

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?

**CV19A002
FMT_EVGGFP.**

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

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?

**CV19A006
FMT_POOR_HEALTH_DAYS.**

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

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.**

☐☐☐☐☐

COVID-19 is a threat in the state of Wisconsin. **CV19A007_B FMT_AGREE_5CAT.**

☐☐☐☐☐

COVID-19 is a threat in my household. **CV19A007_C FMT_AGREE_5CAT.**

☐☐☐☐☐

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?

CV19B010_R2_A
FMT_COVID_TESTS.

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

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

What were the test results?

CV19B010_R2_B
FMT_COVID_TEST_RESULTS.

If '1' -> CV19LH001; else -> CV19B016

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

Were any of the test results positive?

CV19B010_R2_C
FMT_COVID_TEST_POSITIVE.

If '1' -> CV19LH001; else -> CV19B016

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

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

CV19B016
FMT_YES_NO.

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

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

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

CV19B016_A
FMT_YES_NO.

-> CV19B017

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

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?

CV19B017
FMT_YES_NO.

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

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.

-> CV19N001_R2

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	CV19N002_1 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 - 5 years old	CV19N002_9 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 - 12 years old	CV19N002_10 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 - 17 years old	CV19N002_3 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 - 40 years old	CV19N002_4 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41 - 54 years old	CV19N002_5 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55 - 65 years old	CV19N002_6 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65 - 75 years old	CV19N002_7 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75 + years old	CV19N002_8 FMT_FAMILY_MEMBER_NUMBERS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 If checked -> CV19LH004_26_OTHER CV19LH004_26
- ☐ 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):

CV19DX002

CV19DX003

CV19DX004

CV19DX005

CV19DX006

CV19DX007

CV19DX008

CV19DX009

CV19DX010

CV19DX011

CV19DX012

CV19DX013

CV19DX014

CV19DX015

CV19DX016

CV19DX017

CV19DX018

CV19DX019

CV19DX020

- ☐ Blood clots CV19DX001
☐ Stroke or TIA
☐ Pulmonary embolism
☐ Heart attack (cardiac arrest)
☐ Heart failure
☐ Myocarditis
☐ Heart damage or scarring
☐ Pacemaker implant
☐ Lung fibrosis
☐ Lung damage or scarring
☐ Pneumonia
☐ Acute Respiratory Distress Syndrome (ARDS)
☐ Oxygen supplementation
☐ Dialysis
☐ Kidney damage
☐ Renal failure
☐ Other (please specify) If checked -> CV19DX0018_OTHER
☐ None of the above
☐ Don't know
☐ Refused

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; else -> CV19V018

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; else CV19VC002

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?

CV19VC011
FMT_YES_NO.

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

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

CV19VC012
FMT_YES_NO.

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

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?

CV19VC013
FMT_YES_NO.

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

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

CV19VC014
FMT_YES_NO.

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

Do you know how to find a vaccination site?

CV19VC015
FMT_YES_NO.

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

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

CV19VC016
TRAVEL_VACCINE_SITE.

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

Would you have transportation to a vaccination site?

CV19VC017
FMT_YES_NO.

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

Have any of your children been vaccinated?

CV19VC018
CHILDREN_VACCINATED.

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

- ☐ 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

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

CV19VC019
FMT_YES_NO.

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

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

CV19VC020
CHILDREN_VACCINATED_FUTURE.

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

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

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"

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**

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

CV19VC022
FMT_LIKELY_3CAT.

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,"

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

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

CV19VC033
FMT_LIKELY_3CAT.

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

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

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

CV19VC034
FMT_LIKELY_3CAT.

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

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

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

CV19VC035
FMT_LIKELY_3CAT.

17% Complete

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

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

CV19C002
FMT_YES_NO.

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

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:

CV19D006_2_W3

CV19D006_3_W3

CV19D006_4_W3

CV19D006_5_W3

CV19D006_6_W3

CV19D006_7_W3

CV19D006_8_W3

CV19D006_9_W3

CV19D006_10_W3

CV19D006_12_W3

CV19D006_13_W3

CV19D006_14_W3

CV19D006_15_W3

CV19D006_16_W3

CV19D006_17_W3

CV19D006_18_W3

☐ 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

☐ 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

☐ Took public transportation to work

☐ Canceled a social gathering I had planned

☐ Canceled travel plans I had made

☐ None of these

☐ Other: _____ If checked -> CV19D006_16_OTHER_W3

☐ Don't know

☐ Refused

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)

CV19D007_4_W3

CV19D007_5_W3

CV19D007_6_W3

CV19D007_7_W3

CV19D007_8_W3

CV19D007_9_W3

CV19D007_10_W3

CV19D007_11_W3

CV19D007_12_W3

CV19D007_13_W3

CV19D007_14_W3

CV19D007_15_W3

CV19D007_16_W3

CV19D007_17_W3

CV19D007_18_W3

CV19D007_19_W3

☐ Read books for pleasure CV19D007_1_W3

☐ Took walks outside CV19D007_2_W3

☐ Exercised/worked out CV19D007_3_W3

☐ 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

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?

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

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

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

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_W3**
 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?

CV19F003
FMT_YES_NO.

