

COVID-19 Wave Three Survey

Please complete the survey below.

Thank you!

The Coronavirus (COVID-19) is a new disease with flu-like symptoms that is spreading across the world. We are interested in learning more about how the Coronavirus has affected you, your health, your family and your life. This important research will help researchers and policy makers understand how the COVID-19 response has affected health and well-being. Moving forward, this research can help inform responses to future outbreaks. We anticipate the survey will take 40-60 minutes to complete. Upon completion of the survey, you will receive a \$25 gift card within two to three weeks.

If at any time you are not comfortable answering a question, please select the "Refused" option.

By clicking "I agree", I indicate that I consent to complete the following online survey. All information gathered will be kept strictly confidential and all data will be kept secure.

I agree

I voluntarily agree to participate in this research study. I know that I can call SHOW at (888) 433-7469 if I have any other questions about the survey or my rights as a research subject.

Please enter your first name:

Please enter your last name:

Please enter your mailing address in the fields below.

Please enter your mailing address (including house number or apartment number and street name):

City:

State:

- WISCONSIN
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wyoming

Zip code:

Please enter your preferred phone number:

Please enter your email address:

Please select your preferred choice of gift card:

- Amazon e-gift card (sent to your email address)
- Walmart gift card (mailed to your address provided above)
- No payment

We would like to ask you a few questions about how you typically view your health and how you have been feeling recently.

In general, would you say your health is excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Refused

**CV19A002
FMT_EVGGFP.**

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- Enter number of days below
- None
- Don't know
- Refused

**CV19A006
FMT_POOR_HEALTH_DAYS.**

If '1' -> CV19A006_SPECIFY; else -> CV19A007_A

Enter the number of days poor physical or mental health kept you from doing your usual activities during the past 30 days:

**CV19A006_SPECIFY
FMT_NUMERIC.**

2%

Please select which choice represents how you think about COVID-19 right now:

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
COVID-19 is a threat to my community. CV19A007_A FMT_AGREE_5CAT.	<input type="radio"/>				
COVID-19 is a threat in the state of Wisconsin. CV19A007_B FMT_AGREE_5CAT.	<input type="radio"/>				
COVID-19 is a threat in my household. CV19A007_C FMT_AGREE_5CAT.	<input type="radio"/>				

Based on what you know at this time, how safe do you think it is in your community for K-12 students to be in-person learning at school?

**CV19A008
FMT_SAFETY_KIDS.**

- Very safe
 Somewhat safe
 Not very safe
 Not safe at all
 Don't know
 Refused

In your opinion, how safe do you think it is to be indoors without a mask on if you have been vaccinated?

**CV19A009
FMT_SAFETY_INDOORS.**

- Very safe
 Somewhat safe
 Not very safe
 Not safe at all
 Don't know
 Refused

In your opinion, how safe do you think it is to be indoors with a mask on if you have been vaccinated?

**CV19A010
FMT_SAFETY_INDOORS.**

- Very safe
 Somewhat safe
 Not very safe
 Not safe at all
 Don't know
 Refused

4%

Do you think you may have had COVID-19 at any time since COVID-19 began (since January 2020)?

**CV19B001
FMT_YES_NO.**

If "Yes" -> **CV19B009**; else -> **CV19B010_R2**

- Yes
 No
 Don't know
 Refused

Were you hospitalized (or spent at least 1 night in a hospital) for COVID-19?

**CV19B009
FMT_YES_NO.**

- Yes
 No
 Don't know
 Refused

What COVID-19 symptoms did you have?

- CV19B009_1** No symptoms
CV19B009_2 Shortness of breath
CV19B009_3 Fever
CV19B009_4 Cough
CV19B009_5 Loss of taste or smell
CV19B009_6 Body ache
CV19B009_7 Repeated shaking and chills
CV19B009_11 Headache
CV19B009_12 Diarrhea
CV19B009_9 Don't know
CV19B009_10 Refused

6%

Now we will ask about COVID-19 testing.

Have you ever been tested for COVID-19 using a nasal swab or saliva sample?

- Yes
 No
 Don't know
 Refused

CV19B010_R2
FMT_YES_NO.

If "Yes" -> CV19B010_R2_#; else -> CV19B016

Why did you get tested for COVID-19?

Select all that apply:

- CV19B010_R2_1 I did not have symptoms, but was just worried
 CV19B010_R2_2 I had COVID-19 symptoms
 CV19B010_R2_3 I was exposed to someone with COVID-19
 CV19B010_R2_4 I wanted to attend a social gathering and wanted to be sure I did not have COVID-19
 CV19B010_R2_5 I wanted to see family and needed to be sure I did not have COVID-19
 CV19B010_R2_6 Testing is required for my job
 CV19B010_R2_7 Testing was required before I had a routine medical procedure such as surgery or other screening tests
 CV19B010_R2_8 Other: specify **If checked -> CV19B010_R2_8_OTHER**
 CV19B010_R2_9 Don't know
 CV19B010_R2_10 Refused

Specify "other" please:

CV19B010_R2_8_OTHER
\$FMT_CHAR.

How many times have you been tested for COVID-19 by nasal swab or saliva sample?

- One time
 Two times
 Three times
 Four or more times
 Don't know
 Refused

CV19B010_R2_A
FMT_COVID_TESTS.

If '1' -> CV19B010_R2_B;
if '2', '3', or '4' -> CV19B010_R2_C;
else -> CV19B016

What were the test results?

- Positive
 Negative
 Still waiting for the results
 Don't know
 Refused

CV19B010_R2_B
FMT_COVID_TEST_RESULTS.

If '1' -> CV19LH001_1; else -> CV19B010_R2_C

Were any of the test results positive?

- Yes, at least one of my test results were positive
 No, all my test results were negative
 Don't know
 Refused

CV19B010_R2_C
FMT_COVID_TEST_POSITIVE.

If '1' -> CV19LH001_1; else -> CV19B016

Did any of your close family members or friends test positive for COVID-19?

- Yes
 No
 Don't know
 Refused

CV19B016
FMT_YES_NO.

If "Yes" -> CV19B016_A; else -> CV19B017

Did any of your close family members or friends die due to COVID-19?

- Yes
 No
 Don't know
 Refused

CV19B016_A
FMT_YES_NO.

8% Complete

Did any of your close family members or friends try to get tested or receive medical care for COVID-19, but were turned away?

- Yes
 No
 Don't know
 Refused

CV19B017
FMT_YES_NO.

Since February 1, 2021, were you or any of your household members contacted by a health professional about potential exposure to COVID-19?

- Yes
 No
 Don't know
 Refused

CV19B017_A_W3
FMT_YES_NO.

If "Yes" -> **CV19B017_B_W3**; else -> **CV19N001_R2**

Since February 1, 2021 were you or any household members told by a health professional to self-quarantine?

- Yes
 No
 Don't know
 Refused

CV19B017_B_W3
FMT_YES_NO.

Compared to six months ago, do more, less, or the same number of individuals live in your household?

- More
 Less
 The same
 Don't know
 Refused

CV19N001_R2
FMT_MORELESS_NEW.

10% Complete

Please indicate the number of individuals living in your household (not including yourself) within each age group:

	0	1	2	3	4	5	6 or more
0 - 2 years old	<input type="radio"/> CV19N002_1 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>					
3 - 5 years old	<input type="radio"/> CV19N002_9 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>					
6 - 12 years old	<input type="radio"/> CV19N002_10 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>					
13 - 17 years old	<input type="radio"/> CV19N002_3 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>					
18 - 40 years old	<input type="radio"/> CV19N002_4 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>					
41 - 54 years old	<input type="radio"/> CV19N002_5 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>					
55 - 65 years old	<input type="radio"/> CV19N002_6 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>					
65 - 75 years old	<input type="radio"/> CV19N002_7 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>					
75 + years old	<input type="radio"/> CV19N002_8 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>					

After you tested positive for COVID-19, did you have any symptoms that lasted for LONGER than 30 days?

- Yes
 No
 Don't know
 Refused

CV19LH001
FMT_YES_NO.

