

## Language

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Select your language for the survey:

Escoje su lengua para la encuesta:

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- Español
- English

## Screener ENGLISH

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Would you say you speak English...

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- Very Well
- Well
- Not Well
- Not well at all

What is your current age?

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Do you currently describe yourself as male, female, or transgender?

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- Male
- Female
- Transgender, non-binary or other

Are you of Hispanic or Latino origin?

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- Yes
- No

What is your race? Check all that apply.

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- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Other Pacific Islander
- Native Hawaiian
- Other. Please specify

What is your best estimate of your household's total annual income from all sources before taxes **last year, in 2019?**

*Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income.*

- |   |   |
|---|---|
| <input type="radio"/> Less than \$20,000  | <input type="radio"/> \$125,000-\$149,999 |
| <input type="radio"/> \$20,000-\$34,999   | <input type="radio"/> \$150,000-\$174,999 |
| <input type="radio"/> \$35,000-\$49,999   | <input type="radio"/> \$175,000-\$199,999 |
| <input type="radio"/> \$50,000-\$74,999   | <input type="radio"/> \$200,000-\$249,999 |
| <input type="radio"/> \$75,000-\$99,999   | <input type="radio"/> More than \$250,000 |
| <input type="radio"/> \$100,000-\$124,999 |   |

**Including yourself**, how many people living in your household are supported by your total household income?

Adults (age 18 and over)

Children (under age 18)

What is your 5 digit ZIP code?

Thank you for your time but you are not eligible for this survey.

## Study Information ENGLISH

**PLEASE READ THE STUDY INFORMATION BELOW AND SELECT THE BOX IF YOU AGREE TO PARTICIPATE.**

**STUDY TITLE:** Testing for COVID-19 and Accessing Routine Care During a Pandemic

**PRINCIPAL INVESTIGATOR:** Dr. Cameron Kaplan and Dr. Sonali Saluja

**You are eligible to participate in this research study.** Research studies include only people who voluntarily choose to take part. This document explains information about this study.

### PURPOSE OF THE STUDY

In this **anonymous survey** we will ask you questions about your experience related to COVID-19 testing and using health care services. Your answers to these questions will help us improve access to COVID-19 testing and health care. Thank you in advance for your contributions to this research.

### PARTICIPANT INVOLVEMENT

If you agree to take part in this study, you will be asked to participate in a 15 minute anonymous survey. If you don't know the answer to a question, please use your best guess (or you can select "not sure" if that is listed as an option). You can choose to stop taking the survey at any time and your answers will not be recorded.

### PAYMENT/COMPENSATION FOR PARTICIPATION

After completing the survey, you will be compensated the amount you agreed to before entering this survey. If you do not

complete the entire survey you will not receive compensation.

#### CONFIDENTIALITY

**All of the information collected in this survey is anonymous and cannot be connected to you.** Members of the research team and the University of Southern California Institutional Review Board (IRB) may access the data. The IRB reviews and monitors research studies to protect the rights and welfare of research subjects. The data will be kept indefinitely for research purposes. All data is password protected and protected by security software. Any data transfers will be encrypted.

#### INVESTIGATOR CONTACT INFORMATION

If you have any questions about this study, please contact:

Principal Investigator: Dr. Sonali Saluja via email at [sonali.saluja@med.usc.edu](mailto:sonali.saluja@med.usc.edu) or Dr. Cameron Kaplan at [cameron.kaplan@med.usc.edu](mailto:cameron.kaplan@med.usc.edu)

#### IRB CONTACT INFORMATION

If you have any questions about your rights as a research participant, please contact the University of Southern California Institutional Review Board at (323) 442-0114, email [irb@usc.edu](mailto:irb@usc.edu), or send mail to 1640 Marengo Street, Suite 700, Los Angeles, CA 90033-9269.

- I acknowledge that I have read the study information sheet and agree to participate in the survey.