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

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

CV19F004_1
FMT_CURRENT_LOCATION.

- ☐ 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?

If '3' OR '4' checked -> CV19F004B_#

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

CV19F004A
FMT_WORRIED_CAT.

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?

CV19F004B_2

- ☐ I/we will be evicted because we can not pay rent or mortgage CV19F004B_1

CV19F004B_3

- ☐ The landlord will lose the property due to foreclosure

CV19F004B_4

- ☐ Eviction (for reasons other than payment of rent)
☐ The city will condemn the property and force me to leave

CV19F004B_5

- ☐ The owner or person who pays the rent may ask me to leave for another reason

CV19F004B_6

- ☐ The neighborhood is too dangerous

CV19F004B_7

- ☐ Does not apply

CV19F004B_8

- ☐ Other (specify) If checked -> CV19F004B_8_OTHER

CV19F004B_9

- ☐ Don't know

CV19F004B_10

- ☐ Refused

Specify "other" please:

CV19F004B_8_OTHER
\$FMT_CHAR.

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?

If 3 OR 4 checked -> CV19F004E_#; else -> CV19F005_W3

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

CV19F004D
FMT_LIKELY_UNLIKELY.

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?

CV19F004E_3

- ☐ I/we will be evicted because we can not pay rent or mortgage CV19F004E_1

CV19F004E_4

- ☐ The landlord will lose the property due to foreclosure CV19F004E_2

CV19F004E_5

- ☐ Eviction (for reasons other than payment of rent)
☐ The city will condemn the property and force me to leave

CV19F004E_6

- ☐ The owner or person who pays the rent may ask me to leave for another reason

CV19F004E_7

- ☐ The neighborhood is too dangerous

CV19F004E_8

- ☐ Does not apply

CV19F004E_9

- ☐ Other (specify) If checked -> CV19F004E_8_OTHER

CV19F004E_10

- ☐ Don't know

- ☐ Refused

Specify "other" please:

CV19F004E_8_OTHER
\$FMT_CHAR.

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

CV19F005_W3
FMT_YES_NO.

- ☐ 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. CV19F006_W3 FMT_FSQ_NEW.	<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. CV19F007_W3 FMT_FSQ_NEW.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(I/we) couldn't afford to eat balanced meals. CV19F008_W3 FMT_FSQ_NEW.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- CV19F013_1_W3** ☐ WIC (Women, Infants, and Children federal program)
- ☐ FoodShare benefits (Quest card, SNAP, or Food Stamps) **CV19F013_2_W3**
- CV19F013_3_W3** ☐ Wisconsin Works (also called W2 or welfare)
- CV19F013_4_W3** ☐ TANF (Temporary Assistance for Needy Families federal program)
- CV19F013_5_W3** ☐ School Meals
- CV19F013_6_W3** ☐ Supplemental Security Income (SSI)
- CV19F013_7_W3** ☐ Transportation services
- CV19F013_8_W3** ☐ Unemployment insurance
- CV19F013_9_W3** ☐ Food Pantry/ Food boxes
- CV19F013_10_W3** ☐ I did not use any benefits programs
- CV19F013_11_W3** ☐ Other benefit program: _____
- CV19F013_12_W3** ☐ Don't know
- CV19F013_13_W3** ☐ Refused

If checked -> **CV19F013_11_OTHER_W3**

Please specify the other benefit program:

CV19F013_11_OTHER_W3
\$FMT_CHAR.

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. CV19F016_W3 FMT_COV2021_FEELING.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am just getting by financially. CV19F017_W3 FMT_COV2021_FEELING.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned that the money I have or will save won't last. CV19F018_W3 FMT_COV2021_FEELING.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 CV19F019_W3 FMT_COV2021_FEELING.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My finances control my life CV19F020_W3 FMT_COV2021_FEELING.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 CV19G005 FMT_COV2021_EXP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to use the health information I find on the Internet to help me CV19G006 FMT_COV2021_EXP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 CV19H001_1 FMT_PHQ_OFTEN_.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying CV19H001_2 FMT_PHQ_OFTEN_.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure in doing things CV19H001_3 FMT_PHQ_OFTEN_.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless CV19H001_4 FMT_PHQ_OFTEN_.	<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? CV19H003_1 FMT_LAST7DAYS.	<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? CV19H003_2 FMT_LAST7DAYS.	<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) CV19H003_3 FMT_LAST7DAYS.	<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

**CV19Q001
FMT_FREQ_5_TWO.**

In general, how satisfied are you with your life?

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

**CV19Q002
FMT_SATIS_4CAT.**

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.

CV19J003_2_W3

CV19J003_3_W3

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

Select all that apply:

CV19J003_5_W3

CV19J003_6_W3

CV19J003_7_W3

CV19J003_8_W3

CV19J003_9_W3

CV19J003_10_W3

CV19J003_11_W3

☐ No delay in care CV19J003_1_W3

☐ 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 CV19J003_4_W3

☐ 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 If checked -> CV19J003_9_W3_OTHER

☐ Don't Know

☐ Refused

Specify "other" please:

CV19J003_9_W3_OTHER
\$FMT_CHAR.

