

Consent

Doctors and researchers at the Institute on Aging at the University of Florida are conducting a study to understand how COVID-19 is impacting their lives. We are asking you to take this survey. This survey consists of questions about your medical health, activity levels, mood, use of technology and food availability before and during the COVID-19 outbreak.

Participation in the survey study is optional. You do not have to complete the survey or submit your answers. You may skip a question if it makes you feel uncomfortable. Responses after you click "submit" will be stored under a code that has no identifying information or link to you. There is no direct benefit to you for taking this survey, but there may be benefits to others depending on the results of the study

Your participation in this survey is not related to your healthcare provided the University of Florida or UFHealth. Your survey responses are entered into a secure online database called REDCap, which is compliant with United States privacy laws (HIPAA). The information we collect from each participant is stored with a unique ID number on UFHealth's secure server. Access to the data will be highly restricted and only granted to members of the study team.

The survey takes about 45 minutes to complete. Ideally, we would like for you to answer all the questions in one sitting. If you get tired, you may stop at any time. Questions that were submitted will be saved. You can go back later as long as you keep your application open.

At the end of the survey, we will ask you whether you will be willing to receive an email to take the survey again in about 2-3 months. This is optional and not required for participation. If you agree, then you can choose to provide your email address and we will recontact you. The information you give on the survey will not be linked to your email address.

Research risks and privacy authorization

Your participation in this research is confidential. The survey does not ask for any information that would identify who the responses belong to. In the event of any publication or presentation resulting from the research, no personally identifiable information will be shared because your name is in no way linked to your responses.

UF and Shands will be allowed to collect, use and/or give out your medical information, but only to: Other researchers whose research is approved by a University of Florida Institutional Review Board (IRB) and the National Institutes of Health who partly sponsors the study.

Please contact our research staff at 352-273-5919 or toll free at 866-386-7730 with questions or concerns about this study.

By selecting "yes", I confirm that I have read the information in this form, I am 20 years or older and consent to take part in the research.

Response was added on 05/21/2020 10:36am.

1) I consent to take part in the survey?

Yes

No

Demographics

5%

1. What is your age?

(report in years)

2. What is your gender?

- Male
 Female

3. Are you Latino, Hispanic, or of Spanish origin?

- Yes
 No
 I don't want to say

4. What is your race? (Check all that apply)

- African American/Black
 Asian
 Native Hawaiian/Pacific Islander
 Native American/Alaskan Native
 Caucasian/White
 I don't want to say
 Other (specify below)

5. Do you live alone?

- Yes
 No

6. Which of the following best describes your current marital status?

- Married
 Separated
 Divorced
 Widowed
 Never Married
 Other (Specify below)
 I don't want to say

7. What is the last grade you completed in school?

- No formal education (00)
 Elementary School (K-08)
 High School/Equivalent (09-12)
 College (13-16)
 Post Graduate
 Other (Specify below)
 I don't want to say

8. Did you work for pay or as a volunteer prior to COVID-19 social distancing guidelines?

- Yes
 No
 Don't Know
 I don't want to say

9. Have you EVER been employed for wages or salary?

- Yes
 No
 Don't know

10. What are the first 3 digits of your zip code?

(First 3 digits of your zip code)

Zip code de-identified

11. Roughly how much income from all sources (including earnings, pensions, investments, etc.) did your household have last year (before taxes)?

- Less than \$5,000
 - \$5,000 to \$9,999
 - \$10,000 to \$14,999
 - \$15,000 to \$24,999
 - \$25,000 to \$34,999
 - \$35,000 to \$49,999
 - \$50,000 to \$74,999
 - \$75,000 or greater
 - Don't Know or I don't want to say
-

12. Do you have any children?

- Yes
 - No
-

13. Are you currently providing childcare on a regular basis? (at least weekly)

- Yes
 - No
 - Don't know
-

14. Are you currently taking care of a sick or frail relative or friend on a regular basis? (Meaning on a daily or weekly basis helping the person with their personal care needs such as eating, dressing, or getting around the house, or with routine needs such as household chores, shopping, or business transactions.)

- Yes
 - No
 - Don't know
-

15. What type of community do you live in?

- Small city
- Rural area
- Suburb near a large city
- Large city (Urban)

COVID-19 SPECIFIC QUESTIONS

10%

Please respond to the following questions about your experiences with COVID-19. There are no "right" or "wrong" responses, so please answer each question as honestly and accurately as you can.

1. Which of the following have you done since the COVID-19 outbreak to keep yourself safe from coronavirus (in addition or more than you normally do)?

