



ICF COVID-19 Monitor Survey of U.S. Adults

Wave 2

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Informed Consent

You are invited to take part in a research study, conducted by the survey research organization ICF. Your answers will help us understand current health and economic needs across the United States. The results will be used by ICF to evaluate public perceptions and may be shared with government agencies to inform programs and policies.

Your participation is voluntary. There is no penalty if you do not participate. You can skip questions you don't want to answer or end the survey at any time. The survey should take no more than 20 minutes to complete and your responses are confidential. This survey has been reviewed by ICF's Institutional Review Board (IRB) for the Protection of Human Subjects and involves no foreseeable risk to participants. If you have any questions about the survey or about research subjects' rights, please contact ICF's Project Director, Thomas Brassell, at covid19survey@icfsurvey.com.

If you consent to participate, please select "Yes, I consent" below.

01 Yes, I consent

02 No

GND: What is your gender?

01 Male

02 Female

97 Prefer not to answer

HSHD: How many members of your household, including yourself, are 18 years of age or older?

__ members /RANGE 1-10/

97 Prefer not to answer

CHLD: How many children less than 18 years of age live in your household?

__ Number of children

88 None

97 Prefer not to answer

General Health

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

01 Excellent

02 Very Good

03 Good

04 Fair

05 Poor



97 Prefer not to answer

PHDays. Now thinking about your physical health, which includes physical illness and injury, for how many days **during the past 7 days** was your physical health not good?

__ Number of days (01-07)
88 None

77 Don't know/not sure
97 Prefer not to answer

MHDays. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days **during the past 7 days** was your mental health not good?

__ Number of days (01-07)
88 None

77 Don't know/not sure
97 Prefer not to answer

Dr12. During the past 12 months, how many times have you seen a doctor or other health care professional (including telehealth) about your health at a doctor's office, clinic, or some other place? (Do not include times you were hospitalized overnight.)

_____ visits //range 1-100//

888 I have not seen a doctor or health care professional during the past 12 months

997 Prefer not to answer

HP12. During the past 12 months, how many different times did you stay in any hospital overnight or longer? (Do not count total number of nights, just total hospital admissions for stays lasting 1 or more nights.)

_____ Overnight admissions //range 1-100/

888 I have not stayed in a hospital overnight or longer during the past 12 months

997 Prefer not to answer

Insr. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, Medicaid or Indian Health Service?

01 Yes



02 No

97 Prefer not to answer

DrVst. Was there a time in the **past 12 months** when you needed to see a doctor but could not because of cost?

01 Yes

02 No

97 Prefer not to answer

Cndtn. Has a doctor, nurse, or other health professional ever told you that you had any of the following? (select all that apply).

01 ...a heart attack also called a myocardial infarction?

02 ...angina or coronary heart disease?

03 ...you had a stroke

04 ...you had skin cancer

05 ...you had any other types of cancer?

06 ...you have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis

07 ...you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

08 ...Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

09 ...you have diabetes (not pre-diabetes or borderline diabetes or diabetes during pregnancy?)

10 ...High blood pressure or hypertension

11 ...any other immune-compromised condition

12 ... asthma (and still have it)

13Hay fever, nasal allergies or allergic rhinitis

88 None of these

97 Prefer not to answer

Depression/Anxiety

MHPL. Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things. Would you say this happens...

01 Never,

02 for several days,

03 for more than half the days or

04 nearly every day.

97 Prefer not to answer

MHDP. Over the last 2 weeks, how often have you been bothered by feeling down, depressed or hopeless? Would you say this happens...

01 Never,

02 for several days,

03 for more than half the days or
04 nearly every day.

97 Prefer not to answer

MHAX. Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge? Would you say this happens...

01 Never,
02 for several days,
03 for more than half the days or
04 nearly every day.

97 Prefer not to answer

MHWR. Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying? Would you say this happens...

01 Never,
02 for several days,
03 for more than half the days or
04 nearly every day.

97 Prefer not to answer

Smoking

SMKG. How many cigarettes a day, on average, did you smoke in the past 7 days?

(Note – on average there are 20 cigarettes in a pack.)

__ range (0 – 999)

8888 I don't smoke

9997 Prefer not to answer

ECIG. Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

01 Yes

02 No

97 Prefer not to answer

Asked if respondent has ever used an e-cigarette or other electronic vaping product

ECGN. In the past 7 days, how many days did you use e-cigarettes or other electronic vaping products?

