

## ATTACHMENT 5—QUESTIONNAIRE CONTENT FOR NLSY97 INTERIM SUPPLEMENT ON CORONAVIRUS PANDEMIC

In this interim supplement, most NLSY97 respondents will be asked to complete an internet survey. Those who do not complete by internet will be contacted by phone and asked to complete by internet. If internet participation is declined, sample members will be offered a telephone-administered interview. Content will be the same for both modes, though the questionnaire wording may be adjusted depending on mode.

Attachment 5 details the content of the interim supplement questionnaire. The content covers household composition, current employment for the respondent and spouse/partner, changes in employment/earnings during the past 12 months due to COVID, time spent teaching children under age 18, and health.

### Intro

Thank you for participating in the NLS COVID Survey that is being conducted by NORC on behalf of the Bureau of Labor Statistics (BLS). This survey will help measure the impact of coronavirus on your employment and health. Participation in this survey is voluntary – and there is no penalty if you choose not to answer a question.

### Consent

The survey is authorized under Title 29, Section 2, of the United States Code. We estimate the average interview will take about 12 minutes to complete. The U.S. Office of Management and Budget has approved the questionnaire and has assigned 1220-0157 as the survey's control number. This control number expires on 8/31/2022. Without OMB approval and this number, we would not be able to conduct this survey. If you have any comments regarding this survey or recommendations for reducing its length, send them to the Bureau of Labor Statistics, National Longitudinal Surveys, 2 Massachusetts Avenue, N.E., Washington, DC 20212.

*The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. 3572) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.*

BLS may release records to a contractor to compile non-individually identifiable data for use by the general public and federal agencies for research purposes. BLS may provide geographic information to researchers to conduct specific research projects which further the mission and functions of the agency. Such authorized researchers must sign a written agreement making them official agents of the Bureau of Labor Statistics and requiring them to protect the confidentiality of survey participants. These researchers are never provided with the personal identities of participants.

- 1 R CONSENTS TO PARTICIPATE IN THE SURVEY
- 2 R DOES NOT CONSENT TO PARTICIPATE IN THE SURVEY ...(Go To Security\_check\_1)

### Verification

We propose to ask three questions for which the NLS data include prior reports that can be used to assess the 'right' answer that we expect the respondent to confirm. The questions will be placed near the end of the questionnaire. As no feedback is to be given to the respondent indicating whether the 'right' answers were given, respondents would have continued through the full 12-minute questionnaire regardless of the responses provided, no matter where these questions appear. We have chosen to position them near the end of the questionnaire to optimize the survey's flow. We will review responses to verification items after interview completion, following up with respondents whose verification is questionable, or discarding completed interview data altogether if determined to not come from the sampled individual. If an individual exits the questionnaire before completing, verification question data will be reviewed, and field interviewers will receive an alert to confirm respondent identity when following up with those individuals for interview completion.

V1. *Highest degree received* [YSCH-3113]. What is the highest educational degree you have ever received?

- 1 None
- 2 GED ...(Go To YSCH-3877)
- 3 High school diploma (Regular 12 year program) ...(Go To YSCH-3877)
- 4 Associate/Junior college (AA)
- 5 Bachelor's degree (BA, BS)
- 6 Master's degree (MA, MS)
- 7 PhD
- 8 Professional degree (DDS, JD, MD)

V2. *State of birth*. Please indicate the state where you were born from the list below:

- 1 California
- 2 Minnesota
- 3 Texas
- 4 Kentucky
- 5 New York
- 1 None of these states/I was born outside of the U.S.

V3. *Height*. What is your height (in feet and inches)? \_\_\_\_ Feet \_\_\_\_ Inches

## Questionnaire Items

**Intro.** To understand the potential impacts of the Coronavirus pandemic, we'll ask some background questions about you and your household and then some specific questions about how your employment, health, and children's schooling may have been impacted.

First, we are going to ask about your household.

**Q1.** Including adults, children, and yourself, how many people in total **currently** live in your household?  
Please enter a number. \_\_\_\_\_

*If Q1>1 then go to Q1a, if Q1=1 then go to Q3\_intro.*

**Q1a.** How many people under 18 years old **currently** live in your household?  
Please enter a number. \_\_\_\_\_

*If Q1a >0 then go to Q1b, if Q1a=0 then go to Q2*

**Q1b.** How many children under 6 years old **currently** live in your household?  
Please enter a number. \_\_\_\_\_

**Q2.** Do you have a spouse or partner who currently lives in your household?  
1. Yes  
2. No

Q3\_intro. Throughout most of this survey, we will ask you to think about the **last week** when responding. By the last week, we mean the last full week before this one.

**Q3. Last week**, did you do **any** work for either pay? Business owners, include any work done for profit.

1 Yes (go to Q4)

0 No (go to Q7)

**Q4. Last week**, how many hours did you work at all jobs combined?

Please include all hours you worked whether at your normal work site, at home, or in some other location.

\_\_\_\_ hours

**Q5.** How many of those hours did you work at home?

\_\_\_\_ hours

*If Q4 > Q5 ask Q6Contact\_1. Else go to Check12.*

**Q6Contact\_1. Last week**, how frequently did your work outside of your home require you to be in close contact (i.e., within 6 feet) with coworkers, customers, or other people not living in your household?

