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 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?

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
</tr>
<tr>
<td>Very good</td>
</tr>
<tr>
<td>Good</td>
</tr>
<tr>
<td>Fair</td>
</tr>
<tr>
<td>Poor</td>
</tr>
<tr>
<td>Don't know</td>
</tr>
<tr>
<td>Refused</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter number of days</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Don't know</td>
</tr>
<tr>
<td>Refused</td>
</tr>
</tbody>
</table>

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

2%
Please select which choice represents how you think about COVID-19 right now:

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

COVID-19 is a threat to my community.  

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

COVID-19 is a threat in my household.

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?

<table>
<thead>
<tr>
<th>Very safe</th>
<th>Somewhat safe</th>
<th>Not very safe</th>
<th>Not safe at all</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Very safe</th>
<th>Somewhat safe</th>
<th>Not very safe</th>
<th>Not safe at all</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Very safe</th>
<th>Somewhat safe</th>
<th>Not very safe</th>
<th>Not safe at all</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

4%

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

What COVID-19 symptoms did you have?

- No symptoms
- Shortness of breath
- Fever
- Cough
- Loss of taste or smell
- Body ache
- Repeated shaking and chills
- Headache
- Diarrhea
- Don't know
- Refused

6%
**Now we will ask about COVID-19 testing.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been tested for COVID-19 using a nasal swab or saliva sample?</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Why did you get tested for COVID-19?</td>
<td>☐ I did not have symptoms, but was just worried</td>
<td>☐ I had COVID-19 symptoms</td>
<td>☐ I was exposed to someone with COVID-19</td>
<td>☐ I wanted to attend a social gathering and wanted to be sure I did not have COVID-19</td>
</tr>
<tr>
<td>Specify &quot;other&quot; please:</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How many times have you been tested for COVID-19 by nasal swab or saliva sample?</td>
<td>☐ One time</td>
<td>☐ Two times</td>
<td>☐ Three times</td>
<td>☐ Four or more times</td>
</tr>
<tr>
<td>What were the test results?</td>
<td>☐ Positive</td>
<td>☐ Negative</td>
<td>☐ Still waiting for the results</td>
<td>☐ Don't know</td>
</tr>
<tr>
<td>Were any of the test results positive?</td>
<td>☐ Yes, at least one of my test results were positive</td>
<td>☐ No, all my test results were negative</td>
<td>☐ Don't know</td>
<td>☐ Refused</td>
</tr>
<tr>
<td>Did any of your close family members or friends test positive for COVID-19?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Don't know</td>
<td>☐ Refused</td>
</tr>
<tr>
<td>Did any of your close family members or friends die due to COVID-19?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Don't know</td>
<td>☐ Refused</td>
</tr>
<tr>
<td>Did any of your close family members or friends try to get tested or receive medical care for COVID-19, but were turned away?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Don't know</td>
<td>☐ Refused</td>
</tr>
</tbody>
</table>
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**

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**

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 2 years old</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 - 5 years old</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 - 12 years old</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 - 17 years old</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 - 40 years old</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 - 54 years old</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55 - 65 years old</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65 - 75 years old</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75 + years old</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

How much are these symptoms affecting your daily life?

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

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

- Walking about/mobility
- Self-care - washing and dressing myself
- Usual activities - cooking cleaning, daily chores
- Exercise
- Job or paid work
- Volunteer or unpaid work
- Family life
- Relationships with friends, co-workers or other
- Don't know
- Refused
What COVID-19 symptoms lasted for LONGER than 30 days? (select all that apply)

