

U.S. NATIONAL WELLBEING SURVEY

BLOCK: STUDY DESCRIPTION AND CONSENT

Welcome! Thank you for your interest in participating in the *National Wellbeing Survey* conducted by the Syracuse University Lerner Center for Public Health Promotion. We are interested in learning more about the health and well-being of people like you. The purpose of this form is to provide you with information about participation in our research study and offer you the opportunity to decide whether you wish to participate.

Participation: By participating, we are asking you to complete a 20-25 minute online survey. Participation in this study is voluntary. This means you can choose whether to participate and you may skip and/or refuse to answer any question for any reason. You may also end your participation at any time.

Compensation: By completing the survey, you will be compensated the amount you agreed upon before entering into the survey.

Potential Risks: The risks of completing the survey are minimal. First, you may feel discomfort answering some of the questions about your mental health and well-being, but you can exit the survey at any point in time. This discomfort is no more than one would experience in everyday life. Second, while you will not be asked to submit identifiable information, whenever one works with email or the Internet there is always the risk of compromising privacy, confidentiality, and/or anonymity. Your confidentiality will be maintained to the degree permitted by the technology being used. It is important for you to understand that no guarantees can be made regarding the interception of data sent via the Internet via third parties. We encourage you to complete this survey on a computer or mobile device and using an internet provider that you trust.

Potential Benefits: By participating in this study, you will have the opportunity to reflect on your own health and well-being. In addition, you will be contributing to broader public health research to better understand experiences of people like you.

Privacy and Confidentiality: We will not ask you to provide any identifying information. We are also not permitted to release your responses in any way that could identify you. Data will be compiled and summarized for academic publications, research briefs, or presentations in a way that does not allow your responses to be identifiable. The dataset containing your anonymous responses could be used for future research studies or distributed to another investigator for future research without additional consent from you.

Questions: If you have questions or concerns about this research, you may contact the study's Principal Investigator, Dr. Shannon Monnat, Syracuse University Lerner Chair for Public Health Promotion, at LernerCenterSurvey@syr.edu. If you have questions or concerns about your rights as a research participant you may contact the Syracuse University Institutional Review Board at (315) 443-3013.

By clicking below, you acknowledge that you are at least 18 years old and that you wish to participate in this study. Please print or save a copy of this form for your personal records.

S1. Are you at least 18 years of age?

1. Yes
2. No → **GO TO THE END OF THE SURVEY**

S2. Do you consent to participate in this study?

1. Yes
2. No → **GO TO THE END OF THE SURVEY**

Screener Questions (asked at beginning of survey to ensure quotas)

S3. What is your age in years? _____
98. Don't know

S4. What is your sex?

1. Male
2. Female
3. Non-binary
4. Other (please specify) _____

S5. Are you Hispanic or Latino/a/x?

1. Yes
2. No
98. Don't know

S6. What is your race? Please check all that apply.

1. White
2. Black or African American
3. American Indian or Alaska Native
4. Asian or Pacific Islander
5. Other (Please specify) _____
98. Don't know

S7. In what state do you live?
(Dropdown alphabetical menu)

S8. In what county do you live?
(Dropdown alphabetical menu by state)

BLOCK: GLOBAL LIFE SATISFACTION and PSYCHOLOGICAL WELL-BEING DOMAINS


Q1. Taking all things together, would you say you are:

- 1. Very happy
- 2. Rather happy
- 3. Not very happy
- 4. Not at all happy

Q2 TEXT BOX INSTRUCTIONS. Please imagine a ladder with 10 steps numbered from 0 at the bottom to 10 at the top. The **top** of the ladder represents the best possible life for you, and the **bottom** of the ladder represents the worst possible life for you.


Q2. On which step of the ladder would you say you personally feel you stand at this time in your life?

0 1 2 3 4 5 6 7 8 9 10

Ladder rung ()	
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Q3. On which step of the ladder do you think you will stand about five years from now?


0 1 2 3 4 5 6 7 8 9 10

Ladder rung ()	
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Q4 TEXT BOX INSTRUCTIONS. Now imagine this same ladder, but **think of this ladder as representing where people stand in the United States**. At the **top** of the ladder are the people who are the best off – those who have the most money, the most education, and the most respected jobs. At the **bottom** are the people are the worst off – those who have the least money, least education, the least respected jobs, or no job. The higher up you are on this ladder, the closer you are to people at the very top; the lower you are, the closer you are to people at the very bottom.

