Please use a pencil or blue or black pen only to complete this form.

Date completed: ____/____/______
       MM     DD     YYYY

Completed by: ___________________________     Current Zip Code: ______________

Throughout this questionnaire, you will be asked about your experiences that relate to the current COVID-19 pandemic. We use the term COVID-19 to refer to the illness caused by the novel coronavirus that was first identified in 2019 and is also called SARS-CoV-2.

SECTION ONE:

1. Please think about your current level of well-being. When you think about well-being, think about your physical health, your emotional health, any challenges you are experiencing, the people in your life, and the opportunities or resources you have available to you. How would you describe your current level of well-being?

   O1 Excellent     O4 Fair
   O2 Very Good     O5 Poor
   O3 Good          O6 Very Poor

2. Has your living arrangement, including the place where you live and the people that live with you, changed since March 2020 due to the COVID-19 pandemic?

   O0 No → Go to Question 3.
   O1 Yes → Go to Question 2.1.
2.1 What has changed?  **Mark all that apply.**

- [ ] I moved to live with other family members or friends
- [ ] Other family or friends moved in with me
- [ ] Some household members moved away to limit the possibility of infection
- [ ] I moved out of shared housing to limit the possibility of infection
- [ ] A care provider/companion now comes to help me
- [ ] My care provider/companion no longer comes to help me
- [ ] I have moved into a care facility
- [ ] I have moved out of a care facility
- [ ] Other (Specify: ___________________________)

3. **Including yourself**, how many people live in the same household with you?

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5 or more
- [ ] Not applicable

4. Are any of the services and/or restrictions below part of where you currently live as a result of the COVID-19 pandemic?  **Mark all that apply.**

- [ ] Does not apply. I live in a private home.
- [ ] Residents are not allowed to leave their home/apartment/room
- [ ] Residents are not allowed to have visitors
- [ ] Residents are not allowed to leave the property except for emergencies
- [ ] Food is delivered to the home/apartment/room
- [ ] There are no restrictions on residents

5. Do you have any close family members living in an assisted living, skilled nursing, or nursing home?

- [ ] No  **Go to Question 6.**
- [ ] Yes

5.1 Are you able to visit them in their care facility?

- [ ] No
- [ ] Yes

**SECTION TWO:** The next set of questions ask about possible COVID-19 exposures, testing and medical care.

6. To your knowledge, have you EVER been exposed to another person who has been diagnosed with, or suspected of having, COVID-19 infection?

- [ ] Yes, someone living with me
- [ ] Yes, someone outside of my household that I interact with face-to-face
- [ ] No, not that I know of.

7. Has anyone in your family or a close friend died from COVID-19?

- [ ] No
- [ ] Yes
8. Below is a list of symptoms that may be related to COVID-19. Some of these may also occur with other conditions such as allergies, colds and flu or when taking certain medications. Please indicate if you have experienced any of these symptoms for longer than several hours or more than is usual for you, since March 2020. **Mark all that apply.**

- Fever
- Persistent cough
- Chills or sweats
- Headache
- Sore throat
- Unusually hoarse
- Loss of smell
- Loss of taste
- Chest pain/tightness
- Muscle aches
- Abdominal pain
- Diarrhea
- Confusion
- Malaise—a general feeling of illness, discomfort, uneasiness
- Unusual fatigue
- Unusual shortness of breath or difficulty breathing

**How severe was this symptom?**

<table>
<thead>
<tr>
<th></th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Persistent cough</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Chills or sweats</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Headache</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Sore throat</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Unusually hoarse</td>
<td>O</td>
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<td>O</td>
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<td>O</td>
<td>O</td>
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<tr>
<td>Confusion</td>
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<td>O</td>
</tr>
<tr>
<td>Malaise</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Unusual fatigue</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Unusual shortness of breath or difficulty breathing</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

9. Which of the following statements apply to you?

- O I do not think I have had a COVID-19 infection and/or have had no symptoms
- O I suspected that I had a COVID-19 infection but I never sought medical care
- O I called my health care provider because I thought I might have a COVID-19 infection and I was told to stay home (quarantine)
- O I went to a clinic, emergency room, or hospital because I had symptoms that might be from COVID-19

10. Have you been tested for COVID-19?

- O Yes
- O No
- O Unsure

**Go to Question 13.**

10.1 What kind of test(s) did you have? **Mark all that apply.**

- O Nasal swab (testing for presence of the virus)
- O Throat swab (testing for presence of the virus)
- O Saliva test (testing for presence of the virus)
- O Blood test (testing for antibodies/immune response)

10.2 How many times have you been tested?

- O 1 time
- O 2 times
- O 3 or more times
- O Unsure
10.3 Did any of these tests come back positive for a COVID-19 infection?
- Yes
- No
- Unsure

[Go to Question 13.]