Specify "other" please: ____________________________________

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

For approximately how many days did the longest symptom(s) last?
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you still suffering from any symptoms?</td>
<td>Yes, No, Don't know, Refused</td>
<td>CV19LH007</td>
</tr>
<tr>
<td>Since January 1st, 2020, have you been newly diagnosed with any of the</td>
<td>Blood clots, Stroke or TIA, Pulmonary embolism, Heart attack, Heart</td>
<td>CV19DX001,</td>
</tr>
<tr>
<td>following conditions or had any of the following procedures (select</td>
<td>failure, Myocarditis, Heart damage or scarring, Pacemaker implant,</td>
<td>CV19DX002,</td>
</tr>
<tr>
<td>all that apply):</td>
<td>Lung fibrosis, Lung damage or scarring, Pneumonia, Acute Respiratory</td>
<td>CV19DX003,</td>
</tr>
<tr>
<td></td>
<td>Distress Syndrome (ARDS), Oxygen supplementation, Dialysis, Kidney</td>
<td>CV19DX004,</td>
</tr>
<tr>
<td></td>
<td>damage, Renal failure, Other (please specify)</td>
<td>CV19DX005</td>
</tr>
<tr>
<td>Specify &quot;other&quot; please:</td>
<td></td>
<td>CV19DX006</td>
</tr>
<tr>
<td>Have you had a COVID-19 vaccine?</td>
<td>Yes, No, Don't know, Refused</td>
<td>CV19VC001,</td>
</tr>
<tr>
<td>Have you completed all of the recommended doses?</td>
<td>Yes, No, Don't know, Refused</td>
<td>CV19VC002,</td>
</tr>
<tr>
<td>Do you plan on getting the second dose of the COVID-19 vaccine?</td>
<td>Yes, No, Don't know, Refused</td>
<td>CV19VC003,</td>
</tr>
<tr>
<td>Do you plan to get the COVID-19 vaccine?</td>
<td>Yes, No, Don't know, Refused</td>
<td>CV19VC004,</td>
</tr>
<tr>
<td>When would you like to get the COVID-19 vaccine?</td>
<td>As soon as it is available to me, Eventually, but not right away,</td>
<td>CV19VC005,</td>
</tr>
<tr>
<td></td>
<td>Don't know, Refused</td>
<td>PLAN_FOR_VACCINE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:
- Less likely
- Neither more or less likely
- More likely
- Don't know
- Refused

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

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

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

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

What would make the process of getting vaccinated easy?

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

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

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

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
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

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

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

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

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

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

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

- Yes
- No
- Don't know
- Refused

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

- 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?

- Yes
- No
- Don't know
- Refused
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you consider other health care workers (i.e., nurses or community health worker) a good source for information on the COVID-19 vaccine?</td>
<td>Yes, No, Don't know, Refused</td>
</tr>
<tr>
<td>Do you know how to find a vaccination site?</td>
<td>Yes, No, Don't know, Refused</td>
</tr>
<tr>
<td>How far do you have to travel to get to a COVID-19 vaccination? (provide your best estimate)</td>
<td>0 to 10 miles, 11 to 25 miles, 26 to 50 miles, Over 50 miles, Don't know, Refused</td>
</tr>
<tr>
<td>Would you have transportation to a vaccination site?</td>
<td>Yes, No, Don't know, Refused</td>
</tr>
<tr>
<td>Have any of your children been vaccinated?</td>
<td>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</td>
</tr>
<tr>
<td>Is/were your child/children involved in the decision making process on getting the COVID-19 vaccine?</td>
<td>Yes, No, Don't know, Refused</td>
</tr>
<tr>
<td>Do you plan on getting your unvaccinated child/children vaccinated in the foreseeable future?</td>
<td>Yes, all of them, Yes, some of them, No, Depends if child/children want the vaccine, Don't Know, Refused</td>
</tr>
<tr>
<td>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 &quot;less likely&quot;, &quot;neither more or less likely&quot;, or &quot;more likely&quot; to get your children the vaccine in the future.</td>
<td>Less Likely, Neither more or less likely, More likely, Don't know, Refused</td>
</tr>
<tr>
<td>If &quot;You felt the vaccine was safe for your child/children&quot;</td>
<td>Less Likely, Neither more or less likely, More likely, Don't know, Refused</td>
</tr>
<tr>
<td>Would that make you feel &quot;less likely&quot;, &quot;neither more or less likely&quot;, or &quot;more likely&quot; to get your children the vaccine in the future?</td>
<td>Less Likely, Neither more or less likely, More likely, Don't know, Refused</td>
</tr>
<tr>
<td>What information would you need to feel the vaccine is safe for your child/children?</td>
<td>Confidential</td>
</tr>
</tbody>
</table>
If "You felt the vaccine was effective 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' -> CV19VC024_NOTES; else -> CV19VC025

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

CV19VC025_NOTES

If "The process of getting vaccinated was easy for my 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' -> CV19VC026_NOTES; else -> CV19VC027

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

CV19VC027_NOTES

If "Your friends and families' children 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 your children the vaccine in the future?

