

COVID19 IMPACT AND BARRIERS TO SELF-ISOLATION

To be read to the participant: *THE NEXT QUESTIONS ARE ABOUT HOW COVID19 AND THE RELATED PUBLIC HEALTH MEASURES, SUCH AS SOCIAL DISTANCING AND “SHELTER IN PLACE” HAVE IMPACTED YOUR DAY-TO-DAY LIFE*

Question	Instructions/Response
<p>1.What are your main sources for information about coronavirus? (check all that apply)</p>	<p>Brochures, pamphlets Community organization Family Friends Co-Workers My doctor/health provider Department of Public Health Government officials: __city, __state, __federal Internet Library Magazines Social Media; which platforms? _____ TV news (including on-line); which ones? _____ Newspapers (including on-line); which ones? _____ Radio (including on-line); which ones? _____ Other _____</p>

<p>2.What sources, or who, do you trust the most for information about coronavirus? (check all that apply)</p>	<p>Brochures, pamphlets Community organization Family Friends Co-Workers My doctor/health provider Department of Public Health Government officials: __city, __state, __federal Internet Library Magazines Social Media; which platforms? _____ TV news (including on-line); which ones? _____ Newspapers (including on-line); which ones? _____ Radio (including on-line); which ones? _____ Other _____</p>
--	---

<p>3. Which of the following, if any, do you feel the ongoing pandemic and the social distancing recommendations have negatively affected for you personally? (check all that apply) - from KP Survey</p>	<p>1 Your emotional and mental health 2 Your ability to pay your rent or mortgage 3 Your ability to maintain your job 4 Your ability to access healthy food 5 Your ability to pay for medical care, including prescriptions 6 Your transportation needs 7 Your child or elder care coverage 8 Your ability to pay bills 9 Something else _____ 10 Not negatively affected by the coronavirus</p> <p>98. (DO NOT READ) DON'T KNOW 99. (DO NOT READ) REFUSED</p>
<p>4. What would you say is your biggest concern about money right now?</p>	<p>Ability to pay for:</p> <p><input type="checkbox"/> Food (1) <input type="checkbox"/> Rent or mortgage (2) <input type="checkbox"/> Medical bills or medicine (3) <input type="checkbox"/> Utilities (like heating (4) <input type="checkbox"/> Childcare/ elder care (5) <input type="checkbox"/> I don't have any financial concerns (6) <input type="checkbox"/> DON'T KNOW (88) <input type="checkbox"/> REFUSED (99)</p>
<p>5. Thinking about the future, over the next 3 months, because of coronavirus pandemic, how challenging will it be to make ends meet?</p>	<p><input type="checkbox"/> A LOT more challenging than usual (1) <input type="checkbox"/> A LITTLE more challenging than usual (2) <input type="checkbox"/> NO more challenging than usual (3) <input type="checkbox"/> DON'T KNOW (88) <input type="checkbox"/> REFUSED (99)</p>
<p>6. How much, if at all, has physically distancing yourself from others due to the coronavirus pandemic negatively affected your emotional or mental health? - from KP Survey</p>	<p>1 A lot 2 Some 3 Just a little 4 Not at all 5 Have not been physically distancing myself from others</p> <p>98. (DO NOT READ) DON'T KNOW 99. (DO NOT READ) REFUSED</p>
<p>7a. In the past two weeks, about how many times have you left your house and been around or interacted with individuals not in your household? (Meaning less than 6 feet for greater than 5 minutes of other people)</p>	<p><input type="checkbox"/> multiple times per day <input type="checkbox"/> once a week <input type="checkbox"/> 1-3 times per week <input type="checkbox"/> Once a week <input type="checkbox"/> < than once a week</p>
<p>7b. What were some of the reasons? (mark all that apply)</p>	<p><input type="checkbox"/> Exercise <input type="checkbox"/> Travel on public transit <input type="checkbox"/> Social gathering (includes prayer, group worship, religion, weddings, and funerals)</p>

	<input type="checkbox"/> Employment/Job <input type="checkbox"/> Groceries <input type="checkbox"/> Medication pick-up/going to pharmacy <input type="checkbox"/> Childcare/elder care <input type="checkbox"/> Medical Care <input type="checkbox"/> Other
<p>8. How effective do you think the following actions are for keeping you safe from coronavirus? (4-scale likert + unsure: Very ineffective, somewhat ineffective, somewhat effective, very effective, unsure)</p>	<p>Wearing a face mask Praying Washing your hands with soap or using hand sanitizer frequently Seeing a doctor if you feel sick. Seeing a doctor if you feel healthy but worry that you were exposed Avoiding public spaces, gatherings, and crowds. Avoiding contact with people who could be high-risk. Avoiding hospitals and clinics. Avoiding restaurants. Avoiding airplanes</p>
<p>9. How safe or unsafe do you think the following actions are for avoiding exposure to coronavirus? (4-scale likert + unsure: Very unsafe, somewhat unsafe, somewhat safe, very safe, unsure)</p>	<p>Grocery shopping Attending gatherings of more than 100 people Going to the hospital Dining in at restaurants Eating “take-out” meals from restaurants Visiting with relatives or friends in their home Handling packages that have been delivered Playing on playground equipment Touching door knobs, countertops, and other surfaces in your home Interacting closely with other members of your household Going outside to walk, hike, or exercise</p>
<p>10. Do you personally know anyone who has become sick from the coronavirus?</p>	<p>Yes No</p>
<p>If yes, who (select all that apply):- from KP Survey</p>	<p>1 Me personally (SKIP TO ? 12) 2 A family member 3 A close friend 4 An acquaintance or coworker 5 Someone else 6 No, do not personally know anyone who has become sick</p> <p>98. (DO NOT READ) DON'T KNOW 99. (DO NOT READ) REFUSED</p>
<p>12a. If you had to, what are reasons that would make it challenging for you to self-quarantine/ isolate right now? (For each answer, select: “Yes that would be a challenge”, “No” that that would not be a challenge , “Maybe” it would be a challenge)</p> <p>Definition of self-quarantine: ability to stay home for 14 days and isolate from other household members (including children), not leave home, even for essential needs such as food and medications (drop-off deliveries ok).</p>	<p><input type="checkbox"/> Coronavirus is not that big of a deal <input type="checkbox"/> I don't want to be alone <input type="checkbox"/> Fear of people finding out I have coronavirus <input type="checkbox"/> Fear of getting really sick <input type="checkbox"/> Access to phone or way to communicate with others <input type="checkbox"/> I don't have stable housing <input type="checkbox"/> I have stable housing, but unable to isolate from other household members <input type="checkbox"/> Childcare or elder care responsibilities <input type="checkbox"/> Access to food <input type="checkbox"/> Access to medications <input type="checkbox"/> Fear of losing job <input type="checkbox"/> Fear of losing income</p>

Contains Section 7 from the full survey, “ COVID-19 Questionnaire on Impact of and Barriers to Stay at Home, Self-Isolation, and Quarantine for Vulnerable Populations”