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

CV19J004_2_W3

CV19J004_3_W3

CV19J004_4_W3

CV19J004_5_W3

CV19J004_6_W3

CV19J004_7_W3

CV19J004_8_W3

CV19J004_9_W3

CV19J004_10_W3

CV19J004_11_W3

Select all that apply:

☐ Prescription medication CV19J004_1_W3

☐ 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?

CV19J005_2_W3

Select all that apply:

CV19J005_3_W3

CV19J005_4_W3

CV19J005_5_W3

CV19J005_6_W3

☐ 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).

☐ Yes

☐ No

☐ Don't know

☐ Refused

CV19J006
FMT_YES_NO.

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

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

CV19J007_W3
FMT_YES_NO.

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

☐ Yes

☐ No

☐ Does not apply

☐ Don't know

☐ Refused

CV19J010_W3
FMT_YES_NO_NOT_AP.

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

CV19J011_W3
FMT_YES_NO.

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:

If checked -> CV19J012A_1
 If checked -> CV19J012A_1
 If checked -> CV19J012A_1
 If checked -> CV19J012A_1
 If checked -> CV19J012A_1
 If checked -> CV19J012A_1

- CV19J012_1_W3_R2 ☐ No appointment delayed
 CV19J012_2_W3_R2 ☐ A major surgical procedure
 CV19J012_3_W3_R2 ☐ A minor procedure
 CV19J012_4_W3_R2 ☐ Mental health care visit
 CV19J012_5_W3_R2 ☐ Regular annual check-up
 CV19J012_6_W3_R2 ☐ Regular dental cleaning or check-up
 CV19J012_7_W3_R2 ☐ A dental procedure such as cavity, crown or other
 CV19J012_8_W3_R2 ☐ A regular eye exam
 CV19J012_9_W3_R2 ☐ A hearing exam
 CV19J012_10_W3_R2 ☐ Alcohol or substance use support program
 CV19J012_11_W3_R2 ☐ Prenatal or postpartum visit
 CV19J012_12_W3_R2 ☐ Don't know
 CV19J012_13_W3_R2 ☐ Refused

If checked -> CV19J012A_1

If checked -> CV19J012A_1

If checked -> CV19J012A_1

If checked -> CV19J012A_1

Only if CV19J003_2_W3 -
CV19J003_9 checked

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

- CV19J012A_1_W3 ☐ I couldn't get an appointment
 CV19J012A_2_W3 ☐ My appointment was cancelled or unavailable due to Covid-19.
 CV19J012A_3_W3 ☐ I didn't have enough money or insurance to pay for my visits
 CV19J012A_4_W3 ☐ I didn't have my Insurance card
 CV19J012A_5_W3 ☐ I had no way to get to the clinic or doctor's office
 CV19J012A_6_W3 ☐ I couldn't take time off from work
 CV19J012A_7_W3 ☐ I had no one to take care of my children or other family members
 CV19J012A_8_W3 ☐ I had too many other things going on
 CV19J012A_9_W3 ☐ I didn't want to risk being exposed to someone with COVID
 CV19J012A_10_W3 ☐ Other
 CV19J012A_11_W3 ☐ Don't know
 CV19J012A_12_W3 ☐ Refused

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

Select all that apply:

- CV19J013_1_W3_R2 ☐ Allergy appointment
 CV19J013_2_W3_R2 ☐ Asthma or COPD Appointment
 CV19J013_3_W3_R2 ☐ Blood draw
 CV19J013_4_W3_R2 ☐ Cardiac rehab
 CV19J013_5_W3_R2 ☐ Chiropractor
 CV19J013_6_W3_R2 ☐ Colonoscopy for colon cancer screening
 CV19J013_7_W3_R2 ☐ CT or chest x-ray for lung cancer screening
 CV19J013_8_W3_R2 ☐ Eye doctor or optometrist
 CV19J013_17_W3_R2 ☐ Hearing doctor or audiologist
 CV19J013_9_W3_R2 ☐ (if female) Mammogram
 CV19J013_10_W3_R2 ☐ (if female) Pap smear for cervical cancer screening
 CV19J013_11_W3_R2 ☐ Physical or occupational therapy
 CV19J013_12_W3_R2 ☐ Skin or mole check for skin cancer screening
 CV19J013_13_W3_R2 ☐ Speech therapy
 CV19J013_14_W3_R2 ☐ Other (Specify) If checked -> CV19J013_14_W3_R2_OTHER
 CV19J013_16_W3_R2 ☐ Don't know
 CV19J013_17_W3_R2 ☐ Refused

Specify "other" please:

CV19J013_14_W3_R2_OTHER
\$FMT_CHAR.

