



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

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# Wave 1

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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](mailto: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

### 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

**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

**ChkUp.** About how long has it been since you last visited a doctor for a routine checkup?

01 Within the past year (anytime less than 12 months ago)

02 Within the past 2 years

03 More than 2 years but less than 5 years ago

04 5 or more years ago

88 Never

77 Don't know / Not sure

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
- 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/Marijuana

**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

**Respiratory health**

**RHCG.** **During the past 7 days**, did you have a cough on most days?

01 Yes  
02 No

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

**RHPH.** **During the past 7 DAYS**, did you cough up phlegm [FLEM] or mucus on most days?

01 Yes  
02 No

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

**RHBR.** Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs?

01 Yes

02 No

97 Prefer not to answer

**RHTS.** Have you ever been given a breathing test to diagnose breathing problems?

01 Yes

02 No

97 Prefer not to answer

### Vaccination

**FLVC.** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

01 Yes

02 No

77 Don't know / Not sure

97 Prefer not to answer

**Asked if respondent had either a flu shot or flu vaccine sprayed into their nose.**

**FLTM.** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? *If you don't remember the exact day, please give your best estimate.*

\_\_ / \_\_\_\_ Month / Year

77 / 7777 Don't know / Not sure

97 / 9997 Prefer not to answer

**PNVC.** Have you ever had a pneumonia shot also known as a pneumococcal vaccine? (There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar.)

01 Yes

02 No

77 Don't know / Not sure

97 Prefer not to answer

## Media

**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.

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

**CVTR.** During the **last 30 days**, have you or anyone in your household traveled to an area with known local spread of coronavirus (COVID-19)?

- 01 Yes
- 02 No

- 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 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 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 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 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
<b>CVBa.</b> Cancelled or rescheduled travel	01	02	77	97
<b>CVBb.</b> Cancelled plans to attend large gatherings	01	02	77	97
<b>CVBc.</b> Stocked up on items such as food, household supplies or Rx medicines	01	02	77	97
<b>CVBd.</b> Bought or wore a protective mask	01	02	77	97
<b>CVBe.</b> Lost a job	01	02	77	97
<b>CVBf.</b> Had your employment hours reduced	01	02	77	97
<b>CVBg.</b> Had a medical appointment cancelled or postponed	01	02	77	97
<b>CVBh.</b> Been unable to obtain a medical appointment	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. \_\_\_\_\_ 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
<b>CVDa.</b> Obtaining clean water	05	04	03	02	01	97
<b>CVDb.</b> Feeding your household adequately	05	04	03	02	01	97
<b>CVDc.</b> Filling any prescriptions	05	04	03	02	01	97
<b>CVDd.</b> Getting child care	05	04	03	02	01	97
<b>CVDe.</b> Finding the groceries you want	05	04	03	02	01	97
<b>CVDf.</b> Routine shopping other than grocery	05	04	03	02	01	97
<b>CVDg.</b> Seeing a doctor or health professional	05	04	03	02	01	97
<b>CVDh.</b> Finding toilet paper	05	04	03	02	01	97
<b>CVDi.</b> Finding feminine hygiene products	05	04	03	02	01	97
<b>CVDk.</b> Finding cleaning products	05	04	03	02	01	97



## 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 Lose 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
- 07 Your worksite will be closed
- 08 None of these

97 Prefer not to answer

**Financial Hardship Items**

**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
<b>PGVa.</b> Close K-12 schools	04	03	02	01		97
<b>PGVb.</b> Close daycares	04	03	02	01		97
<b>PGVc.</b> Close bars and restaurants	04	03	02	01		97
<b>PGVd.</b> Close non-essential businesses	04	03	02	01		97
<b>PGVe.</b> A quarantine style lock-down of households	04	03	02	01		97
<b>PGVf.</b> Close public places like malls and theaters	04	03	02	01		97
<b>PGVg.</b> Prohibit gatherings with 10 or more people	04	03	02	01		97
<b>PGVh.</b> Prohibit gatherings with 50 or more people	04	03	02	01		97
<b>PGVi.</b> Prohibit gatherings with 250 or more people	04	03	02	01		97

#### 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
<b>PPRa.</b> Wash your hands when you leave a public place	04	03	02	01		97
<b>PPRb.</b> Wash your hands more frequently in general	04	03	02	01		97
<b>PPRc.</b> Stay home with cough or fever	04	03	02	01		97
<b>PPRd.</b> Wearing a face mask	04	03	02	01		97
<b>PPRe.</b> Avoid touching your face	04	03	02	01		97
<b>PPRf.</b> Avoid friends and neighbors	04	03	02	01		97
<b>PPRg.</b> Stay three to six feet away from others	04	03	02	01		97
<b>PPRh.</b> Self-quarantine for 14 days if exposed to someone with COVI-19	04	03	02	01		97
<b>PPRi.</b> Avoid most retail stores	04	03	02	01		97
<b>PPRj.</b> Avoid public transportation	04	03	02	01		97
<b>PPRk.</b> 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 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
<b>CONa.</b> Federal government	04	03	02	01	97
<b>CONb.</b> Your state government	04	03	02	01	97
<b>CONc.</b> Your local government	04	03	02	01	97
<b>CONd.</b> 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?

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

\_\_\_/\_\_\_ MM/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 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

## Demographics

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

\_\_ members

97 Prefer not to answer

**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

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

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77777 Don't know / Not sure

99999 Prefer not to answer

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

\$\_\_\_\_\_ (range 0 – 9999999)

77777777 Don't know / Not sure

88888888 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

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



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