

COVID_Demographics_monthly

Survey Flow

Block: Demo_month (12 Questions)

Page Break

Start of Block: Demo_month

DemM1 What is your relationship status? (Check all that Apply)

- Currently Married (1)
 - Widowed (2)
 - Divorced (3)
 - Separated (4)
 - In a committed relationship but not married (5)
 - Never married (6)
 - Single (7)
-

DemM2 Are you currently registered to vote?

- Yes, registered (1)
 - No, not registered (2)
 - No, not eligible (3)
 - Don't know (4)
-

DemM3_R2 Did you vote in your state's 2020 presidential caucus or primary election?

- No, I did not vote in my state's primary or caucus (1)
 - Yes, I voted in the Democratic primary or caucus (2)
 - Yes, I voted in the Republican primary or caucus. (3)
 - Yes, I voted in another party's primary or caucus (4)
 - Yes, I voted in my state's primary or caucus. (5)
 - I don't recall (6)
 - Primary has not occurred yet (7)
-

DemM4 Do you intend to vote in the 2020 presidential election in November?

- Yes, definitely (1)
 - Probably (2)
 - No (3)
 - Undecided (4)
-

DemM5 In the 2020 race for President of the United States, who do you prefer?

- Donald Trump (1)
 - Joe Biden (2)
 - Someone else (3)
 - I will not vote in this election (4)
 - I am not sure (5)
-

DemM6 How do you identify politically?

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

DemM7 How would you rate yourself on the following scale?

- strongly liberal (1)
 - moderately liberal (2)
 - slightly liberal (3)
 - neutral (4)
 - slightly conservative (5)
 - moderately conservative (6)
 - strongly conservative (7)
-

Page Break _____

DemM8 In the past month, have you been newly diagnosed with a mental health/illness/condition? (check all that apply)

- Autism Spectrum Disorder (1)
 - Major depressive disorder (2)
 - Schizophrenia (3)
 - Bipolar disorder (4)
 - Anxiety disorder (5)
 - Post Traumatic Stress Disorder (6)
 - others (please specify) (7)
-
- None. (8)
 - Prefer not to disclose (9)

DemM9 Do you have any underlying medical conditions? (select all that apply)

- Asthma (1)
 - Chronic lung disease (2)
 - Chronic heart disease (3)
 - Diabetes (4)
 - Chronic kidney disease (5)
 - Cancer in the past year (6)
 - Immunosuppressive condition (7)
 - None of the above (8)
-

DemM10 What is your current type of health insurance? (select all that apply)

- Medicaid (1)
 - Medicare (2)
 - Employer-sponsored disability insurance (3)
 - Private or group health insurance (e.g. employer-sponsored or purchased through ACA exchange) (4)
 - National Health Insurance (5)
 - Veterans Affairs/Military (6)
 - No Insurance/Self-pay (7)
 - Unknown (8)
 - Other, please specify (9)
-

Page Break



DemM11 If you currently practice a religion, please indicate what it is.

- Buddhist (1)
- Christian (2)
- Hindu (3)
- Jewish (4)
- Muslim (5)
- Other, please specify (6) _____
- None (7)



DemM12 Regardless of whether you practice a religion, how religious are you?

- Not at all religious (1)
- Somewhat religious (2)
- Moderately religious (3)
- Very religious (4)

End of Block: Demo_month