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:

- | | | | |
|-------------|--------------------------|--|---------------------------------|
| CV19J014_1 | <input type="checkbox"/> | No medical conditions | |
| CV19J014_2 | <input type="checkbox"/> | Asthma | |
| CV19J014_3 | <input type="checkbox"/> | Chronic obstructive pulmonary disease (COPD) | |
| | <input type="checkbox"/> | Allergies | CV19J014_4 |
| | <input type="checkbox"/> | Heart disease | CV19J014_5 |
| CV19J014_6 | <input type="checkbox"/> | High blood pressure or hypertension | |
| CV19J014_7 | <input type="checkbox"/> | High cholesterol or hyperlipidemia | |
| CV19J014_8 | <input type="checkbox"/> | Diabetes | |
| CV19J014_9 | <input type="checkbox"/> | Ulcer or stomach disease | |
| CV19J014_10 | <input type="checkbox"/> | Kidney disease | |
| CV19J014_11 | <input type="checkbox"/> | Liver disease | |
| CV19J014_12 | <input type="checkbox"/> | Anemia or other blood disease | |
| CV19J014_13 | <input type="checkbox"/> | Cancer | |
| CV19J014_14 | <input type="checkbox"/> | Anxiety | |
| CV19J014_15 | <input type="checkbox"/> | Depression | |
| CV19J014_16 | <input type="checkbox"/> | Any dementia or Alzheimer's disease | |
| CV19J014_17 | <input type="checkbox"/> | Osteoarthritis or degenerative arthritis | |
| CV19J014_18 | <input type="checkbox"/> | Back pain | |
| CV19J014_19 | <input type="checkbox"/> | Rheumatoid arthritis | |
| CV19J014_20 | <input type="checkbox"/> | Other medical condition. Please describe: | |
| | | | If checked -> CV19J014_20_OTHER |
| CV19J014_21 | <input type="checkbox"/> | Don't know | |
| CV19J014_22 | <input type="checkbox"/> | Refused | |

Specify "other" please:

CV19J014_20_OTHER
\$FMT_CHAR.

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

Select all that apply:

- | | | |
|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Bladder | CV19J020_1 |
| CV19J020_2 | <input type="checkbox"/> | Blood |
| CV19J020_3 | <input type="checkbox"/> | Bone |
| CV19J020_4 | <input type="checkbox"/> | Brain |
| CV19J020_5 | <input type="checkbox"/> | Breast |
| CV19J020_6 | <input type="checkbox"/> | Cervix/Cervical |
| CV19J020_7 | <input type="checkbox"/> | Colon |
| CV19J020_8 | <input type="checkbox"/> | Esophagus |
| CV19J020_9 | <input type="checkbox"/> | Gallbladder |
| CV19J020_10 | <input type="checkbox"/> | Kidney |
| CV19J020_11 | <input type="checkbox"/> | Larynx/Windpipe |
| CV19J020_12 | <input type="checkbox"/> | Leukemia |
| CV19J020_13 | <input type="checkbox"/> | Liver |
| CV19J020_14 | <input type="checkbox"/> | Lung |
| CV19J020_15 | <input type="checkbox"/> | Lymphoma/Hodgkins disease |
| CV19J020_16 | <input type="checkbox"/> | Melanoma |
| CV19J020_17 | <input type="checkbox"/> | Mouth/Tongue/Lip |
| CV19J020_18 | <input type="checkbox"/> | Nervous system |
| CV19J020_19 | <input type="checkbox"/> | Ovary/Ovarian |
| CV19J020_20 | <input type="checkbox"/> | Pancreas/Pancreatic |
| CV19J020_21 | <input type="checkbox"/> | Prostate |
| CV19J020_22 | <input type="checkbox"/> | Rectum/Rectal |
| CV19J020_23 | <input type="checkbox"/> | Skin (Non-Melanoma) |
| CV19J020_24 | <input type="checkbox"/> | Skin (Unknown) |
| CV19J020_25 | <input type="checkbox"/> | Soft tissue (Muscle/Fat) |
| CV19J020_26 | <input type="checkbox"/> | Stomach |
| CV19J020_27 | <input type="checkbox"/> | Testes/Testicular |
| CV19J020_28 | <input type="checkbox"/> | Thyroid |
| CV19J020_29 | <input type="checkbox"/> | Uterus/Uterine |
| CV19J020_30 | <input type="checkbox"/> | Other |
| CV19J020_31 | <input type="checkbox"/> | Don't know |
| CV19J020_32 | <input type="checkbox"/> | Refused |

If "Yes" -> CV19J020_30_OTHER

Specify "other" please:

CV19J020_30_OTHER
\$FMT_CHAR.

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?

CV19R001
FMT_YES2_NO1_.

- ☐ Yes
☐ No
☐ Refused

If "No" -> CV19R001_# ; else -> CV19J026

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

- CV19R001_1 ☐ None **If checked -> CV19N001**
CV19R001_2 ☐ Birth control pill
CV19R001_3 ☐ Condom
CV19R001_4 ☐ Hormonal Implant (for example Norplant)
CV19R001_5 ☐ Shot (for example Depo-Provera)
CV19R001_6 ☐ Birth control ring or patch
CV19R001_7 ☐ Diaphragm
CV19R001_8 ☐ IUD
CV19R001_9 ☐ Surgical sterilization (tubal/vasectomy)
CV19R001_10 ☐ Other (Specify) **If checked -> CV19R001_10_OTHER**
CV19R001_11 ☐ Don't know
CV19R001_12 ☐ Refused

Specify "other" please:

CV19R001_10_OTHER
\$FMT_CHAR.