__ range (00 – 07)

88 I don't use e-cigarettes or other electronic vaping products

97 Prefer not to answer

Drinking/Substance Use

DRKG. During the past 7 days, how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

__ Days per week
888 No drinks in past 7 days

777 Don't know / Not sure
997 Prefer not to answer

Asked if respondent had at least one drink of any alcoholic beverage in the past 7 days

DRKA. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 7 days, on the days when you drank, about how many drinks did you drink on the average?

__ Number of drinks
88 None

77 Don't know / Not sure
97 Prefer not to answer

Asked if respondent reported having at least one drink of any alcoholic beverage in the past 7 days

DRKO. Considering all types of alcoholic beverages, how many times during the past 7 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?

__ Number of times
88 None

77 Don't know / Not sure
97 Prefer not to answer

Asked if respondent reported having at least one drink of any alcoholic beverage in the past 7 days

DRKN. During the past 7 days, what is the largest number of drinks you had on any occasion?

__ Number of drinks
77 Don't know / Not sure
97 Prefer not to answer

MRJA. 2c. In the past 7 days, how many days did you use marijuana (also referred to as "pot" or "grass") or hashish, if any?

__ range (00 – 07)

88 I don't use marijuana or hashish.
97 Prefer not to answer

Media

MTRN. The next couple of questions are about the media.

01 Continue

NEWS. What news source do you turn to **most often** for your news? SELECT ONE.

01 ABC

02 CBS

03 NBC

04 Fox Cable Channel

05 Fox News

06 CNN

07 Local television station

08 NPR

09 MSNBC

10 Radio stations

11 Newspapers

12 Internet (e.g., Google news)

13 Social media (e.g., Facebook, Twitter)

14 Other sources

97 Prefer not to answer

NTRT. In general, how much trust and confidence do you have in the mass media – such as newspapers, TV and radio – when it comes to reporting the news fully, accurately, and fairly?

01 A great deal

02 A fair amount

03 Not very much

04 None at all

97 Prefer not to answer

Coronavirus

CITR. The following questions are about the coronavirus disease 2019 (abbreviated as COVID-19) pandemic. For the purposes of this survey, we will reference the disease as “coronavirus (COVID-19)”.

01 Continue

CVKN. How much have you seen, read or heard about the spread of the coronavirus (COVID-19) in the past 7 days?

- 01 A great deal
- 02 A fair amount
- 03 Not very much
- 04 Nothing/almost nothing

- 77 Don't know / Not sure
- 97 Prefer not to answer

CRTH. Do you think the coronavirus (COVID-19) is a real threat or blown out of proportion?

- 01 Real threat
- 02 Blown out of proportion

- 77 Don't know / Not sure
- 97 Prefer not to answer

CUS. How much of a threat is the coronavirus (COVID-19) outbreak for each of the following? A major threat, a minor threat, or not a threat. **(RANDOMIZE QUESTION ORDER)**

	Major Threat	Minor Threat	Not a Threat	Prefer not to answer
CUSa. The US economy	5	4	3	97
CUSb. The health of the US population as a whole	5	4	3	97
CUSc. Daily life in your community	5	4	3	97
CUSd. Your personal financial situation	5	4	3	97
CUSe. Your personal health	5	4	3	97

CBEG. Since the beginning of the coronavirus (COVID-19) crisis in late January, have you had a period of 3 days or longer when you were sick and you thought you might have the coronavirus?

- 01 Yes
- 02 No

- 97 Prefer not to answer

Asked if respondent was sick for 3 days or longer since January or thought they might have coronavirus (COVID-19)

CSYMP1. Which of the following symptoms did you have when you thought you might have the coronavirus (COVID-19)? (Select all that apply)

- 01 Fever greater than 100.4 F
- 02 A dry cough
- 03 Shortness of breath, when not exercising
- 04 Difficulty breathing
- 05 Loss of taste or smell
- 06 None of these

- 77 Don't know / Not sure
- 97 Prefer not to answer

Asked if respondent reported having coronavirus (COVID-19) symptoms

CSYMP2. How many days did you have those symptoms?

__ number of days (1-14)

15 Two weeks or longer

- 77 Don't know/not sure
- 97 Prefer not to answer

CVCT. Have you come into close contact (within 6 feet) with someone who has a confirmed coronavirus (COVID-19) diagnosis **in the past 14 days**?