Check all that apply

- Cancelled a doctor's (or other health care) appointment
- Visited a doctor (or other health care provider) in person
- Worn a face mask
- Washed/Sanitized hands
- Worked or studied at home
- Cancelled/postponed work or school activities
- Avoided social gatherings
- Stockpiled food/water
- Prayed
- Avoided public places/crowds
- Avoided in-person contact with high-risk people
- Avoided in-person contact with friends or family
- Isolation from other person(s) who live with me
- Cancelled/postponed travel
- Other safety precautions (specify below)
- I am not taking any of these steps

1a. How long will you practice COVID-19 safety precautions after your state or Federal government decides to stop quarantine and social distancing activities?

- I will stop practicing safety precautions immediately
- I will continue safety precautions for several more months after restrictions are lifted
- I will continue safety precautions until there is a vaccine
- I will continue safety precautions forever

2. During the COVID-19 outbreak, I kept a distance of at least 6 feet (2 meters) from other people

- Most of the time
- Some of the time
- Rarely
- None

3. During the COVID-19 outbreak, I stayed at home

- Most of the time
- Some of the time
- Rarely
- I moved to a friend or family's home

4. How many hours per day of media coverage did you watch or listen to about the COVID-19 outbreak?

- None
- Some, but no more than one hour per day
- One to three hours per day
- More than three hours per day

5. Are you or were you COVID-19 positive?

- Yes
- No

6. Have you started any medications due to news coverage of COVID-19?

- Yes
- No

7. Have you stopped any medications due to news coverage of COVID-19?

- Yes
 No

8. Have you had issues getting your prescription medications from your pharmacy since the COVID-19 outbreak?

- No, I get them in person
 No, I now use drive thru windows
 No, I have them delivered
 Yes, I have had issues and have stopped some or all of my medications

9. During the COVID-19 outbreak, if you or a loved one began experiencing one of the symptoms below, what would you do next?

	I would ignore it	I would wait to see what happened	I would contact a friend or family member	I would contact my doctor	I would go to the emergency room
9a. Difficulty breathing, shortness of breath	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
9b. Chest or upper abdominal pain or pressure	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
9c. Difficulty speaking	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>			<input type="radio"/>
9e. Sudden dizziness	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>
9g. Changes in vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>
9h. Confusion or changes in mental status	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
9i. Unusual behavior	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
9j. Difficulty walking	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
9k. Any sudden or severe pain	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
9l. Uncontrolled bleeding	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>
9m. Severe or persistent vomiting or diarrhea	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
9n. Coughing or vomiting blood	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>
					<input type="radio"/>

10. What is the main reason you would wait to seek care for any of the symptoms?

- I might get exposed to COVID19
 I might expose someone else to COVID19
 I might be a burden on healthcare workers
 The symptoms might resolve on their own or I would treat myself
 I would not wait to seek care

11. How true is this statement, "I've tried, but I'm unable reach my doctor and they have not returned my calls".

- Not true
 A little bit true
 Somewhat true
 Mostly true

12. If you had to visit an emergency room or go to the hospital today, how concerned would you be about:

	Not at all	A little bit	Somewhat	Quite a bit	Very much
12a. Getting exposed to COVID-19	<input type="radio"/>				
12b. Exposing someone else to COVID-19	<input type="radio"/>				
12c. Being a burden on health care workers because of COVID-19	<input type="radio"/>				

13. If you had to visit the doctors office or urgent care today, how concerned would you be about:

	Not at all	A little bit	Somewhat	Quite a bit	Very much
13a. Getting exposed to COVID-19	<input type="radio"/>				
13b. Exposing someone else to COVID-19	<input type="radio"/>				
13c. Being a burden on health care workers because of COVID-19	<input type="radio"/>				

14. Have you stopped outside home care services (home nurse, caregiving service) because of COVID-19?

- Yes
 No
 N/A

15. Would you be more likely to volunteer for research studies after the COVID-19 outbreak?

- Not at all
 A little bit
 Somewhat
 Quite a bit
 Very much

Mobility

20%

Please respond to the following questions about your mobility, in a typical week, about 4 weeks BEFORE the COVID-19 outbreak. There are no "right" or "wrong" responses, so please answer each question as honestly and accurately as you can.

