Grand Rapids Wave 1 Questionnaire ● January 15 - March 18, 2024

For additional information about the Michigan Metro Area Communities Study (MIMACS), this survey instrument, or survey findings, please contact: MIMACS-info@umich.edu or see https://www.michiganceal.org/research-outreach/mimacs.

****

Para completar esta encuesta en español, haga clic en "Español (América Latina)" en el menú desplegable de la esquina superior derecha.

INTRODUCTION: Welcome to the University of Michigan's Michigan Metro Area Communities Study survey! Your participation in this study is completely voluntary. You may skip any question that you do not wish to answer. However, your participation is important because it helps researchers understand residents' health, transportation practices, perceptions of neighborhood, and changes in employment. This information can be used to inform policy decisions affecting the region.

We expect that this survey will take you approximately 20 to 25 minutes to complete. Please remember there are no right or wrong answers, we are just interested in what you think. We take our promise of confidentiality very seriously. All of your answers will be kept strictly confidential. We will ask for your name and contact information so we can send you a token of appreciation for participating. No personally identifying information will ever appear in any study report. If you find that you are disturbed by the content of any of the questions or if you have any questions about the study, please contact us at 734-764-4145.

We may contact you in the future to participate in additional surveys. If you do not wish to complete this survey or any future Detroit Metro Area Communities Study surveys, please let us know by calling 734-764-4145 or sending an email to MIMACS-info@umich.edu with "opt out of surveys" in the subject line. Please provide your name and address in the email or voicemail and we will not contact you about MIMACS surveys in the future.

A brochure with additional information about the study is available on the DMACS website at detroitsurvey.umich.edu/about/brochure. The brochure will also be available for download for your records at the end of the survey.

Panelist Screening

To confirm, do you live at [INSERT ADDRESS]? [address_confirm_gr1]	Yes	o
	No	o

IF [address_confirm_gr1] IS "No" AND RESPONDENT IS A NEW PANELIST

We are sorry, but since you do not live at the selected address you are not eligible for this survey. If you have any questions, please feel free to contact us at MIMACS-info@umich.edu or 734-764-4145.

[END SURVEY]

IF [address_confirm_gr1] IS "No" AND respondent is a returning panelist

Do you live in the city of [autofill city]? [city_confirm_gr1]	Yes	o
	No	o

IF [city_confirm_gr1] IS "No"

We are sorry, but since you do not currently reside in the area we are surveying you are not eligible for this survey. If you have any questions, please feel free to contact us at MIMACS-info@umich.edu or 734-764-4145.

[END OF SURVEY]

IF [city_confirm_gr1] IS "Yes", change of address.

What is your current address?

Address: (TEXT BOX)   [updateaddress_street_gr1]
City: (TEXT BOX)   [updateaddress_city_ gr1
State: (TEXT BOX)   [updateaddress_state_gr1]
Postal Code: (TEXT BOX)   [updateaddress_zip_gr1]

IF respondent is a returning panelist

We want to confirm that you are the person whom we asked to fill out this questionnaire.

Please confirm that your name is
[FIRSTNAME   LASTNAME]
[panelist_confirm_gr1]

Yes I am this person	O
Yes I am this person but need to correct my name	O
No	O

IF [panelist_confirm_gr1] IS "Yes I am this person but I need to correct my name" OR RESPONDENT IS A NEW PANELIST

Please enter your name as you would like us to record it. **This is important because we will use this information to process your check or gift card after you complete the survey.**
        First name: (TEXT BOX) [panelist_name_correct_first_gr1]
        Last name: (TEXT BOX) [panelist_name_correct_last_gr1]

IF [panelist_confirm_gr1] IS "No"

We are sorry, but since you are not the person we are intending to reach with this survey we cannot continue. If you know the person who completed our last survey, please encourage him/her to complete this questionnaire. If you have any questions, please feel free to contact us at MIMACS-info@umich.edu or 734-764-4145.
When were you born?

Month (DROPDOWN) [age_month_gr1]
Year (DROPDOWN) [age_year_gr1]

IF [age_year_gr1] IS greater than 2005

To confirm, are you less than 18 years old?
[age_confirm_gr1]

Yes	O
No	O

IF [age_confirm_gr1] IS "Yes"

We are sorry, but since you are not at least 18 years old you are not eligible for this survey. If you have any questions, please feel free to contact us at MIMACS-info@umich.edu or 734-764-4145.

[END SURVEY]

IF [age_confirm_gr1] IS "No"

Please correct your birth year. [age_year_corr_gr1]

Block 1: Household Composition, Length of Residence, Housing Status

Next, we have some questions about your current living situation.

