

SHOW COVID-19 Wave Two 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 in the state. Moving forward, this research can help inform response to future outbreaks. We anticipate the survey will take 30-40 minutes to complete. Upon completion of the survey, you will receive a \$25 e-gift card.

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

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

☐ I agree

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

Please enter your first name:

Please enter your last name:

Please enter your full mailing address including city
and 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 home address)
- ☐ Opt out of receiving a gift card

A. Current Health Status and Symptoms

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

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

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

CV19A002 FMT_EVGGFP.

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

CV19A003_1 ☐ I have not had any symptoms

CV19A003_2 ☐ Shortness of breath

CV19A003_3 ☐ Chest pain or pressure

CV19A003_4 ☐ Sore throat

CV19A003_5 ☐ Dry cough

CV19A003_6 ☐ Wet cough

CV19A003_7 ☐ Fever

CV19A003_8 ☐ Body aches

CV19A003_9 ☐ Chills

CV19A003_10 ☐ Repeated shaking with chills

CV19A003_11 ☐ Loss of taste or smell

CV19A003_15 ☐ Headache

CV19A003_16 ☐ Diarrhea

CV19A003_12 ☐ Other (please specify below)

CV19A003_13 ☐ Don't know

CV19A003_14 ☐ Refused

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

Select all that apply:

Specify "other" please:

ONLY IF CV19A003_12 = 1

CV19A003_12_OTHER
\$FMT_CHAR.

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

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

CV19A006
FMT_POOR_HEALTH_DAYS

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

ONLY IF CV19A006 = 1

CV19A006_SPECIFY \$FMT_CHAR.

5%

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

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

- ☐ Very safe
☐ Somewhat safe
☐ Not very safe
☐ Not safe at all
☐ Don't know
☐ Refused
- CV19A008**
FMT_SAFETY_KIDS.

8%

B. COVID-19 Case, Expected Case, and Testing

First we would like to know whether you think you had COVID-19 or talked to a health care professional about COVID-19.

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

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

CV19B001**FMT_YES_NO.**

Have you been told by a health care professional that you have or had COVID-19 since July 1, 2020?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

CV19B007**FMT_YES_NO.**

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

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

CV19B009**FMT_YES_NO.****ONLY IF CV19B007 = 1**

What COVID-19 symptoms did you have?

- CV19B009_1** ☐ None of the 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_8 ☐ None of the above
CV19B009_9 ☐ Don't know
CV19B009_10 ☐ Refused

ONLY IF CV19B007 = 1

10%

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.

Why did you get tested for COVID-19?

Select all that apply:

CV19B010_R2_1

CV19B010_R2_2

CV19B010_R2_3

CV19B010_R2_4

CV19B010_R2_5

CV19B010_R2_6

CV19B010_R2_7

CV19B010_R2_8

CV19B010_R2_9

CV19B010_R2_10

- ☐ I did not have symptoms, but was just worried
☐ I had COVID-19 symptoms
☐ I was exposed to someone with COVID-19
☐ I wanted to attend a social gathering and wanted to be sure I did not have COVID-19
☐ I wanted to see family and needed to be sure I did not have COVID-19
☐ Testing is required for my job
☐ Testing was required before I had a routine medical procedure such as surgery or other screening tests
☐ Other: specify
☐ Don't know
☐ Refused

ONLY IF CV19B010_R2 = 1

Specify "other" please:

ONLY IF CV19B010_R2_8 = 1

CV19B010_R2_8_OTHER

\$FMT_CHAR.

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

ONLY IF CV19B010_R2 = 1

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

CV10B010_R2_A
FMT_COVID_TESTS.

What were the test results?

ONLY IF CV19B010_R2_A = 1

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

CV10B010_R2_B
FMT_COVID_TEST_RESULTS.

Were any of the test results positive?

ONLY IF CV19B010_R2_A = 2 OR CV19B010_R2_A = 3 OR CV19B010_R2_A = 4

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

CV10B010_R2_C
FMT_COVID_TEST_POSITIVE.

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

ONLY IF CV19B010_R2 = 2

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

CV19B012
FMT_YES_NO.

Why were you unable to get tested?

ONLY IF CV19B012 = 1

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

CV19B013
FMT_TEST_UNABLE.

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

ONLY IF CV19B010_R2 = 2

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

CV19B014
FMT_YES_NO.

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

ONLY IF CV19B014 = 1

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

CV19B015
FMT_TEST_REFUSED.

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

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

CV19B016
FMT_YES_NO.

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

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

CV19B016_A
FMT_YES_NO.

ONLY IF CV19B016 = 1

13% Complete

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

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

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

CV19B018
FMT_YES_NO.

From which individual(s):

CV19B019_1

Select all that apply:

CV19B019_2

ONLY IF CV19B018 = 1

CV19B019_3

CV19B019_4

CV19B019_5

CV19B019_6

CV19B019_7

CV19B019_8

CV19B019_9

CV19B019_10

CV19B019_11

CV19B019_12

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

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

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

C0V19B017
FMT_YES_NO.

Since July 1, 2020, 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
FMT_YES_NO.

Since July 1, 2020 were you or any household members told by a health professional to self-quarantine?

ONLY IF CV19B017_A = 1

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

CV19B017_B
FMT_YES_NO.

C. COVID-19 Impacts on Health and Well-Being

We are now going to ask several questions about the types of activities you have done since July 1, 2020, because of COVID-19.

Have you done any of the following because of COVID-19 since July 1, 2020?

Select all that apply:

- | | |
|--------------------|--|
| CV19D006_1 | <input type="checkbox"/> Self-quarantined - avoided all contact with others outside your home for at least 14 days |
| CV19D006_2 | <input type="checkbox"/> Stayed at home most of the time |
| CV19D006_3 | <input type="checkbox"/> Practiced social distancing - remained 6 feet away from others in public |
| CV19D006_4 | <input type="checkbox"/> Routinely washed hands for a minimum of 20 seconds |
| CV19D006_5 | <input type="checkbox"/> Worn a mask |
| CV19D006_6 | <input type="checkbox"/> Avoided shaking hands |
| CV19D006_7 | <input type="checkbox"/> Visited elderly relatives |
| CV19D006_8 | <input type="checkbox"/> Visited friends or relatives |
| CV19D006_9 | <input type="checkbox"/> Bought food for elderly relatives |
| CV19D006_10 | <input type="checkbox"/> Bought food for friends and family |
| CV19D006_12 | <input type="checkbox"/> Took public transportation to work |
| CV19D006_13 | <input type="checkbox"/> Canceled a social gathering I had planned |
| CV19D006_14 | <input type="checkbox"/> Canceled travel plans I had made |
| CV19D006_15 | <input type="checkbox"/> None of these |
| CV19D006_16 | <input type="checkbox"/> Other: _____ |
| CV19D006_17 | <input type="checkbox"/> Don't know |
| CV19D006_18 | <input type="checkbox"/> Refused |