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

- ☐ I'd like to get pregnant **CV19R002_1**
CV19R002_2 ☐ Not currently having sex that would lead to pregnancy
CV19R002_3 ☐ Partner is responsible for contraception
CV19R002_4 ☐ I or my partner recently had a baby and/or is breastfeeding
CV19R002_5 ☐ I or my partner cannot get pregnant (for example had hysterectomy)
CV19R002_6 ☐ Other (specify) **If checked -> CV19R002_6_OTHER**
CV19R002_7 ☐ Don't know
CV19R002_8 ☐ Refused

Specify "other" please:

CV19R002_6_OTHER
\$FMT_CHAR.

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

CV19R005
FMT_YES_NO.

If "Yes" -> CV19R006 ; else -> CV19J026

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)

- CV19R006_1 ☐ In high-risk group and need to self-quarantine
CV19R006_2 ☐ Responsible for childcare or sick family member
CV19R006_3 ☐ Financial (for example reduced income)
CV19R006_4 ☐ Doctor's office or clinic closed/have reduced hours
CV19R006_5 ☐ Was told it wasn't safe to go to a provider
CV19R006_6 ☐ Other (specify) **If checked -> CV19R006_6_OTHER**
CV19R006_7 ☐ Don't know
CV19R006_8 ☐ Refused

Specify "other" please:

CV19R006_6_OTHER
\$FMT_CHAR.

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.

CV19R007_1	<input type="checkbox"/> I have not switched forms of contraception
	<input type="checkbox"/> I am no longer using any contraception CV19R007_2
CV19R007_3	<input type="checkbox"/> Birth control pill
CV19R007_4	<input type="checkbox"/> Condom
CV19R007_5	<input type="checkbox"/> Hormonal Implant (for example Norplant)
CV19R007_6	<input type="checkbox"/> Shot (for example Depo-Provera)
CV19R007_7	<input type="checkbox"/> Birth control ring or patch
CV19R007_8	<input type="checkbox"/> Diaphragm
CV19R007_9	<input type="checkbox"/> IUD
CV19R007_10	<input type="checkbox"/> Surgical sterilization (tubal/vasectomy)
CV19R007_11	<input type="checkbox"/> Other (specify) If checked -> CV19R007_11_OTHER
CV19R007_12	<input type="checkbox"/> Don't know
CV19R007_13	<input type="checkbox"/> Refused

Specify "other" please:

CV19R007_11_OTHER
\$FMT_CHAR. _____

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?

-> **CV19J026**

CV19R008
FMT_PREGNANCY.

- ☐ 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):

CV19J026
FMT_QD4_.

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

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

CV19J027
FMT_QD4_.

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

Do you use a hearing aid?

CV19J028
FMT_YES_NO.

- ☐ 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)?

CV19MK001
FMT_YES_NO.

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

If 'Yes' -> CV19MK002_1; else -> CV19K001

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

- CV19MK002_1 ☐ With family and friends
 CV19MK002_2 ☐ At work
 CV19MK002_3 ☐ In public (e.g. grocery stores, restaurants)
 CV19MK002_4 ☐ With medical providers If checked -> CV19MK003_1
 CV19MK002_5 ☐ Did not have difficulty communicating
 CV19MK002_6 ☐ Don't know
 CV19MK002_7 ☐ Refused

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

- ☐ In-person visits CV19MK003_1
 CV19MK003_2 ☐ Telehealth visits by telephone call
 CV19MK003_3 ☐ Telehealth visits by video call (for example, Zoom).
 CV19MK003_4 ☐ I did not have difficulties communicating with healthcare providers.
 CV19MK003_5 ☐ Does not apply: I did not communicate with a healthcare provider during the COVID-19 pandemic.
 CV19MK003_6 ☐ Don't know
 CV19MK003_7 ☐ 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:

CV19K001
FMT_NUMERIC.

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:

CV19K002
FMT_NUMERIC.

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

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

CV19K003
FMT_EVGGFP.

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

CV19K004
FMT_PASTMONTH.

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

CV19K005
FMT_PASTMONTH.

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

CV19K006
FMT_PASTMONTH.

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

CV19K007
FMT_PASTMONTH.

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.

CV19K008
FMT_PHYS_ACT_LEVEL.

- ☐ 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:

- CV19K009_1** ☐ Exercise outdoors (walk, bike ride, yard games)
CV19K009_2 ☐ Use home weightlifting equipment
CV19K009_3 ☐ Use home cardio equipment (treadmill, elliptical, Stairmaster)
CV19K009_4 ☐ Workout videos
CV19K009_5 ☐ Yoga/stretching/Pilates at home
CV19K009_6 ☐ Calisthenics (exercise using own body weight)
CV19K009_7 ☐ Other **if checked -> CV19K009_7_OTHER**
CV19K009_8 ☐ I am not doing anything to stay active
CV19K009_9 ☐ Don't know
CV19K009_10 ☐ Refused

Specify "other" please:

CV19K009_7_OTHER
\$FMT_CHAR.

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:

CV19K010_1
FMT_NUMERIC.

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:

CV19K010_2
FMT_NUMERIC.

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:

CV19K010_3
FMT_NUMERIC.

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)?

CV19K010_4
FMT_COV2021_EXERCISE.

- ☐ 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:

CV19K015_W3
FMT_LAST_MONTH_COV_NEW.

