

Checklist for AAPOR TI

Survey: COVID-19 Tracking Survey Week 7

TI Disclosure Elements	Answers
1. Who sponsored the TI Research and who conducted it. If different from the sponsor, the original sources of funding will also be disclosed.	CUNY Graduate School of Public Health and Health Policy and Emerson College Polling
2. The exact wording and presentation of questions and response options whose results are reported. This includes preceding interviewer or respondent instructions and any preceding questions that might reasonably be expected to influence responses to the reported results.	See end of document
3. A definition of the population under study and its geographic location.	New York residents
4. Dates of data collection.	April 24-26, 2020
5. A description of the sampling frame(s) and its coverage of the target population, including mention of any segment of the target population that is not covered by the design. This may include, for example, exclusion of Alaska and Hawaii in U.S. surveys; exclusion of specific provinces or rural areas in international surveys; and exclusion of non-panel members in panel surveys. If possible the estimated size of non-covered segments will be provided. If a size estimate cannot be provided, this will be explained. If no frame or list was utilized, this will be indicated.	<ul style="list-style-type: none"> ● An Aristotle, LLC file of New York has 14,526,200 individuals over the age of 18 with 4,078,473 unique landlines, and a random sample of 20,000 landlines was used for the English speaking households and a sample of 5,000 likely Hispanic households were sent the survey in Spanish. Aristotle file of 4,705,807 unique cellphones with a random sample of 7,500 drawn ● The online sample was supplied by MTurk and SurveyMonkey
6. The name of the sample supplier, if the sampling frame and/or the sample itself was provided by a third party.	Aristotle, LLC MTurk SurveyMonkey
7. The methods used to recruit the panel or participants, if the sample was drawn from a pre-recruited panel or pool of respondents.	MTurk and SurveyMonkey use opt in panels and not online ads to recruit participants

<p>8. A description of the sample design, giving a clear indication of the method by which the respondents were selected, recruited, intercepted or otherwise contacted or encountered, along with any eligibility requirements and/or oversampling. If quotas were used, the variables defining the quotas will be reported. If a within-household selection procedure was used, this will be described. The description of the sampling frame and sample design will include sufficient detail to determine whether the respondents were selected using probability or non-probability methods.</p>	<p>This blended approach combines both probability and nonprobability sampling methods. Because non-probability is included, the survey is considered non-probability and Bayesian Statistics should apply instead of the classical statistics. The credibility interval, which is similar in its application to the polls margin of error, should be applied.</p>
<p>9. Method(s) and mode(s) used to administer the survey (e.g., CATI, CAPI, ACASI, IVR, mail survey, web survey) and the language(s) offered.</p>	<p>IVR, Online, SMS-To-Web</p>
<p>10. Sample sizes (by sampling frame if more than one was used) and a discussion of the precision of the findings. For probability samples, the estimates of sampling error will be reported, and the discussion will state whether or not the reported margins of sampling error or statistical analyses have been adjusted for the design effect due to weighting, clustering, or other factors. Disclosure requirements for non-probability samples are different because the precision of estimates from such samples is a model-based measure (rather than the average deviation from the population value over all possible samples). Reports of non-probability samples will only provide measures of precision if they are accompanied by a detailed description of how the underlying model was specified, its assumptions validated and the measure(s) calculated. To avoid confusion, it is best to avoid using the term “margin of error” or “margin of sampling error” in conjunction with non-probability samples.</p>	<p>The sample consisted of NY residents. Sample Statewide is, n=1,000, with a Credibility Interval (CI) similar to a poll’s margin of error (MOE) of +/-3 percentage points. New York City used an oversample of n=1,000 for additional analysis but was proportionally 45.3 percent of the sample.</p>
<p>11. A description of how the weights were calculated, including the variables used and the sources of weighting parameters, if weighted estimates are reported.</p>	<p>The data was weighted based on gender, age, ethnicity, education and region using 2018 ACS US Census estimates. Regions were broken out by Congressional districts with Region 1 representing Districts 1-4 Region 2, Districts 5-16 Region 3, Districts 17-27</p>
<p>12. If the results reported are based on multiple samples or multiple modes, the preceding items will be disclosed for each. Reviewer: Type NA if not applicable.</p>	<p>As discussed above the data was collected using a blended approach of IVR, Text Message and Online Panels</p>
<p>13. Contact for obtaining more information about the study.</p>	<p>Barbara Aaron Director of Communications CUNY Graduate School of Public Health & Health Policy barbara.aaron@sph.cuny.edu (646) 364-9772</p>