Please specify "other"

ONLY IF CV19D006_16 = 1

CV19D006_16_OTHER
\$FMT_CHAR. _____

People deal with change, stress and anxiety in different ways. Since July 1, 2020, have you done any of the following as a way to help cope with COVID-19: (select all that apply)

- | | |
|--------------------|--|
| CV19D007_1 | <input type="checkbox"/> Read books for pleasure |
| CV19D007_2 | <input type="checkbox"/> Took walks outside |
| CV19D007_3 | <input type="checkbox"/> Exercised/worked out |
| CV19D007_4 | <input type="checkbox"/> Watched television |
| CV19D007_5 | <input type="checkbox"/> Watched online movies or shows |
| CV19D007_6 | <input type="checkbox"/> Baked and cooked |
| CV19D007_7 | <input type="checkbox"/> Played games (online, card, or board games) |
| CV19D007_8 | <input type="checkbox"/> Wrote in a journal |
| CV19D007_9 | <input type="checkbox"/> Worked on art projects |
| CV19D007_10 | <input type="checkbox"/> Gardened or worked on home improvement projects |
| CV19D007_11 | <input type="checkbox"/> Played music |
| CV19D007_12 | <input type="checkbox"/> Had a video call with friends or family |
| CV19D007_13 | <input type="checkbox"/> Attended religious or spiritual events online via streaming or social media |
| CV19D007_14 | <input type="checkbox"/> Yoga |
| CV19D007_15 | <input type="checkbox"/> Meditating |
| CV19D007_16 | <input type="checkbox"/> Prayer |
| CV19D007_17 | <input type="checkbox"/> None of these |
| CV19D007_18 | <input type="checkbox"/> Don't know |
| CV19D007_19 | <input type="checkbox"/> Refused |

21% Complete

D. Diet Questions

Since July 1, 2020, did your eating habits change due to COVID-19?

- ☐ No, they didn't **CV19V001**
☐ Yes, they are worse **FMT_EATING_CHANGE.**
☐ Yes, they improved
☐ Don't know
☐ Refused

Since July 1, 2020, which of these foods are you consuming MORE than before?

**ONLY IF CV19V001 = 2 OR
CV19V001 = 3**

- ☐ None
☐ Fruits
☐ Fresh vegetables
☐ Frozen vegetables
☐ Nuts
☐ Pasta and cereals **CV19V002**
☐ Bread
☐ Homemade pizza
☐ Homemade pastries
☐ Industrial bakery products
☐ Sweets
☐ Ham and processed meat
☐ Dairy products
☐ Cheese
☐ Cow's milk and yogurt
☐ Vegetable drinks
☐ Eggs
☐ Fish
☐ Frozen fish
☐ Canned fish
☐ Legumes
☐ White meat
☐ Red meat
☐ Coffee, tea, herb tea
☐ Sugar or sweeteners
☐ Sugary and sparkling drinks
☐ Wine, beer/alcoholic drinks
☐ Snacks
☐ Seasoning sauces
☐ Other
☐ Don't know
☐ Refused

Since July 1, 2020, which of these foods are you consuming LESS than before?

**ONLY IF CV19V001 = 2 OR
CV19V001 = 3**

- ☐ None
- ☐ Fruits
- ☐ Fresh vegetables
- ☐ Frozen vegetables
- ☐ Nuts
- ☐ Pasta and cereals
- ☐ Bread
- ☐ Homemade pizza
- ☐ Homemade pastries
- ☐ Industrial bakery products
- ☐ Sweets
- ☐ Ham and processed meat
- ☐ Dairy products
- ☐ Cheese
- ☐ Cow's milk and yogurt
- ☐ Vegetable drinks
- ☐ Eggs
- ☐ Fish
- ☐ Frozen fish
- ☐ Canned fish
- ☐ Legumes
- ☐ White meat
- ☐ Red meat
- ☐ Coffee, tea, herb tea
- ☐ Sugar or sweeteners
- ☐ Sugary and sparkling drinks
- ☐ Wine, beer/alcoholic drinks
- ☐ Snacks
- ☐ Seasoning sauces
- ☐ Other
- ☐ Don't know
- ☐ Refused

CV19V003

Since July 1, 2020, did you change the number of daily meals or snacks you consume?

**ONLY IF CV19V001 = 2 OR
CV19V001 = 3**

- ☐ 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

CV19V004

E. COVID-19 Impacts on Employment and Employment Status

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

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

CV19E001
FMT_COV_EMP.

Specify your current job or employment status:

CV19E001_OTHER **\$FMT_CHAR.**

ONLY IF CV19E001 = 7

Which of the following have you experienced due to COVID-19?

Select all that apply:

- CV19E004_1** ☐ Experienced no changes in my job or employment
CV19E004_2 ☐ Began to work remotely from home
CV19E004_3 ☐ Continued to work outside my home
CV19E004_4 ☐ Had salary or hourly wage decreased
CV19E004_5 ☐ Had salary or hourly wage increased
CV19E004_6 ☐ Had hours decreased
CV19E004_7 ☐ Had hours increased
CV19E004_8 ☐ Was temporarily laid-off - reduced number of days and salary
CV19E004_9 ☐ Lost my job
CV19E004_10 ☐ Was given additional sick leave
CV19E004_11 ☐ Other: _____
CV19E004_12 ☐ Don't know
CV19E004_13 ☐ Refused

Specify "other" please:

CV19E004_11_OTHER **\$FMT_CHAR.**

ONLY IF CV19E004_11 = 1

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

CV19E013
FMT_WORRY

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

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

CV19E014
FMT_YES_NO.

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

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

CV19E015
FMT_YES_NO.

23% Complete

F. Economic Hardship, Food Security, Changes in Housing

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

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

CV19F002_R2
FMT_YES_NO_NA

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

CV19F003
FMT_YES_NO

Have you had to use public transportation to get to work, get groceries or other travel since July 1, 2020?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

CV19F005
FMT_YES_NO

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 July 1, 2020.