If "Yes" -> CV19LH002; else -> CV19DX001_1

How much are these symptoms affecting your daily life?

- Not at all
 A little
 A lot
 Don't know
 Refused

CV19LH002
FMT_LH002_.

If '2', '3' -> CV19LH003_#; else -> CV19LH004

Which areas of your life have been affected by these symptoms? (select all that apply)

- CV19LH003_1 Walking about/mobility
 CV19LH003_2 Self-care - washing and dressing myself
 CV19LH003_3 Usual activities - cooking cleaning, daily chores
 CV19LH003_4 Exercise
 CV19LH003_5 Job or paid work
 CV19LH003_6 Volunteer or unpaid work
 CV19LH003_7 Family life
 CV19LH003_8 Relationships with friends, co-workers or other
 CV19LH003_9 Don't know
 CV19LH003_10 Refused

What COVID-19 symptoms lasted for LONGER than 30 days
? (select all that apply)

If '1', '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '12', '13',
'14', '15', '16', '17', '18', '19', '20', '21', '22', '23', '24',
'25', '26' -> CV19LH005_#; else -> CV19DX00#

- Fatigue, **CV19LH004_1**
- Muscle or body aches **CV19LH004_2**
- Shortness of breath or difficulty breathing **CV19LH004_3**
- Difficulty concentrating or focusing **CV19LH004_4**
- Inability to exercise or be active **CV19LH004_5**
- Headache **CV19LH004_6**
- Difficulty sleeping **CV19LH004_7**
- Anxiety **CV19LH004_8**
- Memory problems **CV19LH004_9**
- Dizziness **CV19LH004_10**
- Persistent chest pain or pressure **CV19LH004_11**
- Cough **CV19LH004_12**
- Joint pain **CV19LH004_13**
- Heart palpitations **CV19LH004_14**
- Diarrhea **CV19LH004_15**
- Sore throat **CV19LH004_16**
- Night sweats **CV19LH004_17**
- Partial or complete loss of smell **CV19LH004_18**
- Intermittent unexplained elevated heart rate (Tachycardia) **CV19LH004_19**
- Fever or chills **CV19LH004_20**
- Hair loss **CV19LH004_21**
- Blurry vision **CV19LH004_22**
- Congested or runny nose **CV19LH004_23**
- Sadness **CV19LH004_24**
- A numb or tingling sensation in feet or hands (neuropathy) **CV19LH004_25**
- Other: specify **CV19LH004_26_OTHER** **If checked -> CV19LH004_26_OTHER**
- Don't know **CV19LH004_27**
- Refused **CV19LH004_28**

Specify "other" please:

CV19LH004_26_OTHER
\$FMT_CHAR.

During which month(s) of 2020-2021 did symptom(s)
occur?

- January 2020 **CV19LH005_1**
- February 2020 **CV19LH005_2**
- March 2020 **CV19LH005_3**
- April 2020 **CV19LH005_4**
- May 2020 **CV19LH005_5**
- June 2020 **CV19LH005_6**
- July 2020 **CV19LH005_7**
- August 2020 **CV19LH005_8**
- September 2020 **CV19LH005_9**
- October 2020 **CV19LH005_10**
- November 2020 **CV19LH005_11**
- December 2020 **CV19LH005_12**
- January 2021 **CV19LH005_13**
- February 2021 **CV19LH005_14**
- March 2021 **CV19LH005_15**
- April 2021 **CV19LH005_16**
- May 2021 **CV19LH005_17**
- June 2021 **CV19LH005_18**
- July 2021 **CV19LH005_19**
- August 2021 **CV19LH005_20**
- Don't know **CV19LH005_21**
- Refused **CV19LH005_22**

For approximately how many days did the longest
symptom(s) last?

CV19LH006
FMT_NUMERIC.

Are you still suffering from any symptoms?

CV19LH007
FMT_YES_NO.

- Yes
 No
 Don't know
 Refused

Since January 1st, 2020, have you been newly diagnosed with any of the following conditions or had any of the following procedures (select all that apply):

- Blood clots CV19DX001
 Stroke or TIA CV19DX002
 Pulmonary embolism CV19DX003
 Heart attack (cardiac arrest) CV19DX004
 Heart failure CV19DX005
 Myocarditis CV19DX006
 Heart damage or scarring CV19DX007
 Pacemaker implant CV19DX008
 Lung fibrosis CV19DX009
 Lung damage or scarring CV19DX010
 Pneumonia CV19DX011
 Acute Respiratory Distress Syndrome (ARDS) CV19DX012
 Oxygen supplementation CV19DX013
 Dialysis CV19DX014
 Kidney damage CV19DX015
 Renal failure CV19DX016
 Other (please specify) If checked -> CV19DX0018_OTHER CV19DX017
 None of the above CV19DX018
 Don't know CV19DX019
 Refused CV19DX020

Specify "other" please:

CV19DX018_OTHER
\$FMT_CHAR.

Have you had a COVID-19 vaccine?

CV19VC001
FMT_YES_NO.

- Yes
 No
 Don't know
 Refused

If "Yes" -> CV19VC002, If "No" -> CV19VC004

Have you completed all of the recommended doses?

CV19VC002
FMT_YES_NO.

- Yes
 No
 Don't know
 Refused

If "No" -> CV19VC003

Do you plan on getting the second dose of the COVID-19 vaccine?

CV19VC003
FMT_YES_NO.

- Yes
 No
 Don't know
 Refused

Do you plan to get the COVID-19 vaccine?

CV19VC004
FMT_YES_NO.

- Yes
 No
 Don't know
 Refused

If "Yes" -> CV19VC005; if "No" OR "Don't Know" -> CV19VC006_1

When would you like to get the COVID-19 vaccine?

CV19VC005
PLAN_FOR_VACCINE.

- As soon as it is available to me
 Eventually, but not right away
 Don't know
 Refused

If "Don't Know" -> CV19VC006_1

The following statements are some things that might make some people feel more or less likely that they will get the COVID-19 vaccine. Please rate if each statement would make you feel "less likely", "neither more or less likely", or "more likely" to get the vaccine in the future.

If "You felt the vaccine was safe,"

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get the vaccine in the future:

If '3' -> CV19VC006_1_NOTES; else -> CV19VC006_2

- Less likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC006_1
FMT_LIKELY_3CAT.

What information would you need to feel the vaccine is safe?

CV19VC006_1_NOTES
\$FMT_CHAR.

If "You thought the vaccine was effective,"

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get the vaccine in the future:

If '3' -> CV19VC006_2_NOTES; else -> CV19VC006_3

- Less likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC006_2
FMT_LIKELY_3CAT.

What information would you need to feel the vaccine is effective?

CV19VC006_2_NOTES
\$FMT_CHAR.

If "The process of getting vaccinated was easy,"

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get the vaccine in the future:

If '3' -> CV19VC006_3_NOTES; else -> CV19VC006_4

- Less likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC006_3
FMT_LIKELY_3CAT.

What would make the process of getting vaccinated easy?

CV19VC006_3_NOTES
\$FMT_CHAR.

If "Your friends and family did not have negative side effects from the vaccine,"

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get the vaccine in the future:

- Less likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC006_4
FMT_LIKELY_3CAT.

If "A friend or family member that you trust recommended you get the vaccine,"

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get the vaccine in the future:

- Less likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC006_5
FMT_LIKELY_3CAT.

If "Getting vaccinated was required for your job,"

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get the vaccine in the future:

- Less likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC006_6
FMT_LIKELY_3CAT.

If "You trusted public health authorities,"

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get the vaccine in the future:

- Less likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC006_7
FMT_LIKELY_3CAT.

If "A trusted health care provider told you to get vaccinated,"

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get the vaccine in the future:

- Less likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC006_8
FMT_LIKELY_3CAT.

If "A vaccine was required to attend a social event,"

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get the vaccine in the future:

- Less likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC006_9
FMT_LIKELY_3CAT.

If "You were provided an incentive,"

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get the vaccine in the future: **if "3" -> CV19VC006_10_NOTES; else -> CV19VC006_11**

- Less likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC006_10
FMT_LIKELY_3CAT.