4 weeks BEFORE the COVID-19 outbreak

	Yes, with no difficulty	Yes, with a little difficulty	Yes, with some difficulty	Yes, with much difficulty	No, I was unable to do that activity
52) Were you able to walk at a normal speed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53) Were you able to stand up from an armless straight chair without pushing with your arms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54) Were you able to go up and <input type="radio"/> down stairs at a normal pace?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
55) Were you able to go for a walk of <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	at least 15 minutes?
56) Were you able to get up from <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	the floor from lying on your back without help?
57) Were you able to jump up and <input type="radio"/> down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
58) Were you able to climb up five <input type="radio"/> steps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
59) Were you able to run a short <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	distance, such as to catch a bus?
60) Were you able to stand <input type="radio"/> unsupported for 10 minutes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
61) Were you able to stand for one <input type="radio"/> hour?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
62) Were you able to stand up on <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	tiptoes?
63) Were you able to stand <input type="radio"/> unsupported for 30 minutes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
64) Did your health limit you in <input type="radio"/> climbing one flight of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
65)					

Did your health limit you in
 going for a short walk (less than
15 minutes)?

66) Did your health limit you in
 climbing several flights of stairs?

TECHNOLOGY TELEHEALTH USE

25%

The next questions are about your use of general technology BEFORE and AFTER the COVID-19 outbreak.

1. In a typical week BEFORE the COVID-19 outbreak, did you use the internet or email, at least occasionally?

Yes
No
Unsure

2. In a typical week BEFORE the COVID-19 outbreak, did you have a subscription to an internet service provider at home - this could be high speed broadband service such as DSL, cable, or fiber optic service?

Yes
 No
 Unsure

3. In a typical week BEFORE the COVID-19 outbreak, did you use a smartphone? Smartphones are devices that have larger touch screens and "apps" - some examples are iPhones, Samsung Galaxy

Yes
 No
 Unsure

4. In a typical week BEFORE the COVID-19 outbreak, did you use video chat like FaceTime, Skype or Zoom on your smartphone?

Yes
 No
 Unsure

5. Do you ever use social media sites like Facebook, Twitter or LinkedIn?

Yes
 No
 Unsure

6. In a typical week BEFORE the COVID-19 outbreak, did you ever use messaging apps like WhatsApp, Facebook Messenger, WeChat, Snapchat?

Yes
 No
 Unsure

7. In a typical week BEFORE the COVID-19 outbreak, please tell me if you use any of the following items, or not. Did you use:

7a. A tablet like an iPad, Samsung Galaxy Tab, Microsoft Surface Pro, or Amazon Fire

Yes
 No
 Unsure

7b. A desktop or laptop computer

Yes
 No
 Unsure

7c. An activity monitor or tracker (e.g. Fitbit)

Yes
 No
 Unsure

7d. A smartwatch (e.g. Apple Watch or Samsung galaxy watch)

Yes
 No
 Unsure

8. Do you consider yourself to be tech (technology) savvy?

- Very much so
 Somewhat so
 A little
 Not at all

9. Overall, how confident do you feel using computers, smartphones, or other electronic devices to do the things you need to do online?

- Very confident
 Somewhat confident
 Only a little confident
 Not at all confident

10. Have you started using a new electronic device to communicate with friends and family AFTER the COVID-19 outbreak?

- Yes
 No

11. How likely are you to participate in a research study asking you to wear a smartwatch, like an apple watch, to track your health symptoms for one year?

- Very likely
 Likely
 Somewhat likely
 Not likely

12. BEFORE the COVID-19 outbreak, would you say technology has had a mostly positive effect on our society or a mostly negative effect on our society?

- Mostly positive
 Mostly negative
 Equal positive and negative effects

13. AFTER the COVID-19 outbreak, would you say technology has had a mostly positive effect on our society or a mostly negative effect on our society?

- Mostly positive
 Mostly negative
 Equal positive and negative effects

14. The next questions are about your use of telehealth BEFORE and AFTER the COVID-19 outbreak. Telehealth is getting your health care remotely by means of an electronic devices (smartphone, computer, iPad or by telephone). It's also known as long-distance health care.

14a. Have you considered trying a telehealth appointment?

- Yes, and I've already had a telehealth appointment
 Yes, I've considered it, but I haven't yet had an appointment
 No, but I would consider a telehealth appointment
 No, and I would never consider a telehealth appointment

14b. Does anything in particular concern you about telehealth services?

- I worry about the quality of health care
 I'm not convinced a telehealth diagnosis can ever be truly accurate
 I don't want my appointment to be recorded.
 I worry about the privacy of my personal health information

14c. What do you view as the main advantage to telehealth services?

- Quicker access to care
 Greater access to care in remote areas
 No need for transportation
 The ability to take less time out of my day
 Avoid overcrowding of waiting rooms

14d. Which of the following might deter you from making a future telehealth appointment (you can choose more than one)?

- I just prefer to meet with someone in person
 Greater access to care in remote areas
 I don't want to mess with technology
 I'm not convinced that someone could give good healthcare by telehealth
 I don't think my internet connection is good enough

14e. Do you feel that people get comparable health care through telehealth as they do for in-person visits?