	Often true	Sometimes true	Never true	Don't know	Refused
(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	CV19F006	FMT_FSQ_NEW			
The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	CV19F007	FMT_FSQ_NEW			
(I/we) couldn't afford to eat balanced meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	CV19F008	FMT_FSQ_NEW			

Since July 1, 2020 have you used any of the following resources or other benefit programs? Select all that apply:

- CV19F015_1** ☐ WIC (Women, Infants, and Children federal program)
- CV19F015_2** ☐ FoodShare benefits (Quest card, SNAP, or Food Stamps)
- CV19F015_3** ☐ Wisconsin Works (also called W2 or welfare)
- CV19F015_4** ☐ TANF (Temporary Assistance for Needy Families federal program)
- CV19F015_5** ☐ School Meals
- CV19F015_6** ☐ Supplemental Security Income (SSI)
- CV19F015_7** ☐ Transportation services
- CV19F015_8** ☐ Unemployment insurance
- CV19F015_9** ☐ Food Pantry/ Food boxes
- CV19F015_10** ☐ I did not use any benefits programs
- CV19F015_11** ☐ Other benefit program: _____
- CV19F015_12** ☐ Don't know
- CV19F015_13** ☐ Refused

Please specify the other benefit program:

ONLY IF CV19F015_11 = 1

CV19F015_11_OTHER

\$FMT_CHAR.

Please rate how well the following statements regarding your finances have applied to you since July 1, 2020:

	Completely	Very Well	Somewhat	Very Little	Not at all
Because of my money situation, I feel like I will never have the things I want in life.	<input type="radio"/> CV19F016	<input type="radio"/>	<input checked="" type="radio"/> FMT_COV2021_FEELING.	<input type="radio"/>	<input type="radio"/>
I am just getting by financially.	<input type="radio"/> CV19F017	<input type="radio"/>	<input checked="" type="radio"/> FMT_COV2021_FEELING.	<input type="radio"/>	<input type="radio"/>
I am concerned that the money I have or will save won't last.	<input type="radio"/> CV19F018	<input type="radio"/>	<input checked="" type="radio"/> FMT_COV2021_FEELING.	<input type="radio"/>	<input type="radio"/>

Please rate how well the following statements regarding your finances have applied to you since July 1, 2020:

	Always	Often	Sometimes	Rarely	Never
I have money left over at the end of the month	<input type="radio"/> CV19F019	<input type="radio"/>	<input checked="" type="radio"/> FMT_COV2021_FEELING.	<input type="radio"/>	<input type="radio"/>
My finances control my life	<input type="radio"/> CV19F020	<input type="radio"/>	<input checked="" type="radio"/> FMT_COV2021_FEELING.	<input type="radio"/>	<input type="radio"/>

29% Complete

G. Health information on the internet

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

	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
I know how to find helpful health resources on the Internet	<input type="radio"/> CV19G005	<input type="radio"/>	<input checked="" type="radio"/> FMT_COV2021_EXP.	<input type="radio"/>	<input type="radio"/>
I know how to use the health information I find on the Internet to help me	<input type="radio"/> CV19G006	<input type="radio"/>	<input checked="" type="radio"/> FMT_COV2021_EXP.	<input type="radio"/>	<input type="radio"/>

32% Complete

H. Emotional Health and Mental Well-Being

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

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="radio"/> CV19H001_1	<input checked="" type="radio"/> FMT_PHQ_OFTEN	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/> CV19H001_2	<input checked="" type="radio"/> FMT_PHQ_OFTEN	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure in doing things	<input type="radio"/> CV19H001_3	<input checked="" type="radio"/> FMT_PHQ_OFTEN	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/> CV19H001_4	<input checked="" type="radio"/> FMT_PHQ_OFTEN	<input type="radio"/>	<input type="radio"/>

34% Complete

	Not at all or less than 1 day	1-2 days	3-4 days	5-7 days
In the past 7 days, how often have you felt lonely?	<input type="radio"/> CV19H003_1	<input type="radio"/> FMT_LAST7DAYS	<input checked="" type="radio"/>	<input type="radio"/>
In the past 7 days, how often have you felt hopeful about the future?	<input type="radio"/> CV19H003_2	<input type="radio"/> FMT_LAST7DAYS	<input checked="" type="radio"/>	<input type="radio"/>
In the past 7 days, how often have you had physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart, when thinking about your experience (e.g., social distancing, loss of income/work, concerns about infection) with the COVID-19 pandemic?	<input type="radio"/> CV19H003_3	<input type="radio"/> FMT_LAST7DAYS	<input checked="" type="radio"/>	<input type="radio"/>

37% Complete

I. The next two questions are about emotional support and your satisfaction with life during the COVID-19 pandemic.

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

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

The following questions are related to how your access to health care may have changed since July 1, 2020 due to COVID-19.

There are many reasons people delay getting medical care.

Since July 1, 2020, have you delayed getting care for any of the following reasons due to COVID-19?

Select all that apply:

CV19J003_1	<input type="checkbox"/> No delay in care
CV19J003_2	<input type="checkbox"/> You could not get through on the telephone
CV19J003_3	<input type="checkbox"/> You could not get an appointment soon enough
CV19J003_4	<input type="checkbox"/> You went, but had to wait too long to see a doctor or health professional
CV19J003_5	<input type="checkbox"/> You did not have transportation
CV19J003_6	<input type="checkbox"/> You were afraid to get care because of COVID-19
CV19J003_7	<input type="checkbox"/> The clinic or doctor's office was not open when you got there
CV19J003_8	<input type="checkbox"/> Postponed or cancelled due to COVID-19
CV19J003_9	<input type="checkbox"/> Other
CV19J003_10	<input type="checkbox"/> Don't Know
CV19J003_11	<input type="checkbox"/> Refused

Since July 1, 2020, was there any time when you needed any of the following but could not get it because of COVID-19?

Select all that apply:

CV19J004_1	<input type="checkbox"/> Prescription medication
CV19J004_2	<input type="checkbox"/> Mental health care or counseling
CV19J004_3	<input type="checkbox"/> Dental care (including check ups)
CV19J004_4	<input type="checkbox"/> Eyeglasses
CV19J004_5	<input type="checkbox"/> Contraception
CV19J004_6	<input type="checkbox"/> Prenatal or postpartum care
CV19J004_7	<input type="checkbox"/> Regular health care (for something other than COVID-19)
CV19J004_8	<input type="checkbox"/> None of these
CV19J004_9	<input type="checkbox"/> Don't Know
CV19J004_10	<input type="checkbox"/> Refused

Since July 1, 2020 were any of the following true for you because of COVID 19?

