

# COVID-19 Survey Wave One

Please complete the survey below.

Thank you!

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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 in the state. Moving forward, this research can help inform response to future outbreaks. We anticipate the survey will take 30-40 minutes to complete. Upon completion of the survey, you will receive a \$25 e-gift card.

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

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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 and my rights as a research subject.

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Please enter your first name:

\_\_\_\_\_

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Please enter your last name:

\_\_\_\_\_

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Please enter your full mailing address including city and zip code:

\_\_\_\_\_

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Please enter your preferred phone number:

\_\_\_\_\_

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Please enter your email address:

\_\_\_\_\_

**A. Current Health Status and Symptoms**

**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

We would like to know how you have felt in the last 2 weeks.

Have you had any of the following symptoms in the last two weeks?

Select all that apply:

- I have not had any symptoms
- Shortness of breath
- Chest pain or pressure
- Sore throat
- Dry cough
- Wet cough
- Fever
- Body aches
- Chills
- Repeated shaking with chills
- Loss of taste or smell
- Other (please specify below)
- Don't know
- Refused

Specify "other" please:

\_\_\_\_\_

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

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

\_\_\_\_\_

5%

**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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19 is a threat in the state of Wisconsin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19 is a threat in my household.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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8%

**B. COVID-19 Case, Expected Case, and Testing****First we would like to know whether you think you had COVID-19 or talked to a health care professional about COVID-19.**

Do you think you may have had COVID-19 at any time since COVID-19 began?

- Yes  
 No  
 Don't know  
 Refused

Did you call or contact a health care professional such as a doctor, nurse, hospital or public health professional because you were concerned you had COVID-19?

- Yes  
 No  
 Don't know  
 Refused

Who did you contact or talk to about COVID-19?

Select all that apply:

- Connected with a nurse or healthcare provider online or through email using MyChart, or a similar online patient portal  
 Called my healthcare provider  
 Called 911  
 Visited an urgent care clinic  
 Visited an emergency room at a local hospital  
 Called a state help line  
 Called a help line in my county  
 Completed the DHS Online Health Screening  
 Completed the CDC Self-checker on their website  
 Don't know  
 Refused

Do you think you should have talked to a health care professional but decided not to?

- Yes  
 No  
 Don't know  
 Refused

What is/are the reasons you did not talk to a health care professional?

Select all that apply:

- I was afraid of discrimination  
 I was concerned about the cost  
 I needed to take care of a family member  
 I needed to continue to work  
 I did not have health insurance  
 I did not have or could not afford transportation  
 I did not know where to go  
 None of these apply  
 Other (specify below)  
 Don't know  
 Refused

Please specify "other"

\_\_\_\_\_

Have you been told by a health care professional that you have or had COVID-19?

- Yes  
 No  
 Don't know  
 Refused

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

- Yes  
 No  
 Don't know  
 Refused

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What COVID-19 symptoms did you have?

- None of the symptoms
- Shortness of breath
- Fever
- Cough
- Loss of taste or smell
- Body ache
- Repeated shaking and chills
- None of the above
- Don't know
- Refused

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10%

**Now we will ask about COVID-19 testing.**

Have you ever been tested for COVID-19?

- Yes
- No
- Don't know
- Refused

What were the test results?

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

Did you try to get tested but were turned away or unable?

- Yes
- No
- Don't know
- Refused

Why were you unable to get tested?

- My healthcare provider told me my symptoms were too mild to get a test.
- I did not know where to get tested.
- I did not have personal transportation to reach the closest testing site.
- I did not have available public transportation to reach the closest testing site.
- The closest testing site was too far away to reach using my main method of transportation.
- I did not think I could afford to pay for the test's cost.
- I was afraid of being turned away for a test at a site based on my race or ethnicity.
- Don't know
- Refused

Do you think you should have been tested, but did not get tested?

- Yes
- No
- Don't know
- Refused

Why did you not get tested? Select all that apply:

- My healthcare provider told me my symptoms were too mild to get a test.
- I thought my symptoms were too mild to get a test.
- I did not know where to get tested.
- I did not have personal transportation to reach the closest testing site.
- I did not have available public transportation to reach the closest testing site.
- The closest testing site was too far away to reach using my main method of transportation.
- I did not think I could afford to pay for the test's cost.
- I was afraid of being turned away for a test at a site based on my race or ethnicity.
- Don't know
- Refused

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

- Yes
- No
- Don't know
- Refused

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

- Yes
- No
- Don't know
- Refused

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13% Complete

**Now we will ask about your exposure to COVID-19.**

Do you think you were exposed to COVID-19 through close contact with another individual?