### Demographics ENGLISH

**Including yourself, how many adults and children live with you at your current home or residence?**

Adults (age 18 and over)

Children (under age 18)

**What is the highest grade or level of school you have completed in any country?**

- Grade school but did not complete high school
- Completed high school or equivalent (GED)
- Technical school, Associate's degree or some college
- Completed college or Bachelor's degree
- Graduate degree

**Are you now married, living with a partner, widowed, divorced, separated, or never married?**

- Married
- Living with a partner
- Widowed
- Divorced
- Seperated
- Single, never married

**In which country were you born?**

### Are you a citizen of the United States?

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- Yes
- No
- Permanent resident with a green card

### How long have you lived in the United States?

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- Less than 1 year
- At least 1 year but less than 5 years
- At least 5 years but less than 10 years
- At least 10 years but less than 20 years
- 20 years or more

### What is your current employment status?

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- Employed for wages or self-employed
- Out of work but looking for work for LESS than a year
- Out of work but looking for work for one year or more
- Not working in order to care for children or a family member
- Not working due to a disability
- Student, not working in order to attend school
- Retired
- Not working for some other reason

### Thinking about your MAIN job where you earn income, during the past week, where did you work?

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- I worked from my home only
- I worked outside of my home only
- I worked some from my home and some outside my home
- I did not work last week

### What is your MAIN source of your health care coverage or health insurance?

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- EMPLOYER or UNION (yours OR a household members)
- Medi-Cal (also known as Medicaid)
- TRICARE, VA, or Military Insurance
- Medicare
- Indian Health Services
- A plan that you or a family member purchased (such as through Covered California)
- MyHealthLA
- Some other source. Please tell us what type of coverage you have.

- I don't have any type of health care coverage

**Many of the questions in this survey ask about changes that have happened in your life since *mid-March*, around the time that the current COVID-19 pandemic started and since the safer at home order went into effect.**

**As a reminder, your responses in the survey are completely anonymous.**

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Since **mid-March**, has your health care coverage or health insurance **changed**?

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- No, my health care coverage or health insurance has *not changed*
- Yes, I *used to* have health care coverage or health insurance and *now I do not*
- Yes, I *currently* have health insurance but *before that I did not*
- Yes, I *used to have a different type* of health insurance or a different health care coverage plan

What is your best estimate of your household's total monthly income, from all sources before taxes, for the **month of November 2020**?

*Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income.*

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- |   |   |
|---|---|
| <input type="radio"/> Less than \$1,000 | <input type="radio"/> \$5,000-\$6,999   |
| <input type="radio"/> \$1,000-\$1,999   | <input type="radio"/> \$7,000-\$9,999   |
| <input type="radio"/> \$2,000-\$2,999   | <input type="radio"/> \$10,000-\$14,999 |
| <input type="radio"/> \$3,000-\$4,999   | <input type="radio"/> \$15,000 or more  |

Since **mid-March**, has your income increased, decreased or stayed mostly the same?

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- Increased
- Decreased
- Stayed about the same

Since **mid-March**, did you ever worry whether your food would run out before you got money to buy more?

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- Often
- Sometimes
- Never

Since **mid-March**, which type of transportation have you used *most often*?

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- |  |   |
|--|---|
| <input type="radio"/> Personal vehicle                               | <input type="radio"/> Bicycle                                     |
| <input type="radio"/> Shared carpool, rideshare (Uber, Lyft) or taxi | <input type="radio"/> Walking                                     |
| <input type="radio"/> Bus, subway or train                           | <input type="radio"/> Other, please specify: <input type="text"/> |