Select all that apply:

CV19J005_1	<input type="checkbox"/> You took less medicine because you could not get it
CV19J005_2	<input type="checkbox"/> You took less medicine because you could not afford it
CV19J005_3	<input type="checkbox"/> You delayed filling a prescription because of COVID-19
CV19J005_4	<input type="checkbox"/> None of these
CV19J005_5	<input type="checkbox"/> Don't know
CV19J005_6	<input type="checkbox"/> Refused

Since July 1, 2020, have you seen or talked to a mental health professional such as a psychiatrist, psychologist, psychiatric nurse or a social worker?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	CV19J007 FMT_YES_NO.
---	--	---------------------------------

Since July 1, 2020, did you receive care at home?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does not apply <input type="radio"/> Don't know <input type="radio"/> Refused	CV19J010 FMT_YES_NO_NOT_AP.
---	--	--

Since July 1, 2020, have you gone to a hospital emergency room or urgent care for a reason not related to COVID-19?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	CV19J011 FMT_YES_NO.
---	--	---------------------------------

Since July 1, 2020 which of the following in-office health care visits or procedures were delayed due to COVID-19?

Select all that apply:

ONLY IF CV19J003_8 = 1

- CV19J012_1 ☐ No appointment missed, delayed or canceled
 CV19J012_2 ☐ A major surgical procedure
 CV19J012_3 ☐ A minor procedure
 CV19J012_4 ☐ Mental health care visit
 CV19J012_5 ☐ Regular annual check up
 CV19J012_6 ☐ Regular dental cleaning or check up
 CV19J012_7 ☐ A dental procedure such as cavity, crown or other
 CV19J012_8 ☐ A regular eye exam
 CV19J012_9 ☐ Alcohol or substance use support program
 CV19J012_10 ☐ Prenatal or postpartum visit
 CV19J012_11 ☐ Don't know
 CV19J012_12 ☐ Refused

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

- CV19J012A_1 ☐ I couldn't get an appointment
 CV19J012A_2 ☐ My appointment was cancelled or unavailable due to Covid-19.
 CV19J012A_3 ☐ I didn't have enough money or insurance to pay for my visits
 CV19J012A_4 ☐ I didn't have my Insurance card
 CV19J012A_5 ☐ I had no way to get to the clinic or doctor's office
 CV19J012A_6 ☐ I couldn't take time off from work
 CV19J012A_7 ☐ I had no one to take care of my children or other family members
 CV19J012A_8 ☐ I had too many other things going on
 CV19J012A_9 ☐ I didn't want to risk being exposed to someone with COVID
 CV19J012A_10 ☐ Other
 CV19J012A_11 ☐ Don't know
 CV19J012A_12 ☐ Refused

Since July 1, 2020, which of the following types of healthcare appointments were delayed due to COVID-19?

Select all that apply:

ONLY IF CV19J003_8 = 1

- CV19J013_1 ☐ Allergy appointment
 CV19J013_2 ☐ Asthma or COPD Appointment
 CV19J013_3 ☐ Blood draw
 CV19J013_4 ☐ Cardiac rehab
 CV19J013_5 ☐ Chiropractor
 CV19J013_6 ☐ Colonoscopy for colon cancer screening
 CV19J013_7 ☐ CT or chest x-ray for lung cancer screening
 CV19J013_8 ☐ Eye doctor or optometrist
 CV19J013_9 ☐ (if female) Mammogram
 CV19J013_10 ☐ (if female) Pap smear for cervical cancer screening
 CV19J013_11 ☐ Physical or occupational therapy
 CV19J013_12 ☐ Skin or mole check for skin cancer screening
 CV19J013_13 ☐ Speech therapy
 CV19J013_14 ☐ Other (Specify)
 CV19J013_15 ☐ Don't know
 CV19J013_16 ☐ Refused

Specify "other" please:

CV19J013_14_OTHER

\$FMT_CHAR.

ONLY IF CV19J013_14 = 1

42% Complete

Current Health Status

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

- CV19J014_1** ☐ No medical conditions
CV19J014_2 ☐ Asthma
CV19J014_3 ☐ Chronic obstructive pulmonary disease (COPD)
CV19J014_4 ☐ Allergies
CV19J014_5 ☐ Heart disease
CV19J014_6 ☐ High blood pressure or hypertension
CV19J014_7 ☐ High cholesterol or hyperlipidemia
CV19J014_8 ☐ Diabetes
CV19J014_9 ☐ Ulcer or stomach disease
CV19J014_10 ☐ Kidney disease
CV19J014_11 ☐ Liver disease
CV19J014_12 ☐ Anemia or other blood disease
CV19J014_13 ☐ Cancer
CV19J014_14 ☐ Anxiety
CV19J014_15 ☐ Depression
CV19J014_16 ☐ Any dementia or Alzheimer's disease
CV19J014_17 ☐ Osteoarthritis or degenerative arthritis
CV19J014_18 ☐ Back pain
CV19J014_19 ☐ Rheumatoid arthritis
CV19J014_20 ☐ Other medical condition. Please describe:

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_21** ☐ Don't know
CV19J014_22 ☐ Refused

Specify "other" please:

CV19J014_20_OTHER **\$FMT_CHAR.**

ONLY IF CV19J014_20 = 1

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

Select all that apply:

ONLY IF CV19J014_13 = 1

- | | |
|-------------|--|
| CV19J020_1 | <input type="checkbox"/> Bladder |
| 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 |

Specify "other" please:

ONLY IF CV19J020_30 = 1

CV19J020_30_OTHER

\$FMT_CHAR.

45% Complete

Reproductive Health

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

If you could use any birth control method you wanted, what method would you use?

- ☐ CV19R001_1 None, I'd like to get pregnant.
☐ CV19R001_2 None, not currently having sex that would lead to pregnancy
☐ CV19R001_3 None, partner is responsible for contraception
☐ CV19R001_4 None, I or partner just had a baby and/or is breastfeeding
☐ CV19R001_4 Tubes tied
☐ CV19R001_5 Hysterectomy
☐ CV19R001_6 Vasectomy
☐ CV19R001_7 Birth control pill
☐ CV19R001_8 Morning after pill
☐ CV19R001_9 Condom
☐ CV19R001_10 Implants
☐ CV19R001_11 Shots
☐ CV19R001_12 Birth control ring
☐ CV19R001_13 Birth control patch
☐ CV19R001_14 Diaphragm
☐ CV19R001_15 IUD
☐ CV19R001_16 Withdrawal
☐ CV19R001_17 Rhythm
☐ CV19R001_18 Other
☐ CV19R001_19 Don't know
☐ CV19R001_20 Refused

If you are not using your preferred birth control method(s), why or why not? Please list all reasons that apply.

