

Q1.	How concerned do you feel about COVID? <i>[Stanford Q1 modified]. Would you say... (read responses):</i>	Not at all concerned A little concerned Moderately concerned Very concerned DK/Ref
Q2.	Have you or anyone in your household been diagnosed with COVID? (Positive test, or told by medical provider they probably are positive) By household, we mean anyone living with you.	No .....1 (skip to Q3) Yes .....2 DK/Ref

	a. [show if yes to Q2] How were you/your household member/s tested for COVID?	No.....1, but told I have Yes.....2 tested, <b>Please describe</b> DK/Ref
	b. [show if yes to Q2] Are you/were your household member/s able to get medical help for COVID? ( <i>Describe</i> )	No .....1 <b>Please describe</b> Yes .....2 <b>Please describe</b> DK/Ref
Q3.	Have you or anyone in your household been concerned about having COVID but have not been able to get tested?	No .....1(skip to Q4) Yes .....2 DK/Ref
	a. [show if yes to Q3] Please describe your experience trying to get tested.	<b>Describe</b> DK/Ref
Q4.	Due to the COVID pandemic, have you or other members of your household experienced difficulties with any of the following things? I am going to list off several items, please tell me yes or no for each item. ( <i>read items in random order</i> ) [Stanford Q44; Select all that apply]	Reduced wages, work hours or lost job .....Yes/No/DK/Ref (show Q5)  Childcare access ..... Yes/No/DK/Ref Getting food..... Yes/No/DK/Ref  Housing..... Yes/No/DK/Ref (show Q6) Transportation..... Yes/No/DK/Ref (show Q7)  Getting hand sanitizer or cleaning supplies... Yes/No/DK/Ref  Getting medications, accessing healthcare or paying for medical expenses.....Yes/No/DK/Ref (show Q8)  Getting physical activity .....Yes/No/DK/Ref (show Q9)  Other: _____ Yes/No/DK/Ref
Q5	[Show if reduced wages/hours or lost job] Have you applied for paid sick leave or wage replacement, or unemployment benefits?	No .....1 Yes.....2 DK/Ref
	a. [show if yes to Q5] How did you learn about this? ( <i>probe with paid sick leave or wage replacement or unemployment benefits if needed</i> )	<b>Describe</b> DK/Ref
Q6	[Show if experienced difficulty with housing] Has COVID affected your family's ability pay rent or mortgage payments?	No.....1 Yes.....2 <b>How have you dealt with this?</b> DK/Ref
	a. [Show if yes to Q6] Did you need to stop making payments at any time?	No.....1 Yes.....2 <b>Please describe</b> _____ DK /Ref

	b. [Show if yes to Q6a] Housing protections have been put in place that prevent families from being evicted during the pandemic if they cannot make their rent or mortgage payments. Have these helped keep you and your family from being evicted?	No.....1 <b>Please describe</b> _____ Yes.....2 <b>Please describe</b> _____ DK/Ref
Q7	[Show if experienced difficulty accessing transportation] How has COVID affected your family's ability to access transportation when needed?	<b>Describe</b> _____ <b>How have you dealt with this?</b>  DK/Ref
Q8	[Show if experienced difficulty paying for medical expenses /getting medications/ accessing healthcare] How has COVID affected your family's ability to get medications?	<b>Describe</b> _____ <b>How have you dealt with this?</b>  DK/Ref
Q9	[Show if experienced difficulty getting physical activity] How has COVID affected your family's ability to get physical activity?	<b>Describe</b> _____ <b>How have you dealt with this?</b>  DK/Ref
Q10	Schools and many childcare facilities have been closed due to COVID. Has this impacted your family?	No.....1 Yes .....2 DK/Ref
	a. [Show if yes to Q10] Have you had difficulty taking care of children at home?	No.....1 Yes.....2 DK/Ref
	b. [show if yes to Q10] How have you dealt with care for your children during this time?	<b>Describe</b> DK/Ref
Q11	Do you have any children that were receiving meals from school right before the COVID pandemic began?	No.....1 Yes.....2 DK/Ref
	a. Have you received school meals and/or Pandemic EBT during the COVID pandemic?	No.....1 Yes, Both Yes, Meals Yes, Pandemic EBT DK/Ref
	b.[Show if Yes, Pandemic EBT or both] Has receiving pandemic EBT helped your family?	No.....1 <b>Why not?</b> Yes.....2 <b>How so?</b> DK/Ref

	c. [Show if yes to Q11a meals/both] How satisfied are you with the school meal program during the COVID pandemic? Would you say... <i>(read responses)</i> :	Very satisfied Somewhat satisfied Somewhat unsatisfied Very unsatisfied DK/Ref
	d. [Show if yes to Q11a meals/both] What would make the school meals work better for you during the COVID pandemic?	<b>Describe</b> DK/Ref
Q12	Do you have any children that were receiving free meals from childcare right before the COVID pandemic began?	No.....1 Yes.....2 DK/Ref
	a. [Show if yes to Q12] Have you continued to receive childcare meals during the COVID pandemic?	No.....1 Yes.....2 <b>Please describe</b> _____ DK /Ref
	b. [show if yes to Q12a] How satisfied are you with the childcare meal program during the COVID pandemic? Would you say... <i>(read responses)</i> :	Very satisfied Somewhat satisfied Somewhat unsatisfied Very unsatisfied DK/Ref
	c. [Show if yes to Q12] What would make the childcare meals work better for you during the COVID pandemic?	<b>Describe</b> DK/Ref

Contains items 1-12 (section "COVID Impacts") from the full document "COVID-19 Documenting Challenges Faced by California Families with Children 0-5 Years Old on WIC"