If '3' -> CV19VC028_NOTES; else -> CV19VC029

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

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' -> CV19VC030_NOTES; else -> CV19VC031

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

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' -> CV19VC032_NOTES; else -> CV19VC033

If "You trusted public health authorities,"

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' -> CV19VC034_NOTES; else -> CV19VC035

If "A trusted health care provider told you 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?

If '3' -> CV19VC036_NOTES; else -> CV19VC037
### If "A vaccine was required for your child/children to attend a social event,"

<table>
<thead>
<tr>
<th></th>
<th>Less Likely</th>
<th>Neither more or less likely</th>
<th></th>
<th>CV19VC033 FMT_LIKELY_3CAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would that make you feel &quot;less likely&quot;, &quot;neither more or less likely&quot;, or &quot;more likely&quot; to get your children the vaccine in the future?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Less Likely</th>
<th>Neither more or less likely</th>
<th></th>
<th>CV19VC034 FMT_LIKELY_3CAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would that make you feel &quot;less likely&quot;, &quot;neither more or less likely&quot;, or &quot;more likely&quot; to get your children the vaccine in the future?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Less Likely</th>
<th>Neither more or less likely</th>
<th></th>
<th>CV19VC035 FMT_LIKELY_3CAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would that make you feel &quot;less likely&quot;, &quot;neither more or less likely&quot;, or &quot;more likely&quot; to get your children the vaccine in the future?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>If ‘1’ -&gt; CV19C003; else -&gt; CV19D006_1_W3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### How has your insurance provider changed?

<table>
<thead>
<tr>
<th></th>
<th>I no longer have health insurance</th>
<th>I applied for COBRA or continuing insurance through a previous employer</th>
<th>I got insurance through a family member (parent or spouse)</th>
<th>I applied for a government health insurance plan.</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>CV19C003 FMT_INSURANCE_CHANGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Option</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-quarantined - avoided all contact with others outside your home for at least 14 days</td>
<td>CV19D006_1_W3</td>
</tr>
<tr>
<td>Stayed at home most of the time</td>
<td>CV19D006_3_W3</td>
</tr>
<tr>
<td>Practiced social distancing - remained 6 feet away from others in public</td>
<td>CV19D006_4_W3</td>
</tr>
<tr>
<td>Routinely washed hands for a minimum of 20 seconds</td>
<td>CV19D006_5_W3</td>
</tr>
<tr>
<td>Worn a mask</td>
<td>CV19D006_6_W3</td>
</tr>
<tr>
<td>Avoided shaking hands</td>
<td>CV19D006_7_W3</td>
</tr>
<tr>
<td>Visited elderly relatives</td>
<td>CV19D006_8_W3</td>
</tr>
<tr>
<td>Visited friends or relatives</td>
<td>CV19D006_9_W3</td>
</tr>
<tr>
<td>Bought food for elderly relatives</td>
<td>CV19D006_10_W3</td>
</tr>
<tr>
<td>Took public transportation to work</td>
<td>CV19D006_11_W3</td>
</tr>
<tr>
<td>Canceled a social gathering I had planned</td>
<td>CV19D006_12_W3</td>
</tr>
<tr>
<td>Canceled travel plans I had made</td>
<td>CV19D006_13_W3</td>
</tr>
<tr>
<td>None of these</td>
<td>CV19D006_14_W3</td>
</tr>
<tr>
<td>Other: ___________ If checked -&gt; CV19D006_16_OTHER_W3</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>CV19D006_17_W3</td>
</tr>
<tr>
<td>Refused</td>
<td>CV19D006_18_W3</td>
</tr>
</tbody>
</table>

Please specify "other"

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)

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

19% Complete

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

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, they didn't</td>
<td>CV19V001_W3</td>
</tr>
<tr>
<td>Yes, they are worse</td>
<td></td>
</tr>
<tr>
<td>Yes, they improved</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>
Since February 1, 2021, which of these foods are you consuming MORE than before?