What incentive would make you more likely to get the vaccine?

CV19VC006_10_NOTES
\$FMT_CHAR.

If "Someone you knew was hospitalized or died because of COVID-19,"

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get the vaccine in the future:

- Less likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC006_11
FMT_LIKELY_3CAT.

If "A news source that you trusted said it was important to be vaccinated,"

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get the vaccine in the future:

- Less likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC006_12
FMT_LIKELY_3CAT.

If "Religious leaders said you should get vaccinated,"

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get the vaccine in the future:

- Less likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC006_13
FMT_LIKELY_3CAT.

Have you talked with your primary health care provider about the COVID-19 vaccine?

- Yes
 No
 Don't know
 Refused

CV19VC011
FMT_YES_NO.

Do you consider your primary health care provider a good source for information on the COVID-19 vaccine?

- Yes
 No
 Don't know
 Refused

CV19VC012
FMT_YES_NO.

Have you talked with other health care workers (i.e., nurses or community health worker) other than your primary health care provider about the COVID-19 vaccine?

- Yes
 No
 Don't know
 Refused

CV19VC013
FMT_YES_NO.

Do you consider other health care workers (i.e., nurses or community health worker) a good source for information on the COVID-19 vaccine?

- Yes
 No
 Don't know
 Refused

CV19VC014
FMT_YES_NO.

Do you know how to find a vaccination site?

- Yes
 No
 Don't know
 Refused

CV19VC015
FMT_YES_NO.

How far do you have to travel to get to a COVID-19 vaccination? (provide your best estimate)

- 0 to 10 miles
 11 to 25 miles
 26 to 50 miles
 Over 50 miles
 Don't know
 Refused

CV19VC016
TRAVEL_VACCINE_SITE.

Would you have transportation to a vaccination site?

- Yes
 No
 Don't know
 Refused

CV19VC017
FMT_YES_NO.

Have any of your children been vaccinated?

- Yes, all of my children have been vaccinated
 Yes, some but not all of my children have been vaccinated
 No
 None are eligible
 Don't know
 Refused

CV19VC018
CHILDREN_VACCINATED.

If '1', '2', '3' -> CV19VC019; else CV19VC020

Is/were your child/children involved in the decision making process on getting the COVID-19 vaccine?

- Yes
 No
 Don't know
 Refused

CV19VC019
FMT_YES_NO.

Do you plan on getting your unvaccinated child/children vaccinated in the foreseeable future?

- Yes, all of them
 Yes, some of them
 No
 Depends if child/children want the vaccine
 Don't Know
 Refused

CV19VC020
CHILDREN_VACCINATED_FUTURE.

If '1' -> CV19VC002; else -> CV19VC022

The following statements are things that might make some people feel more or less likely that they will get their children the COVID-19 vaccine. Please select whether each statement would make you feel "less likely", "neither more or less likely", or "more likely" to get your children the vaccine in the future.

If "You felt the vaccine was safe for your child/children"

- Less Likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC022
FMT_LIKELY_3CAT.

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get your children the vaccine in the future?

If '3' -> CV19VC023_NOTES; else -> CV19VC024

What information would you need to feel the vaccine is safe for your child/children?

CV19VC023_NOTES
\$FMT_CHAR.

If "You felt the vaccine was effective for your child/children"

- Less Likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC024
FMT_LIKELY_3CAT.

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get your children the vaccine in the future?

If '3' -> CV19VC025_NOTES; else -> CV19VC026

What information would you need to feel the vaccine is effective for your child/children?

CV19VC025_NOTES
\$FMT_CHAR.

If "The process of getting vaccinated was easy for my child/children,"

- Less Likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC026
FMT_LIKELY_3CAT.

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get your children the vaccine in the future?

If '3' -> CV19VC027_NOTES; else -> CV19VC028

What would make the process of getting vaccinated easy for your child/children?

CV19VC027_NOTES
\$FMT_CHAR.

If "Your friends and families' children did not have negative side effects from the vaccine,"

- Less Likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC028
FMT_LIKELY_3CAT.

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get your children the vaccine in the future?

If "A friend or family member that you trust recommended your child/children get the vaccine,"

- Less Likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC029
FMT_LIKELY_3CAT.

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get your children the vaccine in the future?

If "Getting vaccinated was required for your child's school,"

- Less Likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC030
FMT_LIKELY_3CAT.

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get your children the vaccine in the future?

If "You trusted public health authorities,"

- Less Likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC031
FMT_LIKELY_3CAT.

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get your children the vaccine in the future?

If "A trusted health care provider told you to get your child/children vaccinated,"

- Less Likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC032
FMT_LIKELY_3CAT.

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get your children the vaccine in the future?

If "A vaccine was required for your child/children to attend a social event,"

- Less Likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC033
FMT_LIKELY_3CAT.

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get your children the vaccine in the future?

If "A news source that you trusted said it was important to get your child/children vaccinated,"

- Less Likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC034
FMT_LIKELY_3CAT.

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get your children the vaccine in the future?

If "Religious leaders said your child/children should get vaccinated,"

- Less Likely
 Neither more or less likely
 More likely
 Don't know
 Refused

CV19VC035
FMT_LIKELY_3CAT.

Would that make you feel "less likely", "neither more or less likely", or "more likely" to get your children the vaccine in the future?

17% Complete

Has your health insurance provider changed because of COVID-19?

- Yes
 No
 Don't know
 Refused

If '1' -> CV19C003; else -> CV19D006_1_W3

CV19C002
FMT_YES_NO.

How has your insurance provider changed?

- I no longer have health insurance
 I applied for COBRA or continuing insurance through a previous employer
 I got insurance through a family member (parent or spouse)
 I applied for a government health insurance plan.
 Don't know
 Refused

CV19C003
FMT_INSURANCE_CHANGE.

18% Complete

We are now going to ask several questions about the types of activities you have done since February 1, 2021, because of COVID-19.

Have you done any of the following because of COVID-19 since February 1, 2021?

Select all that apply:

- Self-quarantined - avoided all contact with others outside your home for at least 14 days **CV19D006_1_W3**
- Stayed at home most of the time **CV19D006_2_W3**
- Practiced social distancing - remained 6 feet away from others in public **CV19D006_3_W3**
- Routinely washed hands for a minimum of 20 seconds **CV19D006_4_W3**
- Worn a mask **CV19D006_5_W3**
- Avoided shaking hands **CV19D006_6_W3**
- Visited elderly relatives **CV19D006_7_W3**
- Visited friends or relatives **CV19D006_8_W3**
- Bought food for elderly relatives **CV19D006_9_W3**
- Bought food for friends and family **CV19D006_10_W3**
- Took public transportation to work **CV19D006_12_W3**
- Canceled a social gathering I had planned **CV19D006_13_W3**
- Canceled travel plans I had made **CV19D006_14_W3**
- None of these **CV19D006_15_W3**
- Other: _____ **CV19D006_16_W3** **If checked -> CV19D006_16_OTHER_W3**
- Don't know **CV19D006_17_W3**
- Refused **CV19D006_18_W3**

Please specify "other"

CV19D006_16_OTHER_W3
\$FMT_CHAR.

People deal with change, stress and anxiety in different ways. Since February 1, 2021, have you done any of the following as a way to help cope with COVID-19: (select all that apply)

- Read books for pleasure **CV19D007_1_W3**
- Took walks outside **CV19D007_2_W3**
- Exercised/worked out **CV19D007_3_W3**
- Watched television **CV19D007_4_W3**
- Watched online movies or shows **CV19D007_5_W3**
- Baked and cooked **CV19D007_6_W3**
- Played games (online, card, or board games) **CV19D007_7_W3**
- Wrote in a journal **CV19D007_8_W3**
- Worked on art projects **CV19D007_9_W3**
- Gardened or worked on home improvement projects **CV19D007_10_W3**
- Played music **CV19D007_11_W3**
- Had a video call with friends or family **CV19D007_12_W3**
- Attended religious or spiritual events online via streaming or social media **CV19D007_13_W3**
- Yoga **CV19D007_14_W3**
- Meditating **CV19D007_15_W3**
- Prayer **CV19D007_16_W3**
- None of these **CV19D007_17_W3**
- Don't know **CV19D007_18_W3**
- Refused **CV19D007_19_W3**

19% Complete

Since February 1, 2021, did your eating habits change due to COVID-19?