10.4 Which test(s) came back positive? **Mark all that apply.**
- Nasal swab
- Saliva test
- Throat swab
- Blood test

11. Were you ever hospitalized for COVID-19?
- Yes
- No
- Unsure

[Go to Question 12.]

11.1 How many nights did you stay in the hospital?
- 1 night
- 2-3 nights
- 4-6 nights
- 7-13 nights
- 14 or more nights
- Unsure

11.2 What treatments did you receive? **Mark all that apply.**
- Intravenous fluids
- Oxygen through nasal (nose) prongs or facial mask, but not requiring a ventilator
- Invasive ventilation or ventilator (Breathing support through an inserted tube. People are usually asleep for this procedure.)
- Kidney dialysis
- Cardiac or heart procedure, such as a coronary artery stent
- Other (Specify: ____________________________________________)

11.3 Did you require treatment in an Intensive Care Unit (ICU)?
- No
- Yes

[Go to Question 12.]

11.3.1 How many days?
- 1
- 2-3
- 4-6
- 7 or more
- Unsure

12. Were you given any of the following medications to treat COVID-19? **Mark all that apply.**
- Remdesivir
- Hydroxychloroquine or chloroquine
- Azithromycin

**SECTION THREE:** In this section we ask about your current access to your usual medications, health conditions, and the impact of the COVID-19 pandemic on your health care.

13. Are you currently taking any prescription medications not related to COVID-19?
- No
- Yes

[Go to Question 14.]

[Go to Question 13.1.]
13.1 Are you taking prescription medications for any of the following conditions? Mark all that apply.
- High blood pressure

13.1.1 Are you currently taking any of the following?
- ACE-Inhibitors (Examples: Lisinopril, Enalapril, Ramipril, Captopril, Benazepril)
- Angiotensin receptor blockers (Examples: valsartan, irbesartan, Entresto, losartan, candesartan, olmesartan)
- Aldosterone Receptor Blockers (Examples: Spironolactone, Eplerenone)
- Other high blood pressure medications (Specify: ________________)
- Diabetes
- Cancer
- Autoimmune diseases (lupus, rheumatoid arthritis, Crohn’s disease)
- Other conditions (Specify: ________________)

13.2 How do you get your prescription medications now?
- I get them myself at a local pharmacy
- I have my medications delivered
- I rely on another person I know to get my medications
- I live in a facility that provides my medications
- Other (Specify: ________________)

13.3 Has the way you get your prescription medications changed since March 2020?
- No
- Yes

14. Do you take any over-the-counter pain/anti-inflammatory medications on a routine basis (at least 3 days per week)?
- Yes
- No
- Unsure

14.1 Which of the following do you take regularly?
- Aspirin (Examples: Bayer, Bufferin)
- Ibuprofen (Examples: Motrin, Advil)
- Acetaminophen (Example: Tylenol)
- Naproxen (Example: Aleve)
- Other (Specify: ________________)

15. Are you experiencing any new difficulties in taking medication(s) since the COVID-19 pandemic started? Mark all that apply.
- Delays in getting prescriptions filled/refilled
- Delaying or not taking medication
- No longer having someone to help me take my medications
- Paying for medications
- Other (Specify: ________________)

Go to Question 15.
16. From March 2020 until now, did you have any health care appointments scheduled?
   O1 Yes       O0 No
   ↓
   O9 Unsure

   Go to Question 17.

16.1 Did your health care provider cancel, reschedule or convert your appointment to a telephone or online/video visit (telehealth)? **Mark all that apply.**
   O1 Yes, at least one was cancelled
   O2 Yes, at least one was rescheduled
   O3 Yes, at least one was converted to telephone or online/video visit
   O0 None of them changed

17. Have you decided not to go to the doctor or hospital when you normally would have gone, to avoid the potential of being exposed to COVID-19?
   O0 No       O1 Yes

18. In general, how much difficulty have you had getting routine medical care since March 2020?
   O1 None       O2 Some       O3 Much       O4 Unable or very difficult

**SECTION FOUR:** In this section, we ask about the impact of the COVID-19 pandemic on your health and general well-being and the changes in your life related to the pandemic.