- 01 Yes
- 02 No

- 77 Don't know / Not sure
- 97 Prefer not to answer

CVSY. Do you **currently**, have any of the following symptoms? Select all that apply.

- 01 Fever greater than 100.4 F
- 02 A dry cough
- 03 Shortness of breath, when not exercising
- 04 Difficulty breathing
- 05 Loss of taste or smell
- 06 None of these

- 77 Don't know / Not sure
- 97 Prefer not to answer

Asked if respondent reported currently having coronavirus (COVID-19) symptoms

CVDS. How many days have you had those symptoms?

_____ number of days (1-14)

- 15 Two weeks or longer
- 77 Don't know/not sure

97 Prefer not to answer

Asked if respondent reported currently having coronavirus (COVID-19) symptoms
CVDR. Have you seen a doctor or other health professional about these symptoms?

01 Yes

02 No

97 Prefer not to answer

Asked if respondent did not see a doctor about symptoms
CVNO. Why didn't you see a doctor about your symptoms?

01 Not serious enough

02 Waited until they went away

03 Cost

04 Insurance

05 Concerned about exposure to coronavirus (COVID 19)

06 Couldn't take time off work

07 I don't go to doctors

97 Prefer not to answer

Asked if respondent saw a doctor about symptoms

CVTS. Were you tested for coronavirus (COVID-19)?

01 Yes

02 No

97 Prefer not to answer

Asked if respondent was tested for coronavirus (COVID-19)

CVS1. Did your coronavirus (COVID-19) test involve a health care worker placing a long sterile swab up your nose to collect a sample at the back of your nasal passage where it connects to the throat?

01 Yes

02 No

97 Prefer not to answer

Asked if respondent was tested for coronavirus (COVID-19)

CVR1. What was the result of the test?

01 Positive for coronavirus (COVID-19)

02 Negative for coronavirus (COVID-19)

03 Results not back yet

97 Prefer not to answer

Asked if respondent was not tested for coronavirus (COVID-19)

CVTN. Why weren't you tested?

- 01 Did not meet criteria for testing
- 02 Not serious enough
- 03 Waited until the symptoms went away
- 04 Cost
- 05 Insurance wouldn't cover it
- 06 Diagnosed with other condition

- 77 Don't know / Not sure
- 97 Prefer not to answer

NPR2. Have you or anyone else in your household tried to be tested for coronavirus (COVID-19) and not been able to get tested?

- 01 Yes
- 02 No

- 97 Prefer not to answer

CVDG. Have any of the following household members been diagnosed as having coronavirus (COVID-19)?

- 01 Yes, I have
- 02 Yes, someone else in my household
- 03 Yes, both myself and at least one other person in my household
- 04 No one in household

- 97 Prefer not to answer

Asked if respondent was diagnosed as having coronavirus (COVID-19)

DIAG. Were you diagnosed on the basis of your symptoms and medical examination alone or was there a laboratory test to confirm the diagnosis?

- 01 Symptoms and examination only
- 02 Confirmatory lab test

- 97 Prefer not to answer

Asked if coronavirus (COVID-19) diagnosis was confirmed by laboratory test

CVS2. Did your coronavirus (COVID-19) test involve a health care worker placing a long sterile swab up your nose to collect a sample at the back of your nasal passage where it connects to the throat?

- 01 Yes
- 02 No

- 97 Prefer not to answer

Asked if coronavirus (COVID-19) diagnosis was confirmed by laboratory test

CVR2. What was the result of the test?

- 01 Positive for coronavirus (COVID-19)
- 02 Negative for coronavirus (COVID-19)
- 03 Results not back yet

97 Prefer not to answer

Asked if respondent was tested for coronavirus (COVID-19)

CVDG1. Where were you tested for the coronavirus (COVID-19)?

- 01 Hospital ER or outpatient department
- 02 Doctors office
- 03 Public health clinic
- 04 New emergency testing site
- 05 Acute care clinic or pharmacy clinic
- 06 Drive through testing
- 07 Home test kit
- 08 Other (specify)

97 Prefer not to answer

Asked if respondent was tested for coronavirus (COVID-19)

CVDG2. How long did it take you to get the test results?

