

# COVID\_Demographics\_monthly

## Survey Flow

Block: Demo\_month (12 Questions)

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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)
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DemM2 Are you currently registered to vote?

- ☐ Yes, registered (1)
  - ☐ No, not registered (2)
  - ☐ No, not eligible (3)
  - ☐ Don't know (4)
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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)
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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)
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DemM6 How do you identify politically?

- ☐ Republican (1)
  - ☐ Democrat (2)
  - ☐ Independent (3)
  - ☐ Other (please specify): (4) \_\_\_\_\_
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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)
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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)

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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)
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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)
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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)

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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

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