### In general, how would you say your health is?

- Excellent
- Very Good
- Good
- Fair
- Poor

### Do you have any of the following conditions **currently**? Check all that apply.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> High blood pressure or Hypertension          | <input type="checkbox"/> Heart disease (such as heart failure or previous heart attack)  | <input type="checkbox"/> Liver disease  |
| <input type="checkbox"/> Diabetes (Type 1 or 2)                       | <input type="checkbox"/> Cancer  | <input type="checkbox"/> History of Stroke or Cerebrovascular disease               |
| <input type="checkbox"/> Overweight (body mass index of 25 or higher) | <input type="checkbox"/> Chronic kidney disease  | <input type="checkbox"/> Neurological conditions, such as dementia                  |
| <input type="checkbox"/> Obesity (body mass index of 30 or higher)    | <input type="checkbox"/> COPD (chronic obstructive pulmonary disease)  | <input type="checkbox"/> Pulmonary Fibrosis (having damaged or scarred lung tissue) |
| <input type="checkbox"/> Smoking                                      | <input type="checkbox"/> Sickle cell disease   | <input type="checkbox"/> Thalassemia (a type of blood disorder)                     |
| <input type="checkbox"/> Asthma                                       | <input type="checkbox"/> Cystic Fibrosis   | <input type="checkbox"/> None of these apply to me                                  |
| <input type="checkbox"/> Pregnancy                                    | <input type="checkbox"/> Weakened immune system (because of an organ, blood or bone marrow transplant, HIV or use of steroids or other immune weakening medications) |   |

## COVID Questions ENGLISH

### In Los Angeles County, which groups of people do you think can get COVID-19 testing **for free** at testing sites run by the county or cities? Check all that apply.

- Anyone
- People with any type of health insurance
- People with only certain types of health insurance
- People without health insurance
- No one

### Have you ever been tested for COVID-19? Check all that apply.

- Yes, I had a blood test
- Yes, I had a nasal, throat, cheek or saliva swab test
- Yes, but I don't remember the type of test
- No, I have never been tested for COVID-19

### How many times did you have a...

Blood test

Nasal, throat, cheek or saliva swab test

Some type of test

Where did you get tested for COVID-19? Check all that apply.

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- Work
- Doctor's office or clinic
- Hospital or emergency room
- A free drive-through testing site (for example: Dodger's stadium)
- A free walk-in testing site
- Pharmacy, such as CVS or Walgreens
- School, college or university
- Some other site. Please tell us where:

Have you ever had to pay for a COVID-19 test?

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- Yes
- No

In what month did you have your most recent COVID-19 test?

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How long did it take for the results of your most recent COVID-19 test to return?

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- The same day
- the next day
- two days later
- three or more days later
- I never got my results back

Have you ever tested positive for COVID-19?

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- Yes
- No

If an official from the public health department contacted you, would you be willing to answer confidential questions related to COVID-19 (such as questions about the places you have been and the people you have spent time with)?

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- Yes, I would answer their questions
- No, I would not answer their questions

I'm not sure

**What are the reasons you would not want to answer their questions?**

- I do not want to share information about my whereabouts
- I do not want to share my friends' and family's contact information
- I am concerned about fraud or spam
- I am worried about losing my job or housing if my employer or landlord was contacted
- Other, please specify

**Has someone else in your household ever been tested for COVID-19? Check all that apply.**

- Yes, they had a blood test
- Yes, they had a nasal, throat, cheek or saliva swab test
- Yes, but I am unsure of which type
- No, they have never been tested for COVID-19