1. **Besides yourself,** are there any other adults (age 18 or older) living in your household? [hhanyoneelse_gr1]

Yes	o
No	o

IF [hhanyoneelse_gr1] is "Yes"

2. **Besides yourself**, how many adults in each category live in your household?
    18 to 64 years old (DROP DOWN)   [hhcat_18to64_gr1]
    (please select "Zero (0)" if you there are no adults in this age range living in the household)
    65 years old or older (DROP DOWN)   [hhcat_65plus_gr1]
    (please select "Zero (0)" if you there are no adults 65 years or older living in the household)

3. Are there any children under age 18 living in your household? [hhcat_child_gr1]

Yes	o
No	o

IF [hhcat_child_gr1] IS "Yes"

4. How many children under the age of 18 currently live in your household?
    (please select "Zero (0)" if there are no children living in the household)
    [hhcat_under18_gr1]

5. About how long have you lived at your current address?
    [current_res_len_gr1]

Less than six months	o
Six months to 1 year	o
1 to 5 years	o
6 to 10 years	o
11 to 20 years	o
More than 20 years	o

6. About how long have you lived in [autofill city]?
    [city_res_len_gr1]

Less than six months	o
Six months to 1 year	o
1 to 5 years	o
6 to 10 years	o
11 to 20 years	o

More than 20 years	o

7. Is your current residence....
[housing_gr1]

Owned by you or someone in this household **with a mortgage** or loan (which could be a home equity loan)	o
Owned by you or someone in this household **free and clear** (without a mortgage or loan)	o
Occupied without payment of rent	o
Rented	o

Block 2: Health, Social Determinants of Health, Long COVID, Mental Health

Now we would like to ask you some questions about your health and healthcare.

8. In general, how would you rate your health?
[self_rate_heath_gr1]

Poor	o
Fair	o
Good	o
Very good	o
Excellent	o

9. Is there a place where you usually go for medical care?
[med_care_place_gr1]

Yes	o
No	o
Don't know	o

IF [med_care_place_] IS "Yes"

10. What kind of place do you go most often for medical care?
[place_for_care_gr1]

Doctor's office	o
A VA medical center or VA outpatient clinic	o
Emergency Room	o
Walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store	o
Telehealth or telemedicine	o

Some other place	o
Don't know	o

IF [place_for_care_gr1] IS 'Some other place'

11. What kind of place do you go most often for medical care? (TEXT BOX)
[place_for_care_text_gr1]

Have you experienced any of the following types of problems in getting health care within the **past 12 months**? (randomize order)

	Yes	No
12. Did not know who to call for an appointment [healthcare_prob_contactappt_gr1]	o	o
13. Could not get to a health care provider because of transportation problems [healthcare_prob_transport_gr1]	o	o
14. Could not get an appointment soon enough [healthcare_prob_scheappt_gr1]	o	o
15. Could not take time off from work for an appointment [healthcare_prob_timeoff_gr1]	o	o
16. Did not have childcare [healthcare_prob_childcare_gr1]	o	o
17. Did not trust the health care system [healthcare_prob_trust_gr1]	o	o
18. Doctor's office or staff did not speak my preferred language [healthcare_prob_language_gr1]	o	o
19. Wanted an in-person appointment but only telemedicine was available [healthcare_prob_inperson_gr1]	o	o
20. Wanted a telemedicine appointment but only in-person was available [healthcare_prob_telemedicine_gr1]	o	o
21. Concerns about cost (e.g., lack of insurance coverage or cost of copayment) [healthcare_prob_cost_gr1]	o	o
22. Did not fill a prescription because I could not afford it [healthcare_prob_rxcost_gr1]	o	o
23. Other problem(s) [healthcare_prob_others_gr1]	o	o

If [healthcare_prob_others_gr1] is "Yes"

24. Please describe other problem(s) you faced getting health care within the **past 12 months**: (TEXT BOX) [healthcare_prob_others_text_gr1]

25. What is the <u>primary</u> health insurance or health plan that you have now? [insurance_type_gr1]

I don't have health insurance or a health plan	o
Private health insurance (through a job, school or bought directly)	o
Medicare	o
Medicaid, Medical Assistance (MA), Children's Health Insurance Program (CHIP) or kid's state insurance	o
Military health care (e.g., Tricare)	o
Indian Health Service	o
Other	o
Don't know	o

IF [insurance_type_gr1] IS "Other"

26. Please describe the reason you selected 'Other' in the previous question. (TEXT BOX) [insurance_type_other_text_gr1]

27. How often do you need someone to help you read written information from your doctor or drug store? [health_reading_help_gr1]

Never	o
Rarely	o
Sometimes	o
Usually	o
Always	o

28. If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need? [daily_activ_help_gr1]

I don't need any help	o
I could use a little more help	o
I need a lot more help	o

I get all the help I need	o

29. During the **past 12 months**, how often have you waited to get medical care because of cost? [med_care_delay_cost_gr1]

Never	
Rarely	o
Sometimes	o
Usually	o
Always	o
Not applicable – I didn't need medical care in the past 12 months	o

Now we would like to ask you some additional questions about your health.