- Yes
- No
- Don't know
- Refused

From which individual(s):

Select all that apply:

- A person outside of my household: Out in public—grocery shopping, running errands, exercising
- A person outside of my household: A partner or spouse
- A person outside of my household: A family member or relative
- A person outside of my household: A friend
- A person outside of my household: A person from my workplace
- A person outside of my household: An unknown person in the community
- A person living in my household: A partner or spouse
- A person living in my household: A family member or relative
- A person living in my household: A friend or roommate
- A person living in my household: A person from my workplace
- Don't know
- Refused

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

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

Were you or any household members told by a health professional to self-quarantine for 14 days?

- Yes
- No
- Don't know
- Refused

16% Complete



**C. Insurance Coverage**

Below is a list of different kinds of health insurance. Which of the following is your current primary source of insurance coverage?

- I do not have any health insurance or coverage
- Health insurance through my own employer or a family members plan
- Medicare ----- (a government health insurance plan that covers people 65 years or older)
- Medicaid ---- (any government health insurance for individuals with lower income)
- Health insurance bought through Healthcare.gov, or government Marketplace
- Health insurance through the VA or other military program
- Health Insurance from some other source
- Don't know
- Refused

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

- Yes
- No
- Don't know
- Refused

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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
-

## D. COVID-19 Impacts on Health and Well-Being

**We are now going to ask several questions about the types of activities you have done because of COVID-19 or since COVID-19 began.**

Have you done any of the following because of COVID-19?

Select all that apply:

- Self-quarantined - avoided all contact with others outside your home for at least 14 days
- Stayed at home most of the time
- Practiced social distancing - remained 6 feet away from others in public
- Routinely washed hands for a minimum of 20 seconds
- Worn a mask
- Avoided shaking hands
- Visited elderly relatives
- Visited friends or relatives
- Bought food for elderly relatives
- Bought food for friends and family
- Taken your temperature regularly
- Took public transportation to work
- Canceled a social gathering I had planned
- Canceled travel plans I had made
- None of these
- Other: \_\_\_\_\_
- Don't know
- Refused

Please specify "other" \_\_\_\_\_

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

- Read books for pleasure
- Took walks outside
- Exercised/worked out
- Watched television
- Watched online movies or shows
- Baked and cooked
- Played games (online, card or board games)
- Wrote in a journal
- Worked on art projects
- Gardened or worked on home improvement projects
- Played music
- Had a video call with friends or family
- Attended religious or spiritual events online via streaming or social media
- Yoga
- Meditating
- Prayer
- None of these
- Don't know
- Refused

21% Complete

## E. COVID-19 Impacts on Employment and Employment Status

**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. If you have or used to have more than one job, please answer these questions thinking only of the job which is the primary source of your income. We would like to know if your job or employment has changed in the last several months, or 60-90 days due to COVID 19.**

What is your job or employment status right now?

- 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
- Don't know
- Refused

Specify your current job or employment status:

\_\_\_\_\_

Did you have a paid job and/or were you in school before COVID-19?

- Yes
- No
- Don't know
- Refused

What best describes the type of paid work you did before COVID-19 began?

- Nurse
- Doctor
- Teacher/Educator
- Other health care worker
- Fast food or take out server or manager
- Grocery store clerk or manager
- First responder in police, fire, security
- Construction worker or manager/laborer
- Bank teller
- Flight attendant
- Pilot
- Retail/sales clerk
- Executive in office
- Manager in office
- Factory worker/laborer in a factory
- Full-time student
- Does not apply
- Other
- Don't know
- Refused

Specify "other" please:

\_\_\_\_\_

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What best describes the type of paid work you currently do?