If "Yes" -> **CV19V002** ; else -> **CV19E001**

CV19V001_W3
FMT_EATING_CHANGE.

- No, they didn't
- Yes, they are worse
- Yes, they improved
- Don't know
- Refused

Since February 1, 2021, which of these foods are you consuming MORE than before?

- Fruits and vegetables **CV19V002_2_W3**
 Meat and/or dairy **CV19V002_3_W3**
 Grains/breads **CV19V002_4_W3**
 Desserts and sweets **CV19V002_5_W3**
 Processed foods/snacks **CV19V002_6_W3**
 Coffee or tea **CV19V002_7_W3**
 Sweetened drinks and/or soda **CV19V002_8_W3**
 Homemade dinners, snacks, and/or desserts **CV19V002_9_W3**
 None **CV19V002_1_W3**
 Don't know **CV19V002_10_W3**
 Refused **CV19V002_11_W3**

Since February 1, 2021, which of these foods are you consuming LESS than before?

- Fruits and vegetables **CV19V003_2_W3**
 Meat and/or dairy **CV19V003_3_W3**
 Grains/breads **CV19V003_4_W3**
 Desserts and sweets **CV19V003_5_W3**
 Processed foods/snacks **CV19V003_6_W3**
 Coffee or tea **CV19V003_7_W3**
 Sweetened drinks and/or soda **CV19V003_8_W3**
 Homemade dinners, snacks, and/or desserts **CV19V003_9_W3**
 None **CV19V003_1_W3**
 Don't know **CV19V003_10_W3**
 Refused **CV19V003_11_W3**

Since February 1, 2021, did you change the number of daily meals or snacks you consume?

CV19V004_W3
FMT_EATING_CHNG.

- No, I didn't
 Yes, I skip 1 or more of the main meals (breakfast, lunch, dinner)
 Yes, I skip 1 or more snacks between meals
 Yes I added 1 or more of the main meals
 Yes, I added 1 or more snacks between meals
 Don't know
 Refused

21% Complete

Now we are going to ask you some questions about your current or previous job to better understand how COVID-19 has affected the financial well-being of families.

What is your job or employment status right now?

CV19E001
FMT_COV_EMP.

- Working full-time for pay
 Working part-time for pay
 Not working for pay and looking for a job
 Not working for pay and not looking for a job
 Student
 Retired and not looking for a job
 Other, specify below **If checked -> CV19E001_OTHER**
 Don't know
 Refused

Specify your current job or employment status:

CV19E001_OTHER
\$FMT_CHAR.

Which of the following have you experienced since February 1, 2021?

Select all that apply:

- CV19E004_1_W3 Experienced no changes in my job or employment
 CV19E004_2_W3 Began to work remotely from home
 CV19E004_3_W3 Continued to work outside my home
 CV19E004_4_W3 Had salary or hourly wage decreased
 CV19E004_5_W3 Had salary or hourly wage increased
 CV19E004_6_W3 Had hours decreased
 CV19E004_7_W3 Had hours increased
 CV19E004_8_W3 Was temporarily laid-off - reduced number of days and salary
 CV19E004_9_W3 Lost my job
 CV19E004_10_W3 Was given additional sick leave
 CV19E004_11_W3 Other: _____ **If checked -> CV19E004_11_OTHER**
 CV19E004_12_W3 Don't know
 CV19E004_13_W3 Refused

Specify "other" please:

CV19E004_11_OTHER_W3
\$FMT_CHAR.

How worried are you that you will lose your job in the next three months?

CV19E013
FMT_WORRY.

- Very worried
 Somewhat worried
 Unsure
 Not very worried
 Not worried at all
 Don't know
 Refused

Have you experienced a loss in retirement funds due to COVID-19?

CV19E014_R2
FMT_YES_NO_NOT_AP.

- Yes
 No
 Not applicable
 Don't know
 Refused

Have you experienced a loss in household income due to other household members being affected by COVID-19?

CV19E015
FMT_YES_NO.

- Yes
 No
 Don't know
 Refused

23% Complete

Have you ever been unable to pay your rent or your mortgage because of COVID-19?

CV19F002
FMT_YES_NO_NOT_AP.

- Yes
 No
 Not applicable
 Don't know
 Refused

Did you have to relocate (move or change where you were living) to a different location because of COVID-19?

- Yes
 No
 Don't know
 Refused

Which of the following best describes where you currently live (house, apartment, condo, mobile home, etc.)?

- Owned by you or someone in this household with a mortgage or loan
 Owned by you or someone in this household (free and clear without a mortgage or loan)
 Rented
 Occupied without payment of rent
 Don't know
 Refused

How worried are you that you may be forced to move from the household/unit where you live in the next five years?

- Not worried at all
 Not worried
 Somewhat worried
 Very worried
 Don't know
 Refused

What are the reasons you are worried that you may be forced to move from the household/unit where you live in the next five years?

- I/we will be evicted because we can not pay rent or mortgage
 The landlord will lose the property due to foreclosure
 Eviction (for reasons other than payment of rent)
 The city will condemn the property and force me to leave
 The owner or person who pays the rent may ask me to leave for another reason
 The neighborhood is too dangerous
 Does not apply
 Other (specify)
 Don't know
 Refused

Specify "other" please:

And in the next 5 years, how likely or unlikely is it that you may be forced to move from the household/unit where you live in the next five years?

- Very unlikely
 Unlikely
 Somewhat likely
 Very likely
 Don't know
 Refused

What are the reasons you think it is likely that you may be forced to move from the household/unit where you live in the next five years?

- I/we will be evicted because we can not pay rent or mortgage
 The landlord will lose the property due to foreclosure
 Eviction (for reasons other than payment of rent)
 The city will condemn the property and force me to leave
 The owner or person who pays the rent may ask me to leave for another reason
 The neighborhood is too dangerous
 Does not apply
 Other (specify)
 Don't know
 Refused

Specify "other" please:

Have you had to use public transportation to get to work, get groceries or other travel since February 1, 2021?

- Yes
 - No
 - Don't know
 - Refused
-

25% Complete

Now we are interested in learning more about food and access to food. For the following statements, please state whether this was often true, sometimes true, or never true for you and your household since February 1, 2021.

	Often true	Sometimes true	Never true	Don't know	Refused
(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more.	<input type="radio"/>				
The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.	<input type="radio"/>				
(I/we) couldn't afford to eat balanced meals.	<input type="radio"/>				

Since February 1, 2021 have you used any of the following resources or other benefit programs? Select all that apply:

- WIC (Women, Infants, and Children federal program)
- FoodShare benefits (Quest card, SNAP, or Food Stamps)
- Wisconsin Works (also called W2 or welfare)
- TANF (Temporary Assistance for Needy Families federal program)
- School Meals
- Supplemental Security Income (SSI)
- Transportation services
- Unemployment insurance
- Food Pantry/ Food boxes
- I did not use any benefits programs
- Other benefit program: _____
- Don't know
- Refused

Please specify the other benefit program: _____

26% Complete

Please rate how well the following statements regarding your finances have applied to you since February 1, 2021:

	Completely	Very Well	Somewhat	Very Little	Not at all
Because of my money situation, I feel like I will never have the things I want in life.	<input type="radio"/>				
I am just getting by financially.	<input type="radio"/>				
I am concerned that the money I have or will save won't last.	<input type="radio"/>				

28% Complete

Please rate how well the following statements regarding your finances have applied to you since February 1, 2021:

	Always	Often	Sometimes	Rarely	Never
I have money left over at the end of the month	<input type="radio"/>				
My finances control my life	<input type="radio"/>				

29% Complete

Health information on the internet

The next set of items asks for your opinion about and your experience using the Internet for health information. For each statement, select the response that best reflects your opinion and experience right now.