30. Have you ever had COVID-19? [c3_covid_had_gr1]

Yes, I had it once	o
Yes, I had it more than once	o
No	o
Not sure	o

IF [c3_covid_had_gr1] IS "Yes, I had it once" OR "Yes, I had it more than once"

31. For any time you had COVID, did you experience any COVID symptoms that lasted **longer than a month**? [c3_covlong_gr1]

Yes	o
No	o
Not sure	o
I didn't have any symptoms when I had COVID	o

IF [c3_covlong_gr1] IS "Yes"

Please indicate whether you experienced each of these symptoms for **longer than one month** when you had COVID.

(ITEMS RANDOMIZED, 'Other' fixed at the bottom.)	Yes	No
32. Changes to taste/smell [c3_covlong_smell_gr1]	o	o
33. Chest pain [c3_covlong_chest_gr1]	o	o
34. Difficulty breathing or shortness of breath [c3_covlong_breath_gr1]	o	o
35. Difficulty concentrating, forgetfulness, or memory problems (sometimes referred to as "brain fog") [c3_covlong_fog_gr1]	o	o
36. Dizziness on standing [c3_covlong_dizzy_gr1]	o	o
37. Fast-beating or pounding heart (also known as heart palpitations) [c3_covlong_heart_gr1]	o	o
38. Joint or muscle pain [c3_covlong_joint_gr1]	o	o
39. Tiredness or fatigue [c3_covlong_tired_gr1]	o	o
40. Unwell after minimal physical activity [c3_covlong_unwell_gr1]	o	o
41. Other [c3_covlong_other_gr1]	o	o

IF [c3_covlong_other_gr1] IS "Yes"

42. Please describe the reason you selected 'Other' in the previous question. (TEXT BOX) [c3_covlong_other_text_gr1]

43. On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk) for at least 30 minutes? [exercise_freq_gr1]	0 days	o
	1 day	o
	2 days	o

3 days	O
4 days	O
5 days	O
6 days	O
7 days	O

Now we would like to ask a standard set of questions asked by health professionals to assess your wellbeing.

44. In the **past 7 days**, how often have you felt nervous, anxious, or on edge?
[mh_anxiety_gr1]

Less than 1 day	O
1 to 2 days	O
3 to 4 days	O
5 to 7 days	O

45. In the **past 7 days**, how often have you not been able to stop or control worrying?
[mh_worry_gr1]

Less than 1 day	O
1 to 2 days	O
3 to 4 days	O
5 to 7 days	O

46. In the **past 7 days**, how often have you felt depressed?
[mh_depress_gr1]

Less than 1 day	O
1 to 2 days	O
3 to 4 days	O
5 to 7 days	O

47. How often do you feel that you lack companionship?
[mh_companionship_gr1]

Never	O
Some of the time	O
Often	O

All of the time	o

48. How often do you feel left out?
[mh_leftout_gr1]

Never	o
Some of the time	o
Often	
All of the time	o

49. How often do you feel isolated from others?
[mh_isolated_gr1]

Never	o
Some of the time	
Often	o
All of the time	o

Block 3: Disability

Next, we have a few more questions about your health and wellbeing.

50. Do you have difficulty hearing, even if using a hearing aid(s)?
Would you say…
[disab_hearing_gr1]

No difficulty	o
Some difficulty	o
A lot of difficulty	o
Cannot do at all	o

51. Do you have difficulty seeing, even when wearing glasses?
Would you say…
[disab_visual_gr1]

No difficulty	o
Some Difficulty	o
A lot of difficulty	o
Cannot do at all	o

52. Do you have difficulty walking or climbing steps? Would you say…
[disab_mobility_gr1]

No difficulty	o
Some Difficulty	o
A lot of difficulty	o
Cannot do at all	o

53. Do you have difficulty remembering or concentrating? Would you say…
[disab_focus_gr1]

No difficulty	o
Some Difficulty	o
A lot of difficulty	o
Cannot do at all	o

54. Do you have difficulty with self-care, such as washing all over or dressing? Would you say…
[disab_selfcare_gr1]

No difficulty	o
Some Difficulty	o
A lot of difficulty	o
Cannot do at all	o

55. Using your usual language, do you have difficulty communicating, for example understanding or being understood? Would you say…
[disab_communicate_gr1]

No difficulty	o
Some Difficulty	o
A lot of difficulty	o
Cannot do at all	o

Block 4: Neighborhood Satisfaction

In the next section, we have some questions about your **neighborhood**.