- Nurse
- Doctor
- Teacher/Educator
- Other health care worker
- Fast food or take out server or manager
- Grocery store clerk or manager
- First responder in police, fire, security
- Construction worker or manager/laborer
- Bank teller
- Flight attendant
- Pilot
- Retail/sales clerk
- Executive in office
- Manager in office
- Factory worker/laborer in a factory
- Full-time student
- Does not apply
- Other
- Don't know
- Refused

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Specify "Other" please:

\_\_\_\_\_

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Which of the following have you experienced due to COVID-19?  
Select all that apply:

- Experienced no changes in my job or employment
- Began to work remotely from home
- Continued to work outside my home
- Had salary or hourly wage decreased
- Had salary or hourly wage increased
- Had hours decreased
- Had hours increased
- Was temporarily laid-off - reduced number of days and salary
- Lost my job
- Was given additional sick leave
- Other: \_\_\_\_\_
- Don't know
- Refused

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Specify "other" please:

\_\_\_\_\_

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How often did your employer provide proper protection (such as a face mask or disposable gloves) to avoid exposure to COVID-19?

- All the time
- Most of the time
- Some of the time
- None of the time
- Don't know
- Refused

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Have you applied for unemployment?

- Yes
- No
- Don't know
- Refused

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Why didn't you apply for unemployment?

- I didn't know how
- I did not think it would help
- I thought it was too much work
- I didn't think I was eligible
- I tried, but was unable to complete my application due to service or technical difficulties
- Other (explain)
- Don't know
- Refused

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Specify "other" please:

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Did you have sick leave or paid time off you could use to make up for some or all of the lost work?

- Yes
- No
- Don't know
- Refused

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

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

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23% Complete

**F. Economic Hardship, Food Security, Changes in Housing**

Were you unable to pay your rent or your mortgage because of COVID-19?

- 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

Where did you move or relocate because of COVID-19?

- Stayed or moved in with a family member
- Stayed or moved in with a friend
- Went to a second home
- Went to a homeless shelter
- Stayed in a hotel or homestay such as Airbnb
- Other
- Don't know
- Refused

Specify "other" please:

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Have you had to use public transportation to get to work, get groceries or other travel since COVID-19 began?

- 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 COVID19 began, or in the past 60 to 90 days.**

	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 since COVID19 began.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more since COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(I/we) couldn't afford to eat balanced meals since COVID 19 began.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often have friends, family members, or people who live or stay with you provided you with money, food, or other basic necessities, since COVID-19 began?

- Never  
 Less than once a week  
 Once a week or more  
 Don't know  
 Refused

How often have you provided friends, family members, or people who live or stay with you with money, food, or other basic necessities, since COVID-19 began?

- Never  
 Less than once a week  
 Once a week or more  
 Don't know  
 Refused

Did you use any of the following resources or other benefit programs before COVID-19? 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:

\_\_\_\_\_

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Have you used any of the following resources or other benefit programs in the last 60 days as a result of changes due to COVID-19? 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

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Please specify the other benefit program:

\_\_\_\_\_

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29% Complete



**G. Internet Access**

Do you have regular access to the internet during the day in your own home?

- Yes
- No
- Don't know
- Refused

What type(s) of internet do you have access to in your own home? Select all that apply:

- Dedicated household internet or Wi-Fi
- Dedicated cellular hotspot
- Hotspot through someone's mobile phone
- Other
- Don't know
- Refuse

32% Complete

**H. 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"/>

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34% Complete

**Please select how much you felt each of the following within the past week (7 days):**

	Not at all	A little bit	Moderately	Quite a bit	Extremely
In the past seven days, I felt watchful or on guard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past seven days, other things kept making me think about COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past seven days, I tried not to think about COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past seven days, I had trouble concentrating.	<input type="radio"/>	<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 (e.g., social distancing, loss of income/work, concerns about infection) with the COVID-19 pandemic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

37% Complete

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**I. Safety and Well-Being**

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Please rate how safe you feel from being hit, kicked, slapped, or shoved onto the floor, against a wall, or down the stairs while living at home during COVID-19?

- Very safe
  - Somewhat safe
  - Somewhat unsafe
  - Very unsafe
  - Don't know
  - Refused
- 

39% Complete

## J. Access to Care, Health Care Utilization, and Current Health Status

The following questions are related to how your access to health care may have changed due to COVID-19. For the next questions we are asking about the last few months (approximately 60-90 days) since COVID-19 began.

What kind of place do you USUALLY go for care when you are sick or need advice about your health?