Q4. Please identify where you think you stand at the time in your life relative to other people in the United States. (click the bar and drag to select your choice)

0 1 2 3 4 5 6 7 8 9 10

Ladder rung ()	
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Q5. In America, each generation has tried to have a better life than their parents, with a better living standard, better homes, a better education, and so on. How likely do you think it is that your child(ren) will have a better life than you? (If you do not have children, think about your hypothetical or future children).

1. Very likely
2. Somewhat likely
3. Neither likely nor unlikely
4. Somewhat unlikely
5. Very unlikely
98. Don't Know

Q6. Now please think about your life as a whole. How satisfied are you with it? Please indicate the extent to which you agree with each of the following statements.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know
a. In most ways, my life is close to my ideal.	1	2	3	4	5	98
b. The conditions of my life are excellent.	1	2	3	4	5	98
c. I am satisfied with my life.	1	2	3	4	5	98
d. So far, I have gotten the important things I want in life.	1	2	3	4	5	98
e. If I could live my life over, I would change almost nothing	1	2	3	4	5	98
f. I am hopeful for the future.	1	2	3	4	5	98
g. I feel like my life has meaning.	1	2	3	4	5	98

Q7. For each statement below, select the response that indicates how much you agree or disagree.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know
a. I tend to bounce back quickly after hard times.	1	2	3	4	5	98
b. I have a hard time making it through stressful events.	1	2	3	4	5	98

c. It does not take me long to recover from a stressful event.	1	2	3	4	5	98
d. It is hard for me to snap back when something bad happens.	1	2	3	4	5	98
e. I usually come through difficult times with little trouble.	1	2	3	4	5	98
f. I tend to take a long time to get over setbacks in my life.	1	2	3	4	5	98

BLOCK: SOCIAL RELATIONSHIPS & SUPPORT

Q8. The following statements describe how people sometimes feel. For each statement, please indicate how often you feel the way described. How often do you feel...

	Never	Rarely	Sometimes	Always	Don't know
a. You lack companionship.	1	2	3	4	98
b. There is no one you can turn to.	1	2	3	4	98
c. You are an outgoing person.	1	2	3	4	98
d. You feel left out.	1	2	3	4	98
e. You feel isolated from others.	1	2	3	4	98
f. You find companionship when you want it.	1	2	3	4	98

Q9. Is there someone you could count on if you needed a loan for \$200?

1. Yes
2. No
98. Don't know

Q10. Is there someone you could count on if you needed a place to live?

1. Yes
2. No
98. Don't know

Q11. How much are friends or relatives willing to listen when you need to talk about your worries or problems?

1. A great deal
2. Some
3. A little
4. Not at all
98. Don't know

Q12. In the last two weeks, how many people did you talk to about anything related to your personal life? _____[NUMBER]

1. None
2. 1-2
3. 3-5
4. 6-10
5. More than 10

Q13. Thinking about the past year as a whole, aside from weddings and funerals, about how often did you attend religious services? (Include religious services you attended virtually/online.)

1. More than once a week
2. Once a week
3. Once or twice a month
4. A few times a year
5. Never
98. Don't know

Q14. How important is religion in your life?

1. Very important
2. Somewhat important
3. Not too important
4. Not at all important

Q15 . The next question is about the following problem. In surveys like ours, sometimes there are participants who do not carefully read the questions and just quickly click through the survey. To show that you read our questions carefully, please enter 'blue' as your answer to the next question.

What is your favorite day of the week? _____

Q16. Thinking about the past year as a whole, how often did you engage in the following activities? (Include virtual/online participation):

	At least once a week	About once or twice a month	Several times a year	About once or twice a year	Less than once a year/Never	Don't know
a. Do volunteer work for an organization or association.	1	2	3	4	5	98
b. Attend meetings, events, or get togethers of any organized group (e.g., choir, committee/board, support group, sports/exercise group, hobby group, professional society).	1	2	3	4	5	98
c. Get together socially with friends or relatives.	1	2	3	4	5	98

BLOCK: HEALTH

Q17. In general, would you say your physical health is:

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
6. Don't know

Q18. Have you ever been told by a health care professional that you have any of the following?