Please indicate how satisfied you are with each of the following aspects of life in your neighborhood (RANDOMIZED)

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very Satisfied	Don't know
56. The availability of affordable housing [nb_satis_houseprice_gr1]	o	o	o	o	o	o
57. The availability of public transportation [nb_satis_transit_gr1]	o	o	o	o	o	o
58. The amount of crime [nb_satis_crime_gr1]	o	o	o	o	o	o
59. The condition of most houses [nb_satis_housequal_gr1]	o	o	o	o	o	o
60. The availability of parks and playgrounds [nb_satis_parks_gr1]	o	o	o	o	o	o
61. Access to public facilities such as libraries, recreation and community centers [nb_satis_facilities_gr1]	o	o	o	o	o	o
62. The availability of stores nearby where I can shop regularly [nb_satis_stores_gr1]	o	o	o	o	o	o

63. On a scale of 1 to 7, where 1 means **very dissatisfied** and 7 means **very satisfied**, how satisfied overall are you with **your neighborhood** as a place to live? [nb_satis_gr1]	1- Very dissatisfied — o
	2- Mostly dissatisfied — o
	3- Somewhat dissatisfied — o
	4- Neither satisfied nor dissatisfied — o
	5- Somewhat satisfied — o

6- Mostly satisfied	o
7- Very satisfied	o

64. Thinking about the quality of life in **your neighborhood**, over the **past year** do you feel it is improving, declining, or staying the same? [nb_qol_gr1]

Improving	o
Declining	o
Staying the same	o
Don't know	o

65. When you walk in your neighborhood, how safe do you feel? [walk_safety_gr1]

Not safe	o
Somewhat safe	o
Very safe	o
Don't know	o

Block 5: Transportation

Now we have some questions about transportation.

In the **past 30 days,** how often have you used each of the following to get from place to place? For each, please select "Daily", "A few times a week", "A few times a month", or "Never." If the type of transportation is not available to you, please select "Not available to me."

	Daily	A few times a week	A few times a month	Never	Not available to me
66. Biking [transport_mode_bike_gr1]	o	o	o	o	o
67. Driving your own personal vehicle (e.g., car, truck, SUV) [transport_mode_owncar_gr1]	o	o	o	o	o
68. Borrowing a vehicle or getting a ride from someone you know	o	o	o	o	o

[transport_mode_borrowcar_gr1]					
69. Taking a taxi service or rideshare (e.g., Uber, Lyft) [transport_mode_taxi_gr1]					
70. Taking the bus [transport_mode_bus_gr1]	o	o	o	o	o
71. Using paratransit (that is, specialized, door-to-door transport service for people with disabilities) [transport_mode_para_gr1]	o	o	o	o	o
72. Walking [transport_mode_walk_gr1]	o	o	o	o	o
73. Using other form(s) of transportation [transport_mode_others_gr1]					

IF [transport_mode_others_gr1] IS "Daily," "A few times a week" or "A few times a month"

74. Please describe the other form(s) of transportation you used to get from place to place in the **past 30 days**. (Text box)
[transport_mode_others_text_gr1]

75. In the **past 30 days**, how often did you have to reschedule an appointment because of a problem with transportation?
[transport_appt_reschedule_gr1]

Often	o
Sometimes	o
Never	o

76. In the **past 30 days**, how often did you skip going somewhere because of a problem with transportation?
[transport_skip_place_gr1]

Often	o
Sometimes	o
Never	o

77. In the **past 30 days**, how often were you **not** able to leave the house when you wanted to because of a problem with transportation? [transport_leave_house_gr1]

Often	o
Sometimes	o
Never	o

78. In the **past 30 days**, how often did you feel bad because you did not have the transportation you needed? [transport_feelbad_gr1]

Often	o
Sometimes	o
Never	o

79. In the **past 30 days**, how often did you worry about inconveniencing your friends, family, or neighbors because you needed help with transportation? [transport_worry_inconv_gr1]

Often	o
Sometimes	o
Never	o

80. In the **past 30 days**, how often did problems with transportation affect your relationships with others? [transport_affect_relation_gr1]

Often	o
Sometimes	o
Never	o

81. In the **past 30 days**, have you experienced any issues that **discouraged or prevented** you from taking public transportation (bus or paratransit) when you wanted to? [transport_public_gr1]

Yes	o
No	o

82. Please describe the issues that prevented you from taking public transportation: (TEXT BOX)
[transport_public_text_gr1]