<table>
<thead>
<tr>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruits and vegetables</td>
<td>CV19V002_2_W3</td>
</tr>
<tr>
<td>Meat and/or dairy</td>
<td>CV19V002_4_W3</td>
</tr>
<tr>
<td>Grains/breads</td>
<td>CV19V002_5_W3</td>
</tr>
<tr>
<td>Desserts and sweets</td>
<td>CV19V002_6_W3</td>
</tr>
<tr>
<td>Processed foods/snacks</td>
<td>CV19V002_7_W3</td>
</tr>
<tr>
<td>Coffee or tea</td>
<td>CV19V002_8_W3</td>
</tr>
<tr>
<td>Sweetened drinks and/or soda</td>
<td>CV19V002_9_W3</td>
</tr>
<tr>
<td>Homemade dinners, snacks, and/or desserts</td>
<td>CV19V002_10_W3</td>
</tr>
<tr>
<td>None</td>
<td>CV19V002_11_W3</td>
</tr>
<tr>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruits and vegetables</td>
<td>CV19V003_2_W3</td>
</tr>
<tr>
<td>Meat and/or dairy</td>
<td>CV19V003_4_W3</td>
</tr>
<tr>
<td>Grains/breads</td>
<td>CV19V003_5_W3</td>
</tr>
<tr>
<td>Desserts and sweets</td>
<td>CV19V003_6_W3</td>
</tr>
<tr>
<td>Processed foods/snacks</td>
<td>CV19V003_7_W3</td>
</tr>
<tr>
<td>Coffee or tea</td>
<td>CV19V003_8_W3</td>
</tr>
<tr>
<td>Sweetened drinks and/or soda</td>
<td>CV19V003_9_W3</td>
</tr>
<tr>
<td>Homemade dinners, snacks, and/or desserts</td>
<td>CV19V003_10_W3</td>
</tr>
<tr>
<td>None</td>
<td>CV19V003_11_W3</td>
</tr>
<tr>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, I didn't</td>
<td></td>
</tr>
<tr>
<td>Yes, I skip 1 or more of the main meals (breakfast, lunch, dinner)</td>
<td></td>
</tr>
<tr>
<td>Yes, I skip 1 or more snacks between meals</td>
<td></td>
</tr>
<tr>
<td>Yes I added 1 or more of the main meals</td>
<td></td>
</tr>
<tr>
<td>Yes, I added 1 or more snacks between meals</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

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?

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

Specify your current job or employment status: ____________________________

Which of the following have you experienced since February 1, 2021? Select all that apply:

- Experienced no changes in my job or employment
- Began to work remotely from home
- Continued to work outside my home
- Had salary or hourly wage decreased
- Had salary or hourly wage increased
- Had hours decreased
- Had hours increased
- Was temporarily laid-off - reduced number of days and salary
- Lost my job
- Was given additional sick leave
- Other: __________________ If checked -> CV19E004_11_OTHER_W3

Specify "other" please: ____________________________

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

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

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

- 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?

- Yes
- No
- Don't know
- Refused

23% Complete

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

- Yes
- No
- Not applicable
- Don't know
- Refused
Did you have to relocate (move or change where you were living) to a different location because of COVID-19?

- Yes
- No
- Don't know
- Refused

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

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

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

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

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

- I/we will be evicted because we can not pay rent or mortgage
- The landlord will lose the property due to foreclosure
- Eviction (for reasons other than payment of rent)
- The city will condemn the property and force me to leave
- The owner or person who pays the rent may ask me to leave for another reason
- The neighborhood is too dangerous
- Does not apply
- Other (specify) If checked -> CV19F004B_8_OTHER
- Don't know
- Refused

Specify "other" please:

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

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

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

- I/we will be evicted because we can not pay rent or mortgage
- The landlord will lose the property due to foreclosure
- Eviction (for reasons other than payment of rent)
- The city will condemn the property and force me to leave
- The owner or person who pays the rent may ask me to leave for another reason
- The neighborhood is too dangerous
- Does not apply
- Other (specify) If checked -> CV19F004E_8_OTHER
- Don't know
- Refused
<table>
<thead>
<tr>
<th>Specify “other” please:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CV19F004E_8_OTHER</td>
</tr>
<tr>
<td>SFMT_CHAR.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you had to use public transportation to get to work, get groceries or other travel since February 1, 2021?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
<tr>
<td>○ Don't know</td>
</tr>
<tr>
<td>○ Refused</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Often true</th>
<th>Sometimes true</th>
<th>Never true</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(I/we) couldn't afford to eat balanced meals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- WIC (Women, Infants, and Children federal program)
- FoodShare benefits (Quest card, SNAP, or Food Stamps)
- FoodPantry/ Food boxes
- I did not use any benefits programs
- Other benefit program: ____________________

