



# The Sister Study COVID-19 Questionnaire

### Instructions:

- Please use **DARK BLUE OR BLACK BALLPOINT PEN.**
- Mark only one answer for each question unless otherwise indicated.
- Follow the arrow from your response to find the next question.
- Only write comments in the spaces provided.
- Please keep this questionnaire clean, flat, and dry.
- Do not fold or tear any of the pages.

Fill in the bubbles **COMPLETELY** for each of the questions in this form.

Like this: ●                      Not like this: ⊗ ✓

Please write responses in all capital letters and numbers without touching the sides of the boxes.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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1	2	3	4	5	6	7	8	9	0
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Thank you very much for taking the time to share your experiences and help us understand the impact of the coronavirus pandemic and response on Sister Study participants' lives. The virus itself and any added stress due to the pandemic response have the potential to affect the long-term health of Sister Study participants.

Because infection rates have varied over time and across the country, and because restrictions—if imposed—have been implemented at different times, it has been challenging to develop a questionnaire that captures each person's full experience adequately. Therefore, some of the questions in this survey ask about your experiences during specific date ranges or milestones related to the pandemic response for most of the country. Others ask about your overall pandemic experience so far, and some ask about your experiences at "the height of the coronavirus pandemic in your area."

Please read each question carefully and give the answer that best fits your situation at that time. Again, thank you.



## COVID 19: DIAGNOSIS AND SYMPTOMS

1. Have you ever been sick with suspected or confirmed COVID-19, whether or not you were tested for active COVID-19 infection at that time?

- No, I have not been sick with COVID-19
- I had a positive COVID-19 test but never felt sick

GO TO QUESTION 5, PAGE 4

- Probably not: I was sick with some of the same symptoms but don't think it was COVID-19. *If you were sick with this more than once, please report for the time when your symptoms were most similar to COVID-19 (ex. cough, fever, severe fatigue, etc.)*

1a. Approximate date you first started feeling sick with this:

		/	2	0		
MONTH			YEAR			

GO TO QUESTION 2, PAGE 3

- Yes, I was sick with suspected or confirmed COVID-19



*If you were sick with COVID-19 more than once, please report for the time you were the most sick.*

1b. What was the approximate date you started feeling sick?

		/	2	0		
MONTH			YEAR			

1c. How many days until you recovered? That is, how many days until you felt well enough to resume your normal activities?

# DAYS		

OR  Not yet recovered



GO TO QUESTION 1d  
ON NEXT PAGE

**IF NOT YET RECOVERED:**

1c1. Approximately how many days OR weeks have you been sick so far?

# DAYS	

OR

# WEEKS	

1c2. I have not resumed my normal activities due to:  
(Please mark all that apply.)

- Acute (short-term) symptoms of COVID-19 (ex. fever, chills)
- Continuing long-term symptoms of COVID-19 (ex. fatigue, other)
- Disability caused by COVID-19 (ex. stroke)
- Other, specify:

GO TO QUESTION 1d ON NEXT PAGE



1d. Were you admitted to the hospital? *Do NOT include visit(s) to the emergency room only.*

No → **GO TO QUESTION 2**

Yes →

**IF YES:**

1d1. How many days in hospital so far? *Do NOT include days in long-term rehab/rehabilitation facility after hospital discharge.*

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# DAYS

1d2. Did you go to a long-term rehab/rehabilitation facility after hospital discharge?

No

Yes

2. When you were sick with COVID-19 or symptoms similar to COVID-19, which of the following symptoms did you experience? (*If you were sick **with COVID-19 symptoms** more than once, please report for the time you were the most sick.*) Please mark all that apply.

<input type="radio"/> Fever
<input type="radio"/> Chills
<input type="radio"/> Persistent cough
<input type="radio"/> Unusual shortness of breath or difficulty breathing
<input type="radio"/> Unusual severe fatigue
<input type="radio"/> Unusual severe muscle or body aches
<input type="radio"/> Unusual chest pain or pressure/tightness
<input type="radio"/> Rash on skin, or red/purple discoloration of fingers or toes
<input type="radio"/> Headache

<input type="radio"/> New loss of taste or smell
<input type="radio"/> Congestion or runny nose
<input type="radio"/> Nausea or vomiting
<input type="radio"/> Diarrhea
<input type="radio"/> Skipped meals (loss of appetite)
<input type="radio"/> Other significant symptoms, please specify:
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<input type="radio"/> I did not have any symptoms → <b>GO TO Q3</b>

2a. Overall, when these symptoms were at their worst, how bad or bothersome were they?

- Not bad at all
- Mild
- Moderate
- Severe
- Very severe

2b. Overall, when these symptoms were at their worst, did they interfere with your daily activities?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much



3. Were you treated with any of the following for your suspected or confirmed COVID-19, or your COVID-19-like symptoms? (Please mark all that apply.)

No, I did not have any of these treatments

**Antiviral medications:**

- Remdesivir
- Lopinavir/ritonavir (ex. Kaletra)
- Ribavirin (ex. Moderiba, Rebetol)
- Other antiviral drug, specify:

**Steroid medications:**

- Dexamethasone
- Inhaled corticosteroids (ex. Flovent, Symbicort, Advair)
- Other corticosteroid/steroid, including oral medications (ex. prednisone), specify:

**Antibiotics:**

- Azithromycin (ex. Zithromax, Z-Pak)
- Other antibiotic (ex. Augmentin), specify:

**Pain medications:**

- Acetaminophen (ex. Tylenol)
- Regular ibuprofen (ex. Advil, Motrin, Nurofen)
- Lipid-formulated ibuprofen (ex. Flarin)
- Other NSAID (non-steroidal anti-inflammatory; ex. Aleve/naproxen, diclofenac), specify:

- Other pain medications, specify:

**Other medications/treatments:**

- Chloroquine or hydroxychloroquine
- Plasma transfusion/infusion
- Other medications/treatments, specify:

4. Other than medication, what treatment(s) did you receive for suspected or confirmed COVID-19, or COVID-19-like symptoms? (Please mark all that apply.)

- None
- Oxygen and fluids (oxygen flowing through a mask or small nasal tube; no pressure applied)
- Non-invasive ventilation (positive pressure breathing support that pushes oxygen into your lungs through a mask; similar to a CPAP machine)
- Invasive ventilation (breathing support through a tube inserted in the throat; people are usually sedated/asleep)

Other, specify:

5. Since January 1, 2020, have you taken any of the following vitamins or supplements on a regular basis (at least 4 days a week for most months)? (Please mark all that apply.)

