



COVID-19 PANDEMIC IMPACT ON HEALTHCARE AND FINANCES

The next section of questions ask about how the coronavirus pandemic has impacted your life since March 2020, when the COVID-19 pandemic became widespread in the United States.

Since March 2020, did you have to delay or miss out on any healthcare services? Please include any appointments or treatments that you avoided, or that were postponed or canceled, due to COVID-19.

- Yes
No

If "No": skip to URGENT CARE

What type of healthcare services did you have to delay or miss out on due to COVID-19? (Check all that apply)

- Home care by a skilled person
Medical provider appointment
Physical/occupational therapist appointment
Chemotherapy or other infusion therapy
Psychiatrist/therapist appointment
Elective surgery
Imaging tests such as x-ray, computed tomography ("cat" or "CT") scan, MRI, PET scan, ultrasound
Biopsy
Cancer surgery (e.g., resection, lumpectomy)
Heart disease evaluation (e.g., "stress test," cardiac catheterization)
Other:

Was there ever a time during the pandemic when you didn't go to the emergency room (ER) or urgent care when you should have gone?

- Yes
No

Are you prescribed any medications?

- Yes
No

During this period, did you have trouble taking your medications regularly?
Why? (check all that apply)
Trouble getting medications from the pharmacy
Trouble getting in touch with my doctor/provider
Trouble paying for medications
Increased forgetfulness or lack of motivation
Other:



During this period, have you experienced any of the following:

	Yes	No	Not Applicable
Did you or a member of your household lose their job, have to stop working, or have to work fewer hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



If yes:

Have you or another household member requested or received unemployment benefits?

Yes

No

	Yes	No	Not Applicable
Did you lose childcare or need to spend more time caring for your or other people's children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you or any member of your household lose other sources of financial support, like food stamps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Did you lose your housing, or become homeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Did you have a change in your health insurance coverage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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If yes:

Did you lose your health insurance?

Yes

No

Did you gain insurance as part of emergency coverage or Medicaid expansion?

Yes

No

Did you gain coverage due to a new job?

Yes

No

	Yes	No	Not Applicable
Did you have difficulty paying for basic needs, including food, clothing, shelter or heat during this time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>