Please specify the other benefit program: ____________________________________

26% Complete
Please rate how well the following statements regarding your finances have applied to you since February 1, 2021:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Completely</th>
<th>Very Well</th>
<th>Somewhat</th>
<th>Very Little</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because of my money situation, I feel like I will never have the things I want in life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am just getting by financially.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am concerned that the money I have or will save won't last.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28% Complete
<table>
<thead>
<tr>
<th>Statement</th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have money left over at the end of the month</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My finances control my life</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know how to find helpful health resources on the Internet</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I know how to use the health information I find on the Internet to help me</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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:**

<table>
<thead>
<tr>
<th>Feeling nervous, anxious, or on edge</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not being able to stop or control worrying</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Little interest or pleasure in doing things</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feeling down, depressed, or hopeless</th>
<th>Not at all or less than 1 day</th>
<th>1-2 days</th>
<th>3-4 days</th>
<th>5-7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

In the past 7 days, how often have you felt lonely?  
In the past 7 days, how often have you felt hopeful about the future?  
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)

37% Complete

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

<table>
<thead>
<tr>
<th>![CV19Q001 FMT_FREQ_5_TWO.](CV19Q001_FMT_FREQ_5_TWO. jpg)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
</table>

**In general, how satisfied are you with your life?**

<table>
<thead>
<tr>
<th>![CV19Q002 FMT_SATIS_4CAT.](CV19Q002_FMT_SATIS_4CAT. jpg)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Very satisfied</th>
<th>Somewhat satisfied</th>
<th>Somewhat unsatisfied</th>
<th>Very unsatisfied</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
</table>

39% Complete
The following questions are related to how your access to health care may have changed since February 1, 2021 due to COVID-19.

There are many reasons people delay getting medical care.

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

Select all that apply:

- No delay in care
- You could not get through on the telephone
- You could not get an appointment soon enough
- You went, but had to wait too long to see a doctor or health professional
- You did not have transportation
- You were afraid to get care because of COVID-19
- The clinic or doctor’s office was not open when you got there
- Postponed or cancelled due to COVID-19
- Other if checked -> CV19J003_9_W3_OTHER
- Don't Know
- Refused

Specify "other" please: __________________________

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

Select all that apply:

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

Since February 1, 2021 were any of the following true?

Select all that apply:

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

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

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

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?

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

- Yes
- No
- Don't know
- Refused

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

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

Only if CV19J003_2_W3 - CV19J003_9 checked:

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

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

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

Specify "other" please: CV19J013_14_W3_R2_OTHER

SFMT_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:

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

- [ ] Don't know
- [ ] Refused

Specify "other" please:

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

Select all that apply:

☐ Bladder
☐ Blood
☐ Bone
☐ Brain
☐ Breast
☐ Cervix/Cervical
☐ Colon
☐ Esophagus
☐ Gallbladder
☐ Kidney
☐ Larynx/Windpipe
☐ Leukemia
☐ Liver
☐ Lung
☐ Lymphoma/Hodgkins disease
☐ Melanoma
☐ Mouth/Tongue/Lip
☐ Nervous system
☐ Ovary/Ovarian
☐ Pancreas/Pancreatic
☐ Prostate
☐ Rectum/Rectal
☐ Skin (Non-Melanoma)
☐ Skin (Unknown)
☐ Soft tissue (Muscle/Fat)
☐ Stomach
☐ Testes/Testicular
☐ Thyroid
☐ Uterus/Uterine
☐ Other

If "Yes" -> CV19J020_30_OTHER

Specify "other" please:

CV19J020_30_OTHER

SFMT_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?  
Yes  
No  
Refused

| CV19R001_1 | None |
| 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) |

Specify "other" please:

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

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

Specify "other" please:

In the past 30 days, have you been unable to get or delayed in getting your normal contraceptive method(s) due to the COVID-19 pandemic?  
Yes  
No  
Don't know  
Refused

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

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

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

☐ I have not switched forms of contraception

☐ I am no longer using any contraception

☐ Birth control pill

☐ Condom

☐ Hormonal Implant (for example Norplant)

☐ Shot (for example Depo-Provera)

☐ Birth control ring or patch

☐ Diaphragm

☐ IUD

☐ Surgical sterilization (tubal/vasectomy)

☐ Other (specify)

☐ Don't know

☐ Refused

Specify "other" please: __________________________________________

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

☐ No change, I still want to become pregnant in the near future.

