

3. How concerned are you about the covid-19 pandemic?

- Not at all Somewhat concerned Very concerned

4. Which of the following have you done in the last several days to keep yourself safe from coronavirus (in addition to what you normally do)? (Mark all that apply)

- | | |
|--|--|
| <input type="radio"/> Cancelled a doctor's (or other health care) appointment | <input type="radio"/> Stockpiled food/Water |
| <input type="radio"/> Visited a doctor (or other health care provider) in person | <input type="radio"/> Prayed |
| <input type="radio"/> Had a "telehealth visit" with a doctor or other health care provider | <input type="radio"/> Avoided public places/crowds |
| <input type="radio"/> Worn a face mask | <input type="radio"/> Avoided in-person contact with high-risk people |
| <input type="radio"/> Washed/Sanitized hands | <input type="radio"/> Avoided in-person contact with friends or family |
| <input type="radio"/> Worked or studied at home | <input type="radio"/> Isolation from other person(s) who lives with me |
| <input type="radio"/> Cancelled/postponed work or school Activities | <input type="radio"/> Cancelled/postponed travel |
| <input type="radio"/> Other: _____ | <input type="radio"/> I am not taking any of these steps |

5. Which of the following new actions are you taking to help your family, friends or your community respond to the covid-19 pandemic and social distancing rules? (Mark all that apply)

- | | |
|---|---|
| <input type="radio"/> Getting food or medicine for neighbors | <input type="radio"/> Providing childcare |
| <input type="radio"/> Donating blood | <input type="radio"/> Other: _____ |
| <input type="radio"/> Donating money | <input type="radio"/> I am not taking any new actions |
| <input type="radio"/> Contacting friends or family to keep in touch | |

6. Compared to the months before the outbreak began, how has the frequency of your communication with close friends and family changed?

- I communicate with them more often than before
 I communicate with them about the same as before
 I communicate with them less often than before

7. How are you continuing to stay in touch with others? (Mark all that apply)

- | | | | |
|--|--|--|--------------------------------|
| <input type="radio"/> Speaking in person | <input type="radio"/> With phone calls | <input type="radio"/> With video calls | <input type="radio"/> By email |
| <input type="radio"/> By social media | <input type="radio"/> By postal mail | <input type="radio"/> Other: _____ | |

8. How often are you communicating with others?

- Daily Several times per week Once per week 1-2 times per month Rarely or never

9. Before any social distancing rules went into place, did you have regular contact with young children (elementary school age or younger)?

- Yes No I'm not sure



a. How often would you see young children?
 Daily Several times per week Once per week 1-2 times per month

10. How much has your sleep been interrupted or disturbed because of concern about the outbreak?

- Not at all Somewhat A lot

11. Who is providing you with social support during the outbreak? (Mark all that apply)

- Someone I live with Other: _____
 Friend or family who comes by my place I do not have support
 Friend or family who I talk with on the phone (or video chat)

12. How much difficulty do you have obtaining the food that you need because of the covid-19 pandemic or social distancing rules?

- None Some Much Unable or very difficult

13. How much difficulty do you have obtaining the medicine that you need because of the covid-19 pandemic or social distancing rules?

- None Some Much Unable or very difficult

14. How much difficulty do you have with getting routine medical care that you need because of the covid-19 pandemic or social distancing rules?

- None Some Much Unable or very difficult

15. How often do you feel that you lack companionship?

- Hardly ever Some of the time Often

16. How often do you feel left out?

- Hardly ever Some of the time Often

17. How often do you feel isolated from others?

- Hardly ever Some of the time Often