**Has someone else in your household ever tested positive for COVID-19?**

- Yes
- No

**Did any of the following **EVER** prevent you from getting tested for COVID-19?**

	YES	NO
Didn't know <b>where to go</b> for testing	<input type="radio"/>	<input type="radio"/>
Didn't have <b>transportation</b> to or from the testing site	<input type="radio"/>	<input type="radio"/>
Worried about not <b>being able to pay</b> for a test	<input type="radio"/>	<input type="radio"/>
Didn't have someone to <b>watch my children/other people in my care</b> while I went to get tested	<input type="radio"/>	<input type="radio"/>
Couldn't take <b>time off from work</b> to get tested	<input type="radio"/>	<input type="radio"/>
Couldn't <b>get an appointment</b> for a test in time	<input type="radio"/>	<input type="radio"/>
Worried about <b>giving my personal information</b> to the staff at the test site	<input type="radio"/>	<input type="radio"/>
Worried <b>wait times for testing</b> would be too long	<input type="radio"/>	<input type="radio"/>
Didn't think I would get my <b>test results back in time</b> for it to matter	<input type="radio"/>	<input type="radio"/>
Worried that testing site staff <b>wouldn't speak my language</b>	<input type="radio"/>	<input type="radio"/>
Some other reason. Please tell us why: <input style="width: 150px; height: 15px;" type="text"/>	<input type="radio"/>	<input type="radio"/>

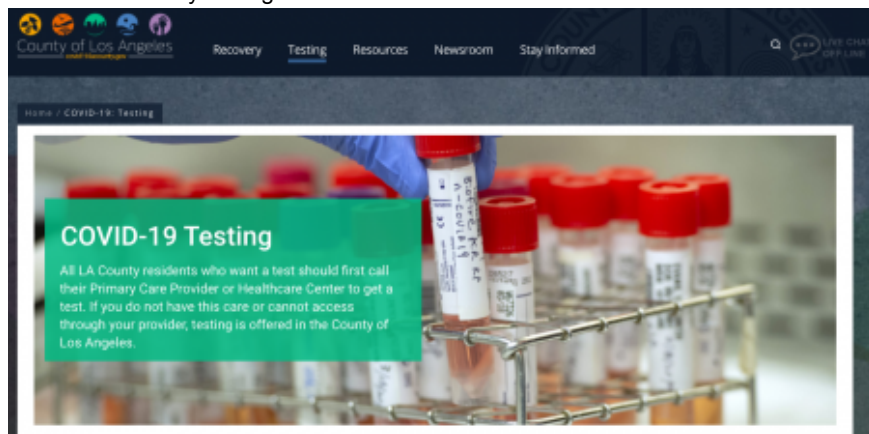
**In the past month, did any of the following prevent you from getting tested for COVID-19? Check all that apply.**

- I **haven't wanted to get tested** in the past month
- I **never had any of these problems** in the past month



Have you tried any of the following ways to get tested for COVID-19 - even if you were not successful? Check all that apply.

- called or visited my doctor's office or clinic
- called or went to urgent care
- went to the emergency room
- visited the LA County testing website



- visited the website for some other public health department (for example, Pasadena or Long Beach)
- visited some other testing website
- some other way. Please tell us how:
- I have not tried to get tested

How confident are you that you could get tested for COVID-19 **within the next week**?

- Not at all confident
- Not confident
- Somewhat confident
- Very confident

If you wanted to get tested for COVID-19 **within the next week**, would you be concerned about **ANY** of the following? Check all that apply.

- don't know **where to go** for testing
- don't have **transportation** to or from a testing location
- not **being able to pay** for a test
- don't have someone to **watch my children/other people in my care** while I get tested
- can't take **time off work** for testing
- won't **get an appointment** for a test in time
- giving my personal information** to the staff at the test site
- wait times for testing** will be too long

- don't think I will get my **test results back in time** for it to matter
- worried that the testing site staff **wouldn't speak my language**
- Some other reason. Please tell us why:
- None of these

If you get tested, are you able to take time off from work while waiting for your results?

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- Yes, paid time off or sick leave
- Yes, unpaid time off
- No, I cannot take time off
- I am currently unemployed, not working for pay, or retired

### Vaccine Questions ENGLISH

Would you be willing to get the COVID-19 vaccine once it is available?

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Yes, definitely

Yes, probably

No, probably not

No, definitely not

Why wouldn't you be willing to get a COVID-19 vaccine if it was available? Check all that apply.