- Yes, I think the care is comparable
- No, telehealth care will never match the quality of an in-person visit
- No, but telehealth is a good option for the initial consultation and/or basis care
- I'm not sure

14f. Has the COVID-19 outbreak changed your view of telehealth?

- I'm less likely to use telehealth
- I have the same opinion compared to before the COVID-19 outbreak
- I am more likely to use telehealth

14g. Would you wear a smartwatch to help your doctor track your symptoms between appointments?

- Very likely
- Likely
- Somewhat likely
- Not likely

LIFE-SPACE MOBILITY

35%**Answer the questions about the activities you did BEFORE and AFTER the COVID-19 outbreak:**

- 90) A month BEFORE the COVID-19 outbreak, how often did you go to other rooms of your home besides the room where you sleep?
- Less than 1 time per week
1-3 times per week
4-6 times per week
Daily
-
- 91) For the past month, AFTER the COVID-19 outbreak, how often did you go to other rooms of your home besides the room where you sleep?
- Less than 1 time per week
 1-3 times per week
 4-6 times per week
 Daily
-
- 92) A month BEFORE the COVID-19 outbreak, how often did you go to an area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in your own yard or driveway?
- Less than 1 time per week
 1-3 times per week
 4-6 times per week
 Daily
-
- 93) For the past month, AFTER the COVID-19 outbreak, how often did you go to an area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in your own yard or driveway?
- Less than 1 time per week
 1-3 times per week
 4-6 times per week
 Daily
-
- 94) A month BEFORE the COVID-19 outbreak, how often did you go to places in your neighborhood, other than your own yard or apartment building?
- Less than 1 time per week
 1-3 times per week
 4-6 times per week
 Daily
-
- 95) For the past month, AFTER the COVID-19 outbreak, how often did you go to places in your neighborhood, other than your own yard or apartment building?
- Less than 1 time per week
 1-3 times per week
 4-6 times per week
 Daily
-
- 96) A month BEFORE the COVID-19 outbreak, how often did you go to places outside your neighborhood, but within your town?
- Less than 1 time per week
 1-3 times per week
 4-6 times per week
 Daily
-
- 97) For the past month, AFTER the COVID-19 outbreak, how often did you go to places outside your neighborhood, but within your town?
- Less than 1 time per week
 1-3 times per week
 4-6 times per week
 Daily
-
- 98) A month BEFORE the COVID-19 outbreak, how often did you go to places outside your town?
- Less than 1 time per week
 1-3 times per week
 4-6 times per week
 Daily

99) For the past month, AFTER the COVID-19 outbreak, how often did you go to places outside your town?

- Less than 1 time per week
- 1-3 times per week
- 4-6 times per week
- Daily

Mood & Sleep

40%

Please respond to each question or statement for a typical week BEFORE and AFTER the COVID-19 outbreak. There are no "right" or "wrong" responses, so please answer each question as honestly and accurately as you can.

- 100) In a normal week, about a month BEFORE the COVID-19 outbreak...I felt worthless
- Never
Rarely
Sometimes
Often
Always
-
- 101) How has this changed since AFTER the COVID-19 outbreak?
- It's gotten a lot worse
 It's gotten a little worse
 Stayed the same
 It's gotten a little better
 It's gotten a lot better
-
- 102) In a normal week, about a month BEFORE the COVID-19 outbreak...I felt helpless
- Never
 Rarely
 Sometimes
 Often
 Always
-
- 103) How has this changed since AFTER the COVID-19 outbreak?
- It's gotten a lot worse
 It's gotten a little worse
 Stayed the same
 It's gotten a little better
 It's gotten a lot better
-
- 104) In a normal week, about a month BEFORE the COVID-19 outbreak...I felt depressed
- Never
 Rarely
 Sometimes
 Often
 Always
-
- 105) How has this changed since AFTER the COVID-19 outbreak?
- It's gotten a lot worse
 It's gotten a little worse
 Stayed the same
 It's gotten a little better
 It's gotten a lot better

106) In a normal week, about a month BEFORE the COVID-19 outbreak...I felt hopeless

- Never
- Rarely
- Sometimes
- Often
- Always

107) How has this changed since AFTER the COVID-19 outbreak?

- It's gotten a lot worse
- It's gotten a little worse
- Stayed the same
- It's gotten a little better
- It's gotten a lot better

108) In a normal week, about a month BEFORE the COVID-19 outbreak...I felt like a failure

- Never
- Rarely
- Sometimes
- Often
- Always

109) How has this changed since AFTER the COVID-19 outbreak?