- ☐ 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:

CV19K019_W3
FMT_LAST_MONTH_COV_NEW.

- ☐ 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?

CV19L004
FMT_YES_NO.

- ☐ 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 CV19L005_1 FMT_VSMWNV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Praying CV19L005_2 FMT_VSMWNV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washing your hands with soap and water CV19L005_3 FMT_VSMWNV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting tested for COVID-19 CV19L005_4 FMT_VSMWNV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting a vaccine for COVID-19 CV19L005_9 FMT_VSMWNV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding public spaces, gatherings and crowds CV19L005_5 FMT_VSMWNV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding exercise outside CV19L005_6 FMT_VSMWNV.	<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) CV19L005_7 FMT_VSMWNV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing nothing CV19L005_8 FMT_VSMWNV.	<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 CV19L014_1 FMT_AGREE_5CAT.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I belong in my neighborhood CV19L014_2 FMT_AGREE_5CAT.	<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 CV19L014_3 FMT_AGREE_5CAT.	<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 CV19L014_4 FMT_AGREE_5CAT.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel connected to this neighborhood CV19L014_5 FMT_AGREE_5CAT.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a bond with others in my neighborhood CV19L014_6 FMT_AGREE_5CAT.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like a member of my neighborhood CV19L014_7 FMT_AGREE_5CAT.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	CV19L019_6 FMT_DISAGREE_5CAT_NEW.				
I am able to easily adapt to change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	CV19L019_7 FMT_DISAGREE_5CAT_NEW.				

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?

CV19L026_R2
FMT_NUMERIC.

- ☐ 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?

CV19L027_R2
FMT_NUMERIC.

- ☐ 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.

CV19L028_R2
FMT_NUMERIC.

- ☐ 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?

CV19L029_R2
FMT_NUMERIC.

- ☐ 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?

CV19L030
FMT_NUMERIC.

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"/>	<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"/>

77% Complete

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

Select all that apply:

- CV19M001_1 ☐ Local public health officials such as officials from your county health department
- CV19M001_2 ☐ The Wisconsin Department of Health Services
- CV19M001_3 ☐ The US Department of Health and Human Services (HHS)
- CV19M001_4 ☐ The Centers for Disease Control and Prevention (CDC)
- CV19M001_5 ☐ The World Health Organization (WHO)
- CV19M001_6 ☐ Your close friends and members of your family
- CV19M001_7 ☐ Your coworkers, classmates, or other acquaintances
- CV19M001_8 ☐ Your physician or health care provider
- CV19M001_9 ☐ I do not trust any of the above sources
- CV19M001_10 ☐ Don't know
- CV19M001_11 ☐ 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.

- CV19M002_1 ☐ Local television
- CV19M002_2 ☐ Friends and family
- CV19M002_3 ☐ Network television (for example ABC, CBS, or NBC)
- CV19M002_4 ☐ A social media website or app (for example Facebook, Twitter, Snapchat)
- CV19M002_5 ☐ Cable television (for example CNN, Fox News, or MSNBC)
- CV19M002_6 ☐ A news website or app (for example the New York Times or Fox News websites or apps)
- CV19M002_7 ☐ A search engine website or app (for example Google, Bing)
- CV19M002_8 ☐ Radio news
- CV19M002_9 ☐ A government website or app (for example CDC.gov)
- CV19M002_10 ☐ Print newspapers (for example the New York Times or the Wall Street Journal print edition)
- CV19M002_11 ☐ A health website or app (for example WebMD)
- CV19M002_12 ☐ Late-night comedy shows (for example The Late Show with Stephen Colbert or The Daily Show)
- CV19M002_13 ☐ An organization website or app (for example WHO.int)
- CV19M002_14 ☐ Podcasts
- CV19M002_15 ☐ None of the above
- CV19M002_16 ☐ Don't know
- CV19M002_17 ☐ Refused

79% Complete

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

- ☐ **CV19N011_1** Biological children
☐ **CV19N011_2** Biological grandchildren
☐ **CV19N011_3** Cousins
☐ **CV19N011_4** Friends
☐ **CV19N011_5** Stepchildren
☐ **CV19N011_6** Children for whom I am legal guardian
☐ **CV19N011_7** Foster children
☐ **CV19N011_8** Other: _____ **if checked -> CV19N011_8_OTHER**
☐ **CV19N011_9** Don't know
☐ **CV19N011_10** Refused

Specify "other" please:

CV19N011_8_OTHER
\$FMT_CHAR.

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

CV19N012
FMT_YES_NO.

- ☐ 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?

CV19N013
FMT_YES_NO.

- ☐ 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?

CV19N015
MMDDYY10.

What is the gender of the child?

CV19N016
FMT_CHILD_GENDER.