- 01 Within an hour
- 02 2-5 hours
- 03 6-24 hours
- 04 2-3 days
- 05 4-6 days
- 06 One week or longer

97 Prefer not to answer

NPR3. Are you very concerned, concerned, or not very concerned about the spread of coronavirus (COVID-19) within your community?

- 01 Very concerned
- 02 Concerned
- 03 Not very concerned

- 97 Prefer not to answer

Asked if no one in household has been diagnosed with coronavirus (COVID-19)

CVWR. How worried are you that someone in your immediate family might catch the coronavirus (COVID-19)?

- 01 Very worried
- 02 Somewhat worried
- 03 Not too worried
- 04 Not at all worried

- 97 Prefer not to answer

CVHS. How worried are you that your local hospital(s) will not have the resources to treat all patients infected with coronavirus (COVID-19)?

- 01 Very worried
- 02 Somewhat worried
- 03 Not too worried
- 04 Not at all worried

- 97 Prefer not to answer

Asked if respondent has not been diagnosed with coronavirus (COVID-19)

CVRS. How likely do you think it is that you, personally, will get sick with coronavirus (COVID-19)?

- 01 Very likely
- 02 Somewhat likely
- 03 Not too likely
- 04 Not at all likely

- 97 Prefer not to answer

Asked if respondent has not been diagnosed with coronavirus (COVID-19)

CVRY. On a scale of 0 to 100%, how likely do you think it is that you will get sick with coronavirus COVID?

_____ %

- 97 Prefer not to answer

Asked if respondent was not tested for coronavirus (COVID-19)



CVTR. If you had symptoms like fever and shortness of breath how difficult do you think it would be to get a diagnostic test for coronavirus (COVID-19)?

- 01 Very difficult
- 02 Difficult
- 03 Not too difficult
- 04 Not difficult at all

97 Prefer not to answer

Asked if respondent has not been diagnosed with coronavirus (COVID-19)

CVRD. On the same scale of 0 to 100%, if you were to get sick with coronavirus (COVID-19), what do you think your risk of dying from it would be?

_____ %

97 Prefer not to answer

Asked if respondent has not been diagnosed with coronavirus (COVID-19)

CVHC. Do you have an underlying health condition that would increase your risk of dying from coronavirus (COVID-19) if you were infected?

- 01 Yes
- 02 No

97 Prefer not to answer

RANDOMIZE CVBa THROUGH CVBh

CVB1. Since January, as a result of the coronavirus (COVID-19) outbreak have you or someone in your household

	Yes	No	Don't Know / Not Sure	Prefer not to answer
CVBa. Cancelled or rescheduled travel	01	02	77	97
CVBb. Cancelled plans to attend large gatherings	01	02	77	97
CVBc. Stocked up on items such as food, household supplies or Rx medicines	01	02	77	97
CVBd. Bought or wore a protective mask	01	02	77	97
CVBe. Lost a job	01	02	77	97
CVBf. Had your employment hours reduced	01	02	77	97
CVBg. Had a medical appointment cancelled or postponed, or changed to phone or online consult	01	02	77	97
CVBh. Been unable to obtain a medical appointment for either visit or phone/online consult	01	02	77	97

RANDOMIZE CV7a THROUGH CV7i

CV72. In the past seven days, how many days (0-7) have you...

- CV7a.** Gone to the grocery store. _____ range (00-07) / 97 Prefer not to answer
- CV7b.** Eaten out at a sit down restaurant. _____ range (00-07) / 97 Prefer not to answer
- CV7c.** Done take out or restaurant delivery _____ range (00-07) / 97 Prefer not to answer
- CV7d.** Gone to the gym. _____ range (00-07) / 97 Prefer not to answer
- CV7e.** Gone to the pharmacy. _____ range (00-07) / 97 Prefer not to answer
- CV7f.** Gone shopping for other things. _____ range (00-07) / 97 Prefer not to answer
- CV7g.** Worn a face mask. _____ range (00-07) / 97 Prefer not to answer
- CV7h.** Gone to church or other religious service. _____ range (00-07) / 97 Prefer not to answer
- CV7i.** Gone to court. _____ range (00-07) / 97 Prefer not to answer

RANDOMIZE CVDa THROUGH CVDk

CVDF. In the past seven days, how much difficulty have you had in?