- It's gotten a lot worse
- It's gotten a little worse
- Stayed the same
- It's gotten a little better
- It's gotten a lot better

110) In a normal week, about a month BEFORE the COVID-19 outbreak...I felt unhappy

- Never
- Rarely
- Sometimes
- Often
- Always

111) How has this changed since AFTER the COVID-19 outbreak?

- It's gotten a lot worse
- It's gotten a little worse
- Stayed the same
- It's gotten a little better
- It's gotten a lot better

112) In a normal week, about a month BEFORE the COVID-19 outbreak...I felt that I had nothing to look forward to

- Never
- Rarely
- Sometimes
- Often
- Always

113) How has this changed since AFTER the COVID-19 outbreak?

- It's gotten a lot worse
- It's gotten a little worse
- Stayed the same
- It's gotten a little better
- It's gotten a lot better

114) In a normal week, about a month BEFORE the COVID-19 outbreak...I felt that nothing could cheer me up

Never
 Rarely
 Sometimes
 Often
 Always

115) How has this changed since AFTER the COVID-19 outbreak?

It's gotten a lot worse
 It's gotten a little worse
 Stayed the same
 It's gotten a little better
 It's gotten a lot better

116) In a normal week, about a month BEFORE the COVID-19 outbreak...I felt uneasy

Never
 Rarely
 Sometimes
 Often
 Always

117) How has this changed since AFTER the COVID-19 outbreak?

It's gotten a lot worse
 It's gotten a little worse
 Stayed the same
 It's gotten a little better
 It's gotten a lot better

118) In a normal week, about a month BEFORE the COVID-19 outbreak...I felt nervous

Never
 Rarely
 Sometimes
 Often
 Always

119) How has this changed since AFTER the COVID-19 outbreak?

It's gotten a lot worse
 It's gotten a little worse
 Stayed the same
 It's gotten a little better
 It's gotten a lot better

120) In a normal week, about a month BEFORE the COVID-19 outbreak...many situations made me worry

Never
 Rarely
 Sometimes
 Often
 Always

121) How has this changed since AFTER the COVID-19 outbreak?

It's gotten a lot worse
 It's gotten a little worse
 Stayed the same
 It's gotten a little better
 It's gotten a lot better

-
- 122) In a normal week, about a month BEFORE the COVID-19 outbreak...my worries overwhelmed me
- Never
 - Rarely
 - Sometimes
 - Often
 - Always

-
- 123) How has this changed since AFTER the COVID-19 outbreak?
- It's gotten a lot worse
 - It's gotten a little worse
 - Stayed the same
 - It's gotten a little better
 - It's gotten a lot better

-
- 124) In a normal week, about a month BEFORE the COVID-19 outbreak...I felt tense
- Never
 - Rarely
 - Sometimes
 - Often
 - Always

-
- 125) How has this changed since AFTER the COVID-19 outbreak?
- It's gotten a lot worse
 - It's gotten a little worse
 - Stayed the same
 - It's gotten a little better
 - It's gotten a lot better

-
- 126) In a normal week, about a month BEFORE the COVID-19 outbreak...I had difficulty calming down
- Never
 - Rarely
 - Sometimes
 - Often
 - Always

-
- 127) How has this changed since AFTER the COVID-19 outbreak?
- It's gotten a lot worse
 - It's gotten a little worse
 - Stayed the same
 - It's gotten a little better
 - It's gotten a lot better

-
- 128) In a normal week, about a month BEFORE the COVID-19 outbreak...I had sudden feelings of panic
- Never
 - Rarely
 - Sometimes
 - Often
 - Always

-
- 129) How has this changed since AFTER the COVID-19 outbreak?
- It's gotten a lot worse
 - It's gotten a little worse
 - Stayed the same
 - It's gotten a little better
 - It's gotten a lot better

-
- 130) In a normal week, about a month BEFORE the COVID-19 outbreak...I felt nervous when my normal routine was disturbed
- Never
 - Rarely
 - Sometimes
 - Often
 - Always

-
- 131) How has this changed since AFTER the COVID-19 outbreak?
- It's gotten a lot worse
 - It's gotten a little worse
 - Stayed the same
 - It's gotten a little better
 - It's gotten a lot better

-
- 132) In a normal week, about a month BEFORE the COVID-19 outbreak...My sleep quality was
- Very poor
 - Poor
 - Fair
 - Good
 - Very good

-
- 133) How has this changed since AFTER the COVID-19 outbreak?
- It's gotten a lot worse
 - It's gotten a little worse
 - Stayed the same
 - It's gotten a little better
 - It's gotten a lot better