- Clinic or health center
- Doctors office
- Hospital emergency room
- Hospital outpatient department
- Some other place
- Do not have a usual place of care
- Don't know
- Refused

There are many reasons people delay getting medical care. 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

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
- Regular health care (for something other than COVID-19)
- None of these
- Don't Know
- Refused

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).

Since COVID-19 began, did you receive "telemedicine" or "telehealth"?

- Yes
- No
- Don't know
- Refused

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Since COVID-19 began, 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

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Since COVID-19 began, did you receive care at home?

- Yes  
 No  
 Does not apply  
 Don't know  
 Refused

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Since COVID-19 began, 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

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Which of the following health care visits or procedures did you miss because they were postponed or canceled due to COVID-19?

Select all that apply:

- No appointment missed, delayed or canceled  
 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  
 Alcohol or substance use support program  
 Don't know  
 Refused

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Which of the following types of healthcare appointments were delayed or canceled due to the 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  
 (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

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Specify "other" please:

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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:  
\_\_\_\_\_

How do you currently treat your heart disease?

Select all that apply:

- No treatment
- Prescribed medicine
- Exercise
- Weight control/loss
- Special diet
- Other (specify)  
\_\_\_\_\_
- Don't know
- Refused

Specify "other" please:  
\_\_\_\_\_

How do you currently treat your high blood pressure?

Select all that apply:

- No treatment
- Prescribed medicine
- Exercise
- Weight control/loss
- Special diet
- Other (specify)  
\_\_\_\_\_
- Don't know
- Refused

Specify "other" please:  
\_\_\_\_\_

How do you currently treat your high cholesterol?

Select all that apply:

- No treatment
- Prescribed medicine
- Exercise
- Weight control/loss
- Special diet
- Other (specify)  
\_\_\_\_\_
- Don't know
- Refused

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Specify "other" please:

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How do you currently treat your diabetes?

Select all that apply:

- No treatment
  - Insulin
  - Oral anti-diabetic (pills)
  - Weight control/loss
  - Special diet
  - Other (specify)
  - Don't know
  - Refused
- 

Specify "other" please:

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How do you currently treat your asthma?

Select all that apply:

- Use nothing/No treatment
  - Inhaled bronchodilator
  - Inhaled steroid
  - Oral medication
  - Controlling allergies and/or asthma triggers
  - Weight control/loss/exercise/special diet
  - Other (specify)
  - Don't know
  - Refused
- 

Specify "other" please:

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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

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Specify "other" please:

\_\_\_\_\_

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Have you experienced any delays or disruptions in cancer care because of COVID-19?

- No, all of my appointments have happened as planned
- Yes, at least one of my appointments was delayed or canceled
- Don't know
- Refused

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What type of appointment was delayed or canceled?

Select all that apply:

- Physical exam or routine check-up
- Chemotherapy by IV
- Radiation
- Surgery or biopsy
- Other. Please describe: \_\_\_\_\_
- Don't know
- Refused

---

Specify "other" please:

\_\_\_\_\_

---

What kind of treatment are you currently receiving?

Select all that apply:

- Medication or chemotherapy I take at home
- Chemotherapy by IV
- Radiation
- Recovering from surgery
- Other. Please describe: \_\_\_\_\_
- None at this time
- Don't know
- Refused

---

Specify "other" please:

---

45% Complete

**Substance Use Disorders**

Have you EVER been told by a doctor or health care professional that you had an alcohol use disorder?

- Yes
- No
- Don't know
- Refused

Have you EVER been told by a doctor or health care professional that you had a substance abuse disorder (other than alcohol use) such as use of opioids, or other drugs?

- Yes
- No
- 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

50% Complete

**K. Preventive Behaviors and Risk Factors (Sleep, Physical Activity, Smoking, Alcohol, Diet)**

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?

- 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

55% Complete

**The next set of questions are 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.**

How many glasses of wine or wine coolers do you usually have per week? This means 5 ounce glasses of wine or 12 ounce bottles of wine cooler (size of a regular can of soda).

---

Enter number of glasses:

How many glasses, bottles, or cans of beer do you usually have per week? This means 12 ounce glasses, bottles, or cans of beer (size of a regular can of soda).

---

Enter number of cans, glasses, or bottles:

How many drinks of hard liquor do you usually have per week? This means one-and-a-half ounce shots.