	Yes	No	Don't know
a. High Blood Pressure	1	2	98
b. High Cholesterol	1	2	98
c. Diabetes	1	2	98
d. Heart Attack, Angina or Coronary Heart Disease	1	2	98
e. Overweight or obesity	1	2	98
f. Chronic obstructive pulmonary disease	1	2	98
g. Post-traumatic stress disorder (PTSD)	1	2	98
h. Traumatic brain injury (TBI)	1	2	98
i. Depression	1	2	98
j. Anxiety	1	2	98

Q19. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

1. Within the past year (anytime within the past 12 months)
2. Within the past 2 years
3. Within the past 5 years
4. 5 years or more
5. Never
98. Don't know

Q20. Was there a time in the **past 12 months** when you needed to see a doctor but could not? (Select all that apply)

1. No
2. Yes, I could not see a doctor because of cost.
3. Yes, I could not see a doctor because of my work schedule.
4. Yes, I could not see a doctor because I lacked transportation.
5. Yes, I could not see a doctor because of COVID-19.
6. I could not see a doctor due to some other reason. Please specify: _____

Q21. Please tell us whether you have any difficulty doing each of the activities listed below. Exclude any difficulties that you believe are temporary (e.g., that you expect to last less than three months).

	No difficulty	Some difficulty	A lot of difficulty
a. Walking several blocks	1	2	3
b. Running or jogging about a mile	1	2	3
c. Sitting for 2 hours	1	2	3
d. Getting out of bed or up from a chair	1	2	3
e. Climbing several flights of stairs without resting	1	2	3
f. Stooping, kneeling, or crouching	1	2	3
g. Reaching or extending your arms above shoulder level	1	2	3
h. Pulling or pushing large objects (like a living room chair)	1	2	3
i. Lifting or carrying something that weighs over 10 lbs., like a heavy bag of groceries	1	2	3
j. Dressing, including putting on shoes and socks	1	2	3
k. Bathing or showering	1	2	3
l. Eating, such as cutting up your food	1	2	3
m. Using the toilet, including getting up or down	1	2	3

Q23. During the **past 3 months**, did you have any of the following types of pain that lasted more than a couple of hours?

	Yes	No
Neck or back pain	1	2
Pain, aching, stiffness, or swelling around a joint	1	2
Severe headaches or migraines	1	2

Skip Logic – asked only of people who checked Yes on any one of the three options in Q23.

Q24. During the **past 3 months**, have you had a problem with pain that lasted more than 24 hours?

1. Yes
2. No

Skip Logic – asked only of people who checked Yes on Q24.

Q25. For how long have you experienced this pain?

1. Less than a month
2. At least 1 month but less than 3 months
3. At least 3 months but less than 1 year
4. More than 1 year
98. Don't know

Q26. In general, would you say your mental health is:

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

Q27. During the **past two weeks**, how often have you been bothered by...

	Not at all	Some days	More than half the days	Nearly every day	Don't know
a. Having little interest or pleasure in doing thing	1	2	3	4	98
b. Feeling down, depressed, or hopeless	1	2	3	4	98
c. Feeling nervous, anxious, or on edge	1	2	3	4	98
d. Not being able to control worrying	1	2	3	4	98

BLOCK: HEALTH BEHAVIORS

Q28. How many hours of actual sleep do you *typically* get in a 24 hour period _____ hours

Q29. During the **past month**, how often did you have difficulty falling asleep?

- 1. Every day
- 2. Multiple times per week
- 3. About once per week
- 4. Once or twice per month
- 5. Never
- 98. Don't know

Q30. During the **past month**, how often did you wake up during sleep and have difficulty falling back asleep?

- 1. Every day
- 2. Multiple times per week
- 3. About once per week
- 4. Once or twice per month
- 5. Never
- 98. Don't know

Q31. During the **past month**, how often did you wake up feeling exhausted/fatigued?