CUNY Graduate School of Public Health and Health Policy Tracking Survey: COVID-19

Week 7 Instrument (English)

1. What do you think are your chances of getting sick with Coronavirus?
 - a. Very high
 - b. High
 - c. Low
 - d. Very low

2. Do you know personally someone who has tested positive for Coronavirus?
 - a. Yes
 - b. No

3. Have you been tested for Coronavirus? This would be a nasal or throat swab performed by a medical or health professional.
 - a. Yes (go to 4)
 - b. No (go to 13)

4. Did your test confirm you have or had coronavirus?
 - a. Yes (go to 5)
 - b. No (go to 9)
 - c. Results have not come back yet (go to 9)

5. Were you the first person to test positive in your household?
 - a. Yes
 - b. No

6. Where do you think you got the infection?

- a. Home
- b. Work
- c. Public transit
- D. I dont know
- E. Other

7. Do you know personally whether you have infected someone else with COVID-19?

- a. Yes
- b. No (go to 9)
- C. I don't know (go to 9)

8. Where do you think you got them infected?

- a. Home
- b. Work
- c. Public transit
- d. Other

9. When were you tested?

- a. Today
- b. Within the last few days
- c. Within the last week
- d. Within the last two weeks
- e. Within the last month
- f. More than a month ago

10. How many other people in your household were tested for the coronavirus?

- a. None
- b. 1
- c. 2

- d. 3
- e. 4
- f. 5
- g. 6
- h. 7
- i. 8
- j. 9

11. How many of these people tested positive?

- a. None
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7
- i. 8
- j. 9

12. Where did you get tested for coronavirus?

- a. Hospital or emergency room
- b. Urgent care
- c. My primary care doctor or another doctor
- d. A local health department or drive thru facility
- e. Other

13. Have you ever asked a healthcare professional for a COVID-19 test but were unable to get the test?

- a. Yes
- b. No (go to 15)

14. Why did you not get the test?

- 1. Did not have enough symptoms
- 2. Could not afford the test
- 3. Other _____

15. Is or was anyone in your household sick at home with a fever or symptoms that you think were caused by Coronavirus?

- a. Yes,
- b. No (go to 17)

16. How many people?

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6
- g. 7
- h. 8

17. Were you or anyone in your household hospitalized for COVID-19?

- a. Yes
- b. No

18. Do you know personally someone who has died from Coronavirus?

- a. Yes
- b. No

19. The following questions apply to any new benefits you have received during the COVID-19 epidemic. To begin, a Stimulus Check

- a. Yes
- b. No

20. Unemployment benefits

- a. Yes
- b. No

21. any other financial assistance

- a. Yes
- b. No

22. Deferment of debt or mortgage

- a. Yes.
- b. No

23. Deferment of payment of rent

- a. Yes
- b. No

24. Received food or meals from expanded school meal program

- a. Yes
- b. No

25. Received food or meals from other city programs, nonprofits or religious organizations?

- a. Yes
- b. No

26. Received SNAP benefits

- a. Yes
- b. No
- c. I was on SNAP before the Coronavirus started

27. Any other form of support you have received since the beginning of the COVID-19 epidemic please list

28. Please indicate how much you agree or disagree with the following statements. - If a vaccine to prevent the Coronavirus were ready to be tested in a clinical trial today, I would volunteer to be in the trial.