☐ No change, I still do NOT want to become pregnant in the near future.

☐ I have changed my mind and do NOT want to become pregnant in the immediate future.

☐ I have changed my mind and DO want to become pregnant in the near future.

☐ Don't know

☐ Refused

-> CV19J026

47% Complete
**Individuals with impaired hearing and/or vision may be impacted differently by the COVID-19 outbreak. The following questions ask about your vision and hearing.**

Please rate your vision (with glasses if used):
- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Refused

Please rate your hearing (with hearing aid if used):
- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Refused

Do you use a hearing aid?
- Yes
- No
- Don't know
- Refused

During the COVID-19 pandemic, did you experience difficulty communicating due to others wearing face coverings (e.g. masks)?
- Yes
- No
- Don't know
- Refused

In which of the following situations does this occur? (Select all that apply)
- With family and friends
- At work
- In public (e.g. grocery stores, restaurants)
- With medical providers
- Did not have difficulty communicating
- Don't know
- Refused

Regarding the difficulty communicating with medical providers, in which of these situations does this occur? (Select all that apply)
- In-person visits
- Telehealth visits by telephone call
- Telehealth visits by video call (for example, Zoom).
- I did not have difficulties communicating with healthcare providers.
- Does not apply: I did not communicate with a healthcare provider during the COVID-19 pandemic.
- Don't know
- Refused

50% Complete

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

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

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:

<table>
<thead>
<tr>
<th>CV19K002</th>
<th>FMT_NUMERIC.</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>CV19K003</th>
<th>FMT_EVGGFP.</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>CV19K004</th>
<th>FMT_PASTMONTH.</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>CV19K005</th>
<th>FMT_PASTMONTH.</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>CV19K006</th>
<th>FMT_PASTMONTH.</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>CV19K007</th>
<th>FMT_PASTMONTH.</th>
</tr>
</thead>
</table>

53% Complete
This next section asks questions about your physical activity.

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Much less active</td>
</tr>
<tr>
<td>□ A little less active</td>
</tr>
<tr>
<td>□ About the same</td>
</tr>
<tr>
<td>□ A bit more active</td>
</tr>
<tr>
<td>□ Much more active</td>
</tr>
<tr>
<td>□ Don't know</td>
</tr>
<tr>
<td>□ Refused</td>
</tr>
</tbody>
</table>

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

Select all that apply:

- □ Exercise outdoors (walk, bike ride, yard games)
- □ Use home weightlifting equipment
- □ Use home cardio equipment (treadmill, elliptical, Stairmaster)
- □ Workout videos
- □ Yoga/stretching/Pilates at home
- □ Calisthenics (exercise using own body weight)
- □ Other if checked -> CV19K009_7_OTHER
- □ I am not doing anything to stay active
- □ Don't know
- □ Refused

Specify "other" please:

---

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

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

Enter the number of times per week:

---

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

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

Enter the number of times per week:

---

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

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

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

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

55% Complete
The next question is about drinking alcoholic beverages. Alcoholic beverages include liquor (such as whiskey or gin), beer, wine, wine coolers, and any other type of drink with alcohol in it.

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

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

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

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

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

- [ ] Yes
- [ ] No
- [ ] Don't know
- [ ] Refused
<table>
<thead>
<tr>
<th>Action</th>
<th>Very</th>
<th>Somewhat</th>
<th>Not very</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wearing a face mask</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Praying</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Washing your hands with soap and water</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Getting tested for COVID-19</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Getting a vaccine for COVID-19</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Avoiding public spaces, gatherings and crowds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Avoiding exercise outside</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Social Distancing (i.e. Staying at least six feet from other people in public)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Doing nothing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

66% Complete
Please rate your agreement with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My neighborhood helps me fulfill my needs</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel I belong in my neighborhood</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have a say about what goes on in my neighborhood</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>People in my neighborhood are good at influencing one another</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel connected to this neighborhood</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have a bond with others in my neighborhood</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel like a member of my neighborhood</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