- No
- Vitamin C
- Vitamin D (with or without calcium)
- Omega-3 or Fish Oil
- Zinc

- Garlic
- Probiotics
- Multivitamins and minerals
- Other, specify:



6. Whether or not you had COVID-19 symptoms, have you ever been tested for an ACTIVE COVID-19 infection? This tests for virus causing infection at that time. (Do NOT include antibody tests, which are blood tests used to measure past infection with COVID-19.)

No → GO TO QUESTION 7 ON NEXT PAGE

Yes →  
(swab or  
saliva sample)

6a. Why were you tested? (Please mark all that apply.)

- I had symptoms I thought might be COVID-19
- My healthcare provider requested the test
- I was tested as part of a screening program. For example, workplace testing, pre-surgical testing, testing for travel, community testing, etc.
- I was exposed or potentially exposed to someone who had COVID-19
- I attended a mass gathering, such as a community event, protest, or rally
- Other, specify:

6b. How were the test sample(s) collected? (Please mark all that apply.)

- Swab administered by a healthcare provider or other trained person
- Self-administered swab
- Saliva (spit in a tube or cup)

6c. Have you ever had a positive test result for COVID-19 infection?

- No
  - Still waiting for results
  - Yes
- } GO TO QUESTION 7  
ON NEXT PAGE

**IF YES:**

6d. What was the date of the first positive test?

		/	2	0		
MONTH			YEAR			

6e. Was it confirmed with a second positive test?

- No, I did not have a second test
- No, second test was negative
- Still waiting for results of second test
- Yes, the second test was positive



7. Have you ever been tested for ANTIBODIES to the virus that causes COVID-19? *This tests for COVID-19 infection in the past.*

No → GO TO QUESTION 8 ON NEXT PAGE

Yes → (blood test)

7a. Have ever you had a positive result to an antibody test for COVID-19?

- No
  - Still waiting for results
  - Yes
- } GO TO QUESTION 8

**IF YES:**

7b. What was the sample collection date of the first positive antibody test?

		/	2	0		
MONTH			YEAR			



8. Since January 1, 2020, did you need evaluation for possible symptoms of breast cancer, such as a lump or unusual discharge?

No → GO TO QUESTION 9 ON NEXT PAGE

Yes →

8a. Since January 1, 2020, have you experienced any delays in having your breast symptom(s) evaluated? *Include delays in healthcare provider appointments and recommended follow-ups (ex. breast ultrasound, MRI, etc.)*

- No → GO TO QUESTION 9 ON NEXT PAGE
- Yes

8b. Approximately how many months have these been delayed IN TOTAL?

- Less than 1 month
- 1-2 months
- 3-6 months
- 7-12 months
- More than 12 months

8c. What were the reasons for the delay? *(Please mark all that apply.)*

- I wanted to avoid coronavirus exposure
- Telemedicine (phone/video appointment) was not offered or did not meet my medical needs
- Telemedicine (phone/video appointment) was offered but I declined or could not use
- Difficulty scheduling because my provider or imaging facility reduced hours or locations
- My healthcare provider's practice was closed or went out of business
- I did not have medical insurance
- Personal financial reasons
- Other, specify:

8d. Have you now received the evaluation that was previously delayed?

- No
- Yes



9. Please indicate delays or cancellations of regular health SCREENINGS or routine FOLLOW-UP exams due to the coronavirus pandemic in the table below. Please include any screening or follow-up you would normally have gotten to detect cancer recurrence or progression, or as part of “watchful waiting.”

Were any of the following REGULAR health screenings or follow-ups <u>delayed or canceled</u> because of the coronavirus pandemic?	NO	YES	a. How many months was your screening or follow-up delayed?	b. Has your delayed or canceled care been completed?
<b>Cancer Screening:</b>				
a. Breast cancer screening (Mammogram, breast MRI, other)	<input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes	<input type="radio"/> Less than 3 months <input type="radio"/> 3-6 months <input type="radio"/> 7-12 months <input type="radio"/> More than 12 months <input type="radio"/> Has not been rescheduled	<input type="radio"/> No <input type="radio"/> Yes
b. Cervical cancer screening (Pap/HPV test)	<input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes	<input type="radio"/> Less than 3 months <input type="radio"/> 3-6 months <input type="radio"/> 7-12 months <input type="radio"/> More than 12 months <input type="radio"/> Has not been rescheduled	<input type="radio"/> No <input type="radio"/> Yes
c. Colon cancer screening (Colonoscopy, sigmoidoscopy)	<input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes	<input type="radio"/> Less than 3 months <input type="radio"/> 3-6 months <input type="radio"/> 7-12 months <input type="radio"/> More than 12 months <input type="radio"/> Has not been rescheduled	<input type="radio"/> No <input type="radio"/> Yes
d. Other cancer screening (Do NOT include screening for breast, cervical, or colon cancer) Specify: <input type="text"/>	<input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes	<input type="radio"/> Less than 3 months <input type="radio"/> 3-6 months <input type="radio"/> 7-12 months <input type="radio"/> More than 12 months <input type="radio"/> Has not been rescheduled	<input type="radio"/> No <input type="radio"/> Yes
<b>Other Screening &amp; Preventive Care:</b>				
e. Physical (Screening for diabetes, high blood pressure or cholesterol; preventive care)	<input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes	<input type="radio"/> Less than 3 months <input type="radio"/> 3-6 months <input type="radio"/> 7-12 months <input type="radio"/> More than 12 months <input type="radio"/> Has not been rescheduled	<input type="radio"/> No <input type="radio"/> Yes
f. Dental visit (Cleaning, preventive care)	<input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes	<input type="radio"/> Less than 3 months <input type="radio"/> 3-6 months <input type="radio"/> 7-12 months <input type="radio"/> More than 12 months <input type="radio"/> Has not been rescheduled	<input type="radio"/> No <input type="radio"/> Yes