	No difficulty	Little Difficulty	Some difficulty	A lot of difficulty	No Need	Prefer not to answer
CVDa. Obtaining clean water	05	04	03	02	01	97
CVDb. Feeding your household adequately	05	04	03	02	01	97
CVDc. Filling any prescriptions	05	04	03	02	01	97
CVDd. Getting child care	05	04	03	02	01	97
CVDe. Finding the groceries you want	05	04	03	02	01	97
CVDf. Routine shopping other than grocery	05	04	03	02	01	97
CVDg. Consulting a doctor or health professional	05	04	03	02	01	97

CVDh. Finding toilet paper	05	04	03	02	01		97
CVDi. Finding feminine hygiene products	05	04	03	02	01		97
CVDk. Finding cleaning products	05	04	03	02	01		97
CVDl. Finding face masks	05	04	03	02	01		97
CVDm. Finding protective gloves	05	04	03	02	01		97

TRNF. Please indicate how much you agree with the following statement. A person can transmit the coronavirus (COVID-19) if they do not have symptoms.

- 01 Strongly Agree
- 02 Somewhat Agree
- 03 Neither agree nor disagree
- 04 Somewhat disagree
- 05 Strongly disagree

97 Prefer not to answer

Employment

EMP. At the beginning of 2020, were you employed (including self-employed) full time, employed part time, not employed but looking for work, retired, disabled and not looking for work or something else?

- 01 Employed full time
- 02 Employed part time
- 03 Not employed, looking for work
- 04 Retired
- 05 Disabled and not looking for work
- 06 Something else

97 Prefer not to answer

Asked if respondent is employed full time or part time

EMCR. Since the beginning of the coronavirus crisis, has (any of) your employer(s) done any of the following? Select all that apply.

- 01 Laid you off permanently or involuntarily terminated you
- 02 Furloughed or temporarily laid you off

- 03 Reduce your work hours
- 04 Required you to work a different shift than your regular shift
- 05 Told you that you must work from home
- 06 Told you that you could work from home if you wanted
- 07 Closed your worksite
- 08 None of these

97 Prefer not to answer

Asked if respondent is employed full time or part time

PAYa. During the past 12 months in the weeks worked, how many hours did you usually work for pay each week?

_____ usual hours worked each week (range 0-168)

997 Prefer not to answer

Asked if respondent is employed full time or part time

PAYa1. During the last full week did you work more hours, the same amount of hours, or less hours than you usually work for pay?

- 01 More
- 02 Same
- 03 Less
- 97 Prefer not to answer

Asked if respondent worked less time than usual during the past week

PAYb. During the last full week (Monday - Sunday), how many hours did you work for pay?

_____ Hours worked last full week (range 0-168)

997 Prefer not to answer

Asked if respondent worked less time than usual during the past week

PAYc. Why did you work fewer hours in the last work week?

- 01 Vacation
- 02 Required to use paid time off
- 03 Required to take unpaid administrative leave
- 04 Illness with paid sick leave
- 05 Illness without paid sick leave
- 06 Temporarily laid off or furloughed
- 07 Hours reduced by employer
- 08 Hours voluntarily reduced for other reasons
- 09 Lost my job/laid off/terminated
- 10 Business closed

11 Other

97 Prefer not to answer

Asked if respondent is employed full time or part time.

EMCA. In the next 3 months, do you think it is likely that any of the following will happen as a result of the coronavirus (COVID-19)? Select all that apply.

- 01 Loose a job or involuntarily terminated
- 02 Furloughed or temporarily laid off
- 03 Have your work hours reduced
- 04 Required to work a different shift than your regular shift
- 05 Told you must work from home
- 06 Told you could work from home if you wanted
- 08 None of these

97 Prefer not to answer

Financial Hardship Items

RM TN. How much difficulty are you having now in paying the full amount of your rent or mortgage?

- 01 No difficulty
- 02 Little difficulty
- 03 Some difficulty
- 04 A lot of difficulty

88 No rent or mortgage
97 Prefer not to answer

UTLN. How much difficulty are you having now in paying the full amount of your utility bill(s)?

- 01 No difficulty
- 02 Little difficulty
- 03 Some difficulty
- 04 A lot of difficulty

88 No utility bills
97 Prefer not to answer

RM TA. In the next 3 months, how likely is it that you/your household will not be able to pay the full amount of the rent or mortgage?

- 01 Extremely unlikely
- 02 Unlikely
- 03 Neutral
- 04 Likely
- 05 Extremely Likely

97 Prefer not to answer

UTLA. In the next 3 months, how likely is it that you/your household will not be able to pay the full amount of the utility bill(s)?