- ☐ 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 CV19N017_1 FMT_CHILD_FREQ.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child wakes up at about the same time on weekdays and has a regular bedtime each night. CV19N017_2 FMT_CHILD_FREQ.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child engages in regular, planned activities with the family each week (For example, play games, watch movies). CV19N017_3 FMT_CHILD_FREQ.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My child:

	Never	Rarely	Sometimes	Often	Nearly always
Is organized CV19N017_4 FMT_CHILD_FREQ.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is able to pay attention to tasks CV19N017_5 FMT_CHILD_FREQ.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Controls their behavior/controls their impulses CV19N017_6 FMT_CHILD_FREQ.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child cries and whines CV19N017_7 FMT_CHILD_FREQ.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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. CV19N099_1 FMT_ACTIVITIES_B4_COVID.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video-chatting with family and friends CV19N099_2 FMT_ACTIVITIES_B4_COVID.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing digital games, video games, apps CV19N099_3 FMT_ACTIVITIES_B4_COVID.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading paper books CV19N099_4 FMT_ACTIVITIES_B4_COVID.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading electronic books on a tablet, computer, or phone CV19N099_5 FMT_ACTIVITIES_B4_COVID.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening to podcasts or audiobooks CV19N099_6 FMT_ACTIVITIES_B4_COVID.	<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 CV19N099_7 FMT_ACTIVITIES_B4_COVID.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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?

**CV19N052
FMT_YES_NO.**

- ☐ 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:

- ☐ CV19N053_1 Intellectual or developmental disability
☐ CV19N053_2 Emotional or mental health
☐ CV19N053_3 Substance or alcohol use disorder
☐ CV19N053_4 Limited mobility due to aging or other physical handicap
☐ CV19N053_5 COVID-19
☐ CV19N053_6 Asthma
☐ CV19N053_7 Chronic obstructive pulmonary disease (COPD)
☐ CV19N053_8 Allergies
☐ CV19N053_9 Heart disease
☐ CV19N053_10 High blood pressure
☐ CV19N053_11 Lung disease
☐ CV19N053_12 Diabetes
☐ CV19N053_13 Dementia or Alzheimer's disease
☐ CV19N053_14 Ulcer or stomach disease
☐ CV19N053_15 Kidney disease
☐ CV19N053_16 Liver disease
☐ CV19N053_17 Anemia or other blood disease
☐ CV19N053_18 Cancer
☐ CV19N053_19 Depression
☐ CV19N053_20 Osteoarthritis or degenerative arthritis
☐ CV19N053_21 Back pain
☐ CV19N053_22 Rheumatoid arthritis
☐ CV19N053_23 Other medical problems. Please describe:
☐ CV19N053_24 Don't know
☐ CV19N053_25 Refused
- > CV19N053_23_OTHER

Describe "other" please:

CV19N053_23_OTHER
\$FMT_CHAR.

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

CV19N065
FMT_ALCOHOL_CONSUMPTION.

- ☐ 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. CV19N063_1_R2 FMT_DISAGREE_5CAT_NEW_TWO.	<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. CV19N063_2_R2 FMT_DISAGREE_5CAT_NEW_TWO.	<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. **CV19N063_3_R2 FMT_DISAGREE_5CAT_NEW_TWO.**

During the last week (or 7 days),
I used screen media to help me
and my family members stay
physically active. **CV19N063_4_R2 FMT_DISAGREE_5CAT_NEW_TWO.**

During the last week (or 7 days),
I used screen media to
communicate with family and
friends. **CV19N063_5_R2 FMT_DISAGREE_5CAT_NEW_TWO.**

During the last week (or 7 days),
I used screen media to escape
from my own stress or other
negative feelings. **CV19N063_6_R2 FMT_DISAGREE_5CAT_NEW_TWO.**

During the last week (or 7 days),
I used screen media to help
other family members calm
down when they are upset. **CV19N063_7_R2 FMT_DISAGREE_5CAT_NEW_TWO.**

During the last week (or 7 days),
I used screen media to reduce
conflict between people in my
home. **CV19N063_8_R2 FMT_DISAGREE_5CAT_NEW_TWO.**

During the last week (or 7 days),
I used screen media to help me
or my family members fall
asleep (or stay asleep). **CV19N063_9_R2 FMT_DISAGREE_5CAT_NEW_TWO.**

During the last week (or 7 days),
I used screen media to help my
family members focus and
control their behavior. **CV19N063_10 FMT_DISAGREE_5CAT_NEW_TWO.**

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. CV19N064_1 FMT_DISAGREE_4CAT_NEW_TWO.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel trapped by my responsibilities as a parent. CV19N064_2 FMT_DISAGREE_4CAT_NEW_TWO.	<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. CV19N064_3 FMT_DISAGREE_4CAT_NEW_TWO.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel tired, worn out, or exhausted from raising a family. CV19N064_4 FMT_DISAGREE_4CAT_NEW_TWO.	<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 CV19N060_1_R2 FMT_DISAGREE_5CAT_NEW_TWO.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am in control CV19N060_2_R2 FMT_DISAGREE_5CAT_NEW_TWO.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel completely run down CV19N060_3_R2 FMT_DISAGREE_5CAT_NEW_TWO.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have more energy for other things CV19N060_4_R2 FMT_DISAGREE_5CAT_NEW_TWO.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My resources are being all used up CV19N060_5_R2 FMT_DISAGREE_5CAT_NEW_TWO.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a sense of purpose CV19N060_6_R2 FMT_DISAGREE_5CAT_NEW_TWO.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some things are going well, while other things are falling apart CV19N060_7_R2 FMT_DISAGREE_5CAT_NEW_TWO.	<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?