Were any of the following REGULAR health screenings or follow-ups <u>delayed or canceled</u> because of the coronavirus pandemic?	NO	YES	a. How many months was your screening or follow-up delayed?	b. Has your delayed or canceled care been completed?
<b>Other Screening &amp; Preventive Care (Cont.):</b>				
g. Non-cancer health screening not typically done at a physical exam ( <i>Bone scan for osteopenia/osteoporosis, etc.</i> ) Specify: <input type="text"/>	<input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes	<input type="radio"/> Less than 3 months <input type="radio"/> 3-6 months <input type="radio"/> 7-12 months <input type="radio"/> More than 12 months <input type="radio"/> Has not been rescheduled	<input type="radio"/> No <input type="radio"/> Yes
<b>Chronic Disease Management:</b>				
h. Diabetes ( <i>Disease management follow-up</i> )	<input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes	<input type="radio"/> Less than 3 months <input type="radio"/> 3-6 months <input type="radio"/> 7-12 months <input type="radio"/> More than 12 months <input type="radio"/> Has not been rescheduled	<input type="radio"/> No <input type="radio"/> Yes
i. High blood pressure ( <i>Condition management follow-up</i> )	<input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes	<input type="radio"/> Less than 3 months <input type="radio"/> 3-6 months <input type="radio"/> 7-12 months <input type="radio"/> More than 12 months <input type="radio"/> Has not been rescheduled	<input type="radio"/> No <input type="radio"/> Yes
j. Other chronic disease management ( <i>Include management of previously diagnosed cancers, respiratory conditions, etc.</i> )  Specify: <input type="text"/>	<input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes	<input type="radio"/> Less than 3 months <input type="radio"/> 3-6 months <input type="radio"/> 7-12 months <input type="radio"/> More than 12 months <input type="radio"/> Has not been rescheduled	<input type="radio"/> No <input type="radio"/> Yes
<b>Other Medical Care:</b>				
k. Other medical care you may have needed since January 1, 2020  Specify: <input type="text"/>	<input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes	<input type="radio"/> Less than 3 months <input type="radio"/> 3-6 months <input type="radio"/> 7-12 months <input type="radio"/> More than 12 months <input type="radio"/> Has not been rescheduled	<input type="radio"/> No <input type="radio"/> Yes
l. Other medical care you may have needed since January 1, 2020  Specify: <input type="text"/>	<input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes	<input type="radio"/> Less than 3 months <input type="radio"/> 3-6 months <input type="radio"/> 7-12 months <input type="radio"/> More than 12 months <input type="radio"/> Has not been rescheduled	<input type="radio"/> No <input type="radio"/> Yes



10. Since January 1, 2020, have you been under active treatment for cancer at any point? (Includes surgery, radiation therapy, chemotherapy, targeted drug therapy or immunotherapy, hormone therapy, bone marrow transplant, or stem cell transplant.)

No → GO TO QUESTION 11 ON NEXT PAGE

Yes →

10a. Were any of your treatments for cancer changed, delayed, or canceled because of the coronavirus pandemic? *By changed we mean that you were still treated for your cancer, but either the medication itself, the treatment type (ex. clinic visit for infusion changed to oral medication taken at home) or number of treatments were changed.*

- No
  - Don't know
  - Yes
- } GO TO QUESTION 11 ON NEXT PAGE

10b. Please indicate which of your treatment(s) for cancer were changed, delayed, or canceled. *(Please mark all that apply.)*

Treatment	Changed	Delayed	Canceled	Has your <u>delayed</u> or <u>canceled</u> treatment been completed?
a. Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
b. Radiation therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
c. Chemotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
d. Targeted therapies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
e. Immunotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
f. Hormone therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
g. Bone marrow transplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
h. Stem cell transplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
i. Other treatment, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes



11. Since January 1, 2020, where have you received medical care, NOT INCLUDING mental health care?  
(Please mark all that apply.)

- NA - Have not received medical care since January 1, 2020
- At a clinic or healthcare provider's office
- By telemedicine (voice only)
- By telemedicine (video: phone or computer)
- At an urgent care facility
- At an emergency room
- At a hospital, other than in the emergency room
- Other, specify:

12. Since January 1, 2020, have you sought routine or emergency mental health care?

No → GO TO QUESTION 13

- Yes, continuation of regular mental health care
- Yes, new mental health care

12a. How was your care provided? (Please mark all that apply.)

- Mental health crisis line, or "helpline"
- Visit with a provider (in-person, phone, or video/computer)
- Walk-in or emergency mental health clinic (no appointment)
- Emergency room
- Hospital in-patient

12b. Were you told you had any of the following?  
(Please mark all that apply.)

- Anxiety
- Depression
- Post-traumatic stress disorder
- Other, specify:

13. In general, do you CURRENTLY have any health problems that require you to stay at home or that greatly limit your activities?

No → GO TO QUESTION 14 ON THE NEXT PAGE

Yes →

13a. Did you have these health problems or limitations BEFORE the pandemic?

- No
- Yes



14. Since January 1, 2020, have you experienced worry or stress about your HEALTH or ACCESS TO HEALTHCARE, including your mental health/healthcare?

No → GO TO QUESTION 15

Yes →

14a. For each time period, please indicate the level of stress you experienced regarding your HEALTH or ACCESS TO HEALTHCARE (including your mental health/healthcare):

	No stress	A little stress	Moderate stress	A lot of stress
a. January 1 - March 14, 2020 <i><u>BEFORE</u> the pandemic in most places</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. March 15 - May 14, 2020 <i>Initial pandemic-related restrictions</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. May 15 - July 31, 2020 <i>Includes Memorial Day and July 4th</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. August 1 - September 30, 2020 <i>Includes Labor Day</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. October 1, 2020 - present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### ACTIVITIES, PHYSICAL DISTANCING & MASKS/FACE COVERINGS

15. For each time period, please indicate activities for which you LEFT YOUR RESIDENCE:  
(Please mark all that apply.)

Activities	Jan 1 - Mar 14, 2020 <i><u>BEFORE</u> the pandemic in most places</i>	Mar 15 - May 14, 2020 <i>Initial pandemic -related restrictions</i>	May 15 - Jul 31, 2020 <i>Includes Memorial Day and July 4th</i>	Aug 1 - Sep 30, 2020 <i>Includes Labor Day</i>	Oct 1, 2020 - present
a. I did not leave my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>IF SELECTED FOR ALL PANDEMIC PERIODS, GO TO QUESTION 16</b>					
b. I left my home to go to work, including unpaid (volunteer) work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I left my home to run essential errands ( <i>ex. groceries, pharmacy</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I left my home to seek healthcare ( <i>Please include mental healthcare</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I left my home for outdoor exercise alone or with members of my immediate household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I left my home to go to a gym, salon, or indoor restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



16. For each time period, please indicate **OUTDOOR** activities you did with people **OTHER THAN** your household members: (Please mark all that apply.)

