

Community Interventions Questions

10. In the last 7 days, have you:

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|--|---|--|---|
| <input type="checkbox"/> Gone out to a restaurant, bar, club or other place where people gather? | <input type="checkbox"/> Visited with older friends, relatives or neighbors? Older =60 years old or older | <input type="checkbox"/> Gone to the grocery store or pharmacy? | <input type="checkbox"/> Gone to a friend, neighbor or relative's house (that is not your own)? |
| <input type="checkbox"/> Had more than 10 friends, neighbors or relatives over to your house? | <input type="checkbox"/> Gone to a family gathering where there were more than 10 people such as a reunion, wedding, funeral, birthday party? | <input type="checkbox"/> Gone to a gathering of friends where there were more than 10 people such as a party, wedding, or concert? | <input type="checkbox"/> Gone to a faith based gathering such as a church, synagogue, temple or mosque? |

Starting today, for how long would you be willing to engage in the following behaviors?

	Less than a month	1 month	2-3 months	4 months or more
11. Avoid going out to a restaurant, bar or club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Avoid visiting with older (60 years +) family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Avoid visiting with other older (60 years +) adults such as friends or neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Avoid going to a family gathering like a birthday party or wedding or funeral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Avoid going to a social gathering with friends, peer or coworkers (not including relatives)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Avoid going to a faith based gathering such as a church, synagogue, temple or mosque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. In the past seven days, have you?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Cleaned high touch surfaces in the home like door handles, faucets, and remote controls? | <input type="checkbox"/> Cleaned high touch electronics like your smart phone, computer, tablet or laptop? | <input type="checkbox"/> Increased handwashing frequency after being in public? | <input type="checkbox"/> Increased your use of alcohol-based hand sanitizer? |
| <input type="checkbox"/> Been able to find cleaning wipes | <input type="checkbox"/> Been able to find cleaning supplies like Clorox | <input type="checkbox"/> Been able to find soap | <input type="checkbox"/> Been able to find alcohol-based hand sanitizer |

18. [For employed persons] How has the COVID-19 outbreak affected you in the past two weeks

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|--|--|---|---|
| <input type="checkbox"/> Worked remotely or from home more than you usually do | <input type="checkbox"/> Worked more hours than usual | <input type="checkbox"/> Worked reduced hours | <input type="checkbox"/> Was not able to work |
| <input type="checkbox"/> Had difficulty arranging for childcare | <input type="checkbox"/> Incurred increased costs for childcare expenses | <input type="checkbox"/> Income or pay has been reduced | <input type="checkbox"/> Not paid at all |
| <input type="checkbox"/> Had serious financial problems | | | |

19. I believe I can protect myself from COVID-19

- Yes No Unsure (or don't know)

20. I believe I can protect others from COVID-19

- Yes No Unsure (or don't know)