83. Some people have a valid driver's license. Others do not. Do you have a valid driver's license?
[license_gr1]

Yes	o
No	o

84. Do you own (or lease) a car or truck, or does somebody else in your household have one that you can use?
[veh_own_gr1]

Yes, I have a car or truck	o
I don't have a car or truck, but somebody else in my household does and I can use it	o
No, I don't own or have access to a car or truck at home	o

85. Some people have car insurance for their vehicles while others do not. Thinking about the vehicle you use most of the time, is it currently covered by car insurance?
[vehicle_usual_insur_gr1]

Yes	o
No	o
Don't know	o

Block 6: Financial Precarity

Now we have some questions about your household's finances.

86. As of today, which of the following statements describes how manageable your household debt is?
[fin_debtexp_gr1]

My household does not have any debt	o
My household has a manageable amount of debt	o
My household has a bit more debt than is manageable	o
My household has far more debt than is manageable	o

87. Suppose you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense?
[expense_400_gr1]

Yes	o
No	o
Don't know	

88. Do you or anyone else in your household have a checking or savings account now?
[banked_gr1]

Yes	o
No	o
Don't know	o

89. Do you or anyone else in your household have a credit card now?
[banked_creditcard_gr1]

Yes	o
No	o
Don't know	o

90. In the **past 12 months**, how often did you cut the size of your meals or skip meals because there wasn't enough money for food?
[cut_meal_cost_gr1]

Never	o
Rarely	o
Sometimes	o
Usually	o
Always	o

IF [housing_gr1] IS "Owned by you or someone in this household with a mortgage or loan (which could be a home equity loan)" OR "Rented"

91. In the **past 12 months**, how often have you been worried about not being able to pay your rent or mortgage?
[housing_worry_cost_gr1]

Never	o
Rarely	o
Sometimes	o
Usually	o
Always	o

92. In the **past 12 months**, how often has your household been late on monthly housing payments (mortgage or rent) or has only made a partial housing payment?
[freq_late_housing_gr1]

Never	o
1-2 times	o
3-4 times	o
5-6 times	o
7 or more times	o
My household does not make any housing payments	o

93. In general, do you think people's ability to **improve** their financial well-being is now better, worse, or the same as it was 20 years ago?
[finwellbeing_gr1]

A great deal worse	o
Somewhat worse	o
About the same as 20 years ago	o
Somewhat better	o
A great deal better	
Don't know	o

Now we are going to ask several questions to better understand if you or others in your household are getting assistance obtaining food.

Please indicate whether you or others in your household got free groceries or a free meal from each of the following in the **past 12 months**.

(ITEM RANDOMIZED, "Other community program" and "Other source(s)" fixed at the bottom)

	Yes	No
94. School-based programs [freefood_school_gr1]	o	o

95. Food pantry or food bank [freefood_pantry_gr1]	o	o
96. Home-delivered meal service, like Meals on Wheels [freefood_delivery_gr1]	o	o
97. Church, synagogue, temple, mosque or other religious organization [freefood_religious_gr1]	o	o
98. Shelter or soup kitchen [freefood_shelter_gr1]	o	o
99. Family, friends, or neighbors [freefoodl_family_gr1]	o	o
100. Other community program [freefood_commprog_gr1]	o	o
101. Other source(s) [freefood_others_gr1]	o	o

IF [freefood_others_gr1] IS 'Yes'

> 102.   Please explain why you indicated 'Other source(s)' in the previous question. (TEXT BOX)
> [freefood_others_text_gr1]

Block 7: Perception of Control

Next we have a few questions about your personal worldview.

For each of the following statements, please indicate the extent to which you agree or disagree.

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
103. I try to avoid situations where someone else tells me what to do. [contr_avoid_told_gr1]	o	o	o	o	o
104. I have often found that what is going to happen will happen, and there is not much I can do about it [contr_inevitable_gr1]	o	o	o	o	o
105. I feel like what happens in my life is mostly determined by powerful people. [contr_powerfulppl_gr1]	o	o	o	o	o

106. There is a lot I am able to do to protect my personal interests. [contr_pers_interest_gr1]	o	o	o	o	o

Block 8: Likelihood of Voting

Next we have some questions about your voting behavior.