<b>Outdoor Activities with people other than my household members</b>	<b>Jan 1 - Mar 14, 2020</b> <i>BEFORE the pandemic in most places</i>	<b>Mar 15 - May 14, 2020</b> <i>Initial pandemic -related restrictions</i>	<b>May 15 - Jul 31, 2020</b> <i>Includes Memorial Day and July 4th</i>	<b>Aug 1 - Sep 30, 2020</b> <i>Includes Labor Day</i>	<b>Oct 1, 2020 - present</b>
a. I did not socialize or gather with people outdoors except for people in my household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>IF SELECTED FOR ALL PANDEMIC PERIODS, GO TO QUESTION 18, PAGE 14</b>					
b. I socialized outdoors with a few people other than my household members, <b>staying 6 feet</b> or more from them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I socialized outdoors with a few people other than my household members and <b>did not</b> stay 6 feet from them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I attended outdoor gatherings of <b>up to 50 people</b> , <b>staying 6 feet</b> or more away from others (ex. <i>outdoor church service <u>with</u> distancing</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I attended outdoor gatherings of <b>up to 50 people</b> , and <b>did not</b> stay 6 feet away from others (ex. <i>outdoor concert <u>without</u> distancing</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I attended large outdoor gatherings of <b>more than 50 people</b> (ex. <i>large outdoor concerts, sporting events, protests, rallies</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. For each time period, please indicate **how often you wore a MASK/FACE COVERING** while you were **OUTDOORS** within (or expected to be within) 6 feet of people **not** in your household:

<b>Mask/Face covering—OUTDOORS within 6 feet</b>	<b>Always</b>	<b>Most of the time</b>	<b>Some-times</b>	<b>Rarely</b>	<b>Never</b>	<b>NA</b> I was always at least 6 feet away
a. January 1 - March 14, 2020 <i>BEFORE the pandemic in most places</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. March 15 - May 14, 2020 <i>Initial pandemic-related restrictions</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. May 15 - July 31, 2020 <i>Includes Memorial Day and July 4th</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. August 1 - September 30, 2020 <i>Includes Labor Day</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. October 1, 2020 - present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



18. For each time period, please indicate **INDOOR** activities you did with people **OTHER THAN** your household members: (Please mark all that apply.)

<b>Indoor Activities with people other than household members</b>	<b>Jan 1 - Mar 14, 2020</b> <i>BEFORE the pandemic in most places</i>	<b>Mar 15 - May 14, 2020</b> <i>Initial pandemic -related restrictions</i>	<b>May 15 - Jul 31, 2020</b> <i>Includes Memorial Day and July 4th</i>	<b>Aug 1 - Sep 30, 2020</b> <i>Includes Labor Day</i>	<b>Oct 1, 2020 - present</b>
a. I did not participate in any indoor gatherings or group activities or socialize indoors with people other than my household members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>IF SELECTED FOR ALL PANDEMIC PERIODS, GO TO QUESTION 20, PAGE 15</b>					
b. I socialized indoors with a few people other than my household members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I visited (in the same room) with someone in a nursing home or assisted living facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I participated in group activities at my independent living, assisted living, or other group living community (ex. dining, classes, social events)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I attended indoor gatherings of up to 50 people (ex. business functions, worship, weddings, funerals)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I attended large indoor gatherings of more than 50 people (ex. indoor concerts, graduations, rallies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. For each time period, please indicate how often you wore a **MASK/FACE COVERING INDOORS** when you were within (or expected to be within) 6 feet of people **not** in your household:

<b>Mask/Face covering—INDOORS within 6 feet</b>	<b>Always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>	<b>NA</b> I was always at least 6 feet away
a. January 1 - March 14, 2020 <i>BEFORE the pandemic in most places</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. March 15 - May 14, 2020 <i>Initial pandemic-related restrictions</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. May 15 - July 31, 2020 <i>Includes Memorial Day and July 4th</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. August 1 - September 30, 2020 <i>Includes Labor Day</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. October 1, 2020 - present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



20. When you wore a mask/face covering, either for personal use or at work, what types have you worn? (Please mark all that apply.)

- Respirator
- N95-type mask (NK95, N99, other)
- Surgical or medical-type mask
- Face shield (alone or with a mask/face covering)
- Dust mask
- Fabric mask with a filter inserted
- Fabric mask without a filter
- Other fabric face cover (ex. bandana)
- I did not wear a mask/face covering

21. Since the coronavirus pandemic began, have you WORKED (including volunteering) with people NOT in your household, whether at your home (ex. with clients) or elsewhere (ex. in an office with co-workers, customers, patients, students, etc.)?

No, I did not work or volunteer → **GO TO QUESTION 24 ON PAGE 19**

No, I worked/volunteered entirely remotely (no in-person contact with people other than household members) } **GO TO QUESTION 22 ON PAGE 18**

Yes, I worked/volunteered with people not in my household

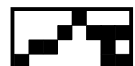


21a. Please describe the work you did during each time period:

Hours per week	Jan 1 - Mar 14, 2020 <i>BEFORE the pandemic in most places</i>	Mar 15 - May 14, 2020 <i>Initial pandemic-related restrictions</i>	May 15 - Jul 31, 2020 <i>Includes Memorial Day and July 4th</i>	Aug 1 - Sep 30, 2020 <i>Includes Labor Day</i>	Oct 1, 2020 - present
a. <b>HOURS per week</b> you worked <u>away from your home</u> with people outside your household, including volunteering	<input type="radio"/> None <input type="radio"/> 1-10 <input type="radio"/> 11-20 <input type="radio"/> 21-40 <input type="radio"/> >40	<input type="radio"/> None <input type="radio"/> 1-10 <input type="radio"/> 11-20 <input type="radio"/> 21-40 <input type="radio"/> >40	<input type="radio"/> None <input type="radio"/> 1-10 <input type="radio"/> 11-20 <input type="radio"/> 21-40 <input type="radio"/> >40	<input type="radio"/> None <input type="radio"/> 1-10 <input type="radio"/> 11-20 <input type="radio"/> 21-40 <input type="radio"/> >40	<input type="radio"/> None <input type="radio"/> 1-10 <input type="radio"/> 11-20 <input type="radio"/> 21-40 <input type="radio"/> >40
b. <b>HOURS per week</b> you worked with co-workers, clients, or the public <u>coming to your home</u> , including volunteering	<input type="radio"/> None <input type="radio"/> 1-10 <input type="radio"/> 11-20 <input type="radio"/> 21-40 <input type="radio"/> >40	<input type="radio"/> None <input type="radio"/> 1-10 <input type="radio"/> 11-20 <input type="radio"/> 21-40 <input type="radio"/> >40	<input type="radio"/> None <input type="radio"/> 1-10 <input type="radio"/> 11-20 <input type="radio"/> 21-40 <input type="radio"/> >40	<input type="radio"/> None <input type="radio"/> 1-10 <input type="radio"/> 11-20 <input type="radio"/> 21-40 <input type="radio"/> >40	<input type="radio"/> None <input type="radio"/> 1-10 <input type="radio"/> 11-20 <input type="radio"/> 21-40 <input type="radio"/> >40



