressure (10)

Diabetes (11)

Cancer (12)

Depression/anxiety/emotional problem (13)

Other impairment/problem (14)

Not Applicable (15)

other\_impairment\_hsh What is the other impairment or health problem that limits their activities?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

days\_impairment For HOW LONG have you, or members of your household, been limited in activities because of your (or members of your household) major impairment or health problem?

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Not Applicable | | | | | | | | | | |
|  | 0 | | 3 | 6 | 9 | 12 | 16 | 19 | 22 | 25 | 28 | 31 |

|  |  |
| --- | --- |
| days () |  |

weeks\_impairment weeks

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Not Applicable | | | | | | | | | | |
|  | 0 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

|  |  |
| --- | --- |
| weeks () |  |

months\_impairment months

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Not Applicable | | | | | | | | | | |
|  | 0 | | 1 | 2 | 4 | 5 | 6 | 7 | 8 | 10 | 11 | 12 |

|  |  |
| --- | --- |
| months () |  |

years\_impairment years

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Not Applicable | | | | | | | | | | |
|  | 0 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

|  |  |
| --- | --- |
| years () |  |

med\_device Do you or anyone in your household use any of the following medical devices? *Please choose all that apply*

Electric mobility scooter or wheelchair (1)

Electric bed (2)

Person-lifting or moving equipment (e.g., lift chair) (3)

Home dialysis machine (4)

Home ventilator (not CPAP) (5)

CPAP/BIPAP machine (6)

Ultrasonic nebulizer (not battery powered) (7)

Electric recliner type chair (8)

Infusion (IV) pump (electrical or with rechargeable batteries) (9)

Phototherapy machine (10)

Other (11)

Not Applicable (12)

other\_med\_device What is the other medical device that you or anyone in your household use?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

emp\_status In the last seven days, did you...?

Work for pay at a job (or business) (1)

Were on layoff from a job (2)

Were temporarily absent from a job or business? *For example on vacation, temporary illness, maternity leave, another family/personal reasons, bad weather* (3)

Were actively looking for a job (4)

I’m retired (5)

Unable to work (6)

Not Applicable (7)

emp\_status\_partner In the last seven days, did your partner?

Work for pay at a job (or business) (1)

Were on layoff from a job (2)

Were temporarily absent from a job or business? *For example on vacation, temporary illness, maternity leave, another family/personal reasons, bad weather* (3)

Were actively looking for a job (4)

She/He is retired (5)

Unable to work (6)

Not Applicable (7)

work\_home Did you shift to working from home **AFTER** the COVID-19 outbreak occurred (March 2020)?

Yes (3)

No (4)

Not Applicable (6)

work\_home\_partner Did your partner shift to working from home **AFTER** the COVID-19 outbreak occurred (March 2020)?

Yes (1)

No (2)

Not Applicable (3)

frontline We define frontline workers as employees within essential industries who must physically show up to their jobs.For example, registered nurses and nursing assistants, personal care aides, cashiers, janitors and cleaners, stock clerks and retail salespersons, law enforcement, and meat processing.   
  
**Do you consider yourself a frontline worker?**

Yes (1)

No (2)

Not Applicable (3)

frontline\_partner Do you consider **your partner** a frontline worker?

Yes (1)

No (2)

Not Applicable (3)

hrs\_work How many hours per week do you usually work?

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Not Applicable | | | | | | | | | | |
|  | 0 | | 8 | 16 | 24 | 32 | 40 | 48 | 56 | 64 | 72 | 80 |

|  |  |
| --- | --- |
| hours () |  |
| minutes () |  |

hrs\_work\_partner How many hours per week does **your partner** usually work?

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Not Applicable | | | | | | | | | | |
|  | 0 | | 8 | 16 | 24 | 32 | 40 | 48 | 56 | 64 | 72 | 80 |

|  |  |
| --- | --- |
| hours () |  |
| minutes () |  |

min\_commute How long does it take to commute to and from work?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not Applicable | | |
|  | | 0 | 60 |

|  |  |
| --- | --- |
| minutes () |  |

hrs\_commute hours

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not Applicable | | | | | |
|  | 0 | 1 | 2 | 3 | 4 | 5 |

|  |  |
| --- | --- |
| hours () |  |

min\_commute\_partner How long does it take **your partner** to commute to and from work?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not Applicable | | |
|  | | 0 | 60 |

|  |  |
| --- | --- |
| minutes () |  |

hrs\_commute\_partnet hours

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Applicable | | | | |
|  | 0 | 1 | 3 | 4 | 5 |

|  |  |
| --- | --- |
| hours () |  |

rsn\_nowork What is your main reason for not working?   
*Select only one answer.*

I am/was sick with coronavirus symptoms (1)

I am/was caring for someone else (like a children or elderly person) (2)

My employer closed temporarily or went out of business due to the coronavirus pandemic(3)

Other reason (4)