- ☐ CV19R002_1 Can't afford it/don't have insurance
☐ CV19R002_2 Don't know where to get it
☐ CV19R002_3 Haven't made an appointment to get it
☐ CV19R002_4 Difficult to get an appointment at local healthcare provider (e.g., limited hours, distance from home, not enough providers)
☐ CV19R002_5 Insurance doesn't cover the method
☐ CV19R002_6 Provider refused/discouraged
☐ CV19R002_7 Not currently sexually active
☐ CV19R002_8 Too much of a hassle to get it
☐ CV19R002_9 Was told it wasn't safe to go to a provider to get birth control now.
☐ CV19R002_10 Don't know
☐ CV19R002_11 Refused

What contraception-related features are important to you? ("extremely important" "somewhat important" "not important")

- CV19R003_1 ☐ I can stop using the birth control method at any time
- CV19R003_2 ☐ I can get pregnant immediately after I stop using it
- CV19R003_3 ☐ The method is easy to use
- CV19R003_4 ☐ I don't have to remember to use the method each time I have sex
- CV19R003_5 ☐ I use the method only when I am going to have sex
- CV19R003_6 ☐ The method is easy for me to get
- CV19R003_7 ☐ I can get it without seeing a doctor or going to a clinic
- CV19R003_8 ☐ The method has few or no side effects
- CV19R002_9 ☐ The method doesn't detract from my sexual enjoyment
- CV19R002_10 ☐ The method does not detract from my partner's sexual enjoyment
- CV19R002_11 ☐ The method has a health benefit
- CV19R003_12 ☐ The method protects against STDs
- CV19R003_13 ☐ The method does not change my menstrual periods
- CV19R003_14 ☐ The method is very effective at preventing pregnancy
- CV19R003_15 ☐ I am responsible for using the method and not my sexual partner
- CV19R003_16 ☐ I have control over when and whether to use the method
- CV19R003_17 ☐ No one can tell that I am using the method
- CV19R003_18 ☐ Method is affordable
- CV19R003_19 ☐ Don't know
- CV19R003_20 ☐ Refused

Thinking about your answers to the previous questions, what are the 3 most important features of contraception for you?

CV19R003A \$FMT_CHAR.

COVID-19 induced changes in contraception and pregnancy intentions

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

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?

CV19R004 FMT_YES_NO.

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)

- CV19R005_1 ☐ In high-risk group and need to self-quarantine
- CV19R005_2 ☐ Taking care of sick family member
- CV19R005_3 ☐ Responsible for childcare
- CV19R005_4 ☐ Financial (e.g., you and/or another household member lost job, reduced hours)
- CV19R005_5 ☐ Doctor's office or clinic closed/have reduced hours
- CV19R005_6 ☐ Retail pharmacy closed/have reduced hours
- CV19R005_7 ☐ Was told it wasn't safe to go to a provider to get birth control now.
- CV19R005_8 ☐ Other (specify)
- CV19R005_9 ☐ Don't know
- CV19R005_10 ☐ 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.

CV19R006_1

☐ I have not switched forms of contraception and am using the same form of contraception as I was before the COVID-19 pandemic

CV19R006_2

☐ I am no longer using any contraception

CV19R006_3

☐ Tubes tied

CV19R006_4

☐ Hysterectomy

CV19R006_5

☐ Vasectomy

CV19R006_6

☐ Birth control pill

CV19R006_7

☐ Morning after pill

CV19R006_8

☐ Condom

CV19R006_9

☐ Implants

CV19R006_10

☐ Shots

CV19R006_11

☐ Birth control ring

CV19R006_12

☐ Birth control patch

CV19R006_13

☐ Diaphragm

CV19R006_14

☐ IUD

CV19R006_15

☐ Withdrawal

CV19R006_16

☐ Rhythm

CV19R006_17

☐ Other

CV19R006_18

☐ Don't know

CV19R006_19

☐ Refused

As a result of the COVID-19 pandemic, some people have changed their pregnancy-related plans. Have you changed your mind about pregnancy as a result of the COVID-19 pandemic?

CV19R008
FMT_PREGNANCY.

- ☐ No change, I still want to become pregnant in the near future (e.g., next three months).
- ☐ 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 (e.g., next three months).
- ☐ Don't know
- ☐ Refused

47% Complete

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

Please rate your vision (with glasses if used):

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

CV19J026
FMT_QD4_.

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

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

CV19J027
FMT_QD4_.

50% Complete

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

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

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

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

Flu Vaccine**The next set of questions asks about flu vaccination.**

During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

CV19S001
FMT_YES_NO.

What is the main reason you did not get a flu shot in the last 12 months

CV19S002
FMT_FLUSHOT_NO.

ONLY IF CV19S001 = 2

- ☐ I have concerns about side effects or sickness
☐ I do not believe the flu vaccine works
☐ I do not believe the flu vaccine is needed
☐ I am allergic to the flu vaccine
☐ The flu vaccine costs too much
☐ The flu vaccine was not available
☐ I tried to get the flu vaccine, but couldn't
☐ I have not gotten to it yet / had no time
☐ I do not know where to get the flu vaccine or who to call
☐ Other (specify)
☐ Don't know
☐ Refused

Specify "other" please:

CV19S002_OTHER \$FMT_CHAR.

ONLY IF CV19S002 = 10

This next section asks questions about your physical activity.

How has your overall level of physical activity changed due to COVID-19?

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?

CV19K009_1
CV19K009_2
CV19K009_3

Select all that apply:

CV19K009_4
CV19K009_5
CV19K009_6
CV19K009_7
CV19K009_8
CV19K009_9
CV19K009_10

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

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?

CV19K010_1
FMT_NUMERIC.

Strenuous exercise is when your heart beats rapidly (e.g., 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?

CV19K010_2
FMT_NUMERIC.

Strenuous exercise is not exhausting (e.g., 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?

CV19K010_3
FMT_NUMERIC.

Mild exercise expends minimal effort (e.g., 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

CV19K010_4
FMT_COV2021_EXERCISE.

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 July 1, 2020, would you say the amount of alcohol you drink now compared to before is:

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

CV19K015_R2
FMT_LAST_MONTH_COV

Since July 1, 2020, would you say the amount you smoke/vape now compared to before is:

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

CV19K019_R2
FMT_LAST_MONTH_COV

61% Complete

L. Impacts on Daily Life and Discrimination

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

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

CV19L004
FMT_YES_NO.