21b. My work involved...	Jan 1 - Mar 14, 2020 <u>BEFORE</u> the pandemic in most places	Mar 15 - May 14, 2020 Initial pandemic -related restrictions	May 15 - Jul 31, 2020 Includes Memorial Day and July 4th	Aug 1 - Sep 30, 2020 Includes Labor Day	Oct 1, 2020 - present	NA
a. <b>Patient care for patients with <u>suspected or confirmed COVID-19</u>.</b> <i>Include patients likely to have COVID-19 based on symptoms or exposure, and patients with a positive COVID-19 test.</i>	○	○	○	○	○	○
b. <b>Patient care for patients <u>without</u> suspected or confirmed COVID-19.</b> <i>Include care at nursing homes, assisted living, home health, etc. for patients who did NOT have COVID-19 symptoms or a positive COVID-19 test.</i>	○	○	○	○	○	○
c. <b><u>Close personal contact</u> with co-workers, contractors, or clients (i.e., routinely worked within 6 feet)</b>	○	○	○	○	○	○
d. <b><u>Face-to-face</u> contact with the public (within 6 feet; ex. retail or food service)</b>	○	○	○	○	○	○
e. <b><u>Being alone in a private office</u> all or almost all of my work hours</b>	○	○	○	○	○	○





21c. For each time period, please indicate **how often you wore a MASK/FACE COVERING** when you **WORKED INDOORS** within (or expected to be within) 6 feet of people not in your household:

<b>YOU:</b> Mask/Face covering at work INDOORS within 6 feet	Always	Most of the time	Some- times	Rarely	Never	NA - Did not work indoors within 6 feet of non-household members
a. January 1 - March 14, 2020 <b>BEFORE</b> the pandemic in most places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. March 15 - May 14, 2020 Initial pandemic-related restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. May 15 - July 31, 2020 Includes Memorial Day and July 4th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. August 1 - September 30, 2020 Includes Labor Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. October 1, 2020 - present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21d. For each time period, please indicate **how often OTHERS** at your **WORKPLACE**, including co-workers, contractors, or clients wore a **MASK/FACE COVERING** when **INDOORS** within 6 feet of you:

*Do NOT include yourself, or any household members who also worked at that location during that period.*

<b>OTHERS:</b> Mask/Face covering at work INDOORS within 6 feet	Always	Most of the time	Some- times	Rarely	Never	NA - I only worked outdoors OR others were always more than 6 feet away
a. January 1 - March 14, 2020 <b>BEFORE</b> the pandemic in most places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. March 15 - May 14, 2020 Initial pandemic-related restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. May 15 - July 31, 2020 Includes Memorial Day and July 4th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. August 1 - September 30, 2020 Includes Labor Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. October 1, 2020 - present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



21e. For each time period, please indicate how often members of the PUBLIC who interacted with you (within 6 feet) at work wore a MASK/FACE COVERING:

PUBLIC: Mask/Face covering AT WORK within 6 feet	Always	Most of the time	Some- times	Rarely	Never	NA - I did not interact with the public at work
a. January 1 - March 14, 2020 <b>BEFORE</b> the pandemic in most places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. March 15 - May 14, 2020 Initial pandemic-related restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. May 15 - July 31, 2020 Includes Memorial Day and July 4th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. August 1 - September 30, 2020 Includes Labor Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. October 1, 2020 - present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21f. During the coronavirus pandemic, how often could you get the following types of PPE (personal protective equipment) FOR WORK when you needed them?

Personal Protective Equipment at Work	Always	Some- times	Never	Did not need
a. Respirator or N95-type masks, face shields, goggles, or gowns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Surgical/medical masks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Fabric face covering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Hand sanitizer, or access to convenient handwashing area/soap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Cleaning/disinfecting products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Plastic or glass barrier between myself and co-workers or the general public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Were you considered an "essential worker?"

- No
- Yes

22a. Did/does your employer provide paid or unpaid leave of any type? (Please mark all that apply.)

- No
- Yes, paid leave (ex. sick leave or vacation)
- Yes, unpaid leave, including FMLA (unpaid leave to care for self or family member)
- Self-employed
- Don't know



23. Since January 1, 2020, have you experienced worry or stress related to your WORK, including volunteering?

No → GO TO QUESTION 24

Yes →

23a. For each time period, indicate the level of stress you experienced related to your WORK:

	No stress	A little stress	Moderate stress	A lot of stress
a. January 1 - March 14, 2020 <b>BEFORE</b> the pandemic in most places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. March 15 - May 14, 2020 Initial pandemic-related restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. May 15 - July 31, 2020 Includes Memorial Day and July 4th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. August 1 - September 30, 2020 Includes Labor Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. October 1, 2020 - present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

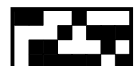
24. At the height of the pandemic, did OTHER member(s) of your household work in any of the following settings at least once a week? Remember, do not include yourself.

	No	Yes
a. In COVID-19 patient care	<input type="radio"/>	<input type="radio"/>
b. In other patient care (including nursing home, assisted living, home health, etc.)	<input type="radio"/>	<input type="radio"/>
c. In direct contact with co-workers, contractors, or clients	<input type="radio"/>	<input type="radio"/>
d. In face-to-face contact with the public (ex. retail, food service)	<input type="radio"/>	<input type="radio"/>

25. Did ANY members of your household (other than you) regularly visit in the same room with someone in a group home, nursing home, or assisted living facility? Remember, do not include yourself.