1. Not at all
2. Rarely
3. Some of the time
4. Most of the time
5. All of the time

*Go to Check12.*

**Q7.Last week**, did you have a job (either full time or part time) from which you were temporarily absent?

1 Yes (go to Q8)

0 No (go to Q11)

**Q8.** What was the main reason you were temporarily absent from your job **last week**?

- 1 I was on layoff or furlough, including because there was not enough work.
- 2 My place of employment was closed.
- 3 I was waiting for a new job to begin.
- 4 I was on vacation or taking leave.

- 5 I was sick, injured, or disabled.
- 6 I had problems with child care or with my child's schooling
- 7 I had family or personal obligations, including caring for sick family members.
- 8 There was a labor dispute or strike.
- 9 I was attending school or training.
- 10 Other reason

**Q8a.** Was this due to the Coronavirus pandemic?

1. Yes
2. No

**Q9. Last week**, were you being paid by your employer for any of the time off?

- 1 Yes
- 0 No

**Q10Contact\_2. Last week**, how frequently would your work have required you to be in close contact (i.e., within 6 feet) with coworkers, customers, or other people not living in your household?

1. Not at all
2. Rarely
3. Some of the time
4. Most of the time
5. All of the time
6. I don't know

*Go to Check12*

**Q11.** What is your main reason for not working for pay **last week**?

- 15 I did not want to be employed at this time.
- 1 I was on layoff or furlough, including because there was not enough work.

- 2 My place of employment was closed.
- 3 I was waiting for a new job to begin.
- 12 I was unable to find employment.
- 4 I was on vacation or taking leave.
- 5 I was sick, injured, or disabled.
- 6 I had problems with child care or with my child's schooling
- 7 I had family or personal obligations, including caring for sick family members.
- 8 There was a labor dispute or strike.
- 11 I was attending school or training.
- 12 Other reason

**Q11a.** Was this due to the Coronavirus pandemic?

- 1. Yes
- 2. No

*Check12: If Q2 = 1 (spouse or partner living in hh), ask Q12; else go to Check15.*

**Q12.** Last week, did your spouse or partner do **any** work for either pay? For business owners, include any work done for profit.

- 1 YES (go to Q13)
- 0 NO (go to Check15)

**Q13.** Last week, how many hours did your spouse or partner work at all jobs combined?

Please include all hours worked whether at the normal work site, at home, or in some other location.

\_\_\_\_ hours

**Q14.** How many of those hours did your spouse or partner work at home?

\_\_\_\_ hours

*Check15. If Q3=1 go to Q15a\_intro; else go to Q15*

**Q15.** Please think about the **last 12 months**. In the **last 12 months**, have you done **any** work for either pay? For business owners, include any work done for profit.

- 1 Yes (go to Q15a)
- 2 No (go to Check16)

**Q15a\_intro.** Please think about the **last 12 months**.

Q15a. Changes in your work or earnings may have occurred because of government restrictions on people's activities, because of your or others' COVID-related illnesses, school or day care closings, or because of the overall changes in the economy because of the Coronavirus pandemic.

At any point in the **last 12 months**, did you experience any of the following changes to your work or earnings due to the Coronavirus pandemic?

- a. I stopped working for an employer (voluntarily or involuntarily) (yes/no)
- b. I started working for a new employer (yes/no)
- c. My hours decreased. (yes/no)
- d. My hours increased. (yes/no)
- e. My earnings, including any overtime pay, tips, and commissions, decreased (yes/no)
- f. My earnings, including any overtime pay, tips, and commissions, increased (yes/no)

*Check16: If Q1a (number of children under 18) >0 then ask Q16\_intro. Else go to Q18\_intro.*

**Q16\_intro.** Now we are going to ask you some questions about schooling for the children under 18 years old living in your household.

**Q16. Last week,** were any children under 18 years old living in your household enrolled in a public school, enrolled in a private school, or educated in a homeschool program for Kindergarten through 12th grade or grade equivalent?

1 Yes (go to Q16a)

2 No (go to Q18\_intro)

**Q16a.** In what type(s) of schooling were children under 18 years old living in your household enrolled or educated?

*Select all that apply.*

1 Public or private school (taught in person or remotely) (go to Q16b)  2 Private school (taught in person or remotely) (go to Q16b)

3 A homeschool program (go to Q18\_intro)

9 Other (go to Q16b)

**Q16b. Last week** were **any** classes taught in-person, at school for any children under 18 years old living in your household?

1. Yes

2. No

**Q16c. Last week** were **any** classes taught using a remote or distance learning format for any children living in your household?

1. Yes (go to Q17)

2. No (go to Q18\_intro)

**Q17.** Do you agree or disagree with the following statement? **Last week** remote or distance learning for children under 18 years old living in my household made it difficult for me to work or do other household tasks.

1. Strongly disagree

2. Disagree

3. Agree

4. Strongly agree



Q18\_intro. Now we're going to ask you some questions about your health.

**Q18.** In general, how is your health?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

**Q19.** Has a doctor or another healthcare professional ever told you that you tested positive for the Coronavirus or COVID-19?

1 Yes

0 No

**Q20.** The following is a list of the ways that you might have felt or behaved recently. After each statement, please indicate how often you felt this way during the **past week**.

During the past week.....

- a. I did not feel like eating; my appetite was poor.
- b. I had trouble keeping my mind on what I was doing.
- c. I felt depressed.
- d. I felt that everything I did was an effort.
- e. My sleep was restless.
- f. I felt sad.
- g. I could not get "going".

0 Rarely / None of the time / 1 Day

1 Some / A little of the time / 1-2 Days

2 Occasionally / Moderate amount of the time / 3-4 Days

3 Most / All of the time / 5-7 Days

Thank you