- 1. Every day
- 2. Multiple times per week
- 3. About once per week
- 4. Once or twice per month
- 5. Never
- 98. Don't know

Q32. During the **past month**, how often did you engage in:

	Never	Once or twice per month	About once per week	Several times a week	Everyday
a. Vigorous physical activity <u>for at least 30 minutes</u> (activity intense enough to raise your heart rate and work up a sweat, for example running or lifting heavy objects)	1	2	3	4	5
b. Moderate physical activity <u>for at least 30 minutes</u> (e.g., taking a walk or using a vacuum cleaner)	1	2	3	4	5

c. Physical activity specifically designed to strengthen your muscles (e.g., lifting weights)	1	2	3	4	5
d. Physical activity designed to improve your flexibility (e.g., yoga, pilates)	1	2	3	4	5

Q33. During the **past month**, how many times **per week on average** did you eat something from a fast food restaurant (e.g., McDonalds, KFC, Taco Bell, or similar place)?

1. Did not eat anything from a fast food restaurant in the past 30 days
2. Average of 1 or fewer times per week
3. Average of 2-4 times per week
4. Average of 5-7 times per week
5. Average of more than 7 times per week

Q34. When it comes to alcohol, which of the following best describe you?

1. I have never drunk alcohol or have only tried it once or twice.
2. I used to drink but no longer drink alcohol.
3. I typically drink alcohol less often than once a month.
4. I typically drink alcohol more than once a month but not weekly.
5. I typically drink alcohol 1-2 days per week.
6. I typically drink alcohol 3-5 days per week.
7. I typically drink alcohol 6-7 days per week.

SKIP LOGIC: Asked only of people who answered 3-7 on Q34.

Q35. During the **past month**, how many alcoholic beverages (such as beer, wine, malt beverage, liquor) did you consume **per week on average**? One drink is equivalent to 12-ounce beer, 5-ounce glass of wine, or a drink with one shot of liquor.

1. Did not consume any alcohol in the past month
2. Average of 1 or fewer drinks per week
3. Average of 2-4 drinks per week
4. Average of 5-7 drinks per week
5. Average of 8-15 drinks per week
6. Average of more than 15 drinks per week

Q36. When it comes to smoking, which of the following describe you. Here we are specifically referring to smoking tobacco cigarettes.

1. I have never smoked tobacco/have only tried smoking once or twice
2. I used to smoke but no longer smoke.
3. I smoke tobacco occasionally (e.g., some days, only when out socially, just on weekends).
4. I smoke tobacco regularly (e.g., daily or almost daily).

Q37. Have you used any of the following substances in the past year? (Please remember that your responses are confidential and will be used only for research purposes)

	Yes	No	Don't know
a. Marijuana, smoked (do not include medical marijuana)	1	2	98
b. Marijuana, edibles or gummies (do not include medical marijuana)	1	2	98
c. Powder cocaine	1	2	98
d. Crack cocaine	1	2	98
e. Methamphetamine (aka: crank, speed, ice, tweek, crystal)	1	2	98
f. Heroin	1	2	98

Q38. Have you misused any of the following prescription medications in the past year? By misused, we mean used pills that were not prescribed to you or taken them in a way that was not prescribed by a physician. This includes things like taking them more frequently than prescribed, taking them to get high, or crushing them to get the dose faster.

	Yes	No	Don't know
a. Opioids (e.g., oxycodone, hydrocodone, OxyContin, Percocet, Vicodin, Lortab, Dilaudid, methadone)	1	2	98
b. Tranquilizers (e.g., Benzodiazepines, Xanax, Ativan, Valium, Klonopin, Clonazepam, Soma)	1	2	98
c. Sedatives (e.g., Methaqualone, Nembutal, Pentobarbital, Phenobarbital)	1	2	98
d. Stimulants (e.g., Amphetamines, Methylphenidate, Adderall, Ritalin)	1	2	98

BLOCK: EMPLOYMENT

Q39. What is your current employment status? (Select all that apply)

1. Employed full time (at least 35 hours per week) by someone else in one job
2. Employed by someone else in multiple jobs that add up to at least 35 hours of paid employment per week
3. Employed part time (less than 35 hours per week) by someone else
4. Self-employed farm operator
5. Self-employed owner of business, service, or professional practice
6. Employed as independent contractor, consultant, or freelancer (e.g., gig work, ride share, food delivery)
7. Temporarily laid off or on furlough
8. On short-term disability (≤ 1 year)
9. On long-term disability or permanently disabled (≥ 1 year)
10. Full-time student
11. Part-time student
12. Unemployed but looking for work

13. Unemployed and not looking for work
14. Retired
15. Full-time homemaker
16. Other (Please Specify) _____

SKIP LOGIC: Q40 asked only of people who responded 'yes' to any of 1-8 in Q39 above.