107. How often do you follow what's going on in government and public affairs? [freq_follow_politics_gr1]

Hardly at all	o
Every now and then	o
Some of the time	o
Most of the time	o

108. How likely are you to vote in the general election this November? [vote_gr1]

Definitely will not vote	o
Probably will not vote	o
Probably will vote	o
Definitely will vote	o
Not eligible to vote	o

109. How much thought have you given to the coming November election? [vote_thought_gr1]

None at all	o
A little	o
Some	o
A lot	o

IF [vote_] IS "Definitely will not vote" OR "Probably will not vote"

110. There are a lot of reasons that people may not vote. What about you? Why did you say that it is unlikely that you will vote in the general election this November? [TEXT BOX] [vote_no_text_gr1]

111.   There are a lot of reasons that people may be uncertain about voting. What about you? Why are you not certain that you will vote in the general election this November? [TEXT BOX] [vote_text_gr1]

Block 9: Employment

Now we are going to ask about your employment.

112. In the **past month**, did you do any work for either pay or profit? [anywork_gr1]		
Yes		o
No		o

113. In the **past month**, have you received Unemployment Insurance (UI) benefits? [fin_pubassist_ui_month_gr1]		
Yes		o
No		o

Now we would like to ask some questions about why you did not work during the **past month**. Did any of the following contribute to your not working?
[ORDER RANDOMIZED, "Other" FIXED AS LAST RESPONSE OPTION]

	Yes	No	Don't know
114. I am retired [lf_nowork_retired_gr1]	o	o	o
115. I am going to school or training [lf_nowork_student_gr1]	o	o	o
116. I have health/medical limitations or am disabled [lf_nowork_disabled_gr1]	o	o	o
117. I do not want to work for pay at this time [lf_nowork_choice_gr1]	o	o	o
118. I do not work due to family/personal obligations or am a homemaker [lf_nowork_homemaker_gr1]	o	o	o

119. I lost my job, have been laid off, or am otherwise out of work [lf_nowork_layoff_gr1]	o	o	o
120. Other [lf_nowork_other_gr1]	o	o	o

IF [lf_nowork_other_gr1] IS "Yes"

121. Please describe the reason you selected 'Other' on the previous question about your work status: (TEXT BOX)
[lf_nowork_other_text_gr1]

IF [lf_nowork_*_gr1] IS GREATER THAN OR EQUAL TO 2 "Yes" RESPONSES

122. Among the several reasons you selected for not working during the **past month**, please tell us which is the main reason for not working. [lf_nowork_primary_gr1]		
	[IF [lf_nowork_disabled_gr1] IS "Yes"] I have health/medical limitations or am disabled	o
	[IF [lf_nowork_retired_gr1] IS "Yes"] I am retired	o
	[IF [lf_nowork_layoff_gr1] IS "Yes"] I have lost my job, been laid off, or am otherwise out of work	o
	[IF [lf_nowork_student_gr1] IS "Yes"] I am going to school or training	o
	[IF [lf_nowork_homemaker_gr1] IS "Yes"] I don't work due to family/personal obligations or am a homemaker	o
	[IF [lf_nowork_choice_gr1] IS "Yes"] I did not want to work for pay at this time	o
	[IF [nowork_other_gr1] IS Yes"] Other	o

123. Have you actively searched for a new job in the **past month**? [jobsearch_cur_gr1]		
	Yes	o
	No	o
	Not applicable	o

IF [anywork_gr1] IS "No"

124. How likely do you think it is that you will work for pay or profit in the **next month?**
[notworking_return_gr1]

Very likely	o
Somewhat likely	o
Somewhat unlikely	o
Very unlikely	o
Not applicable	o

Block 10: Immigration

The next section focuses on immigration policy.

125. Do you think it should be easier or harder for foreigners to immigrate to the U.S. legally?
[immig_ease_gr1]

Much easier	o
Slightly easier	o
About the same	o
Slightly harder	o
Much harder	o
Not sure	o

126. To what extent do you think immigrants are a cost or benefit to American society?
[immig_benefit_gr1]

Mostly a benefit	o
Somewhat of a benefit	o
Neither a benefit nor a cost	o
Somewhat of a cost	o
Mostly a cost	o
Don't know	o

Block 11: Conspiracy Thinking and Trust

Note: the placement of questions [flint_water_crisis_gr1] - [stategov_decision_gr1] was randomized such that half of the respondents saw them after [immig_benefit_gr1], and the other half of respondents saw them after [stategov_decision_gr1]. Additional information available upon request.
<u>Abuse by State</u>

Now we would like to get a sense of how familiar people are with two different events.

127. In 2014, the drinking water in Flint, Michigan was contaminated with lead and possibly other harmful bacteria, causing a public health crisis.

How familiar are you with the 2014 water crisis in Flint, MI?
[flint_water_crisis_gr1]

Very familiar	O
Somewhat familiar	O
Not very familiar	O
Not at all familiar	O

128. Between 1932 to 1972, there was an unethical medical study conducted by the U.S. Public Health Service, in which 400 African American men were intentionally not treated for syphilis to observe the progression of the disease.