Not Applicable (5)

rsn\_nowork\_partner What is your partner's main reason for not working?   
*Select only one answer.*

She/He is/was sick with coronavirus symptoms (1)

She/He is/was caring for someone else (like a children or elderly person) (2)

Her/His employer closed temporarily or went out of business due to the coronavirus pandemic (3)

Other reason (4)

Not Applicable (5)

eip If you, or anyone in your household, already received, or plan to receive a “stimulus payment,” what did, or will, you and your household spend the “stimulus payment” on?  
*Select all that apply.*

Food (groceries, eating out, take out) (1)

Household items and personal care products (clothing, accessories, electronics, furniture, appliances) (2)

Rent or mortgage (3)

Utilities and telecommunications (natural gas, electricity, cable, internet, cellphone) (4)

Paying down credit card, student loans, vehicle payments or other debts (5)

Other/specify (6)

Don’t know (7)

Not Applicable (8)

other\_eip In what other aspect did you or someone in your household spend or will you spend the "stimulus payment"?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

s4\_intro The following questions are for statistical purposes only.

year What year were you born?

▼ 2002 (1) ... 1920 (83)

gender How do you describe yourself?

Female (1)

Male (2)

Non-binary (3)

Transgender (4)

Do not identify as female, male, or transgender (5)

Prefer not to disclose (6)

Prefer to self-describe (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hispanic Are you of Hispanic, Latino, or Spanish origin? *This might include Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Cuban American, or another Hispanic, Latino, or Spanish origin*

No, not of Hispanic, Latino or Spanish origin (1)

Yes, Hispanic, Latino or Spanish origin (2)

Don’t know (3)

race Which of the following best describes your racial background?

White (1)

Black (2)

Asian (3)

American Indian or Alaskan Native (4)

Native Hawaiian or Other Pacific Islander (5)

Two or more races (6)

Race and Ethnicity unknown/Don’t know (7)

Prefer not to answer (8)

education What is the highest level of school you have completed or the highest degree you have received? *Select only one answer.*

Less than high school (1)

Some high school (2)

High school graduate or equivalent (for example GED) (3)

Some college, but degree not received or is in progress (4)

Associate’s degree (for example AA, AS) (5)

Bachelor's degree (for example BA, BS, AB) (6)

Graduate degree (for example master's, professional, doctorate) (7)

Don't know (8)

Not Applicable (9)

marital What is your marital status? *Select only one answer.*

Single/Never married (1)

Married (2)

Living in a marriage-like relationship (3)

Widowed (4)

Separated (5)

Divorced (6)

depen Not including yourself or your partner, do you have any dependents?   
*Dependents are children or adults who receive at least one-half of their financial support from you.*

Yes (1)

No (2)

num\_hsh Including yourself, how many total people –adults and children- currently live in your household?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

num\_children How many people under 18 years-old currently live in your household?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

num\_retired How many retired people currently live in your household?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

num\_rooms How many separate rooms are in this house or apartment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

num\_bedrooms How many of these rooms are bedrooms?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

sq\_ft How many square feet is this house or apartment?

0 - 499 sq ft (1)

500 - 699 sq ft (2)

700 - 999 sq ft (3)

1000 - 1099 sq ft (4)

1100 - 1299 sq ft (5)

1300 - 1599 sq ft (6)

1600 - 1899 sq ft (7)

1900 - 2099 sq ft (8)

2100 - 2399 sq ft (9)

2400 - 2699 sq ft (10)

2700 - 2999 sq ft (11)

3000 or more sq ft (12)

Don’t know (13)

hardships Since the onset of COVID-19 (March 2020), have you, or has anyone in your household experienced any of the following hardships:   
*Select all that apply.*

Loss of employment income (1)

Difficulty in paying utility bills (electricity, gas, cellphone, internet) (2)

Difficulty in affording the kinds of food you need (3)

Difficulty in paying next rent or mortgage payment (4)

Difficulty in paying medical bill/health insurance (5)

Delay getting/Do not get medical care or prescription medication (6)

Not Applicable (7)

welfare Have you, or has anyone in your household received any of the following:    
*Select all that apply.*

Unemployment Insurance (UI) (1)

Social Security benefits (Retirement, Disability, or Survivors) (2)

Supplemental Security Income (SSI) (3)

Medicare benefits (4)

Stimulus (economic impact) Payment (5)

Supplemental Nutrition Assistance Program (SNAP) (6)

Other types of need-based assistance from the city or federal government (7)

Not Applicable (8)

email We appreciate your time and participation. If you wish to receive the e-gift card, please provide your email address below.   
 *If you do not have an email address, please provide your physical address.*  
    
 **Your email address:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email\_confirm Please confirm that **${email/ChoiceTextEntryValue}** is the email or physical address where you will receive the e-gift card.

Yes (1)

No (2)

rewrite\_email Please write your email address where you will receive the e-gift card   
    
*If you do not have an email address, please provide your physical address.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_