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- worried about COVID-19 vaccine side effects or safety
- don't think the COVID-19 vaccine will work
- don't trust the government to develop a COVID-19 vaccine
- don't trust the pharmaceutical companies to develop a COVID-19 vaccine
- want to wait to see how it works first
- don't believe in getting vaccinated in general
- don't think I will get COVID-19
- Some other reason. Please tell us why:

Are you getting the influenza vaccine (flu shot) this year?

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- Yes, I already did
- Yes, I definitely will
- Yes, I probably will
- No I will not

### Access to Care Questions ENGLISH

Do you have a doctor's office or clinic that you usually go to or call when you are sick or need advice about your health?

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- Yes, I have a regular doctor or clinic
- No, I don't have a regular doctor or clinic

Since **mid-March**, which types of visits have **YOU** had? Check all that apply.

	In Person	Telephone	Video	No Visits of This Type
A routine check up or physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A visit for a chronic medical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A visit with a dentist or dental hygienist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A visit for mental healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A visit with a medical specialist (such as a cardiologist or dermatologist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Since **mid-March**, was there a time when you wanted or needed to see a health care provider, but were not able to?

- I wanted to see a healthcare provider and I **was** able to do so
- I wanted to see a healthcare provider but I **was not** able to do so
- I have not wanted or needed to see a health care provider

Why were you unable to see a health care provider? Check all that apply.

- My provider was not willing to see me in person
- My clinic was temporarily or permanently closed
- I did not know where to go
- I was worried about being around other people during the pandemic
- I do not have insurance
- I do not have a health care provider or clinic where I usually get care
- I did not want to pay for the visit
- Some other reason. Please tell us why

Since **mid-March**, have you received medical care that included procedures or non-emergency surgery that needed to be scheduled in advance (such as a colonoscopy or joint replacement)?

- Yes
- No, I have needed an elective surgery or procedure, but I have not yet received it
- No, I have not needed an elective surgery or procedure since Mid-March

Did you have to take a COVID-19 test before your medical test or procedure?

- Yes

No

Do you have a device (cell phone, laptop, tablet, or desktop with a webcam) that would allow you to video conference with health care provider?

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Yes

No

Do you have a private space to have a video conference with your health care provider?

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Yes

No

Overall, how confident do you feel using computers, smartphones, or other electronic devices to do the things you need to do online?

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Very confident

Somewhat confident

Only a little confident

Not at all confident

### General Questions ENGLISH

How often do you wear a medical or non-medical face covering when you leave home? (e.g. a mask, bandana, or face shield)

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Never

Rarely

Most of the time

Always

How concerned are you personally about the spread of COVID-19?

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Not at all concerned

Not very concerned

Somewhat concerned

Very concerned

Do you have a generally favorable or unfavorable opinion of **Donald Trump**?

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Strongly unfavorable

Somewhat unfavorable

Somewhat favorable

Strongly favorable

Do you have a generally favorable or unfavorable opinion of **Joe Biden**?

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Strongly unfavorable

Somewhat unfavorable

Somewhat favorable

Strongly favorable

Do you have a generally favorable or unfavorable opinion on California's mask mandate?

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Strongly unfavorable

Somewhat unfavorable

Somewhat favorable

Strongly favorable

How would you rate California Governor **Gavin Newsom's** handling of the pandemic?

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- Terrible
- Poor
- Good
- Excellent

Do you consider yourself a Democrat, a Republican, an Independent, or none of these?

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- Democrat
- Republican
- Independent
- None of these

Do you know someone who was hospitalized because of COVID-19?

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- Yes
- No
- I prefer not to answer

Do you know someone who has died from COVID-19?

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- Yes
- No
- I prefer not to answer

How did you know the person/people who died from COVID-19? Check all that apply.

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- A family member that lived in your household
- Someone else (a non family member) that lived in your household
- A close family member that you did not live with
- A close friend that you did not live with
- An acquaintance, or someone you knew slightly, but whom you do not consider a close friend
- A more distant family member that you did not live with
- I prefer not to answer