How familiar are you with the U.S. Public Health Service Untreated Syphilis Study that was conducted at Tuskegee?
[tuskegee_experiment_gr1]

Very familiar	O
Somewhat familiar	O
Not very familiar	O
Not at all familiar	O

Now we have several questions about the government and society.

The following are statements about the government and society that some people believe are true and others believe are false. What about you? Do you believe that the following statements are true or false?

[ITEMS RANDOMIZED]	Strongly believe it is false	Somewhat believe it is false	Somewhat believe it is true	Strongly believe it is true	Don't know
129. Many very important things happen in the world that the public is never informed about. [misinfo_not_informed_gr1]	O	O	O	O	O
130. I think that politicians usually do not tell us the true motives for their decisions. [misinfo_politician_gr1]	O	O	O	O	O

131. Government agencies closely monitor all citizens. [misinfo_govmonitor_gr1]	o	o	o	o	o
132. Some events that people say are random are actually the result of plans made by powerful people. [misinfo_powerfulppl_gr1]	o	o	o	o	o
133. There are secret organizations that greatly influence political decisions. [misinfo_secorg_gr1]	o	o	o	o	o

134. People have many different feelings about vaccines today. Which of the following statements comes closest to your views on vaccines? [vac_view_gr1]

Vaccines do not actually keep people healthy, but they are promoted by doctors and insurance providers as a way to make money.	o
Vaccines are effective at preventing disease, and they reduce health costs by preventing many other expensive treatments.	o
Don't know	o

135. How much of the time do you think you can trust the federal government in Washington to make decisions that are good for you? [fedgov_decision_gr1]

Never	o
Some of the time	o
About half of the time	o
Most of the time	o
Always	o

136. How much of the time do you think you can trust the local government in your city or township to make decisions that are good for you? [localgov_decision_gr1]

Never	o
Some of the time	o
About half of the time	o
Most of the time	o

Always	o

137. How much of the time do you think you can trust the state government in Lansing to make decisions that are good for you? [stategov_decision_gr1]	Never	o
	Some of the time	o
	About half of the time	o
	Most of the time	o
	Always	o

Block 12: Demographics and Background Characteristics

In the next section, we have some questions about your background.

138. Do you speak a language other than English at home? [language_gr1]	Yes	o
	No	o
	Prefer not to answer	o

IF [language_] IS "Yes"

139. What language(s) other than English do you speak at home? (TEXT BOX) [language_spoken_text_gr1]

140. Were you born in the United States or a U.S. territory? [born_us_gr1]	Yes, I was born in one of the 50 U.S. states	o
	Yes, I was born in a U.S. territory (e.g., Puerto Rico, Guam, U.S. Virgin Islands)	o
	No	o

IF [born_us_gr1] IS "No"

141. In which country were you born? (TEXT BOX) [born_country_text_gr1]

IF [born_us_gr1] IS "Yes, I was born in a U.S. territory (e.g., Puerto Rico, Guam, U.S. Virgin Islands)"

142. In which U. S. territory were you born? (TEXT BOX)

[born_us_territory_gr1]

143. Where was your mother born?
[parent1_born_gr1]

In the United States (not including U.S. territories)	o
In a U.S. Territory (e.g., Puerto Rico, U.S. Virgin Islands, Guam)	o
In another country (not in the United States or a U.S. territory)	o
Don't know	o

144. Where was your father born?
[parent2_born_gr1]

In the United States (not including U.S. territories)	o
In a U.S. Territory (e.g., Puerto Rico, U.S. Virgin Islands, Guam)	o
In another country (not in the United States or a U.S. territory)	o
Don't know	o

145. What is your gender?
[gender_gr1]

Man	o
Woman	o
Trans woman	o
Trans man	o
Nonbinary, genderqueer, or genderfluid	o
I use a different term to describe my gender	o
Prefer not to answer	o

IF [gender_gr1] IS "I would use a different term to describe my gender"

146. If the categories in the previous question did not accurately describe you, and you would like to provide more detail, please describe your gender here: (TEXT BOX)
[gender_text_gr1]

147. Which of the following best describes how you think of yourself?
[sexuality_gr1]

Gay	o
Lesbian	o
Straight (that is, not gay, lesbian, bisexual, or other	o
Bisexual	o
I use a different term to describe myself	o
Prefer not to answer	o

IF [sexuality_gr1] IS "I use a different term to describe myself"

148. If the categories in the previous question did not accurately describe you, and you would like to provide more detail, please do so here: (TEXT BOX)
[sexuality_text_gr1]