Q40. In general, how satisfied are you with your employment situation?

1. Very unsatisfied
2. Somewhat unsatisfied
3. Neither satisfied nor unsatisfied
4. Somewhat satisfied
5. Very satisfied

SKIP LOGIC: Q41 asked only of people who responded 'yes' to any of 1-8 in Q39 above.

Q41. Below is a list of benefits that employers sometimes make available to their employees.

Which of the benefits on this list can you receive as part of your job? Select all that apply.

1. Paid sick days
2. Paid vacation days
3. Health plan or medical insurance
4. Dental benefits
5. Paid maternity or paternity leave
6. A retirement plan other than social security
7. Tuition reimbursement for certain types of schooling
8. Company provided or subsidized childcare
9. Company provided or subsidized housing
10. None of these
98. Don't know

SKIP LOGIC: Q42-Q46 asked only of people who responded 'yes' to any of 1-6 in Q39 above.

Q42. In a typical week, how many hours do you work in all of your jobs combined?

1. Less than 20 hours
2. 20-34 hours
3. 35-45 hours
4. More than 45 hours

Q43. Do you work as many hours as you would like?

1. Yes
2. No, I would prefer to work more hours
3. No, I would prefer to work fewer hours

Q44. In thinking about all of your jobs collectively, which of the following best describes your *typical* work schedule?

1. Regular daytime schedule
2. Regular evening schedule
3. Regular night shift
4. Rotating shift (one that changes regularly from days to evenings or nights)

5. Split shift (one consisting of two distinct periods each day)
6. Variable schedule (one that changes from day to day)
7. I set my schedule, so I work when I want

Q45. How much choice/control do you have over the following at your current employer:

	None or little	Some	A lot	Don't Know
a. When you can take vacations or days off	1	2	3	98
b. When you can take off a few hours	1	2	3	98
c. When you begin and end each work day	1	2	3	98
d. The total number of hours you work each week	1	2	3	98
e. The days you work each week	1	2	3	98

Q46. The next set of questions asks about your experiences in the day-to-day functions of your job. Thinking about your main job, rate your level of agreement with the following statements.

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
a. My job allows me to make a lot of decisions on my own.	1	2	3	4	5
b. I have very little freedom to decide how to do my work.	1	2	3	4	5
c. I have a lot of say about what happens at my job.	1	2	3	4	5
d. I do not have enough time to get my work done.	1	2	3	4	5
e. My workload is manageable.	1	2	3	4	5
f. My job is physically demanding.	1	2	3	4	5
g. My job is mentally demanding.	1	2	3	4	5
h. My job is emotionally demanding.	1	2	3	4	5
i. I feel fulfillment from my job.	1	2	3	4	5
j. I feel valued in the work that I do.	1	2	3	4	5
k. I feel invested in my job.	1	2	3	4	5

SKIP LOGIC: Q41 asked only of people who responded 'yes' to any of 1-8 in Q39 above.

Q47. Rate your level of agreement with the following statement. Chances are, I will lose my job in the near future.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
98. Don't know

Q48. Rate your level of agreement with the following statement. Chances are, my job will change in a negative way in the near future.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
98. Don't know

BLOCK: INCOME

Q49. Please check the box that represents your **household's** total income from all sources before taxes and deductions in **2019**?

1. Less than \$10 000
2. \$10,000-\$24,999
3. \$25,000-\$39,999
4. \$40,000-\$49,999
5. \$50,000-\$59,999
6. \$60,000-\$74,999
7. \$75,000-\$84,499
8. \$85,000-\$99,999
9. \$100,000-\$124,999
10. \$125,000-\$149,999
11. \$150,000-\$199,999
12. More than \$200,000
98. Don't know

Q50. Please identify all sources of income for your **household** in the **past 12 months**. Select all that apply. Remember that your responses are anonymous and confidential.