	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
I know how to find helpful health resources on the Internet	<input type="radio"/>				
I know how to use the health information I find on the Internet to help me	<input type="radio"/>				

32% Complete

Emotional Health and Mental Well-Being

Over the past two weeks, how often have you been bothered by or experienced any of the following problems:

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all or less than 1 day	1-2 days	3-4 days	5-7 days
In the past 7 days, how often have you felt lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past 7 days, how often have you felt hopeful about the future?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past 7 days, how often have you had physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart, when thinking about your experience with the COVID-19 pandemic (for example social distancing, loss of income/work, concerns about infection)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37% Complete

How often do you get the social and emotional support you need?

- Always
- Usually
- Sometimes
- Rarely
- Never
- Don't know
- Refused

In general, how satisfied are you with your life?

- Very satisfied
- Somewhat satisfied
- Somewhat unsatisfied
- Very unsatisfied
- Don't know
- Refused

39% Complete

The following questions are related to how your access to health care may have changed since February 1, 2021 due to COVID-19.

There are many reasons people delay getting medical care.

Since February 1, 2021, have you delayed getting care for any of the following reasons due to COVID-19?

Select all that apply:

- No delay in care
- You could not get through on the telephone
- You could not get an appointment soon enough
- You went, but had to wait too long to see a doctor or health professional
- You did not have transportation
- You were afraid to get care because of COVID-19
- The clinic or doctor's office was not open when you got there
- Postponed or cancelled due to COVID-19
- Other
- Don't Know
- Refused

Specify "other" please:

Since February 1, 2021, was there any time when you needed any of the following but could not get it because of COVID-19?

Select all that apply:

- Prescription medication
- Mental health care or counseling
- Dental care (including check-ups)
- Eyeglasses
- Audiology (hearing) care
- Contraception
- Prenatal or postpartum care
- Regular health care (for something other than COVID-19)
- None of these
- Don't Know
- Refused

Since February 1, 2021 were any of the following true for you because of COVID 19?

Select all that apply:

- You took less medicine because you could not get it
- You took less medicine because you could not afford it
- You delayed filling a prescription because of COVID-19
- None of these
- Don't know
- Refused

Some people use "telemedicine" or "telehealth," which is talking on the phone or video chat, to receive health care from their health care or mental health care provider (this does not include phone calls or emails for scheduling appointments).

In the last 60 days, did you receive "telemedicine" or "telehealth"?

- Yes
- No
- Don't know
- Refused

Since February 1, 2021, have you seen or talked to a mental health professional such as a psychiatrist, psychologist, psychiatric nurse or a social worker?

- Yes
- No
- Don't know
- Refused

Since February 1, 2021, did you receive care at home?

- Yes
- No
- Does not apply
- Don't know
- Refused

Since February 1, 2021, have you gone to a hospital emergency room or urgent care for a reason not related to COVID-19?

- Yes
 No
 Don't know
 Refused

Since February 1, 2021 which of the following in-office health care visits or procedures were delayed due to COVID-19?

Select all that apply:

- No appointment delayed
 A major surgical procedure
 A minor procedure
 Mental health care visit
 Regular annual check-up
 Regular dental cleaning or check-up
 A dental procedure such as cavity, crown or other
 A regular eye exam
 A hearing exam
 Alcohol or substance use support program
 Prenatal or postpartum visit
 Don't know
 Refused

What were the reasons for delay?
Select all that apply:

- I couldn't get an appointment
 My appointment was cancelled or unavailable due to Covid-19.
 I didn't have enough money or insurance to pay for my visits
 I didn't have my Insurance card
 I had no way to get to the clinic or doctor's office
 I couldn't take time off from work
 I had no one to take care of my children or other family members
 I had too many other things going on
 I didn't want to risk being exposed to someone with COVID
 Other
 Don't know
 Refused

Since February 1, 2021, which of the following types of healthcare appointments were delayed due to COVID-19?

Select all that apply:

- Allergy appointment
 Asthma or COPD Appointment
 Blood draw
 Cardiac rehab
 Chiropractor
 Colonoscopy for colon cancer screening
 CT or chest x-ray for lung cancer screening
 Eye doctor or optometrist
 Hearing doctor or audiologist
 (if female) Mammogram
 (if female) Pap smear for cervical cancer screening
 Physical or occupational therapy
 Skin or mole check for skin cancer screening
 Speech therapy
 Other (Specify)
 Don't know
 Refused

Specify "other" please:

42% Complete

Current Health Status

We would like to know about any current medical conditions, not related to COVID-19.

Please indicate if you have EVER been told by a doctor or health care professional that you had any of the following.

Select all that apply:

- No medical conditions
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Allergies
- Heart disease
- High blood pressure or hypertension
- High cholesterol or hyperlipidemia
- Diabetes
- Ulcer or stomach disease
- Kidney disease
- Liver disease
- Anemia or other blood disease
- Cancer
- Anxiety
- Depression
- Any dementia or Alzheimer's disease
- Osteoarthritis or degenerative arthritis
- Back pain
- Rheumatoid arthritis
- Other medical condition. Please describe:

- Don't know
- Refused

Specify "other" please: _____

What type(s) of cancer have you been diagnosed with?

Select all that apply:

- Bladder
- Blood
- Bone
- Brain
- Breast
- Cervix/Cervical
- Colon
- Esophagus
- Gallbladder
- Kidney
- Larynx/Windpipe
- Leukemia
- Liver
- Lung
- Lymphoma/Hodgkins disease
- Melanoma
- Mouth/Tongue/Lip
- Nervous system
- Ovary/Ovarian
- Pancreas/Pancreatic
- Prostate
- Rectum/Rectal
- Skin (Non-Melanoma)
- Skin (Unknown)
- Soft tissue (Muscle/Fat)
- Stomach
- Testes/Testicular
- Thyroid
- Uterus/Uterine
- Other
- Don't know
- Refused

Specify "other" please:

45% Complete

The following section of the survey is about your thoughts and experiences regarding pregnancy and contraception use.

Are you aged 50 or older?

- Yes
 No
 Refused

What birth control method are you currently using?
Specify all that apply.

- None
 Birth control pill
 Condom
 Hormonal Implant (for example Norplant)
 Shot (for example Depo-Provera)
 Birth control ring or patch
 Diaphragm
 IUD
 Surgical sterilization (tubal/vasectomy)
 Other (Specify)
 Don't know
 Refused

Specify "other" please:

If you answered "none" please indicate your reason(s):

- I'd like to get pregnant
 Not currently having sex that would lead to pregnancy
 Partner is responsible for contraception
 I or my partner recently had a baby and/or is breastfeeding
 I or my partner cannot get pregnant (for example had hysterectomy)
 Other (specify)
 Don't know
 Refused

Specify "other" please:

In the past 30 days, have you been unable to get or delayed in getting your normal contraceptive method(s) due to the COVID-19 pandemic?

- Yes
 No
 Don't know
 Refused

Please list the reasons that the COVID-19 pandemic has prevented or delayed you from getting your normal contraceptive method(s) during the past 30 days (select all that apply)

- In high-risk group and need to self-quarantine
 Responsible for childcare or sick family member
 Financial (for example reduced income)
 Doctor's office or clinic closed/have reduced hours
 Was told it wasn't safe to go to a provider
 Other (specify)
 Don't know
 Refused

Specify "other" please:

What contraceptive method(s) have you switched to using as result of the COVID-19 pandemic (if you have switched at all)? Select all that apply.

- I have not switched forms of contraception
- I am no longer using any contraception
- Birth control pill
- Condom
- Hormonal Implant (for example Norplant)
- Shot (for example Depo-Provera)
- Birth control ring or patch
- Diaphragm
- IUD
- Surgical sterilization (tubal/vasectomy)
- Other (specify)
- Don't know
- Refused

Specify "other" please:

As a result of the COVID-19 pandemic, some people have changed their pregnancy-related plans. Have you changed your mind about pregnancy in the near future (for example the next three months) as a result of the COVID-19 pandemic?