149. Are you of Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban?
[hisp_gr1]

Yes	o
No	o
Prefer not to answer	o

150. Are you of Arab, Persian, or Middle Eastern descent?
[mideastern_gr1]

Yes	o
No	o
Prefer not to answer	o

151. Which of the following best describes your race? Please select all that apply

American Indian or Alaska Native [race_native_gr1]	☐
Asian or Asian American [race_asian_gr1]	☐
Black or African American [race_black_gr1]	☐

Native Hawaiian or Other Pacific Islander [race_pacisl_gr1]	☐
White [race_white_gr1]	☐
Other [race_other_gr1]	☐
Prefer not to answer [race_noanswer_gr1]	☐

IF [race_other_gr1] IS SELECTED

152. If the categories in the previous question did not accurately describe your race, and you would like to provide more detail, please do so here. (TEXT BOX)
[race_text_gr1]

153. What is the highest degree or level of school you have completed?
[educ_gr1]

No formal education	o
Some education but did not graduate from high school or receive a GED	o
High school diploma or GED	o
Some college, no degree	o
Associate's degree (for example, AA or AS)	o
Bachelor's degree (for example, BA, BS, or AB)	o
Graduate degree (for example, Master's degree or doctorate)	o

154. In the past **5 years**, have you participated in any non-degree training programs for the purpose of earning a certification or credential?
[trainingprog_gr1]

Yes, I participated in at least one non-degree training program	o
No, I wanted to participate in a non-degree training program but was not able to	o
No, I did not want to participate in a non-degree training program	o

155. Are you now married, widowed, divorced, separated or never married?
[marital_gr1]

Now married	o
Widowed	o
Divorced	o
Separated	o
Never married	o

The next questions are about the total income of your household for the past 12 months. Please include your income plus the income of all members living in your household (including cohabitating partners and armed forces members living at home). Please count income before taxes and from all sources (such as wages, salaries, tips, net income from a business, interest, dividends, child support, alimony, and social security, public assistance, pensions, or retirement benefits).

156. Was your total HOUSEHOLD income in the **past 12 months** . . .
[income_1_gr1]

Below $35,000	o
$35,000 or more	o

IF [income_1_gr1] IS "Below $35,000"

157. We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it…
[income_2_gr1]

Less than $5,000	o
$5,000 to $9,999	o
$10,000 to $14,999	o
$15,000 to $19,999	o
$20,000 to $24,999	o
$25,000 to $29,999	o
$30,000 to $34,999	o

IF [income_1_gr1] IS "$35,000 or more"

158. We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it…
[income_3_gr1]

$35,000 to $39,999	o
$40,000 to $49,999	o
$50,000 to $59,999	o
$60,000 to $74,999	o
$75,000 to $99,999	o
$100,000 to $124,999	o
$125,000 to $149,999	o
$150,000 or more	o

Block 13: Survey Closing

159. Do you have any other thoughts about this survey or the topics covered in this survey? (TEXT BOX) [feedback_gr1]

160. As a token of appreciation for taking the survey, we are offering the option of receiving either a check or a gift card. **Please note that a gift card will take at least 3 weeks longer to arrive than a check.** Please select which you prefer. If neither option is selected, we will send you a check. [incentive_option_gr1]

Check	o
Gift card	o

161. We will mail your payment to this address: [Auto fill original address or corrected address]. Is this where you would like us to send this payment? [incentive_gr1]

Yes	o
No	o

IF [incentive_gr1] IS "No"

162. Please enter the address where we should send the payment.
Street Address: (TEXT BOX)   [incentive_street_gr1]
City: (TEXT BOX)   [incentive_city_gr1]
State: (TEXT BOX)   [incentive _state_gr1]
Postal Code: (TEXT BOX)   [incentive_zip_gr1]

163. Please edit incorrect information and add any that is missing so we can contact you about future surveys or if we have a question about your payment:
Email address: [update_email_gr1]
Cell phone: [update_cphone_gr1]

Home/alternate phone: [update_hphone_gr1]

IF [update_cphone_gr1] IS PROVIDED

164. May we text you or send you a WhatsApp message with links to surveys in the future? Select all that apply.
[surv_text_gr1]

Yes, you may send me a text	o
Yes, you may message me on WhatsApp	o
No, do not contact me via text or WhatsApp	o

IF [update_email_gr1] IS PROVIDED

165. Would you like to receive MIMACS survey findings via email in the future?
[contact_consent_gr1]

Yes, send me findings by email	o
No, do not send me findings by email	o

166. I completed this survey…
[surv_mode_gr1]

On a computer (laptop or desktop)	o
On a mobile device (e.g., cell phone or tablet)	o
On the phone with a MIMACS interviewer	o