No

Yes



## FINANCES AND INSURANCE

26. PRIOR to the coronavirus pandemic, did you work FOR PAY, either from home or away from your home? *Do NOT include unpaid volunteer work.*
- Did not work for pay → **GO TO QUESTION 28**
  - Worked full-time for pay
  - Worked part-time for pay
27. How was your employment impacted by the coronavirus pandemic? *(Please mark all that apply.)*
- I worked about the same number of hours
  - I worked more hours
  - My hours were reduced
  - I was furloughed
  - I lost my job temporarily
  - I lost my job permanently
  - I quit or retired
  - NA - Employment not impacted by the coronavirus pandemic
28. Compared to before the coronavirus pandemic, how was your household income at the height of the coronavirus pandemic? It was...
- Much worse
  - Somewhat worse
  - About the same
  - Somewhat better
  - Much better
29. Compared to before the coronavirus pandemic, how is your household income NOW? It is...
- Much worse
  - Somewhat worse
  - About the same
  - Somewhat better
  - Much better
30. Please describe your CURRENT financial security compared to BEFORE the coronavirus pandemic began:
- Much worse
  - Somewhat worse
  - About the same
  - Somewhat better
  - Much better



31. PRIOR to the coronavirus pandemic, did you have health insurance? *Include private, employer, and government plans.*

- No
- Yes

32. What is your CURRENT health insurance status?

- I have health insurance
- I do not have health insurance

33. Compared to before the coronavirus pandemic, how has your health insurance changed?  
*(Please mark all that apply.)*

- No change in coverage or cost
- I have REDUCED coverage
- I have BETTER coverage
- It costs MORE
- It costs LESS

34. Since January 1, 2020, have you experienced worry or stress about your FINANCES?

No → GO TO QUESTION 35 ON NEXT PAGE

Yes →

34a. For each time period, please indicate the level of stress you experienced regarding your FINANCES:

	No stress	A little stress	Moderate stress	A lot of stress
a. January 1 - March 14, 2020 <i><u>BEFORE</u> the pandemic in most places</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. March 15 - May 14, 2020 <i>Initial pandemic-related restrictions</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. May 15 - July 31, 2020 <i>Includes Memorial Day and July 4th</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. August 1 - September 30, 2020 <i>Includes Labor Day</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. October 1, 2020 - present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## HOUSEHOLD

35. During the coronavirus pandemic:

Did you live for at least 30 days in a NURSING HOME or ASSISTED LIVING?

*Nursing homes and assisted living (including assisted living in continuing care communities) typically provide nursing care and/or assistance with medications, dressing, grooming, mobility, etc.*

No → GO TO QUESTION 36 ON NEXT PAGE

Yes



35a. Did/do you have a roommate? *Please include sharing a bedroom or a bedroom/bathroom suite with another resident.*

No → GO TO QUESTION 35d

Yes → 35b. When you were sharing a bedroom or suite with another resident, did they have suspected or confirmed COVID-19?

No

Not sure or rather not answer

} GO TO QUESTION 35d

Yes

35c. When your room/suite mate was sick with suspected or confirmed COVID-19, were either of you moved to a different room or suite?

Yes, I was moved to a different room or suite (alone or shared with someone who did not have COVID-19)

Yes, my roommate was moved to a different room or suite

No, neither one of us was moved

Not sure or rather not answer

35d. To the best of your knowledge, during the pandemic, were residents moved so that those with COVID-19 were in a different area than residents without COVID-19?

No

Not sure or rather not answer

Yes

35e. To the best of your knowledge, did any residents or staff have COVID-19?  
(Please mark all that apply.)

No

Yes, resident(s)

Yes, staff

Not sure or rather not answer



35f. To the best of your knowledge, were you exposed to COVID-19 (ex. visitors, friends, personal care staff)?

- No
- Yes
- Not sure or rather not answer

35g. Were visitors prohibited or severely restricted during the pandemic?

- No
- Yes
- Not sure or rather not answer

35h. Were common areas (dining and social facilities) closed or severely restricted during the pandemic?

- No
- Yes
- Not sure or rather not answer

35i. Have you lived in a nursing home or assisted living CONTINUOUSLY since January 1, 2020?

- Yes → **GO TO QUESTION 49 ON PAGE 29**
- No

36. During the coronavirus pandemic:

Did you live for at least 30 days in a CONTINUING CARE INDEPENDENT LIVING community or RETIREMENT COMMUNITY that provided on-site dining (required or optional meal plan) or on-site group social/recreational activities?

No → **GO TO QUESTION 37, PAGE 25**

Yes



36a. During the pandemic, which, if any, of the following shared facilities did you use?  
(Please mark all that apply.)

- Communal dining areas
- Indoor group social/recreational areas
- Indoor exercise facilities, including physical therapy area  
*Do not include physical therapy in your personal residence*
- NA - Did not use any of these



36b. During the height of the pandemic in your area, were visitors prohibited or severely restricted from visiting the community?

- No
- Yes
- Not sure

36c. What other general safety precautions were taken to protect residents from COVID-19 infection? *(Please mark all that apply.)*

- Communal dining areas closed or severely restricted
- Group social areas or activities closed/canceled or severely restricted
- Exercise and physical therapy facilities closed or severely restricted
- Residents requested/required to stay within personal residence
- Residents requested/required to stay within community
- Mask/face covering required outside personal residence
- Staff required to wear mask/face covering
- Extra cleaning in shared areas (bathrooms, lobbies, etc.)
- Medical facility closed or severely restricted
- No extra precautions

36d. To the best of your knowledge, did any residents or staff have COVID-19? *(Please mark all that apply.)*

- No
- Yes, resident(s)
- Yes, staff
- Not sure or rather not answer

36e. Have you lived in this community (or a community with similar on-site dining and group social/recreational options) continually **since January 1, 2020?**

- No
- Yes





37. Please indicate the usual number of people living in your household, including yourself, during each time period:	Usual number of people living in household <i>Remember to include yourself</i>		
a. January 1 - March 14, 2020 <b>BEFORE</b> the pandemic in most places	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> # PEOPLE		
b. March 15 - May 14, 2020 <i>Initial pandemic-related restrictions</i>	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> # PEOPLE		
c. May 15 - July 31, 2020 <i>Includes Memorial Day and July 4th</i>	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> # PEOPLE		
d. August 1 - September 30, 2020 <i>Includes Labor Day</i>	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> # PEOPLE		
e. October 1, 2020 - present	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> # PEOPLE		

38. Since January 1, 2020, what type of housing have you lived in? *If you lived in both during this time, please answer the type you lived in the longest.*

- Housing unit with separate outdoor entrance for each unit (ex. detached house/villa, townhouse)
- Building with shared indoor hallways and/or elevators (ex. apartment-style building)

39. During the height of the pandemic in your area, did anyone (who did not live with you) come into your home two or more days a week for at least 2 hours a day? (ex. for childcare, home health care)

No → GO TO QUESTION 40 ON NEXT PAGE

Yes →

	Number of days adults/children came to the house?	On average, how many different adults/children per week?			
a. Adults	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> # DAYS		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> # ADULTS		
b. Children	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> # DAYS		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> # CHILDREN		



40. Since the coronavirus pandemic began, have any of your household members had suspected or confirmed COVID-19?

No → GO TO QUESTION 41

Yes →

40a. Thinking of all of the times a household member had suspected or confirmed COVID-19, what was your highest level of caregiving?