- 01 Extremely unlikely
- 02 Unlikely
- 03 Neutral
- 04 Likely
- 05 Extremely Likely

97 Prefer not to answer

Coronavirus Prevention

RANDOMIZE PGVa THROUGH PGVi

PGV. How important do you think it is for the government to do the following, temporarily, in order to stop the spread of the coronavirus?

	Very Important	Somewhat Important	Not too Important	It should not be done		Prefer not to answer
PGVa. Close K-12 schools	04	03	02	01		97
PGVb. Close daycares	04	03	02	01		97
PGVc. Close bars and restaurants	04	03	02	01		97
PGVd. Close non-essential businesses	04	03	02	01		97
PGVe. A quarantine style lock-down of households	04	03	02	01		97
PGVf. Close public places like malls and theaters	04	03	02	01		97
PGVg. Prohibit gatherings with 10 or more people	04	03	02	01		97
PGVh. Prohibit gatherings with 50 or more people	04	03	02	01		97
PGVi. Prohibit gatherings with 250 or more people	04	03	02	01		97
PGVj. Require people to wear face masks in public.						

RANDOMIZE PPRa THROUGH PPRk

PPR. How important do you think it is for people like you to do the following in order to stop the spread of the coronavirus?

	Very Important	Somewhat Important	Not too Important	It should not be done		Prefer not to answer
PPRa. Wash your hands when you leave a public place	04	03	02	01		97
PPRb. Wash your hands more frequently in general	04	03	02	01		97
PPRc. Stay home with cough or fever	04	03	02	01		97
PPRd. Wearing a face mask	04	03	02	01		97
PPRe. Avoid touching your face	04	03	02	01		97
PPRf. Avoid friends and neighbors	04	03	02	01		97
PPRg. Stay three to six feet away from others	04	03	02	01		97
PPRh. Self-quarantine for 14 days if exposed to someone with COVID-19	04	03	02	01		97
PPRi. Avoid most retail stores	04	03	02	01		97
PPRj. Avoid public transportation	04	03	02	01		97
PPRk. Avoid sending children to school	04	03	02	01		97

CRFE. Which of the following best describes your feelings about the coronavirus (COVID-19) in the United States? **(ROTATE FIRST TWO)**

- 01 The worst is behind us
- 02 The worst is yet to come
- 03 The coronavirus (COVID-19) is not likely to be that major of a problem

- 97 Prefer not to answer

GOV. Do you think the federal government is doing enough or not doing enough to prevent the spread of the coronavirus (COVID-19) in the United States?

- 01 Doing enough



02 Not doing enough

77 Don't know/ Not sure

97 Prefer not to answer

CRWO. Which worries you more about responding to the coronavirus (COVID-19)--that the United States will not go far enough in limiting the activities and movement of Americans, or that the United States will go too far in limiting the activities and movement of Americans?

01 The US will not go far enough

02 The US will go too far

03 Neither one

77 Don't know/ Not sure

97 Prefer not to answer

Asked if respondent thinks the US will not go far enough or the US will go too far in limiting the activities and movement of Americans.

CROP. Why do you say that?

TXT response (up to 500 characters)

97 Prefer not to answer

CON. How much confidence do you have in the following organizations to deal with the outbreak of the coronavirus (COVID-19) – **(ROTATE TOP TO BOTTOM, BOTTOM TO TOP)**

	A great deal	A fair amount	Not very much	No confidence at all		Prefer not to answer
CONa. Federal government	04	03	02	01		97
CONb. Your state government	04	03	02	01		97
CONc. Your local government	04	03	02	01		97
CONd. Centers for Disease Control (CDC)	04	03	02	01		97

TRCR. Do you trust the information you hear about the coronavirus (COVID-19) from (ITEM) a great deal, a good amount, not very much, or not at all? (RANDOMIZE QUESTION ORDER)

	A great deal	A fair amount	Not very much	No confidence at all		Prefer not to answer
TRFE. Federal government	04	03	02	01		97
TRSL. State and local government	04	03	02	01		97
TRPH. Public health experts	04	03	02	01		97
TRNM. News media	04	03	02	01		97

IMPT. Overall, how much if at all has your life been disrupted by the coronavirus (COVID-19) --- a lot, a moderate amount, only a little, or not at all?