**CV19U001
FMT_ACP_DOCUMENTS.**

If "I have already done it." -> CV19U002 ; else if "I have thought about it" or "I am thinking about it" or "I am definitely planning to do it: -> CV19U004 ; else -> CV19U005

- ☐ 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?

**CV19U002
FMT_ACP_DOCUMENTS_TL.**

If "AFTER" -> CV19U003 ; else -> CV19U005

- ☐ 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?

-> CV19U005

**CV19U003
FMT_ACP_DOCUMENTS_TL_SPECIFICS.**

- ☐ 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?

**CV19U004
FMT_YES_NO.**

- ☐ 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?

CV19U005
FMT_ACP_DOCUMENTS.

- ☐ 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

If "I have already done it." -> CV19U006 ; else if "I have thought about it" or "I am thinking about it" or "I am definitely planning to do it: -> CV19U008 ; else -> CV19U009

When did you do this?

CV19U006
FMT_ACP_DOCUMENTS_TL.

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

If "AFTER" -> CV19U007 ; else -> CV19U009

When specifically did you do this?

CV19U007
FMT_ACP_DOCUMENTS_TL_SPECIFICS.

- ☐ 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?

-> CV19U009

CV19U008
FMT_YES_NO.

- ☐ 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?

CV19U009
FMT_ACP_DOCUMENTS.

- ☐ 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

If "I have already done it." -> CV19U010 ; else if "I have thought about it" or "I am thinking about it" or "I am definitely planning to do it: -> CV19U012 ; else -> CV19U013

When did you do this?

CV19U010
FMT_ACP_DOCUMENTS_TL.

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

If "AFTER" -> CV19U011 ; else -> CV19U013

When specifically did you do this?

CV19U011
FMT_ACP_DOCUMENTS_TL_SPECIFICS.

- ☐ 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?

CV19U012
FMT_YES_NO.

- ☐ 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?

CV19U013
FMT_ACP_DOCUMENTS.

- ☐ 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

If "I have already done it." -> CV19U014 ; else if "I have thought about it" or "I am thinking about it" or "I am definitely planning to do it: -> CV19U016 ; else -> CV19N061

When did you do this?

CV19U014
FMT_ACP_DOCUMENTS_TL.

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

If "AFTER" -> CV19U015 ; else -> CV19N061

When specifically did you do this?

CV19U015
FMT_ACP_DOCUMENTS_TL_SPECIFICS.

-> CV19N061

- ☐ 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?

-> CV19N061

CV19U016
FMT_YES_NO.

- ☐ 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 CV19N061_1_W3 FMT_STRESS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In your relationship with others CV19N061_2_W3 FMT_STRESS.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Related to living in your neighborhood CV19N061_3_W3 FMT_STRESS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Related to caring for others CV19N061_4_W3 FMT_STRESS.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Related to legal problems CV19N061_5_W3 FMT_STRESS.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Related to medical problems (personal, family) CV19N061_6_W3 FMT_STRESS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Related to racism and discrimination (feeling mistreated, discriminated) CV19N061_7_W3 FMT_STRESS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Related to meeting basic needs (housing, food, paying bills) CV19N061_8_W3 FMT_STRESS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Related to loss of money or finances (for example lost wages, job loss, investment/retirement loss, travel-related cancelations) CV19N061_9_W3 FMT_STRESS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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?

CV19O001
FMT_CV19O001X.

- ☐ 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

CV19O002
FMT_CV19O002X.

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.

CV19O004
FMT_INCOME_NUM.

- ☐ 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?

CV19O005
FMT_MEMBERS_SUPPORTED_NEW.

- ☐ 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?

CV19O006
FMT_EDUCATION_CAT.

- ☐ 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:

CV19O007
FMT_NUMERIC.

Inches:

CV19O008
FMT_NUMERIC.

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

CV19O009
FMT_NUMERIC.

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?). CV19W001 FMT_YES_NO.	<input type="radio"/>	<input type="radio"/>
Have you ever been in a serious car accident, or a serious accident at work or somewhere else? CV19W002 FMT_YES_NO.	<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? CV19W003 FMT_YES_NO.	<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.? CV19W004 FMT_YES_NO.	<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? CV19W005 FMT_YES_NO.	<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? CV19W006 FMT_YES_NO.	<input type="radio"/>	<input type="radio"/>
Has anyone ever made or pressured you into having some type of unwanted sexual contact? CV19W007 FMT_YES_NO.	<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? **CV19W008 FMT_YES_NO.**

☐☐

Has a close family member or friend died violently, for example, in a serious car crash, mugging, or attack? **CV19W009 FMT_YES_NO.**

☐☐

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. **CV19W010 FMT_YES_NO.**

☐☐

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? CV19W011 FMT_YES_NO.	<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)? CV19W012 FMT_YES_NO.	<input type="radio"/>	<input type="radio"/>
Been constantly on guard, watchful, or easily startled? CV19W013 FMT_YES_NO.	<input type="radio"/>	<input type="radio"/>
Felt numb or detached from people, activities, or your surroundings? CV19W014 FMT_YES_NO.	<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? CV19W015 FMT_YES_NO.	<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