CV19L014_1 FMT_AGREE_5CAT.
CV19L014_2 FMT_AGREE_5CAT.
CV19L014_3 FMT_AGREE_5CAT.
CV19L014_4 FMT_AGREE_5CAT.
CV19L014_5 FMT_AGREE_5CAT.
CV19L014_6 FMT_AGREE_5CAT.
CV19L014_7 FMT_AGREE_5CAT.
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have a sense of direction and purpose in life</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I am able to easily adapt to change.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Completely unwilling to take risks</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Very willing to take risks</td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

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?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Completely unwilling to give up today</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Very willing to give up today</td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

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.**

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Does not describe me at all</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Describes me perfectly</td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

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?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Completely unwilling to share</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Very willing to share</td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

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

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

---

75% Complete
**Have any of the following been positive things about your experience during the COVID-19 pandemic? Please rate your agreement with the following statements:**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>It has made me a stronger person</strong></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>I can cope better with life's challenges</strong></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>It has become a reason to make positive changes in my life</strong></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>It has made me have healthier habits</strong></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

77% Complete

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

Select all that apply:

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

79% Complete

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

- Local television
- Friends and family
- Network television (for example ABC, CBS, or NBC)
- A social media website or app (for example Facebook, Twitter, Snapchat)
- Cable television (for example CNN, Fox News, or MSNBC)
- A news website or app (for example the New York Times or Fox News websites or apps)
- A search engine website or app (for example Google, Bing)
- Radio news
- A government website or app (for example CDC.gov)
- Print newspapers (for example the New York Times or the Wall Street Journal print edition)
- A health website or app (for example WebMD)
- Late-night comedy shows (for example The Late Show with Stephen Colbert or The Daily Show)
- An organization website or app (for example WHO.int)
- Podcasts
- None of the above
- Don't know
- Refused
What is your relationship to the children under 18 living in your household? Select all that apply:

- Biological children
- Biological grandchildren
- Cousins
- Friends
- Stepchildren
- Children for whom I am legal guardian
- Foster children
- Other: [_________]

Specify "other" please: [_________]

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

- Yes
- No
- Don't know
- Refused

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

- Yes
- No
- Don't know
- Refused

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

When is this child's birthday?

What is the gender of the child?

- Male
- Female
- Genderfluid
- Refused

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

<table>
<thead>
<tr>
<th>Situation</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Nearly always</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child eats breakfast, lunch, dinner at about the same time each day</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My child wakes up at about the same time on weekdays and has a regular bedtime each night</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My child engages in regular, planned activities with the family each week (For example, play games, watch movies)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

My child:
### 83% Complete

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Nearly always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching TV, streaming videos, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video-chatting with family and friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playing digital games, video games, apps</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading paper books</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading electronic books on a tablet, computer, or phone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listening to podcasts or audiobooks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doing outdoor activities, such as playing outside or going for walks</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Yes
- No
- Don't know
- Refused
Which of the following illnesses, disabilities, or conditions do the adults you are caring for have? Select all that apply:

- Intellectual or developmental disability
- Emotional or mental health
- Substance or alcohol use disorder
- Limited mobility due to aging or other physical handicap
- COVID-19
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Allergies
- Heart disease
- High blood pressure
- Lung disease
- Diabetes
- Dementia or Alzheimer’s disease
- Ulcer or stomach disease
- Kidney disease
- Liver disease
- Anemia or other blood disease
- Cancer
- Depression
- Osteoarthritis or degenerative arthritis
- Back pain
- Rheumatoid arthritis
- Other medical problems. Please describe:

Describe “other” please:

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

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

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.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

During the last week (or 7 days), I used screen media to educate myself or other members of my family.

During the last week (or 7 days), I used screen media to keep my family members busy so that I can get things done.
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:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being a parent is harder than I thought it would be.</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
</tr>
<tr>
<td>I feel trapped by my responsibilities as a parent.</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
</tr>
<tr>
<td>I find that taking care of my child(ren) is much more work than pleasure.</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
</tr>
<tr>
<td>I often feel tired, worn out, or exhausted from raising a family.</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am in survival mode</td>
<td>CV19N060_1_R2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am in control</td>
<td>CV19N060_2_R2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel completely run down</td>
<td>CV19N060_3_R2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have more energy for other things</td>
<td>CV19N060_4_R2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My resources are being all used</td>
<td>CV19N060_5_R2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a sense of purpose</td>
<td>CV19N060_6_R2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some things are going well, while other things are falling apart</td>
<td>CV19N060_7_R2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