- 01 ...a lot
- 02 ...a moderate amount
- 03 ...only a little
- 04 ... not at all?

97 Prefer not to answer

Asked if respondent reports their life has been disrupted by coronavirus (COVID-19)

CVLF. When do you expect your life to return to normal? *Please give your best estimate.*

Month ___ Year ____

88/8888 My life hasn't changed.

77/7777 Don't know/ Not sure

97/9997 Prefer not to answer

FSFT. Looking ahead **to a year from now**, do you think that you (and your household) will be better off financially, or worse off, or just about the same as now?

- 01 Will be better off
- 02 Same
- 03 Will be worse off

97 Prefer not to answer

FIMP. Looking ahead **to a year from now**, what, if any, impact do you believe the coronavirus (COVID-19) will have on you and your family's day to day life, would you say it will change your life in a

- 01 very major way
- 02 fairly major way
- 03 only a small way
- 04 or will it not change your life in any way?

97 Prefer not to answer

CNEB. Has your state or local government closed non-essential businesses?

01 Yes

02 No

97 Prefer not to answer

PHB. Do you think that the public health benefits of closing non-essential businesses now are more important than the economic costs or not?

01 Public health benefits are much more important

02 Public health benefits somewhat more important

03 Economic costs are somewhat more important

04 Economic costs are much more important

77 Don't know / Not sure

97 Prefer not to Answer

If CNEB = 01, textsub1 = "your"

If CNEB = 02, 97, textsub1 = ""

ROPN. How soon do you think <textsub1> state/local government(s) should allow non-essential businesses to reopen?

01 Immediately

02 Within the next two weeks

03 Two to four weeks

04 One to two months

05 Three months or longer

06 Keep closed as long as necessary to assure public health

97 Prefer not to Answer

Child Impact

If CHLD = 1 <textsub2> = 'is your child'

If CHLD >= 2 <textsub2> = 'are your children'

Asked if respondent has a child under age 18 in household

SCHAGE. In what school grade(s) (Kindergarten through 12th grade) <textsub2> enrolled? (Select all that apply)

01 Kindergarten

02 1st grade

03 2nd grade

04 3rd grade

- 05 4th grade
- 06 5th grade
- 07 6th grade
- 08 7th grade
- 09 8th grade
- 10 9th grade
- 11 10th grade
- 12 11th grade
- 13 12th grade

- 88 Child(ren) are not school age
- 97 Prefer not to answer

If CHLD = 1 <textsub3> = 'Is your [insert grade from SCHAGE] school'

If CHLD >= 2 <textsub3> = 'Are any of your [insert grade from SCHAGE] schools'

Asked if respondent has a child under age 18 in household

SCLD1. <textsub3> closed due to the pandemic?

- 01 Yes, they are closed for the 19/20 academic year
- 02 No, they are now doing distance learning
- 03 My child(ren) is/are home-schooled

- 97 Prefer not to answer

Asked if respondent's child is not home-schooled

LRNG1. Have learning materials been offered by your [insert grade from SCHAGE] school(s)?

- 01 Yes
- 02 No

- 97 Prefer not to answer

Asked if learning materials were offered by the child's school

LRNG2. Have you been able to access learning materials provided by your [insert grade from SCHAGE] school(s)?

- 01 Yes – online materials only
- 02 Yes – pick up materials only
- 03 Yes – both online and pick up materials
- 04 No

- 97 Prefer not to answer

Asked if respondent was able to access learning materials provided by the child's school

LRNG3. Overall, how difficult has it been for your [insert grade from SCHAGE] to complete school work remotely?

- 01 Very difficult
- 02 Difficult
- 03 Not too difficult
- 04 Not difficult at all

97 Prefer not to answer

If CHLD = 1 <textsub4> = 'Is your [insert grade from SCHAGE]'

If CHLD >= 2 <textsub4> = 'Are any of your [insert grade from SCHAGE]'

Asked if respondent's child is not home-schooled

IEP1. <textsub4> on an individualized education program (IEP) or 504 plan?

- 01 Yes
- 02 No

97 Prefer not to answer

Asked if respondent's child is on an individualized education program (IEP) or 504 plan and child is not home-schooled

IEP2. Did your [insert grade from SCHAGE] school provide you any information about IEP or 504 plan services during the school closure?