19. In general, how concerned are you about the COVID-19 pandemic?
   O1 Not at all concerned       O2 Somewhat concerned       O3 Very concerned

20. Is the COVID-19 pandemic causing you concerns about any of the following? **Mark all that apply.**
   O1 My risk of getting a COVID-19 infection
   O2 The risk of family members or friends getting a COVID-19 infection
   O3 Getting the health care that I need
   O4 Getting adequate food
   O5 Getting enough exercise/physical activity
   O6 Getting the sleep/rest I need
   O7 Having adequate housing
   O8 Having enough money to cover my needs
   O9 My personal safety
   O10 The health and safety of my family and friends
   O11 My financial security
   O12 The financial security of my family
   O13 My ability to be with friends and family
   O14 The nation and the economy more generally
How often would the following statements apply to you in the past 7 days…

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. I felt fearful</td>
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<tr>
<td>22. I found it hard to focus on anything other than my anxiety</td>
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<tr>
<td>23. My worries overwhelmed me</td>
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<td>24. I felt uneasy</td>
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</tbody>
</table>

In the past 4 weeks how often have you felt . . .

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Almost never</th>
<th>Sometimes</th>
<th>Fairly often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. That you were unable to control the important things in your life?</td>
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<td>26. Confident about your ability to handle your personal problems?</td>
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<td>27. That things were going your way?</td>
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<td>28. That difficulties were piling up so high that you could not overcome them?</td>
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</tbody>
</table>

29. Since March 2020, what steps have you taken to reduce your risk of being infected by COVID-19?  Mark all that apply.

- O1 Washing hands frequently
- O2 Trying not to touch my face
- O3 Disinfecting surfaces frequently
- O4 Maintaining a physical distance from people outside my household
- O5 Wearing a face mask in public
- O6 Wearing gloves in public
- O7 Avoiding in-person social or religious activities
- O8 Avoiding or limiting in-person shopping
- O9 Avoiding shaking hands
- O10 Staying home

30. How often do you communicate with others who live outside your home?

- O1 Every day
- O2 Several times per week
- O3 1-2 times per week
- O4 Once per week
- O5 Rarely or never

31. Compared to the months before the outbreak began, would you say this is…

- O1 More often than before
- O2 About the same as before
- O3 Less often than before

32. How are you staying in touch with others who do not live with you?  Mark all that apply.

- O1 Speaking in person
- O2 By telephone
- O3 With video calls
- O4 By email
- O5 By social media (Examples: Facebook, Instagram)
- O6 By postal mail
- O8 Other (Specify: ________________________________ )
33. In the past 3 months, how many drinks containing alcohol have you had on average?
   O1 None          O4 5-7 drinks per week
   O2 At most one drink each week  O5 More than 7 drinks per week
   O3 2-4 drinks per week

34. Do you smoke regular or electronic cigarettes now?
   O0 No          O1 Yes

35. Over the past month, how would you describe your level of physical activity or exercise, compared to your average physical activity level before the COVID-19 pandemic began?
   O1 Much less          O4 Somewhat more
   O2 Somewhat less       O5 Much more
   O3 About the same

36. Think about the walking you do outside the home. In the past month, how often have you walked outside the home (or done indoor activity equivalent to walking outside, to accumulate steps) for at least 5 minutes without stopping. Mark only one.
   O1 Rarely or Never
   O2 1 time each week       O4 4 to 6 times per week
   O3 2 to 3 times each week O5 7 or more times per week

37. Which of the following new actions are you taking to help your family, friends or your community during this COVID-19 pandemic? Mark all that apply.
   O1 Getting food or medicine for others  O5 Making masks for others
   O2 Providing childcare                   O6 Contacting friends or family to keep in touch
   O3 Donating blood                        O8 Other (Specify: ________________________)
   O4 Donating money

38. Thank you for completing this questionnaire. We know this is a challenging time and we appreciate your willingness to continue to help us understand the impact of COVID-19. If there are other aspects that you would like to share, please describe here:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________