---

Enter number of hard liquor drinks (e.g. 1.5 ounce shots):

In the last 60 days during COVID-19, would you say the amount of alcohol you drink now compared to before is:

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

---

58% Complete

**This next set of questions asks about smoking.**

Do you smoke cigarettes now?

- Yes
- No
- Don't know
- Refused

On average, when you smoked during the past 30 days, about how many cigarettes did you smoke per day? If you smoked less than 1 cigarette per day, enter 1 (1 pack = 20 cigarettes).

\_\_\_\_\_

Enter number of cigarettes per day:

Do you use electronic cigarettes (e-cigarettes, vape pens, and other vaping devices)?

- Yes
- No
- Don't know
- Refused

In the last 60 days during COVID-19, how would you compare your smoking/vaping now to before COVID-19?

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

61% Complete



**L. Impacts on Daily Life and Discrimination**

If you were diagnosed with COVID-19 or you believe you had COVID-19, were you afraid or embarrassed to disclose this information to your friends or your employer?

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

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

- Yes
- No
- Don't know
- Refused

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

	Very	Somewhat	Not very	Not at all
Wearing a facemask	<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"/>
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"/>

Since COVID-19 began, have you been afraid to exercise (go for a walk or ride a bike) in your community for any of the following reasons?  
Select all that apply:

- Does not apply, I have not been afraid to go outside
- Yes, because of crime and safety
- Yes, because of traffic
- Yes, because of exposure to COVID-19
- Yes, because I was afraid of falling
- Don't know
- Refused

66% Complete

**Please rate your agreement with the following statements:**

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

Was your ability to vote in Wisconsin's Spring Primary Election on April 7, 2020 affected by COVID-19?

- Yes  
 No  
 Don't know  
 Refused

Did you vote in person (go to a polling station) to vote on April 7, 2020?

- Yes  
 No  
 Don't know  
 Refused

68% Complete

**Please rate your agreement with the following statements:**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a hard time making it through stressful events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It does not take me long to recover from a stressful event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to snap back when something bad happens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually come through difficult times with little trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to take a long time to get over set-backs in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

71% Complete

**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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to easily adapt to change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

74% 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can cope better with life's challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has become a reason to make positive changes in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has made me have healthier habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

76% Complete

**M. Trusted Sources**

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

---

79% Complete

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**N. Household Screening, Dynamics, and Caregiving**

---

Do you have the same number of individuals living in your household as before COVID-19 began?

- Yes
- No
- Don't know
- Refused

---

81% 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 - 12 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 - 17 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 - 40 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41 - 54 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55 - 65 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65 - 75 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75 + years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the household screener you indicated children less than 18 years are living in your household. Are these the same number of children living in your home as before the COVID-19 outbreak (60 days ago)?

- Yes  
 No  
 Don't know  
 Refused

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

Do any of the children in your household have any of the following physical health conditions? Select all that apply:

- Asthma  
 Rheumatoid Arthritis  
 Overweight or Obese  
 Heart condition  
 COVID-19  
 None  
 Other  
 Don't know  
 Refused

Do any of the children in your household have any of the following other conditions or disabilities that require special care or services? Select all that apply:

- Intellectual disability  
 Developmental disability  
 Emotional or behavioral disorder  
 Mental health disorders  
 Physical disability  
 None  
 Other  
 Don't know  
 Refused

---

Are you sharing child caring responsibilities with a partner, parent or guardian living in the same household who is also working at home?

- Yes
- No
- Don't know
- Refused

---

Are you sharing child caring responsibilities with a parent or guardian living in a different household?

- Yes
- No
- Don't know
- Refused

---

Have the children in your household moved back and forth between these different households during COVID-19?

- Yes
- No
- Don't know
- Refused

---

How has this affected the level of stress in your life compared to before COVID-19, or 60 days ago?