- 01 Yes
- 02 No

97 Prefer not to answer

Asked if respondent's child is distance learning

SCLD2. Has a date for the reopening of your [insert grade from SCHAGE] school been announced?

- 01 Yes
- 02 No

97 Prefer not to answer

Asked if respondent's child is distance learning

CIMPT. What, if any, impact has not knowing when your [insert grade from SCHAGE] school will reopen had on your family's day to day life? Would you say it has impacted your family's life in...

- 01 a very major way
- 02 a fairly major way
- 03 only a small way
- 04 or it has not impacted your family's life in any way.

97 Prefer not to answer

Demographics

AGE. What is your age?

__ Code age in years

97 Prefer not to answer

HISP. Are you Hispanic, Latino/a, or Spanish origin?

01 Yes

02 No

97 Prefer not to answer

RACE. Which one or more of the following would you say is your race?

01 White

02 Black or African American

03 American Indian or Alaska Native

04 Asian

05 Pacific Islander

06 Other

97 Prefer not to answer

LGBTQ. Do you, personally, identify as lesbian, gay, bisexual, transgender, or queer?

01 Yes

02 No

77 Don't Know/Not sure

97 Prefer not to answer

MRTL. Are you...

01 Married

02 Divorced

03 Widowed

04 Separated

05 Never married

06 A member of an unmarried couple

97 Prefer not to answer

EDUC. What is the highest grade or year of school you completed?

01 Never attended school or only attended kindergarten



- 02 Grades 1 through 8 (Elementary)
- 03 Grades 9 through 11 (Some high school)
- 04 Grade 12 or GED (High school graduate)
- 05 College 1 year to 3 years (Some college or technical school)
- 06 College 4 years or more (College graduate)

97 Prefer not to answer

HOME. Do you own or rent your home?

- 01 Own
- 02 Rent
- 03 Other arrangement

97 Prefer not to answer

DVCE. Do you or any member of your household own or use any of the following devices?

- 01 Desktop or laptop
- 02 Smartphone
- 03 Tablet or other portable wireless computer
- 04 Some other type of computer

97 Prefer not to answer

INTN. Do you or any member of your household access the internet using a -

- INTNa.** Cellular data plan for a smartphone or other mobile device?
- INTNb.** Broadband (high speed) Internet service such as cable, fiber optic, or DLS service installed in this household?
- INTNc.** Satellite Internet service installed in this household?
- INTNd.** Dial-up Internet service installed in this household?
- INTNe.** Some other internet service?

Response Options

- 01 Yes
- 02 No

97 Prefer not to answer

INC. What was your annual household income from all sources before taxes in **2019**?

- 01 Less than \$25,000
- 02 \$25,000 to \$34,999
- 03 \$35,000 to \$49,999



- 04 \$50,000 to \$74,999
- 05 \$75,000 to \$99,999
- 06 \$100,000 or more

- 77 Don't know / Not sure
- 97 Prefer not to answer

Asked if respondent did not know their income or preferred not to answer

INC2. Is your annual household income from all sources before taxes in 2019...

- 01 Less than \$25,000
- 02 \$25,000 to \$99,999
- 03 \$100,000 or more

- 97 Prefer not to answer

CEMPT. Are you currently employed (including self-employed) full time, employed part time, not employed but looking for work, retired, disabled and not looking for work or something else?

- 01 Employed full time
- 02 Employed part time
- 03 Not employed, looking for work
- 04 Retired
- 05 Disabled and not looking for work
- 06 Something else

- 97 Prefer not to answer

PLT. Generally speaking, do you think of yourself as a Democrat, a Republican, an independent, or something else?

- 01 Democrat
- 02 Republican
- 03 Independent
- 04 Something else

- 97 Prefer not to answer

ZIP. What is the ZIP Code where you currently live?

- 77777 Don't know / Not sure
- 99999 Prefer not to answer

FRMO. Do you or someone in your household currently own one or more firearm(s) (e.g., handgun, rifle, shotgun, carbine, etc.)?

- 01 Yes



02 No

97 Prefer not to answer

Asked if respondent or other household member currently owns one or more firearm(s)

FRMB. Have you or someone in your household purchased one or more firearm(s) (e.g., handgun, rifle, shotgun, carbine, etc.) **in the past 30 days?**

01 Yes

02 No

97 Prefer not to answer

Sample Read-In: State (code for Census region and division)



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