1. Currently, what is your household's greatest need? _____

2. Which of the following did you stop or limit because of the COVID-19 outbreak? (*Mark all that apply*)

    1 ❑ In-person contact with people inside the home (that is, you are quarantined separately from one or more family or household members)

    2 ❑ In-person contact with family who live outside the home

    3 ❑ In-person contact with friends

    4 ❑ In-person contact at workplace or school

    5 ❑ In-person events in the community, including religious events

    0 ❑ None of these apply

3. ***[If there is 0-4, 5-11, or 12-17 year olds in household]*** How has the COVID-19 outbreak affected your child's day care or schooling? (*Mark all that apply*)

    0 ❑ Not applicable – I do not have a child in childcare.

    1 ❑ I have had difficulty arranging for childcare.

    2 ❑ I have had to pay more for childcare.

    3 ❑ My partner/spouse or I had to change our work schedule to care for our children ourselves.

    4 ❑ My regular childcare has not been affected by the COVID-19 outbreak.

    5 ❑ Childcare was closed

    6 ❑ Previous childcare is continuing

    7 ❑ School was closed but classes are being held virtually (over the internet)

    8 ❑ School was closed but classes are not being held

    9 ❑ School was closed and child (or children) is (are) being homeschooled

    10 ❑ Grandparents or other family members have been providing childcare

4. Since the outbreak of COVID-19, did you experience problems with (*Mark all that apply*)

    1 ❑ Access to food

    2 ❑ Access to baby supplies (e.g. formula, diapers, wipes)

3 ☐ Access to personal care products or household supplies

4 ☐ Access to medical care, including mental health care

5 ☐ Access to pet supplies and vet care

6 ☐ Loss of contact with people because of 'social distancing' or being quarantined

7 ☐ Was not able to be with ill friends or relatives because they were hospitalized

5. What are your greatest concerns about the COVID-19 outbreak? (*Mark all that apply*)

1 ☐ Fear or anxiety about getting COVID-19

2 ☐ Fear or anxiety about family or other household members getting COVID-19

    a. *[If yes]* In your household, is anyone immune-compromised due to a chronic health condition?

        1 ☐ Yes   0 ☐ No

    b. *[If yes]* In your household, is anyone immune-suppressed due to chemotherapy or a drug that suppresses immune responses?

        1 ☐ Yes   0 ☐ No

3 ☐ Physical Health concerns

4 ☐ Financial concerns

5 ☐ Impact on work or source of income

6 ☐ Impact on your community

7 ☐ Impact on the economy

8 ☐ Impact on your child or children

    [If yes]

    1, ☐ their education

    2, ☐ their happiness

16 ☐ Fear of getting fired for not returning to work (when sick)

17 ☐ Fear of losing your health insurance due to job changes

18 ☐ Fear of not being able to pay medical or medication bills

14 ☐ Other [specify:] _____

15 ☐ No concerns about the COVID-19 outbreak

6. Currently, what do you miss most since the COVID-19 outbreak?

_____

7a. Outside of your work environment, in your personal life, in which months have you done the following: 1 ☐ Wash with soap or sanitize hands frequently 2 ☐ Wear a mask when out in public (e.g., shopping) or in places where there are other people

3 ☐ Do what I can to maintain a 6-foot physical distancing

    4 ☐ Regularly clean frequently touched surfaces (ex: doorknobs, light switches) and things that you touch

1, January, 2020 2, February, 2020 3, March, 2020 4, April, 2020 5, May, 2020 6, June, 2020 7, July, 2020 8, August, 2020 9, September, 2020 10, October, 2020 11, November, 2020 12, December, 2020

7b. Do the other members of your household do this?
Wash with soap or sanitize hands frequently
     1 ☐Yes   0 ☐No   3 ☐N/A

Wear a mask when out in public (e.g., shopping) or in places where there are other people
     1 ☐Yes   0 ☐No   3 ☐N/A

Do what they can to maintain a 6-foot physical distancing
     1 ☐Yes   0 ☐No   3 ☐N/A

Clean surfaces and things that they touch
     1 ☐Yes   0 ☐No   3 ☐N/A

Some of the following questions might trigger some strong emotions. If you begin to feel upset and need to stop, you should feel free to stop at any point.

8a. Since becoming aware of the COVID-19 outbreak, how often have you…

	Not at all	Occasionally	Some-times	Often/ Very Often
a. Felt happy and satisfied with your life				
b. Had difficulty sleeping (falling or staying asleep)				
c. Startled easily				
d. Had angry outbursts				
e. Felt a sense of time slowing down / timelessness				
f. Wanted to help those in need but could not figure out how				
g. Felt in a daze / not your usual self				
h. Felt closer to other household members				
8b. Since becoming aware of the COVID-19 outbreak, how often have you…				
i. Been more impatient with family or other household members				
j Felt closer to friends				
k. Tried to avoid thoughts and feelings about COVID-19				
l. Tried to avoid reading or watching information about COVID-19				
m. Been unable to stop searching for more information about COVID-19 and the pandemic				

n. Had distressing dreams				
o. Been distressed when you see something that reminds you of COVID-19				
p. Felt you were losing touch with friends				
q. Enjoyed spending time outdoors				
r. Felt closer to family who live elsewhere because of more frequent use of media to connect				

9. How much of a threat do you believe COVID-19 poses to you and your family?
(1 = no threat, 10 = extreme threat)
1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Contains items 57-65 from "SECTION D: Changes to your life since COVID-19" and was renumbered from the full document "Survey for Workers"