- No change, I still want to become pregnant in the near future.
- No change, I still do NOT want to become pregnant in the near future.
- I have changed my mind and do NOT want to become pregnant in the immediate future.
- I have changed my mind and DO want to become pregnant in the near future.
- Don't know
- Refused

47% Complete

Individuals with impaired hearing and/or vision may be impacted differently by the COVID-19 outbreak. The following questions ask about your vision and hearing.

Please rate your vision (with glasses if used):

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Refused

Please rate your hearing (with hearing aid if used):

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Refused

Do you use a hearing aid?

- Yes
- No
- Don't know
- Refused

During the COVID-19 pandemic, did you experience difficulty communicating due to others wearing face coverings (e.g. masks)?

- Yes
- No
- Don't know
- Refused

In which of the following situations does this occur?
(Select all that apply)

- With family and friends
- At work
- In public (e.g. grocery stores, restaurants)
- With medical providers
- Did not have difficulty communicating
- Don't know
- Refused

Regarding the difficulty communicating with medical providers, in which of these situations does this occur?
(Select all that apply)

- In-person visits
- Telehealth visits by telephone call
- Telehealth visits by video call (for example, Zoom).
- I did not have difficulties communicating with healthcare providers.
- Does not apply: I did not communicate with a healthcare provider during the COVID-19 pandemic.
- Don't know
- Refused

50% Complete

This next section asks questions about your sleep habits and sleep-related problems.

On a typical weekday, in the past two weeks, how many hours do you think you actually slept? This may be different than the time spent in bed. (Do not include time spent napping). Please round to the closest hour:

On a typical weekend day, in the past two weeks, about how many hours do you think you actually slept? This may be different than the time spent in bed. (Do not include time spent napping). Please round to the closest hour:

In the past month, how would you rate your sleep quality overall?

- Excellent
 Very good
 Good
 Fair
 Poor
 Don't know
 Refused
-

In the past month, how often did you have trouble falling asleep?

- Never
 Rarely (1 time a month)
 Sometimes (2-4 times a month)
 Often (5-15 times a month)
 Almost always (16-30 times a month)
 Don't know
 Refused
-

In the past month, how often did you wake up during the night and have trouble getting back to sleep?

- Never
 Rarely (1 time a month)
 Sometimes (2-4 times a month)
 Often (5-15 times a month)
 Almost always (16-30 times a month)
 Don't know
 Refused
-

In the past month, how often did you wake up too early in the morning and were unable to get back to sleep?

- Never
 Rarely (1 time a month)
 Sometimes (2-4 times a month)
 Often (5-15 times a month)
 Almost always (16-30 times a month)
 Don't know
 Refused
-

In the past month, how often did you feel excessively sleepy during the day?

- Never
 Rarely (1 time a month)
 Sometimes (2-4 times a month)
 Often (5-15 times a month)
 Almost always (16-30 times a month)
 Don't know
 Refused
-

53% Complete

This next section asks questions about your physical activity.

How has your overall level of physical activity changed due to COVID-19? Compare your current activity level to your activity before the COVID-19 pandemic.

- Much less active
 A little less active
 About the same
 A bit more active
 Much more active
 Don't know
 Refused
-

What are you doing to stay active during the COVID-19 outbreak?

Select all that apply:

- Exercise outdoors (walk, bike ride, yard games)
 Use home weightlifting equipment
 Use home cardio equipment (treadmill, elliptical, Stairmaster)
 Workout videos
 Yoga/stretching/Pilates at home
 Calisthenics (exercise using own body weight)
 Other
 I am not doing anything to stay active
 Don't know
 Refused
-

Specify "other" please:

During a typical 7-Day period, how many times on average do you do STRENUOUS EXERCISE for more than 15 minutes during your free time?

Strenuous exercise is when your heart beats rapidly (for example running, jogging, hockey, football, soccer, squash, basketball, cross country skiing, judo, roller skating, vigorous swimming, vigorous long distance bicycling)

Enter the number of times per week:

During a typical 7-Day period, how many times on average do you do MODERATE EXERCISE for more than 15 minutes during your free time?

Moderate exercise is not exhausting (for example fast walking, baseball, tennis, easy bicycling, volleyball, badminton, easy swimming, alpine skiing, popular and folk dancing)

Enter the number of times per week:

During a typical 7-Day period, how many times on average do you do MILD EXERCISE for more than 15 minutes during your free time?

Mild exercise expends minimal effort (for example yoga, archery, fishing from river bank, bowling, horseshoes, golf, snow-mobiling, easy walking)

Enter the number of times per week:

During a typical 7-Day period, in your leisure time, how often do you engage in any regular activity long enough to work up a sweat (heart beats rapidly)?

- Often
- Sometimes
- Never/Rarely
- Don't know
- Refused

55% Complete

The next question is about drinking alcoholic beverages. Alcoholic beverages include liquor (such as whiskey or gin), beer, wine, wine coolers, and any other type of drink with alcohol in it.

Since February 1, 2021, would you say the amount of alcohol you drink now compared to before the COVID-19 pandemic is:

- A lot more
- A little more
- About the same
- A little lower
- Much lower
- Not applicable
- Don't know
- Refused

This question asks about smoking. Since February 1, 2021, would you say the amount you smoke/vape now compared to before the COVID-19 pandemic is:

- A lot more
- A little more
- About the same
- A little lower
- Much lower
- Not applicable
- Don't know
- Refused

61% Complete

During the COVID-19 outbreak, do or did you experience stigma or discrimination from other people (for example people treating you differently) because of your identity, having symptoms, or other factors related to COVID-19?

- Yes
- No
- Don't know
- Refused

62% Complete

How effective are the following actions for keeping you safe from COVID-19?

	Very	Somewhat	Not very	Not at all
Wearing a face mask	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Praying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washing your hands with soap and water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting tested for COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting a vaccine for COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding public spaces, gatherings and crowds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding exercise outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Distancing (i. e. Staying at least six feet from other people in public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing nothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66% Complete

Please rate your agreement with the following statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
My neighborhood helps me fulfill my needs	<input type="radio"/>				
I feel I belong in my neighborhood	<input type="radio"/>				
I have a say about what goes on in my neighborhood	<input type="radio"/>				
People in my neighborhood are good at influencing one another	<input type="radio"/>				
I feel connected to this neighborhood	<input type="radio"/>				
I have a bond with others in my neighborhood	<input type="radio"/>				
I feel like a member of my neighborhood	<input type="radio"/>				

Please rate your agreement with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I have a sense of direction and purpose in life	<input type="radio"/>				
I am able to easily adapt to change.	<input type="radio"/>				

74% Complete

For the following questions, please use a scale from 0 to 10.

How do you see yourself: are you a person who is generally willing to take risks, or do you try to avoid taking risks?

- 0 (Completely unwilling to take risks)
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 (Very willing to take risks)

Please use a scale from 0 to 10, where a 0 means you are "completely unwilling to take risks" and a 10 means you are "very willing to take risks". You can also use the values in-between to indicate where you fall on the scale.

In comparison to others, are you a person who is generally willing to give up something today in order to benefit from that in the future or are you not willing to do so?

- 0 (Completely unwilling to give up something today)
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 (Very willing to give up something today)

Please use a scale from 0 to 10, where a 0 means you are "completely unwilling to give up something today" and a 10 means you are "very willing to give up something today". You can also use the values in-between to indicate where you fall on the scale.

How well does the following statement describe you as a person? As long as I am not convinced otherwise, I assume that people have only the best intentions.

- 0 (Does not describe me at all)
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 (Describes me perfectly)

Please use a scale from 0 to 10, where 0 means "does not describe me at all" and a 10 means "describes me perfectly". You can also use the values in-between to indicate where you fall on the scale.

How do you assess your willingness to share with others without expecting anything in return when it comes to charity?

- 0 (Completely unwilling to share)
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 (Very willing to share)

Please use a scale from 0 to 10, where 0 means you are "completely unwilling to share" and a 10 means you are "very willing to share". You can also use the values in-between to indicate where you fall on the scale.