1. Income from your own formal employment.
2. Income from the formal employment of someone else in your household.
3. Income from a business owned by you or someone else in your household. This includes income from real estate rental.
4. Income from informal employment conducted by you or someone else in your household (Informal employment is any work for which you receive money, but it is usually not taxed or monitored by the government. This is sometimes referred to as "off the books", "under the table", or "working for cash" employment. Some common examples include: babysitting, house/pet-sitting, pet walking, selling food, clothing, crafts, or other products, landscaping, housecleaning; and handywork).
5. Income from illegal sources (e.g., sex trade, drug trade)
6. Child support
7. Unemployment insurance
8. Disability insurance
9. Veteran's administration payments
10. Social security
11. A retirement pension from your former employer

- 12. Income from interest on stocks, bonds, and other investments
- 13. COVID-19 stimulus check
- 14. Other (Please specify) _____
- 98. Don't Know

Q51. Please identify any of the following sources of public assistance you received in the **past 12 months**.

- 1. Cash public assistance (e.g., Temporary Assistance for Needy Families)
- 2. Food stamps/SNAP
- 3. Women, Infants, and Children (WIC)
- 4. Other (Please specify _____)
- 5. None of these
- 98. Don't Know

Q52. Do you have health insurance or a health coverage plan?

- 1. Yes
- 2. No
- 3. Don't Know

Q53. How confident are you that you could come up with \$500 for an emergency expense?

- 1. Very confident
- 2. Somewhat confident
- 3. Not at all confident
- 98. Don't know

Q54. How well do the following statements describe your financial situation?

	Very well	Somewhat	Very little	Not at all
a. Because of my money situation, I feel like I will never have the things I want in life.	1	2	3	4
b. I am just getting by financially.	1	2	3	4
c. I am concerned that the money I have or will be able to save won't last.	1	2	3	4
d. I usually have money left over after paying my bills.	1	2	3	4
e. My finances control my life.	1	2	3	4

BLOCK: COVID-19 EXPERIENCES

For the following questions, please think about your experience during the coronavirus (COVID-19) pandemic.

Q55. All things considered, what impact would you say COVID-19 has had on your life?

1. COVID-19 had a negative impact on my life
2. COVID-19 had a positive impact on my life
3. COVID-19 did not really affect my life one way or the other

Q56. Which of the following experiences of COVID-19 applied to you? (Please check all that apply)

1. I received a test for coronavirus, and it came back positive.
2. I received a test for coronavirus, but it came back negative.
3. I suspected I had coronavirus based on symptoms, but I never got tested.
4. I was hospitalized due to coronavirus.
5. A close family member was hospitalized due to coronavirus.
6. I lived with someone who tested positive for coronavirus.
7. A close family member (other than someone I live with) tested positive for coronavirus.
8. A close friend (other than someone I live with) tested positive for coronavirus.
9. I had to quarantine due to exposure to someone who tested positive for coronavirus.
10. Someone else in my household had to quarantine due to exposure to someone who tested positive for coronavirus.
11. A family member or friend died from coronavirus.
12. None of the above

Q57. Which of the following experiences did you have **as a result of** COVID-19 related closures and/or other social distancing protocols since March 2020?

	Yes	No	Not applicable
a. I lost my job.	1	2	97
b. I experienced a reduction in pay.	1	2	97
c. I was considered an “essential worker”.	1	2	97
d. I was unable to work because my children could not attend daycare or school (check yes even if daycare or school was available but you chose not to send them)	1	2	97
e. I worked remotely while taking care of my children who could not attend daycare or school. (Check yes even if daycare or school was available, but you chose not to send them).	1	2	97
f. I worked from home (check yes even if you did this only part of the time).	1	2	97
g. I worked fewer hours than normal.	1	2	97
h. I worked more hours than normal.	1	2	97
i. I got a new job.	1	2	97
j. I was late paying my rent or mortgage.	1	2	97
k. I was late paying other bills.	1	2	97

l. I could not afford groceries or other necessities.	1	2	97
m. I was evicted from my apartment.	1	2	97
n. My mortgage went into default.	1	2	97
o. I paid the bills of a friend or family member.	1	2	97
p. I got a loan from a friend or family member.	1	2	97
q. I sought treatment for anxiety or depression.	1	2	97