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

	Very	Somewhat	Not very	Not at all
Wearing a facemask	<input type="radio"/> CV19L005_1	<input type="radio"/> FMT_VSMWNV.	<input type="radio"/>	<input type="radio"/>
Praying	<input type="radio"/> CV19L005_2	<input type="radio"/> FMT_VSMWNV.	<input type="radio"/>	<input type="radio"/>
Washing your hands with soap and water	<input type="radio"/> CV19L005_3	<input type="radio"/> FMT_VSMWNV.	<input type="radio"/>	<input type="radio"/>
Getting tested for COVID-19	<input type="radio"/> CV19L005_4	<input type="radio"/> FMT_VSMWNV.	<input type="radio"/>	<input type="radio"/>
Avoiding public spaces, gatherings and crowds	<input type="radio"/> CV19L005_5	<input type="radio"/> FMT_VSMWNV.	<input type="radio"/>	<input type="radio"/>
Avoiding exercise outside	<input type="radio"/> CV19L005_6	<input type="radio"/> FMT_VSMWNV.	<input type="radio"/>	<input type="radio"/>
Social Distancing (i. e. Staying at least six feet from other people in public)	<input type="radio"/> CV19L005_7	<input type="radio"/> FMT_VSMWNV.	<input type="radio"/>	<input type="radio"/>
Doing nothing	<input type="radio"/> CV19L005_8	<input type="radio"/> FMT_VSMWNV.	<input type="radio"/>	<input type="radio"/>

I don't really know when I should wear a face mask.
(In other words, I don't know in which settings it is advised to wear a face mask)

- ☐ Strongly disagree
☐ Disagree
☐ Neutral
☐ Agree
☐ Strongly agree
☐ Don't know
☐ Refused
- CV19L019_5**
FMT_DISAGREE_5CAT_NEW.

What amount of mask-wearing do you currently practice in settings where physically distancing 6 feet of more from others is difficult?

CV19L020 **FMT_NUMERIC.**

Don't wear a mask at all Wear a mask half the time Wear a mask every time

(Place a mark on the scale above)

How effective do you think wearing a face mask is for you? (In other words, to what extent does cloth mask-wearing behavior decrease your risk of getting infected?)

CV19L021
FMT_4CAT_EFFECTIVENESS.

Not at all effective Very Effective

(Place a mark on the scale above)

How effective do you think wearing a face mask is for the prevention of the spread of COVID-19 coronavirus? (In other words, to what extent does cloth mask-wearing behavior contribute to other people not getting sick?)

CV19L022
FMT_4CAT_EFFECTIVENESS.

Not at all effective Very Effective

(Place a mark on the scale above)

66% Complete

There was a general election for President, Congress, and other offices this past November. Please indicate which of the following applies to you.

CV19L023
FMT_ELECTION_PARTICIPATION.

- ☐ I voted in this election
☐ I did not vote
☐ I was not eligible to vote
☐ Don't know
☐ Refused

How did you cast your ballot?

CV19L024

**FMT_ELECTION_PARTICIPATI
ON_METHOD.**

ONLY IF CV19L023 = 1

- ☐ I voted by mail
- ☐ I voted in person at a polling place
- ☐ Dropped off my ballot at a drop box location
- ☐ Don't know
- ☐ Refused

Was your ability to vote in this past November
election affected by COVID-19?

CV19L025

FMT_YES_NO.

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

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"/> CV19L019_6	<input type="radio"/> FMT_DISAGREE_5CAT_NEW.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to easily adapt to change.	<input type="radio"/> CV19L019_7	<input type="radio"/> FMT_DISAGREE_5CAT_NEW.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

74% Complete

Risk taking, trust and altruism

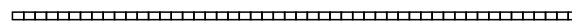
How do you see yourself: are you a person who is generally willing to take risks, or do you try to avoid taking risks?

CV19L026**FMT_NUMERIC.**

Please use a scale from 0 to 100, where a 0 means you are "completely unwilling to take risks" and a 100 means you are "very willing to take risks". You can also use the values in-between to indicate where you fall on the scale.

Completely
unwilling to take
risks

Very willing to
take risks



(Place a mark on the scale above)

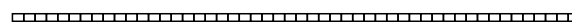
In comparison to others, are you a person who is generally willing to give up something today in order to benefit from that in the future or are you not willing to do so?

CV19L027**FMT_NUMERIC.**

Please use a scale from 0 to 100, where a 0 means you are "completely unwilling to give up something today" and a 100 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.

Completely
unwilling to give
up something
today

Very willing to
give up something
today



(Place a mark on the scale above)

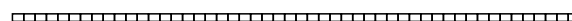
How well does the following statement describe you as a person? As long as I am not convinced otherwise, I assume that people have only the best intentions.

CV19L028**FMT_NUMERIC.**

Please use a scale from 0 to 100, where 0 means "does not describe me at all" and a 100 means "describes me perfectly". You can also use the values in-between to indicate where you fall on the scale.

Does not describe
me at all

Describes me
perfectly



(Place a mark on the scale above)

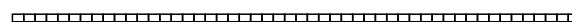
How do you assess your willingness to share with others without expecting anything in return when it comes to charity?

CV19L029**FMT_NUMERIC.**

Please use a scale from 0 to 100, where 0 means you are "completely unwilling to share" and a 100 means you are "very willing to share". You can also use the values in-between to indicate where you fall on the scale.

Completely
unwilling to
share

Very willing to
share



(Place a mark on the scale above)

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

CV19L030**FMT_NUMERIC.**

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"/> CV19L019_1	<input type="radio"/> FMT_DISAGREE_5CAT_NEW.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can cope better with life's challenges	<input type="radio"/> CV19L019_2	<input type="radio"/> FMT_DISAGREE_5CAT_NEW.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has become a reason to make positive changes in my life	<input type="radio"/> CV19L019_3	<input type="radio"/> FMT_DISAGREE_5CAT_NEW.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has made me have healthier habits	<input type="radio"/> CV19L019_4	<input type="radio"/> FMT_DISAGREE_5CAT_NEW.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

76% Complete

Vaccine Behaviors and Perceptions

If a vaccine against COVID-19 was available to you,
how likely would you be to get vaccinated?

CV19T001**FMT_LIKERT5_.**

- ☐ Extremely likely
- ☐ Somewhat likely
- ☐ Neither
- ☐ Somewhat unlikely
- ☐ Extremely unlikely
- ☐ Don't know
- ☐ Refused

Which of the following factors would be most
important for your decision to get vaccinated
against COVID-19?
Select all that apply.

