

At-Risk Populations questions

	A lot	Somewhat	A little	Not at all
21. Have recommendations for socially distancing caused stress for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Have recommendations for socially distancing caused stress for your families and loved ones?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. In the past two weeks have you experienced the following as a result of covid-19?				
<input type="checkbox"/> Not enough money to pay rent	<input type="checkbox"/> Not enough money to pay for gas	<input type="checkbox"/> Not enough money to pay for food	<input type="checkbox"/> Did not have a regular place to sleep or stay	
24. In the past two weeks has your family experienced the following as a result of covid-19?				
<input type="checkbox"/> Not enough money to pay rent	<input type="checkbox"/> Not enough money to pay for gas	<input type="checkbox"/> Not enough money to pay for food	<input type="checkbox"/> Did not have a regular place to sleep or stay	
25. To cope with social distancing and isolation, are you doing any of the following?				
<input type="checkbox"/> Taking breaks from watching, reading, or listening to news stories, including social media.	<input type="checkbox"/> Taking care of your body, such as taking deep breaths, stretching, or meditating.	<input type="checkbox"/> Engaging in healthy behaviors like trying to eat healthy, well-balanced meals, exercising regularly, getting plenty of sleep, or avoiding alcohol and drugs.	<input type="checkbox"/> Making time to relax.	
<input type="checkbox"/> Connecting with others, including talking with people you trust about your concerns and how you are feeling.	<input type="checkbox"/> Contacting a healthcare provider	<input type="checkbox"/> Smoking more cigarettes or vaping more	<input type="checkbox"/> Drinking alcohol	
<input type="checkbox"/> Using prescription drugs (like valium, etc.)	<input type="checkbox"/> Using non-prescription drugs	<input type="checkbox"/> Using cannabis or marijuana	<input type="checkbox"/> Eating high fat or sugary foods	
<input type="checkbox"/> Cutting or self-injury	<input type="checkbox"/> Over exercise	<input type="checkbox"/> Eating more food than usual	<input type="checkbox"/> Eating less food than usual	
26. In the past week have the following behaviors increased in your household:				
<input type="checkbox"/> Interpersonal conflict with family members or loved ones	<input type="checkbox"/> Snapping at or yelling at family members	<input type="checkbox"/> Corporeal punishment of children	<input type="checkbox"/> Corporeal punishment of pets	
<input type="checkbox"/> Interpersonal conflict with friends or coworkers				