-
- 134) In a normal week, about a month BEFORE the COVID-19 outbreak...My sleep was refreshing
- Not at all
 - A little bit
 - Somewhat
 - Quite a bit
 - Very much

-
- 135) How has this changed since AFTER the COVID-19 outbreak?
- It's gotten a lot worse
 - It's gotten a little worse
 - Stayed the same
 - It's gotten a little better
 - It's gotten a lot better

-
- 136) In a normal week, about a month BEFORE the COVID-19 outbreak...I had a problem with my sleep
- Not at all
 - A little bit
 - Somewhat
 - Quite a bit
 - Very much

-
- 137) How has this changed since AFTER the COVID-19 outbreak?
- It's gotten a lot worse
 - It's gotten a little worse
 - Stayed the same
 - It's gotten a little better
 - It's gotten a lot better



138) In a normal week, about a month BEFORE the COVID-19 outbreak...I had difficulty falling asleep

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

139) How has this changed since AFTER the COVID-19 outbreak?

- It's gotten a lot worse
- It's gotten a little worse
- Stayed the same
- It's gotten a little better
- It's gotten a lot better

Socialization

50%

The next questions ask how you feel about different aspects of your life. For each one, tell me how often you feel that way in a typical week BEFORE and AFTER the COVID-19 outbreak in your region.

- 140) A typical week BEFORE the COVID-19 outbreak, how often do you feel that you lack companionship?
- Hardly ever
Some of the time
Often
-
- 141) A typical week AFTER the COVID-19 outbreak, how often do you feel that you lack companionship?
- Hardly ever
 Some of the time
 Often
-
- 142) A typical week BEFORE the COVID-19 outbreak, How often do you feel left out?
- Hardly ever
 Some of the time
 Often
-
- 143) A typical week AFTER the COVID-19 outbreak, How often do you feel left out?
- Hardly ever
 Some of the time
 Often
-
- 144) A typical week BEFORE the COVID-19 outbreak, How often do you feel isolated from others?
- Hardly ever
 Some of the time
 Often
-
- 145) A typical week AFTER the COVID-19 outbreak, How often do you feel isolated from others?
- Hardly ever
 Some of the time
 Often
-
- 146) A typical week BEFORE the COVID-19 outbreak, I am content with my friendships and relationships.
- Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly agree
-
- 147) A typical week AFTER the COVID-19 outbreak, I am content with my friendships and relationships.
- Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly agree
-
- 148) A typical week BEFORE the COVID-19 outbreak, I have enough people I feel comfortable asking for help at any time.
- Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly agree

149) A typical week AFTER the COVID-19 outbreak, I have enough people I feel comfortable asking for help at any time.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

150) A typical week BEFORE the COVID-19 outbreak, My relationships are satisfying as I would want them to be.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

151) A typical week AFTER the COVID-19 outbreak, My relationships are satisfying as I would want them to be.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

Physical Activity

60%

We are interested in the time you spent doing certain activities in a normal week, 4 weeks BEFORE the COVID-19 outbreak. We are also interested if this time has increased, stayed the same or decreased AFTER the COVID-19 outbreak. Please think about the time you spend on each activity at home, in the community, at work or volunteering, or at school. There are no "right" or "wrong" responses, so please answer each question as honestly and accurately as you can.

In a normal week, 4 weeks BEFORE the COVID-19 outbreak, about how many total hours a week...

Did you visit with friends or family in person?
(other than those you live with)

- Did not do
- Less than 1 hour
- 1-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 8 or more hours

Did you go to the senior center?

- Did not do
- Less than 1 hour
- 1-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 8 or more hours

Did you do volunteer work?

- Did not do
- Less than 1 hour
- 1-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 8 or more hours

Did you attend church or take part in church activities?

- Did not do
- Less than 1 hour
- 1-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 8 or more hours

Did you attend other club or group meetings?

Did not do
 Less than 1 hour
 1-2 hours
 2-4 hours
 4-6 hours
 6-8 hours
 8 or more hours

Did you do woodworking, needlework, drawing, or other arts or crafts?

Did not do
 Less than 1 hour
 1-2 hours
 2-4 hours
 4-6 hours
 6-8 hours
 8 or more hours

Did you play cards, bingo, or board games with other people?

Did not do
 Less than 1 hour
 1-2 hours
 2-4 hours
 4-6 hours
 6-8 hours
 8 or more hours

Did you do heavy work around the house? (such as washing windows, cleaning gutters)

Did not do
 Less than 1 hour
 1-2 hours
 2-4 hours
 4-6 hours
 6-8 hours
 8 or more hours

Did you attend a concert, movie, lecture, or sport event?