92% Complete
Advanced Care Planning

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

You will be asked about 2 topics:
Medical decision makers, or surrogates
Deciding what matters most in life

Medical Decision Makers

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

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

How ready are you to SIGN OFFICIAL PAPERS naming a person or group of people to make medical decisions for you?
- I have never thought about it
- I have thought about it, but I am not ready to do it
- I am thinking about doing it in the next 6 months
- I am definitely planning to do it in the next 30 days
- I have already done it.
- Don't know
- Refused

When did you do this?
- BEFORE the COVID-19 pandemic began in March 2020
- AFTER the COVID-19 pandemic began in March 2020
- Not applicable
- Don't know
- Refused

When specifically did you do this?
- Less than six months ago
- More than six months ago
- Don't know
- Refused

Has the COVID-19 pandemic made this more important to you?
- Yes
- No
- Don't know
- Refused

93% Complete
# What Matters Most in Life

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>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</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>When did you do this?</td>
<td>BEFORE the COVID-19 pandemic began in March 2020, AFTER the COVID-19 pandemic began in March 2020, Not applicable, Don't know, Refused</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>When specifically did you do this?</td>
<td>Less than six months ago, More than six months ago, Don't know, Refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the COVID-19 pandemic made this more important to you?</td>
<td>Yes, No, Don't know, Refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>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</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>When did you do this?</td>
<td>BEFORE the COVID-19 pandemic began in March 2020, AFTER the COVID-19 pandemic began in March 2020, Not applicable, Don't know, Refused</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>When specifically did you do this?</td>
<td>Less than six months ago, More than six months ago, Don't know, Refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the COVID-19 pandemic made this more important to you?</td>
<td>Yes, No, Don't know, Refused</td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| How ready are you to SIGN OFFICIAL PAPERS putting your wishes in writing about the kind of medical care you would want if you were very sick or near the end of life? | - I have never thought about it                  
- I have thought about it, but I am not ready to do it                 
- I am thinking about doing it in the next six months                   
- I am definitely planning to do it in the next 30 days                 
- I have already done it                                                
- Don't know                                                            
- Refused                                                               |
| When did you do this?                                                   | - BEFORE the COVID-19 pandemic began in March 2020                       
- AFTER the COVID-19 pandemic began in March 2020                       
- Not applicable                                                        
- Don't know                                                            
- Refused                                                               |
| When specifically did you do this?                                     | - Less than six months ago                                               
- More than six months ago                                              
- Don't know                                                            
- Refused                                                               |
| Has the COVID-19 pandemic made this more important to you?              | - Yes                                                                     
- No                                                                     
- Don't know                                                            
- Refused                                                               |

95% Complete
Please read each statement and fill in the circle that indicates how much stress you experienced since February 1, 2021, due to the COVID-19 outbreak. There are no right or wrong answers. Do not spend too much time on any one statement. Fill in the circle for "Does not apply" if you have not been in this situation since February 1, 2021.

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

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

97% Complete
# Sociodemographics (Updates)

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

**How do you describe yourself?**

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

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

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

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

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

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

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

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

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

- Less than 12th grade
- High school or GED
- Some college but no degree
- Associate's degree: occupational, technical, or vocational program
- Bachelor's degree
- Graduate or professional degree
- Don't know
- Refused
Please enter your height in feet and inches below.

<table>
<thead>
<tr>
<th>Feet:</th>
<th>CV19O007 FMT_NUMERIC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inches:</td>
<td>CV19O008 FMT_NUMERIC.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CV19O009 FMT_NUMERIC.</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CV19W001 FMT_YES_NO.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been in a serious car accident, or a serious accident at work or somewhere else?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CV19W002 FMT_YES_NO.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been in a major natural or technological disaster, such as a fire, tornado, hurricane, flood, earthquake, or chemical spill?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CV19W003 FMT_YES_NO.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a life-threatening illness such as cancer, a heart attack, leukemia, AIDS, multiple sclerosis, etc.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CV19W004 FMT_YES_NO.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CV19W005 FMT_YES_NO.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CV19W006 FMT_YES_NO.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has anyone ever made or pressured you into having some type of unwanted sexual contact?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CV19W007 FMT_YES_NO.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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...

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had nightmares about the event(s) or thought about the event(s) when you did not want to?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>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)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Been constantly on guard, watchful, or easily startled?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Felt numb or detached from people, activities, or your surroundings?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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