- A lot more stress
- Some extra stress
- A little extra stress
- No stress
- Don't know
- Refused

---

84% Complete

**Many families have experienced changes to their routines and activities since the COVID-19 pandemic started in the last 60 days. Please indicate whether your family does each of the following activities more or less than usual:**

	A lot less than usual	A little less than usual	The same as usual	A little more than usual	A lot more than usual	Does not apply - do not do
Watching TV, streaming videos, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video-chatting with family and friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing digital games, video games, apps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading paper books	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading electronic books on a tablet, computer, or phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening to podcasts or audiobooks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing outdoor activities, such as playing outside or going for walks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What type(s) of internet do children have access to in this household to support learning? Select all that apply:

- Dedicated household internet or Wi-Fi  
 Dedicated cellular hotspot  
 Hotspot through someone's mobile phone  
 Other  
 Don't know  
 Refused

Do children in your household use any of the following devices to access the internet for learning? Select all that apply:

- A laptop, Chromebook, or desktop computer  
 A tablet or iPad  
 A smartphone  
 Technology was not available  
 Don't know  
 Refused

How disruptive was school closing for your family?

- Not at all disruptive  
 A little disruptive  
 Somewhat disruptive  
 Very disruptive  
 Don't know  
 Refused

How easy or difficult has it been for you to find child care while school is suspended or canceled?

- Very easy  
 Somewhat easy  
 Somewhat difficult  
 Very difficult  
 Don't know  
 Refused

Please rate how safe your children are while living at home during COVID-19:

- Very safe  
 Somewhat safe  
 Somewhat unsafe  
 Very unsafe  
 Don't know  
 Refused

Please indicate if any of the adults living in your household, besides you, have been diagnosed by a health professional with any of the following conditions. Select all that apply:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Allergies
- Heart disease
- High blood pressure
- Lung disease
- Diabetes
- Ulcer or stomach disease
- Kidney disease
- Liver disease
- Anemia or other blood disease
- Cancer
- Depression
- Osteoarthritis or degenerative arthritis
- Back pain
- Rheumatoid arthritis
- Dementia/Alzheimer's
- Other medical problems. Please describe:

- Adults in my household do not have any of these conditions
- Don't know
- Refused

Describe "other" please:

---

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

---

Compared to before the COVID-19 outbreak (in the last 60 days), would you say the average amount of recreational drug use among other household members is:

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

---

Do you have a close family member or friend currently residing in a nursing home or assisted living facility?

- Yes
- No
- Don't know
- Refused

---

Have any COVID-19 cases at the nursing homes or assisted living facility been reported?

- Yes
- No
- Don't know
- Refused

---

Are you worried that your family member or friend residing in the nursing home/assisted living facility may get COVID-19?

- Yes
- No
- Don't know
- Refused

---

92% Complete

**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 or since the COVID-19 pandemic started.**

	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"/>

95% Complete

**Please read each statement and fill in the circle that indicates how much stress you experienced since the start of 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 the start of COVID-19 (approximately the last 4 months or in the last 60-90 days).**

**Due to COVID-19 how much stress did you experience:**

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

On a scale of 0 to 100 percent, what is the % chance that you will get COVID-19 in the next three months? If you're not sure, please give your best guess.

\_\_\_\_\_

97% Complete

## O. 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 female
- 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



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99% Complete

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**P. EMR Linkage**

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In the future, we would also like to track how COVID-19 is affecting access, quality of health care over time and the impact of the pandemic on individuals with multiple chronic conditions. This is completely voluntary, and your answer will not affect your SHOW study participation or eligibility for future SHOW studies.

**AUTHORIZATION FOR USE OF YOUR PROTECTED HEALTH INFORMATION**

Checking yes means you will allow us, the researchers in this study, and other researchers working with us to use some information about you available in your health records for this research study.

The information we will use and include in our research records:

- To confirm information on testing, diagnosis, visits to the emergency room, urgent care or hospital stays for COVID-19 including diagnoses, treatments, medications, and the results of medical tests
- Medical information about your medical history, allergies, current and past medications or therapies, diagnoses and information from physical examinations, such as blood pressure reading, heart rate, temperature, lab results, results of other medical tests or procedures you may receive
- All tests and procedures that were performed
- Information collected through the SHOW survey

This information will allow us to examine questions about access to care, and use of care by patients with multiple chronic conditions, including cancer and cardiovascular disease compared to those without during and after COVID-19.

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Do you give us permission to contact your health care provider to access your electronic health records to confirm information on healthcare use?

- Yes
- No
- Don't know
- Refused

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END of SURVEY:

Thank you for your time and continued participation in the SHOW program! You can expect to receive an email containing your e-gift card within the next two 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.

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100% Complete