- a. Strongly disagree

- b. Disagree
- c. Agree
- d. Strongly agree

29. When a vaccine for the Coronavirus becomes available, I will get it.

- a. Strongly disagree
- b. Disagree
- c. Agree
- d. Strongly agree

30. When a vaccine for the Coronavirus becomes available, I will have my child get it.

- a. Not applicable
- b. Strongly disagree
- c. Disagree
- d. Agree
- e. Strongly agree

31. When was the last time you were vaccinated for the flu?

- a. Less than 1 year ago
- b. 1-2 years ago
- c. 3 or more years ago
- d. I have never been vaccinated for the flu

32. Do you currently have health insurance?

- a. Yes

- b. No
- c. Unsure

33. Did you lose your health insurance since the COVID-19 epidemic started?

- a. Yes
- b. No
- c. Unsure

34. How many people currently live in your household including yourself?

- a. I live alone
- b. 2 people
- c. 3 people
- d. 4 people
- e. 5 people
- f. 6 people
- G. 7 people
- H. 8 people

I. 9 or more people live in my household

35. Which of the following best describes your current employment status?

- 1) Full time and an Essential worker
- 2) Full time not an essential worker
- 3) Part time and an essential worker
- 4) Part time and not an essential worker
- 5) Unemployed
- 6) Stay at home parent or homemaker
- 7) Student

8) Retired

9) Other

36. What is your age range?

18-29

30-44

45-59

60+

37. What is your race?

Latinx/Hispanic

African American/Black

Asian

Caucasian/ White

Multiple/other

38. What is the highest level of education you have received?

High school degree or less

Some college

Bachelor's Degree

Post graduate degree

39. What is your gender?

Male

Female

Prefer not to say

Other

40. What is your household income?

Less than \$50,000

\$50,000-\$100,000

More than \$100,000

41. What congressional district do you live in (1-27 drop down)

CUNY Graduate School of Public Health and Health Policy Tracking Survey: COVID-19

Week 7 Instrument (Spanish)

1. Cuánto crees que es la probabilidad que te enfermes con Coronavirus?

- a. Muy alto
- b. Alto
- c. Bajo
- d. Muy bajo

2. Conoce a alguien personalmente que ha probado positivo por el Coronavirus?

- a. Si
- b. No

3. Has sido probado para Coronavirus? Esto sería un hisopo nasal o de garganta realizado por un profesional médico.
 - a. Si (ve a 4)
 - b. No (ve a 13)

4. Tu prueba confirmó que tienes o tuviste coronavirus?
 - a. Si (ve a 5)
 - b. No (ve a 9)
 - c. Los resultados no han vuelto todavía (ve a 9)

5. Fuiste la primera persona en dar positivo en tu casa?
 - a. Si
 - b. No

6. Donde crees que se infecto?
 - a. casa
 - b. trabajo
 - c. transporte publico
 - D. no se
 - E. otro

7. Sabe personalmente si ha infectado a otra persona con coronavirus?
 - a. Si
 - b. No (ve a 9)
 - C. No se (ve a 9)

8. Donde crees que lo infecto?
 - a. Casa
 - b. Trabajo

c. Transporte publico

d. Otro

9. Cuando te probaron?

a. Hoy

b. En los últimos días

c. En la última semana

d. En las últimas dos semanas

e. En el último mes

f. Mas que un mes

10. Cuantas otras personas en su casa se probaron por coronavirus

Ninguno

1

2

3

4

5

6

7

8

9

11. Cuántas de esas personas resultaron positivo?

Ninguno

1

2

3

4

5

6

7

8

9

12. Donde fuiste probado para coronavirus?

a. Hospital o sala de emergencia

- b. Atención primaria urgente
- c. Mi doctor de atención primaria o otro doctor
- d. Un departamento de salud local o un facilidad con servicio a vehículos
- e. Otro

13. Alguna vez le ha pedido a un profesional de la salud para una prueba de COVI-19 pero no pudo hacerse la prueba?

- a. Si
- b. No (ve a 15)

14. Por qué no te hiciste la prueba?

- 1. No tenía suficientes síntomas
- 2. No podía pagar la prueba
- 3. Otro _____

15. Está o estuvo alguien en su casa enfermo con fiebre o síntomas que usted cree que fueron causados por Coronavirus?

- A. Si
- B. No (ve a 17)