- I was the only caregiver
- I was the primary caregiver, although others helped
- I was not the primary caregiver, but did help with care sometimes
- Others provided all care for household member(s) with COVID-19 but they were not isolated from me within the home
- The household member with COVID-19 was isolated from me within the home or away from our home

41. Since January 1, 2020, have you experienced any worry or stress due to CAREGIVING responsibilities? Include any additional caregiving during the pandemic (ex. elderly relative, grandchild, etc.).

NA - No caregiving responsibilities  
 No } GO TO QUESTION 43 ON NEXT PAGE

Yes →

41a. For each time period, indicate the level of stress you experienced due to CAREGIVING:

	No stress	A little stress	Moderate stress	A lot of stress
a. January 1 - March 14, 2020 <b>BEFORE</b> the pandemic in most places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. March 15 - May 14, 2020 Initial pandemic-related restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. May 15 - July 31, 2020 Includes Memorial Day and July 4th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. August 1 - September 30, 2020 Includes Labor Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. October 1, 2020 - present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



42. During the coronavirus pandemic, has there been a CHANGE in your caregiving responsibilities, including caregiving for people who may not live with you? (ex. elderly relative, grandchildren, etc.)

- No change
- MORE caregiving
- LESS caregiving

43. Since the coronavirus pandemic began, were you exposed to someone NOT living with you (ex. friend, family member living elsewhere, co-worker) with suspected or confirmed COVID-19?

No → GO TO QUESTION 44 ON NEXT PAGE

Yes →

43a. How many people NOT living with you with suspected or confirmed COVID-19 were you exposed to?

# PEOPLE



## TRAVEL

44. Since November 1, 2019, have you traveled outside of your state, but within the U.S. (including Puerto Rico), for one or more nights?

No → GO TO QUESTION 45

Yes →

44a. Please mark each time period you traveled outside of your state, but within the U.S. (including Puerto Rico), for one or more nights:

Nov 1 - Dec 31, 2019 <u>BEFORE</u> pandemic in U.S.	Jan 1 - Mar 14, 2020 <u>BEFORE</u> pandemic in most states	Mar 15 - May 14, 2020 <i>Initial pandemic -related restrictions</i>	May 15 - Jul 31, 2020 <i>Includes Memorial Day and July 4th</i>	Aug 1 - Sep 30, 2020 <i>Includes Labor Day</i>	Oct 1, 2020 - present
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. Since November 1, 2019, have you traveled outside of the U.S. for one or more nights?

No → GO TO QUESTION 46 ON NEXT PAGE

Yes



45a. For the time periods you traveled outside of the U.S. for one or more nights, please list any countries you traveled to:

	Nov 1 - Dec 31, 2019 <u>BEFORE</u> pandemic in U.S.	Jan 1 - Mar 14, 2020 <u>BEFORE</u> pandemic in most states	Mar 15 - May 14, 2020 <i>Initial pandemic-related restrictions</i>	May 15 - Jul 31, 2020 <i>Includes Memorial Day and July 4th</i>	Aug 1 - Sep 30, 2020 <i>Includes Labor Day</i>	Oct 1, 2020 - present
	<input type="radio"/> NA, did not travel	<input type="radio"/> NA, did not travel	<input type="radio"/> NA, did not travel	<input type="radio"/> NA, did not travel	<input type="radio"/> NA, did not travel	<input type="radio"/> NA, did not travel
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## LIFESTYLE CHANGES

46. Compared to BEFORE the coronavirus pandemic, how often do you eat the following NOW?

	More often	About as often	Less often
a. Home-cooked meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Fast food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Food from other types of restaurants, including take-out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Snack foods, such as chips, pretzels, cookies, candy, or ice cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. Compared to BEFORE the coronavirus pandemic, overall how has your diet changed?

- More healthy
- About as healthy as before
- Less healthy

48. Compared to BEFORE the coronavirus pandemic, how has your weight changed?

- Stayed within 5 pounds of your usual weight
- Gained 6-14 pounds
- Gained 15 or more pounds
- Lost 6-14 pounds
- Lost 15 or more pounds

49. Compared to BEFORE the coronavirus pandemic, in general how often are you doing the following NOW?

	More often	About the same	Less often	a. Did you do this activity before the pandemic?	
a. Spending time outdoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/> Yes
b. Attending group exercise activities/programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/> Yes
c. Exercising on my own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/> Yes
d. Spending time with family or friends (in person or from a distance through phone or video)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/> Yes
e. Spending time on hobbies (old or new)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/> Yes



50. Compared to BEFORE the coronavirus pandemic, in general how much of the following do you consume or use NOW?

	More	About the same	Less	a. Did you use before the pandemic?
a. Alcoholic beverages (including wine coolers, seltzer with alcohol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
b. Tobacco products (ex. smoking, vaping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
c. Marijuana (ex. vaping, smoking, eating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
d. Cannabidiol (CBD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
e. Recreational drugs (Do NOT include marijuana or CBD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
f. Medicine to help you sleep, either prescription or over-the-counter/non-prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
g. Anti-depressants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
h. Anti-anxiety medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
i. Narcotics, opioids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes



51. Since becoming aware of the coronavirus pandemic, how often have you...

	Almost always	Often	Some-times	Seldom	Never
a. Startled easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Had angry outbursts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Felt a sense of time slowing down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Felt a sense of time speeding up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Felt in a daze	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Had difficulty sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Had difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Had difficulty staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Tried to avoid thoughts and feelings about COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Tried to avoid reading or watching information about COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Had distressing dreams about COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Been distressed when I see something that reminds me of COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. How has the coronavirus pandemic changed your sleep quality, if at all?

- Significantly worse
- Moderately worse
- About the same
- Moderately improved
- Significantly improved

53. How has the coronavirus pandemic changed how much you sleep, if at all?

- Significantly less
- Moderately less
- About the same
- Moderately more
- Significantly more



54. During the HEIGHT of the coronavirus pandemic, how often did you take medicine (prescription or over-the-counter/non-prescription) to help you sleep?

- Never or very rarely
- Less than once a week
- Once or twice a week
- Three or more times a week

55. During the coronavirus pandemic, how often have you felt lonely?

- Never
- Seldom
- Sometimes
- Often
- Always or almost always

56. BEFORE the coronavirus pandemic, how often did you feel lonely?

- Never
- Seldom
- Sometimes
- Often
- Always or almost always





## OVERALL PANDEMIC IMPACT

The following eleven questions may seem similar to earlier questions, but they will help us to more fully understand the OVERALL impact the coronavirus pandemic has had on you and any potential for long-term health effects.

