

COVID-19 Outbreak Impact

1. Which of the following situations apply to you and your family? (check all that apply)

- Mandated quarantine by medical professional due to confirmed/suspected case
- Voluntary quarantine due to confirmed/suspected case
- Voluntary quarantine due to fear of exposure
- Stay-in-order by local government (i.e. only permitted outdoors for essential purposes)
- Local government and/or employer urging (but not requiring) people to stay home
- No restrictions currently

2. Do you agree with the restrictions recommended or required by your local and national government?

- I think the restrictions are too lax
- I think the restrictions are too strict
- I think the restrictions are good

3. Which of the following behaviors are you restricting on purpose (you decided to do these things less)?
(check all that apply)

- In-person contact with family inside the home (i.e. you have decided to stay separate from one or more members of your household)
- In-person contact with those living outside your home
- Cancellation of family or personal travel
- Family activities in outdoor spaces (e.g., beaches, forests, national parks)
- Family activities in public spaces (e.g., museums, playgrounds, theatres)

4. What are you doing to cope with your stress related to the COVID-19 outbreak? (check all that apply)

- Getting a good night's sleep
- Meditation and/or mindfulness practices
- Talking with friends and family
- Engaging in more family activities (e.g., games, sports)
- Talking to mental health care professionals (e.g., therapists, psychologists)
- Increased screen time (i.e. gaming, binge watching shows)
- Increased time on social media (Facebook, Instagram and other)
- Increased time reading or watching the news
- Eating comfort foods (e.g., candy and chips)
- Eating healthier
- Increased self-care (e.g., taking baths, giving self a facial)
- Increased time reading books, or doing activities like puzzles and crosswords
- Exercising
- Drinking alcohol
- Using tobacco (i.e. smoking, vaping)
- Using marijuana (i.e. smoking, vaping, eating)
- Helping others
- None

5. Have you tested positive for COVID?
6. Has anyone in your home tested positive for COVID?
7. Have you been in contact with someone who has tested positive for COVID-19?
8. Would like to be tested for COVID-19 but have not been able to get tested? (Y/N)
9. How many people do you know who have become ill with COVID-19 and tested positive?
10. How many people do you know who have become ill and you suspect COVID?
11. In general, what is the level of distress you have experienced due to COVID-19 related symptoms or potential exposures you have had? From 0 = nothing to 10 = extreme
12. In general, what is the level of distress you have experienced due to COVID-19 related symptoms or potential exposures your family and friends have had? From 0 = nothing to 10 = extreme
13. What is the level of distress you have experienced due to the employment and financial impacts of the COVID-19 outbreak? From 0 = nothing to 10 = extreme
14. Do you feel you have adequate Social support during the COVID-19 outbreak?
15. Overall level of impact to your daily life due to the COVID-19 outbreak: From 0 = nothing to 10 = extreme
16. Overall level of stress related to the COVID-19 outbreak: From 0 = nothing to 10 = extreme
17. What is the single greatest source of stress due to the COVID-19 outbreak right now? (check only one)
 - Health concerns
 - Financial concerns
 - Impact on your child
 - Impact on your community
 - Impact on family members (e.g. elderly parents)
 - Impact on close friends
 - Access to food
 - Access to baby supplies (e.g. formula, diapers, wipes)
 - Access to mental health care
 - General well-being due to social distancing and/or quarantine
 - Stress about other (open field)
 - I am not stressed

Demographics and health history

1. What is your age?

2. What is the highest level of education that you have completed?

- 7th - 9th Grade
- 10th – 12th Grade
- High School Degree/GED
- Trade school/apprenticeship
- College Degree
- Graduate Degree

3. Which best describes you?

- Single
- Partnered/Married
- Divorced/Separated
- Widowed

4. What type of employment do you have?

- Working full-time. What is your job title?
- Working part-time What is your job title?
- Student
- Unemployed
- Stay at home caregiver
- Retired
- Other

5. What is your job title?

6. Are you working from home?

7. If no, how many days a week are you going to work?

8. How many people currently live in your home (including self)?

Number of children _____

Number of adults _____

9. Do you have access to privacy in the home? (y/n)

10. Do you have access to private outdoor space (i.e. yard)? (y/n)

11. Do you have access to public green spaces? (y/n)

12. Do you have history of any of the following medical conditions? (check all that apply)

- Respiratory problems (e.g., Asthma, Tuberculosis)
- Diabetes
- Heart disease or hypertension
- Lung disease
- Liver disease
- Cancer

- A disease compromising the immune system
- Mood and/or anxiety disorder
- Other; please indicate:

13. Please indicate which of the following you have used in the past week (check all that apply)

- Cigarettes or cigars,
- Vaping, e-cigarettes
- Alcohol
- Marijuana
- Prescription antidepressants (e.g., Prozac, Zoloft, Celexa)
- Prescription opioids (e.g., pain medications)
- Illicit drugs

14. What is your RACE/ETHNICITY? Please select all that apply. Please select other if you do not identify with any of these.

- ☐ Black or African American
- ☐ Native American/ Alaska Native
- ☐ Native Hawaiian/ Pacific Islander
- ☐ Asian
- ☐ Hispanic/Latin
- ☐ White
- ☐ Other _____
- ☐ Decline to answer

15. During the LAST year, what was the total income of your household from all sources before taxes and other deductions? Your best guess is fine. (NOTE: This is confidential information and your name is not connected to this data.)

- ☐ Less than \$10,000
- ☐ \$10,000 to \$50,000
- ☐ \$50,000 to \$100,000
- ☐ \$100,000 to \$300,000
- ☐ Greater than \$300,000

16. In the future, as the outbreak is tracked, it may be useful to know what neighborhood you live in. Please provide your city and closest intersection crossroad

Zip code/Postal code

State:

City:

Nearest intersection:

(optional response)