Q58. Overall, please rate how the COVID-19 pandemic has affected the following aspects of your life:

	Substantially improved	Somewhat improved	No change	Somewhat worsened	Substantially worsened
a. Financial situation	1	2	3	4	5
b. Relationship with immediate family (e.g., spouse/partner, parents, children)	1	2	3	4	5
c. Relationships with friends	1	2	3	4	5
d. Mental health	1	2	3	4	5
e. Physical health	1	2	3	4	5

BLOCK: DEMOGRAPHIC INFORMATION

Q59. What is your current marital/relationship status?

1. Married
2. Divorced
3. Separated
4. Widowed
5. Single, never married
6. Member of an unmarried couple

Q60. How many adults (age 18 and older) live in your household?

Dropdown menu with options for 0 to 10+

Q61. How many children (under 18 years) live in your household (This includes all children, not just your biological children. Also include children who live with you part time)?

Dropdown menu with options for 0 to 5+

Q62. How many children (under 18 years) do you have who are not living with you?

Dropdown menu with options for 0 to 5+

Q63. What is the highest level of education you have completed?

1. Did not complete high school
2. High school diploma or GED
3. Attended college but did not complete a degree
4. Associate's degree
5. Bachelor's degree
6. Post-Bachelor's degree (e.g., Masters, Doctorate, JD)

Q64. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

1. Never served
2. Currently Active Duty
3. Active Duty in the past, but not now
4. Only on Active Duty for training

SKIP LOGIC: Asked only of people who answered 2 or 3 on Q64

Q65. When did you serve on active duty in the U.S. Armed Forces? [Select all that apply]

1. September 2001 or later
2. August 1990 to August 2001 (includes Persian Gulf War)
3. May 1975 to July 1990
4. Vietnam era - December 1969 to April 1975
5. Vietnam era - August 1964 to November 1969
6. Vietnam era - February 1961 to July 1964
7. Before January 1961

SKIP LOGIC: Asked only of people who answered 2 or 3 on Q64

Q66. Did you ever serve in a combat or war zone? [NOTE: Persons serving in combat or war zone usually receive combat zone tax exclusion, imminent danger pay, or hostile fire pay].

1. Yes
2. No

SKIP LOGIC: Asked only of people who answered 2 or 3 on Q64

Q67. What is your service-connected disability rating?

1. I do not have a service-connected disability rating.
2. 0%
3. 10%
4. 20%
5. 30%
6. 40%
7. 50%
8. 60%
9. 70%
10. 80%
11. 90%
12. 100%

98. Don't Know

Q68. Were you born in the U.S.?

1. Yes
2. No
98. Don't know

Q69. Do you speak a language other than English at home?

1. Yes
2. No

Q70. Which best describes your current housing status?

1. I own my home.
2. I rent my home. This includes rent shared with others.
3. I live with family or friends without paying rent or other household expenses (e.g., utilities).
4. I live with family or friends without paying any rent, but I do contribute to household expenses (e.g., utilities)
5. Other (Specify _____)

Q71. How long have you lived in your current county?

1. Less than 1 year
2. 1 to 5 years
3. 6 to 10 years
4. More than 10 years but less than whole life
5. Whole life
98. Don't Know

Q72. How would you describe the community where you live?

1. Urban
2. Suburban
3. Rural

BLOCK: POLITICS

Q73. Politically, do you consider yourself

1. Republican
2. Democrat
3. Independent
4. Other (please specify) _____

Q74. Would you say your views on most matters are?

1. Very liberal
2. Somewhat liberal
3. Moderate

4. Somewhat conservative
5. Very conservative

Q75. Which Presidential candidate did you vote for in the 2016 Presidential Election?

1. Hillary Clinton
2. Donald Trump
3. Some other candidate (Please specify: _____)
4. Did not vote for President in 2016

Q76. Which Presidential candidate did you vote for in the 2020 Presidential Election?

1. Joe Biden
2. Donald Trump
3. Some other candidate (Please specify: _____)
4. Did not vote for President in 2020

Thank you for completing this survey!