Imagine the following situation: you won \$1,000 in a lottery. Considering your current situation, how much money (in dollars) would you donate to charity?

75% Complete

Have any of the following been positive things about your experience during the COVID-19 pandemic? Please rate your agreement with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
It has made me a stronger person	<input type="radio"/>				
I can cope better with life's challenges	<input type="radio"/>				
It has become a reason to make positive changes in my life	<input type="radio"/>				
It has made me have healthier habits	<input type="radio"/>				

77% Complete

Which of the following sources do you trust for information about COVID-19?

Select all that apply:

- Local public health officials such as officials from your county health department
- The Wisconsin Department of Health Services
- The US Department of Health and Human Services (HHS)
- The Centers for Disease Control and Prevention (CDC)
- The World Health Organization (WHO)
- Your close friends and members of your family
- Your coworkers, classmates, or other acquaintances
- Your physician or health care provider
- I do not trust any of the above sources
- Don't know
- Refused

In the last 24 hours, did you get any news or information related to the current coronavirus (COVID-19) outbreak from the following sources? Select all that apply.

- Local television
- Friends and family
- Network television (for example ABC, CBS, or NBC)
- A social media website or app (for example Facebook, Twitter, Snapchat)
- Cable television (for example CNN, Fox News, or MSNBC)
- A news website or app (for example the New York Times or Fox News websites or apps)
- A search engine website or app (for example Google, Bing)
- Radio news
- A government website or app (for example CDC.gov)
- Print newspapers (for example the New York Times or the Wall Street Journal print edition)
- A health website or app (for example WebMD)
- Late-night comedy shows (for example The Late Show with Stephen Colbert or The Daily Show)
- An organization website or app (for example WHO.int)
- Podcasts
- None of the above
- Don't know
- Refused

79% Complete

What is your relationship to the children under 18 living in your household? Select all that apply:

- Biological children
 Biological grandchildren
 Cousins
 Friends
 Stepchildren
 Children for whom I am legal guardian
 Foster children
 Other: _____
 Don't know
 Refused

Specify "other" please: _____

Do you care for any of the children in your household during the COVID-19 pandemic?

- Yes
 No
 Don't know
 Refused

Are you currently providing care for a child (younger than 18 years of age) in your household that has an illness or a disability?

- Yes
 No
 Don't know
 Refused

The next set of questions ask about your child's routines and behavior. If you have more than one child, please answer for your child aged three to five years old. If you have more than one child in that age range, choose the oldest.

When is this child's birthday? _____

What is the gender of the child?

- Male
 Female
 Genderfluid
 Refused

How often do the following situations occur at about the same time or in the same way?

	Never	Rarely	Sometimes	Often	Nearly always
My child eats breakfast, lunch, dinner at about the same time each day	<input type="radio"/>				
My child wakes up at about the same time on weekdays and has a regular bedtime each night.	<input type="radio"/>				
My child engages in regular, planned activities with the family each week (For example, play games, watch movies).	<input type="radio"/>				

My child:

	Never	Rarely	Sometimes	Often	Nearly always
Is organized	<input type="radio"/>				
Is able to pay attention to tasks	<input type="radio"/>				
Controls their behavior/controls their impulses	<input type="radio"/>				
My child cries and whines	<input type="radio"/>				

83% Complete

How often has the child or children in your home done each of the following activities in the last week (7 days):

	Not at all	1-2 days	3-4 days	5-7 days	Does not apply - do not do
Watching TV, streaming videos, etc.	<input type="radio"/>				
Video-chatting with family and friends	<input type="radio"/>				
Playing digital games, video games, apps	<input type="radio"/>				
Reading paper books	<input type="radio"/>				
Reading electronic books on a tablet, computer, or phone	<input type="radio"/>				
Listening to podcasts or audiobooks	<input type="radio"/>				
Doing outdoor activities, such as playing outside or going for walks	<input type="radio"/>				

Are you currently providing care for an adult (18+ years of age) in your household that has an illness or a disability?

- Yes
 No
 Don't know
 Refused

Which of the following illnesses, disabilities, or conditions do the adults you are caring for have? Select all that apply:

- Intellectual or developmental disability
- Emotional or mental health
- Substance or alcohol use disorder
- Limited mobility due to aging or other physical handicap
- COVID-19
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Allergies
- Heart disease
- High blood pressure
- Lung disease
- Diabetes
- Dementia or Alzheimer's disease
- Ulcer or stomach disease
- Kidney disease
- Liver disease
- Anemia or other blood disease
- Cancer
- Depression
- Osteoarthritis or degenerative arthritis
- Back pain
- Rheumatoid arthritis
- Other medical problems. Please describe: _____
- Don't know
- Refused

Describe "other" please: _____

Compared to before the COVID-19 outbreak, on average, would you say the alcohol consumption among other household members is:

- A little more
- About the same
- A little lower
- Much lower
- Does not apply
- Don't know
- Refused

84% Complete

Families may use screen media (e.g., TV, video chat, apps, digital games) for different reasons. Please indicate whether you agree or disagree with each of the following statements.

	Strongly disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
During the last week (or 7 days), I used screen media to educate myself or other members of my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the last week (or 7 days), I used screen media to keep my family members busy so that I can get things done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the last week (or 7 days), I used screen media to occupy my family members so that I can take a break for myself.	<input type="radio"/>				
During the last week (or 7 days), I used screen media to help me and my family members stay physically active.	<input type="radio"/>				
During the last week (or 7 days), I used screen media to communicate with family and friends.	<input type="radio"/>				
During the last week (or 7 days), I used screen media to escape from my own stress or other negative feelings.	<input type="radio"/>				
During the last week (or 7 days), I used screen media to help other family members calm down when they are upset.	<input type="radio"/>				
During the last week (or 7 days), I used screen media to reduce conflict between people in my home.	<input type="radio"/>				
During the last week (or 7 days), I used screen media to help me or my family members fall asleep (or stay asleep).	<input type="radio"/>				
During the last week (or 7 days), I used screen media to help my family members focus and control their behavior.	<input type="radio"/>				

Please indicate how strongly you agree with the following statements:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
Being a parent is harder than I thought it would be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel trapped by my responsibilities as a parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find that taking care of my child(ren) is much more work than pleasure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel tired, worn out, or exhausted from raising a family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Caregiving of other adults or children can lead to many different feelings and thoughts. For this set of questions, indicate how often you had this feeling in the last 60 days.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I am in survival mode	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am in control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel completely run down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have more energy for other things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My resources are being all used up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a sense of purpose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some things are going well, while other things are falling apart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

92% Complete

Advanced Care Planning

The next section asks about your experiences and opinions. We may ask about things that you have already done, or have not thought about at all. Just answer as honestly as you can.

You will be asked about 2 topics:

Medical decision makers, or surrogates

Deciding what matters most in life

Medical Decision Makers

The following question asks about medical decision makers. A medical decision maker is a family member or friend who can make decisions for you if you were to become too sick to make your own decisions.

Remember, please give us your honest opinions and there are no right or wrong answers.

How ready are you to SIGN OFFICIAL PAPERS naming a person or group of people to make medical decisions for you?

- I have never thought about it
- I have thought about it, but I am not ready to do it
- I am thinking about doing it in the next 6 months
- I am definitely planning to do it in the next 30 days
- I have already done it.
- Don't know
- Refused

When did you do this?

- BEFORE the COVID-19 pandemic began in March 2020
- AFTER the COVID-19 pandemic began in March 2020
- Not applicable
- Don't know
- Refused

When specifically did you do this?

- Less than six months ago
- More than six months ago
- Don't know
- Refused

Has the COVID-19 pandemic made this more important to you?

- Yes
- No
- Don't know
- Refused

93% Complete

What Matters Most in Life

The following questions are about specific medical treatments that people may or may never want if they were very sick or at the end of their life. For instance, some people know they would want to be on a breathing machine. Other people know they would never want to be on a breathing machine. Please give us your honest opinions to the following questions about medical treatments. There are no right or wrong answers.

How ready are you to talk to your DECISION MAKER about the kind of medical care you would want if you were very sick or near the end of life?