16. Cuantas personas?

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6
- g. 7
- h. 8

17. Fue usted o alguien en su casa hospitalizado por COVID-19

- a. Si
- b. No

18. Conoces a alguien personalmente a alguien que haya muerto de Coronavirus?

- a. Si
- b. No

19. Las siguientes preguntas se aplican a cualquier nuevo beneficio que haya recibido durante la epidemia COVID-19. Para empezar, un cheque de estímulo

- a. Si
- b. no

20. Prestación por desempleo

- a. Si
- b. No

21. Cualquier otra asistencia financiera

- a. Si
- b. No

22. Aplazamiento de deuda o hipoteca

- a. Si
- b. No

23. Aplazamiento del pago del alquiler

- a. Si
- b. No

24. Alimentos recibidos o del programa de comidas escolares

- a. Si
- b. No

25. Recibió alimentos o comidas de otros programas de la ciudad, organizaciones sin fines de lucro, o organizaciones religiosas?

- a. Si
- b. No

26. Recibí beneficios de SNAP

- a. Si
- b. No
- c. Yo estaba en SNAP antes de que el Coronavirus comenzó

27. Cualquier otra forma de apoyo que han recibido desde el comienzo de la epidemia COVID-19, por favor haga una lista

28. Indique cuánto está de acuerdo o en desacuerdo con las siguientes declaraciones-Si una vacuna para prevenir el Coronavirus estuviera lista para ser probada en un ensayo clínico hoy, me ofrecería como voluntario para estar en el ensayo?

- a. No estoy para nada de acuerdo
- b. No estoy de acuerdo
- c. Estoy de acuerdo
- d. Estoy totalmente de acuerdo

29. Cuando una vacuna para el Coronavirus esté disponible, la recibiré.

- a. No estoy para nada de acuerdo
- b. No estoy de acuerdo
- c. Estoy de acuerdo
- d. Estoy totalmente de acuerdo

30. Cuando una vacuna para el Coronavirus esté disponible, haré que mi hijo la reciba.

- a. No corresponde
- b. No estoy para nada de acuerdo
- c. No estoy de acuerdo
- d. Estoy de acuerdo
- e. Estoy totalmente de acuerdo

31. Cuándo fue la última vez que te vacunaron contra la gripa?

- a. Hace menos de 1 año
- b. Hace 1-2 años
- c. 3 o mas años
- d. Nunca ha sido vacunado contra la gripa

32. Actualmente tiene seguro médico?

- a. Si
- b. No
- c. No se

33. Perdió su seguro médico desde que comenzó la epidemia COVID-19?

- a. Si
- b. No
- c. No se

34. Cuántas personas viven actualmente en su casa, incluyéndose a usted?

- a. Vivo solo

- B. 2 personas
- c. 3 personas
- d. 4 personas
- e. 5 personas
- f. 6 personas
- g. 7 personas
- h. 8 personas
- i. 9 o mas personas

35. Cual de los siguientes describe mejor su estado actual de empleo?

- 1) Tiempo completo y un trabajador esencial
- 2) Tiempo completo y no un trabajador esencial
- 3) Medio tiempo y un trabajador esencial
- 4) Medio tiempo y no un trabajador esencial
- 5) Desempleado
- 6) Padre que se queda en casa o ama de casa
- 7) Estudiante
- 8) Retirado
- 9) Otro

36. Cuál es tu rango de edad?

- 1. 18-29
- 2. 30-44
- 3. 45-59
- 4. 60+

37.. Cual es tu raza?

- 1. Latino/Hispano
- 2. Afro Americano/Negro

3. Asiático
4. Blanco
5. Múltiplo/Otro

38. Cuál es el nivel más alta de educación que has recibido?

1. Escuela Secundaria
2. laguna universidad
3. Bachillerato
4. Postgrado

39. Cuál es su género?

1. Hombre
2. Mujer
3. Prefiero no decir
4. Otro

40. Cuál es su ingreso familiar?

- a. Menos de \$50,000
- b. \$50,000-\$100,000
- c. Mas de \$100,000

42. En cuál distrito congresional vives? (1-27 drop down)