- CV19T002_1** ☐ Vaccine safety
- CV19T002_2** ☐ Effectiveness
- CV19T002_3** ☐ Side effects
- CV19T002_4** ☐ Need to protect myself and my family
- CV19T002_5** ☐ Recommendations from medical professionals
- CV19T002_6** ☐ Vaccine cost
- CV19T002_7** ☐ Need to protect people in my community
- CV19T002_8** ☐ Beliefs and convictions
- CV19T002_9** ☐ Recommendations of friends, family
- CV19T002_10** ☐ Recommendations of religious leaders
- CV19T002_11** ☐ Recommendations of political leaders
- CV19T002_12** ☐ Don't know
- CV19T002_13** ☐ Refused

M. Trusted Sources

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

79% Complete

N. Household Screening, Dynamics, and Caregiving

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_YES_NO.

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 <input type="radio"/>	<input type="radio"/>	FMT_FAMILY_MEMBER_NUMBERS.				<input type="radio"/>
3 - 5 years old	CV19N002_2 <input type="radio"/>	<input type="radio"/>	FMT_FAMILY_MEMBER_NUMBERS.				<input type="radio"/>
13 - 17 years old	CV19N002_4 <input type="radio"/>	<input type="radio"/>	FMT_FAMILY_MEMBER_NUMBERS.				<input type="radio"/>
18 - 40 years old	CV19N002_5 <input type="radio"/>	<input type="radio"/>	FMT_FAMILY_MEMBER_NUMBERS.				<input type="radio"/>
41 - 54 years old	CV19N002_6 <input type="radio"/>	<input type="radio"/>	FMT_FAMILY_MEMBER_NUMBERS.				<input type="radio"/>
55 - 65 years old	CV19N002_7 <input type="radio"/>	<input type="radio"/>	FMT_FAMILY_MEMBER_NUMBERS.				<input type="radio"/>
65 - 75 years old	CV19N002_8 <input type="radio"/>	<input type="radio"/>	FMT_FAMILY_MEMBER_NUMBERS.				<input type="radio"/>
75 + years old	CV19N002_9 <input type="radio"/>	<input type="radio"/>	FMT_FAMILY_MEMBER_NUMBERS.				<input type="radio"/>
6 - 12 years old	CV19N002_3	FMT_FAMILY_MEMBER_NUMBERS.					
81% 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: _____
CV19N011_9 ☐ Don't know
CV19N011_10 ☐ Refused

CV19N002_1 != 0 OR
CV19N002_2 != 0 OR
CV19N002_3 != 0 OR
CV19N002_4 != 0

Specify "other" please:

CV19N011_8_OTHER **\$FMT_CHAR.**

ONLY IF CV19N011_8 = 1

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

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

CV19N012
FMT_YES_NO.

CV19N002_1 != 0 OR CV19N002_2 != 0 OR CV19N002_3 != 0 OR CV19N002_4 != 0

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

- CV19N013_1** ☐ Asthma
CV19N013_2 ☐ Rheumatoid Arthritis
CV19N013_3 ☐ Overweight or Obese
CV19N013_4 ☐ Heart condition
CV19N013_5 ☐ COVID-19
CV19N013_6 ☐ None
CV19N013_7 ☐ Other
CV19N013_8 ☐ Don't know
CV19N013_9 ☐ Refused

CV19N002_1 != 0 OR
CV19N002_2 != 0 OR
CV19N002_3 != 0 OR
CV19N002_4 != 0

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

- CV19N014_1** ☐ Intellectual disability
CV19N014_2 ☐ Developmental disability
CV19N014_3 ☐ Emotional or behavioral disorder
CV19N014_4 ☐ Mental health disorders
CV19N014_5 ☐ Physical disability
CV19N014_6 ☐ None
CV19N014_7 ☐ Other
CV19N014_8 ☐ Don't know
CV19N014_9 ☐ Refused

CV19N002_1 != 0 OR
CV19N002_2 != 0 OR
CV19N002_3 != 0 OR
CV19N002_4 != 0

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 \$FMT_CHAR.

ONLY IF CV19N002_2 !=0

What is the gender of the child?

CV19N016 FMT_CHILD_GENDER.

- ☐ Male
☐ Female
☐ Genderfluid
☐ Refused

ONLY IF CV19N002_2 !=0

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

	Never	Rarely	Sometimes	Often	Nearly always
My child eats breakfast, lunch, dinner at about the same time each day	<input type="radio"/> CV19N017_1	<input checked="" type="radio"/> FMT_CHILD_FREQ.	<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.	<input type="radio"/> CV19N017_2	<input type="radio"/> FMT_CHILD_FREQ.	<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).	<input type="radio"/> CV19N017_3	<input type="radio"/> FMT_CHILD_FREQ.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ONLY IF CV19N002_2 !=0

My child:

	Never	Rarely	Sometimes	Often	Nearly always
Is organized	<input type="radio"/> CV19N017_4	<input type="radio"/> FMT_CHILD_FREQ.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is able to pay attention to tasks	<input type="radio"/> CV19N017_5	<input type="radio"/> FMT_CHILD_FREQ.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Controls their behavior/controls their impulses	<input type="radio"/> CV19N017_6	<input type="radio"/> FMT_CHILD_FREQ.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child cries and whines	<input type="radio"/> CV19N017_7	<input type="radio"/> FMT_CHILD_FREQ.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ONLY IF CV19N002_2 !=0

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

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

84% Complete

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

CV19N052
FMT_YES_NO.

ONLY IF
CV19N002_4, CV19N002_5, CV19N002_6, CV19N002_7 or CV19N002_8 != 0

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

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

ONLY IF CV19N052 = 1

Describe "other" please:

CV19N053_23_OTHER
\$FMT_CHAR.

ONLY IF CV19N053_23 = 1

During the COVID-19 pandemic, 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.

During the COVID-19 pandemic, I use screen media...

	Strongly disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
...to educate myself or other members of my family.	<input type="radio"/> CV19N054_1	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5	<input type="radio"/> CAT_NEW_TWO.	<input type="radio"/>
...to keep my family members busy so that I can get things done.	<input type="radio"/> CV19N054_2	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5	<input type="radio"/> CAT_NEW_TWO.	<input type="radio"/>
...to occupy my family members so that I can take a break for myself.	<input type="radio"/> CV19N054_3	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5	<input type="radio"/> CAT_NEW_TWO.	<input type="radio"/>
...to help me and my family members stay physically active.	<input type="radio"/> CV19N054_4	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5	<input type="radio"/> CAT_NEW_TWO.	<input type="radio"/>
...to communicate with family and friends.	<input type="radio"/> CV19N054_5	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5	<input type="radio"/> CAT_NEW_TWO.	<input type="radio"/>
...to escape from my own stress or other negative feelings.	<input type="radio"/> CV19N054_6	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5	<input type="radio"/> CAT_NEW_TWO.	<input type="radio"/>
...to help other family members calm down when they are upset.	<input type="radio"/> CV19N054_7	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5	<input type="radio"/> CAT_NEW_TWO.	<input type="radio"/>
...to reduce conflict between people in my home.	<input type="radio"/> CV19N054_8	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5	<input type="radio"/> CAT_NEW_TWO.	<input type="radio"/>
...to help me or my family members fall asleep (or stay asleep).	<input type="radio"/> CV19N054_9	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5	<input type="radio"/> CAT_NEW_TWO.	<input type="radio"/>
...to help my family members focus and control their behavior.	<input type="radio"/> CV19N054_10	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5	<input type="radio"/> CAT_NEW_TWO.	<input type="radio"/>