Did not do
 Less than 1 hour
 1-2 hours
 2-4 hours
 4-6 hours
 6-8 hours
 8 or more hours

Did you do light work around the house? (such as sweeping or vacuuming)

Did not do
 Less than 1 hour
 1-2 hours
 2-4 hours
 4-6 hours
 6-8 hours
 8 or more hours

Did you do light gardening? (such as watering plants, weeding, spraying)

Did not do
 Less than 1 hour
 1-2 hours
 2-4 hours
 4-6 hours
 6-8 hours
 8 or more hours

Did you jog or run?

- Did not do
- Less than 1 hour
- 1-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 8 or more hours

Did you walk fast or briskly for exercise?

- Did not do
- Less than 1 hour
- 1-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 8 or more hours

Did you walk leisurely for exercise or pleasure?

- Did not do
- Less than 1 hour
- 1-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 8 or more hours

Did you do other aerobic exercise (tennis, bicycling, rowing, step or elliptical machines)?

- Did not do
- Less than 1 hour
- 1-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 8 or more hours

Other Activities

70%

We are interested in the time you spent sleeping, and doing activities while you were sitting or reclining in a normal week, 4 weeks BEFORE the COVID-19 outbreak. We are also interested if this time has increased, stayed the same or decreased AFTER the COVID-19 outbreak. Please think about the time you spend on each activity at home, in the community, at work, when volunteering, or at school. There are no "right" or "wrong" responses, so please answer each question as honestly and accurately as you can.

The response options for the amount of time spent is not the same for each question. Please read each question carefully.

Over a normal week, 4 weeks BEFORE the COVID-19 outbreak, about how much time per day on average did you spend sleeping?

- 3 hrs or less
- 4 hrs
- 5 hrs
- 6 hrs
- 7 hrs
- 8 hrs
- 9 hrs
- 10 hrs
- 11 hrs
- 12 or more hrs

Over a normal week, AFTER the COVID-19 outbreak, about how many hours per day on average did you spend sleeping?

- 3 hrs or less
- 4 hrs
- 5 hrs
- 6 hrs
- 7 hrs
- 8 hrs
- 9 hrs
- 10 hrs
- 11 hrs
- 12 or more hrs

Over a normal week, 4 weeks BEFORE the COVID-19 outbreak, about how much time per day on average...

Did you spend taking a nap?

- Did not do
- 1 to 30 min/day
- 31 to 59 min/day
- 1 hr/day
- 2 hrs/day
- 3 hrs/day or more

How has this changed since AFTER the COVID-19 outbreak?

- Decreased a lot
- Decreased a little
- stayed the same
- Increased a little
- Increased a lot

Did you spend sitting and watching TV or movies on a TV, computer, or on any other electronic device?

- Did not do
- 1 to 30 min/day
- 31 to 59 min/day
- 1 to 2 hrs/day
- 3 to 4 hrs/day
- 5 hrs/day or more

How has this changed since AFTER the COVID-19 outbreak?

- Decreased a lot
- Decreased a little
- stayed the same
- Increased a little
- Increased a lot

Did you spend sitting and talking in-person with friends and family?

- Did not do
- 1 to 15 min/day
- 16 to 30 min/day
- 31 to 59 min/day
- 1 to 2 hrs/day
- 3 hrs/day or more

How has this changed since AFTER the COVID-19 outbreak?

- Decreased a lot
- Decreased a little
- stayed the same
- Increased a little
- Increased a lot

Did you spend sitting and talking, texting, or emailing on the phone or Facetime/Skype with friends and family?

- Did not do
- 1 to 15 min/day
- 16 to 30 min/day
- 31 to 59 min/day
- 1 to 2 hrs/day
- 3 hrs/day or more

How has this changed since AFTER the COVID-19 outbreak?

- Decreased a lot
- Decreased a little
- stayed the same
- Increased a little
- Increased a lot

Did you spend sitting and reading for pleasure (e.g., books, newspaper, magazines)?

- Did not do
- 1 to 15 min/day
- 16 to 30 min/day
- 31 to 59 min/day
- 1 to 2 hrs/day
- 3 hrs/day or more

How has this changed since AFTER the COVID-19 outbreak?

- Decreased a lot
- Decreased a little
- stayed the same
- Increased a little
- Increased a lot

Did you spend sitting quietly, relaxing?

- Did not do
- 1 to 15 min/day
- 16 to 30 min/day
- 31 to 59 min/day
- 1 to 2 hrs/day
- 3 hrs/day or more

How has this changed since AFTER the COVID-19 outbreak?