- I have never thought about it
- I have thought about it, but I am not ready to do it
- I am thinking about doing it in the next 6 months
- I am definitely planning to do it in the next 30 days
- I have already done it
- Don't know
- Refused

When did you do this?

- BEFORE the COVID-19 pandemic began in March 2020
- AFTER the COVID-19 pandemic began in March 2020
- Not applicable
- Don't know
- Refused

When specifically did you do this?

- Less than six months ago
- More than six months ago
- Don't know
- Refused

Has the COVID-19 pandemic made this more important to you?

- Yes
- No
- Don't know
- Refused

How ready are you to talk to your DOCTOR about the kind of medical care you would want if you were very sick or near the end of life?

- I have never thought about it
- I have thought about it, but I am not ready to do it
- I am thinking about doing it in the next few visits
- I am definitely planning to do it at the next visit
- I have already done it
- Don't know
- Refused

When did you do this?

- BEFORE the COVID-19 pandemic began in March 2020
- AFTER the COVID-19 pandemic began in March 2020
- Not applicable
- Don't know
- Refused

When specifically did you do this?

- Less than six months ago
- More than six months ago
- Don't know
- Refused

Has the COVID-19 pandemic made this more important to you?

- Yes
- No
- Don't know
- Refused

How ready are you to SIGN OFFICIAL PAPERS putting your wishes in writing about the kind of medical care you would want if you were very sick or near the end of life?

- I have never thought about it
- I have thought about it, but I am not ready to do it
- I am thinking about doing it in the next six months
- I am definitely planning to do it in the next 30 days
- I have already done it
- Don't know
- Refused

When did you do this?

- BEFORE the COVID-19 pandemic began in March 2020
- AFTER the COVID-19 pandemic began in March 2020
- Not applicable
- Don't know
- Refused

When specifically did you do this?

- Less than six months ago
- More than six months ago
- Don't know
- Refused

Has the COVID-19 pandemic made this more important to you?

- Yes
- No
- Don't know
- Refused

95% Complete

Please read each statement and fill in the circle that indicates how much stress you experienced since February 1, 2021, due to the COVID-19 outbreak. There are no right or wrong answers. Do not spend too much time on any one statement. Fill in the circle for "Does not apply" if you have not been in this situation since February 1, 2021.

On average since February 1, 2021, how stressful have the following situations been for you:

	Not stressful	Mildly stressful	Moderately stressful	Very stressful	Does not apply
In your job	<input type="radio"/>				
In your relationship with others	<input type="radio"/>				
Related to living in your neighborhood	<input type="radio"/>				
Related to caring for others	<input type="radio"/>				
Related to legal problems	<input type="radio"/>				
Related to medical problems (personal, family)	<input type="radio"/>				
Related to racism and discrimination (feeling mistreated, discriminated)	<input type="radio"/>				
Related to meeting basic needs (housing, food, paying bills)	<input type="radio"/>				
Related to loss of money or finances (for example lost wages, job loss, investment/retirement loss, travel-related cancelations)	<input type="radio"/>				

97% Complete

Sociodemographics (Updates)

We would like to ask you a few questions to update your information from the last time you participated in SHOW. The first questions are about your gender and sexual identity.

How do you describe yourself?

- Male
- Female
- Trans male/Trans man
- Trans female/Trans woman
- Gender non-conforming/Do not identify as female, male, or transgender
- Don't know
- Refused

Which of the following best represents how you think of yourself?

Do you think of yourself as straight, that is, not gay or lesbian, gay or lesbian, bisexual, something else, or you don't know the answer?

- Straight, that is, not gay or lesbian
- Gay or lesbian
- Bisexual
- Something else
- Don't know
- Refused

The next question is about your income in the last 12 months. This information, like all the information you provide, will be kept confidential. When answering these questions, please remember that by income we mean income before taxes and from all sources.

Considering all the sources of income, which of the following options best represents the combined family income before taxes in the last 12 months?

Combined family income will be equal to individual income if that is the only income you rely on.

The response categories are broken down by yearly income.

- Less than \$10,000 for year
- \$10,000 to \$14,999 for year
- \$15,000 to \$19,999 for year
- \$20,000 to \$24,999 for year
- \$25,000 to \$29,999 for year
- \$30,000 to \$34,999 for year
- \$35,000 to \$39,999 for year
- \$40,000 to \$44,999 for year
- \$45,000 to \$49,999 for year
- \$50,000 to \$59,999 for year
- \$60,000 to \$74,999 for year
- \$75,000 to \$99,999 for year
- \$100,000 to \$124,999 for year
- \$125,000 to \$149,999 for year
- \$150,000 to \$199,999 for year
- \$200,000 or more for year
- Don't know
- Refused

How many people were supported by this combined family income in the last 12 months?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- Over 7 people
- Don't know
- Refused

What is the highest grade or level of school you completed or the highest degree you received?

- Less than 12th grade
- High school or GED
- Some college but no degree
- Associate's degree: occupational, technical, or vocational program
- Bachelor's degree
- Graduate or professional degree
- Don't know
- Refused

Please enter your height in feet and inches below.

Feet:

Inches:

How much do you weigh without shoes (in pounds)?

98% Complete

The following questions ask about events or situations that may be extraordinarily stressful or disturbing for almost everyone. Please check or X the column for Yes or No indicating if you have experienced the event or situation listed in each question.

	Yes	No
Have you ever served in a war zone, or have you ever served in a noncombat job that exposed you to war-related casualties (for example, as a medic or on graves registration duty?).	<input type="radio"/>	<input type="radio"/>
Have you ever been in a serious car accident, or a serious accident at work or somewhere else?	<input type="radio"/>	<input type="radio"/>
Have you ever been in a major natural or technological disaster, such as a fire, tornado, hurricane, flood, earthquake, or chemical spill?	<input type="radio"/>	<input type="radio"/>
Have you ever had a life-threatening illness such as cancer, a heart attack, leukemia, AIDS, multiple sclerosis, etc.?	<input type="radio"/>	<input type="radio"/>
Before age 18, were you ever physically punished or beaten by a parent, caretaker, other family member, or teacher so that: you were very frightened; or you thought you would be injured; or you received bruises, cuts, welts, lumps or other injuries?	<input type="radio"/>	<input type="radio"/>
Not including any punishments or beatings you already reported for the previous question, have you ever been attacked, beaten, or mugged by anyone, including friends, family members or strangers?	<input type="radio"/>	<input type="radio"/>
Has anyone ever made or pressured you into having some type of unwanted sexual contact?	<input type="radio"/>	<input type="radio"/>

Have you ever been in any other situation in which you were seriously injured, or have you ever been in any other situation in which you feared you might be seriously injured or killed?

Has a close family member or friend died violently, for example, in a serious car crash, mugging, or attack?

Have you ever witnessed a situation in which someone was seriously injured or killed, or have you ever witnessed a situation in which you feared someone would be seriously injured or killed? Note: Do not answer "yes" for any event you already reported in Questions 1-9.

When answering the questions below, please think about your experiences with the COVID-19 pandemic if they have been frightening, overwhelming or traumatic. Then please answer the following questions. In the past month, have you...

	Yes	No
Had nightmares about the event(s) or thought about the event(s) when you did not want to?	<input type="radio"/>	<input type="radio"/>
Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	<input type="radio"/>	<input type="radio"/>
Been constantly on guard, watchful, or easily startled?	<input type="radio"/>	<input type="radio"/>
Felt numb or detached from people, activities, or your surroundings?	<input type="radio"/>	<input type="radio"/>
Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?	<input type="radio"/>	<input type="radio"/>

END of SURVEY:

Thank you for your time and continued participation in the SHOW program! You can expect to receive your chosen form of gift card within two to three weeks. Please contact the study team at COVID19study@show.wisc.edu or give us a call at 888-433-7469 if you experience any issues.

Your responses will be used to help inform policies and programs to prepare for future disease outbreaks. The COVID-19 outbreak is a unique situation for all of us, and we greatly appreciate your help as we learn and grow from it.

100% Complete