Please indicate how strongly you agree with the following statements:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
Being a parent is harder than I thought it would be.	<input type="radio"/> CV19N055_1	FMT	DISAGREE_4CAT	NEW_TWO. <input type="radio"/>
I feel trapped by my responsibilities as a parent.	<input type="radio"/> CV19N055_2	FMT	DISAGREE_4CAT	NEW_TWO. <input type="radio"/>
I find that taking care of my child(ren) is much more work than pleasure.	<input type="radio"/> CV19N055_3	FMT	DISAGREE_4CAT	NEW_TWO. <input type="radio"/>
I often feel tired, worn out, or exhausted from raising a family.	<input type="radio"/> CV19N055_4	FMT	DISAGREE_4CAT	NEW_TWO. <input type="radio"/>

ONLY IF CV19N002_1 != 0 or CV19N002_2 != 0 or CV19N002_3 != 0 or CV19N002_4 != 0

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 since the COVID-19 pandemic started.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I am in survival mode	<input type="radio"/> CV19N056_1	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5CAT_NEW_TWO.	<input type="radio"/>	<input type="radio"/>
I am in control	<input type="radio"/> CV19N056_2	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5CAT_NEW_TWO.	<input type="radio"/>	<input type="radio"/>
I feel completely run down	<input type="radio"/> CV19N056_3	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5CAT_NEW_TWO.	<input type="radio"/>	<input type="radio"/>
I have more energy for other things	<input type="radio"/> CV19N056_4	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5CAT_NEW_TWO.	<input type="radio"/>	<input type="radio"/>
My resources are being all used up	<input type="radio"/> CV19N056_5	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5CAT_NEW_TWO.	<input type="radio"/>	<input type="radio"/>
I have a sense of purpose	<input type="radio"/> CV19N056_6	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5CAT_NEW_TWO.	<input type="radio"/>	<input type="radio"/>
Some things are going well, while other things are falling apart	<input type="radio"/> CV19N056_7	<input type="radio"/> FMT_DISAGREE	<input checked="" type="radio"/> 5CAT_NEW_TWO.	<input type="radio"/>	<input type="radio"/>

ONLY IF CV19N052=1 OR CV19N012=1

95% Comple

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 asking 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_DOCUM
ENTS.**

- ☐ 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_DOCUM
ENTS_TL.**

ONLY IF CV19U001= 5

- ☐ Less than six months ago
- ☐ Over six months ago
- ☐ Not applicable
- ☐ 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

ONLY IF CV19U001 = 2 OR CV19U001 = 3 OR CV19U001 = 4

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

When did you do this?

CV19U006
FMT_ACP_DOCUMENTS_TL.

- ☐ Less than six months ago
- ☐ Over six months ago
- ☐ Not applicable
- ☐ Don't know
- ☐ Refused

ONLY IF CV19U005= 5

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

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

CV19U008
FMT_YES_NO.

ONLY IF CV19U005 = 2 OR CV19U005 = 3 OR CV19U005 = 4

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

When did you do this?

CV19U0010
FMT_ACP_DOCUMENTS_TL.

- ☐ Less than six months ago
- ☐ Over six months ago
- ☐ Not applicable
- ☐ 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

When did you do this?

CV19U014
FMT_ACP_DOCUMENTS

- ☐ Less than six months ago
- ☐ Over six months ago
- ☐ Not applicable
- ☐ Don't know
- ☐ Refused

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

CV19U016 **FMT_YES_NO.**

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

Please read each statement and fill in the circle that indicates how much stress you experienced since July 1, 2020, 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 July 1, 2020.

On average since July 1, 2020, how stressful have the following situations been for you:

	Not stressful	Mildly stressful	Moderately stressful	Very stressful	Does not apply
In your job	<input type="radio"/> CV19N061_1	<input type="radio"/> FMT_STRESS		<input type="radio"/>	<input type="radio"/>
In your relationship with others	<input type="radio"/> CV19N061_2	<input type="radio"/> FMT_STRESS		<input type="radio"/>	<input type="radio"/>
Related to living in your neighborhood	<input type="radio"/> CV19N061_3	<input type="radio"/> FMT_STRESS		<input type="radio"/>	<input type="radio"/>
Related to caring for others	<input type="radio"/> CV19N061_4	<input type="radio"/> FMT_STRESS		<input type="radio"/>	<input type="radio"/>
Related to legal problems	<input type="radio"/> CV19N061_5	<input type="radio"/> FMT_STRESS		<input type="radio"/>	<input type="radio"/>
Related to medical problems (personal, family)	<input type="radio"/> CV19N061_6	<input type="radio"/> FMT_STRESS		<input type="radio"/>	<input type="radio"/>
Related to racism and discrimination (feeling mistreated, discriminated)	<input type="radio"/> CV19N061_7	<input type="radio"/> FMT_STRESS		<input type="radio"/>	<input type="radio"/>
Related to meeting basic needs (housing, food, paying bills)	<input type="radio"/> CV19N061_8	<input type="radio"/> FMT_STRESS		<input type="radio"/>	<input type="radio"/>
Related to loss of money or finances (e.g., lost wages, job loss, investment/retirement loss, travel-related cancelations)	<input type="radio"/> CV19N061_9	<input type="radio"/> FMT_STRESS		<input type="radio"/>	<input type="radio"/>

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

CV19N062

FMT_NUMERIC.

97% Complete

O. Sociodemographics (Updates)

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

How do you describe yourself?

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

CV19O001
FMT_CV19O001X.

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.

- ☐ 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

CV19O004
FMT_INCOME_NEW

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

CV19O005
FMT_MEMBERS_SUPPORTED.

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

CV19O006
FMT_EDUCATION_CAT.

99% Complete

How tall are you without shoes (in inches)?

CV19O007**FMT_NUMERIC.**

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

CV19O008**FMT_NUMERIC.**

END of SURVEY:

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

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

100% Complete