Please rate how much the coronavirus pandemic has changed your life in each of the following ways:

57. Routines (ex. work, education, social life, hobbies, religious activities):
- No change
  - Mild. Change in only one area
  - Moderate. Change in two areas
  - Severe. Change in three or more areas
58. Medical health care access:
- No change
  - Mild. Appointments moved to telehealth
  - Moderate. Delays or cancellations in appointments or delays in getting prescriptions; changes have had minimal impact on health
  - Severe. Unable to access needed care resulting in moderate to severe impact on health
59. Mental health treatment access:
- No change
  - Mild. Appointments moved to telehealth
  - Moderate. Delays or cancellations in appointments or delays in getting prescriptions; changes have had minimal impact on mental health
  - Severe. Unable to access needed care resulting in severe risk or significant impact on mental health
60. Family Income/Employment:
- No change
  - Mild. Small change; able to meet all needs and pay bills
  - Moderate. Having to make cuts but able to meet basic needs and pay bills
  - Severe. Unable to meet basic needs or pay bills



61. Food Access:
- No change
  - Mild. Enough food but difficulty getting to stores or finding needed items
  - Moderate. Occasionally without enough food or good quality (ex. healthy) foods
  - Severe. Frequently without enough food or good quality (ex. healthy) foods
62. Access to extended family and non-family social supports:
- No change
  - Mild. Continued visits with social distancing, regular phone calls, video calls, or social media contacts
  - Moderate. Loss of in-person and remote contact with a few people, but not all supports
  - Severe. Loss of in-person and remote contact with all or almost all supports
63. Experiences of stress related to coronavirus pandemic:
- None
  - Mild. Occasional worries or minor stress-related symptoms such as feeling a little anxious, sad, or angry; mild/rare trouble sleeping
  - Moderate. Frequent worries or moderate stress-related symptoms such as feeling moderately anxious, sad, or angry; moderate/occasional trouble sleeping
  - Severe. Persistent worries or severe stress-related symptoms such as feeling extremely anxious, sad, or angry; severe/frequent trouble sleeping
64. Stress and discord in the family:
- None
  - Mild. Family members occasionally short-tempered with one another; no physical violence
  - Moderate. Family members frequently short-tempered with one another or children in the home getting in physical fights with one another
  - Severe. Family members frequently short-tempered with one another and adults in the home throwing things at one another, knocking over furniture, or hitting or harming one another
65. Personal diagnosis of suspected or confirmed coronavirus infection (COVID-19):
- None. I did not have COVID-19
  - Mild. My symptoms were effectively managed at home
  - Moderate. My symptoms were severe and required brief hospitalization
  - Severe. My symptoms were severe and required ventilation



66. Number of immediate family members (parents, spouse/partner, siblings, etc.) diagnosed with coronavirus infection (COVID-19):

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 # FAMILY MEMBERS

(IF NONE, ENTER '00' AND  
GO TO QUESTION 67)

66a. Rate the symptoms of the person who was most sick:

- Mild. Symptoms were effectively managed at home
- Moderate. Symptoms were severe and required brief hospitalization
- Severe. Symptoms were severe and required ventilation
- Immediate family member died of coronavirus infection (COVID-19)

67. Number of extended family member(s) and/or close friend(s) diagnosed with coronavirus infection (COVID-19):

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 # EXTENDED FAMILY MEMBERS/CLOSE FRIENDS

(IF NONE, ENTER '00' AND GO TO  
QUESTION 68 ON NEXT PAGE)

67a. Rate the symptoms of the person who was most sick:

- Mild. Symptoms were effectively managed at home
- Moderate. Symptoms were severe and required brief hospitalization
- Severe. Symptoms were severe and required ventilation
- Extended family member and/or close friend died of coronavirus infection (COVID-19)



## IMPACT OF OTHER CURRENT EVENTS

During the pandemic, other widespread current events may have affected your level of stress. We would like to know how these may have affected you.

68. Have you experienced worry or stress related to CHANGES in the national ECONOMY since the pandemic began?

No → GO TO QUESTION 69 ON NEXT PAGE

Yes →

68a. For each time period, please indicate the level of stress you experienced regarding changes in the national economy:

	No stress	A little stress	Moderate stress	A lot of stress
a. January 1 - March 14, 2020 <b>BEFORE</b> the pandemic in most places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. March 15 - May 14, 2020 Initial pandemic-related restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. May 15 - July 31, 2020 Includes Memorial Day and July 4th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. August 1 - September 30, 2020 Includes Labor Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. October 1, 2020 - present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



During the coronavirus pandemic, the increased attention to racially-motivated violence against Black people and the resulting Black Lives Matter/anti-racism movement in 2020 may have been an added source of stress.

69. Have you experienced worry or stress related to racially-motivated violence, and/or the Black Lives Matter/anti-racism movement? *For reference, the protests/counter-protests related to the George Floyd killing in Minneapolis occurred Memorial Day weekend 2020.*

- Don't know or rather not answer
- No

} GO TO QUESTION 70

Yes →

69a. For each time period, indicate the level of stress you experienced related to racially-motivated violence, and/or the Black Lives Matter/anti-racism movement:

	No stress	A little stress	Moderate stress	A lot of stress
a. January 1 - March 14, 2020 <b>BEFORE</b> the pandemic in most places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. March 15 - May 14, 2020 Initial pandemic-related restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. May 15 - July 31, 2020 Includes Memorial Day and July 4th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. August 1 - September 30, 2020 Includes Labor Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. October 1, 2020 - present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70. During the height of the Black Lives Matter/anti-racism protests in 2020, how worried/concerned were you about the following:

	Not at all	Some-what	Very	Don't know or rather not answer
a. My personal health, well-being, and safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The health, well-being, and safety of my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The health, well-being, and safety of my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The health, well-being, and safety of my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The health, well-being, and safety of the country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



71. In general, how have these events affected how optimistic you feel about the future? I feel:

- Less optimistic
- About the same
- More optimistic

72. Is there anything else you would like to tell us about how the coronavirus pandemic or the response to the pandemic has impacted your life?

Today's Date:

		/			/	2	0		
MONTH			DAY			YEAR			

Please check to see that all questions are answered.

Thank you for completing this questionnaire and for your continued participation in the Sister Study.

Please mail this form to us at the address below.  
A postage-paid envelope is provided.

The Sister Study, 4505 Emperor Blvd, Suite 400, Durham, NC 27703  
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