- Decreased a lot
- Decreased a little
- stayed the same
- Increased a little
- Increased a lot

Did you spend sitting and doing hobbies (e.g., sewing, knitting, arts and crafts, playing a musical instrument)?

- Did not do
- 1 to 30 min/day
- 31 to 59 min/day
- 1 to 2 hrs/day
- 3 to 4 hrs/day
- 5 hrs/day or more

How has this changed since AFTER the COVID-19 outbreak?

- Decreased a lot
- Decreased a little
- stayed the same
- Increased a little
- Increased a lot

Did you spend sitting while caring for children or elders?

- Did not do
- 1 to 15 min/day
- 16 to 30 min/day
- 31 to 59 min/day
- 1 to 2 hrs/day
- 3 hrs/day or more

How has this changed since AFTER the COVID-19 outbreak?

- Decreased a lot
- Decreased a little
- stayed the same
- Increased a little
- Increased a lot

Did you spend sitting and playing board games, cards, or other non-video games?

- Did not do
- 1 to 30 min/day
- 31 to 59 min/day
- 1 to 2 hrs/day
- 3 hrs/day
- 4 hrs/day or more

How has this changed since AFTER the COVID-19 outbreak?

- Decreased a lot
- Decreased a little
- stayed the same
- Increased a little
- Increased a lot

Did you spend sitting and using a computer at home, work or volunteering (e.g., email, shopping, reading blogs, socializing)?

- Did not do
- 1 to 15 min/day
- 16 to 30 min/day
- 31 to 59 min/day
- 1 to 2 hrs/day
- 3 hrs/day or more

How has this changed since AFTER the COVID-19 outbreak?

- Decreased a lot
- Decreased a little
- stayed the same
- Increased a little
- Increased a lot

Did you spend going to and from places while driving or riding in a car, truck or other motorized personal vehicle (work, school, errands, go to appointments, or on other trips)?

- Did not do
- 1 to 15 min/day
- 16 to 30 min/day
- 31 to 59 min/day
- 1 to 2 hrs/day
- 3 hrs/day or more

How has this changed since AFTER the COVID-19 outbreak?

- Decreased a lot
- Decreased a little
- stayed the same
- Increased a little
- Increased a lot

Food Access

80%

Here are several statements that people have made about their food situation. For the next statements, please indicate whether the statement is often true, sometimes true, or never true for you or your household AFTER the COVID-19 outbreak in your country/region.

	Often true	Sometimes true	Never true	I don't know
191) I have difficulty getting groceries ○ I need at the store.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
192) I'm afraid to go to the store to ○ get groceries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
193) I ask others to go out and get ○ groceries for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
194) I'm worried whether our food will ○ run out before we get money to buy more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
195) The food that I buy just doesn't ○ last, and I don't have money to get more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
196) I cannot afford to eat balanced ○ meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Health History

90%

Following are some questions about your health. Please answer to the best of your ability.

Before COVID-19, would you say your health was excellent, very good, good, fair or poor?

- Excellent
 Very good
 Good
 Fair
 Poor

Compared to before the COVID-19 outbreak, would your health is better, same or worse?

- Better
 Same
 Worse

Have you ever had or been told by a physician that you had any of the following? (check all that apply)

- High Blood Pressure
 High Cholesterol
 Angina or Chest Pain
 Heart Attack or Myocardial Infarction
 Congestive heart failure
 Coronary Artery Disease or plaque buildup on the arteries
 Palpitations, irregular heartbeat, or afib
 Poor circulation (claudication) or peripheral arterial disease
 Stroke
 Transient ischemic attack, TIA or mini-stroke
 Pulmonary or respiratory disorder
 Anemia
 Depression
 Bipolar disorder
 Memory disorder or dementia
 Neuropathy
 Parkinson's disease
 Diabetes, sugar in your urine, or high blood sugar
 Kidney failure
 Severe osteoarthritis that limits your walking
 Lung Cancer
 Breast, cervical, uterine or ovarian Cancer
 Prostate cancer
 Colon cancer
 None of the above

Over the past 3 months, have you experienced pain somewhere in your body on most days?

- Yes
 No

Fractures and Falls

In the past 5 years, have you ever been told by a doctor, nurse, therapist, or medical assistant that you had broken or fractured any bones? Yes No

How many times would you say that you have fallen over the past year? That is, how many times have you unintentionally come to rest on the ground or floor? _____

Body

How much do you weigh in pounds? _____
(pounds)

How tall are you in feet and inches?

Feet 1
 2
 3
 4
 5
 6
 7
 8
 9

Inches 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12

Have you noticed your weight change since the COVID-19 outbreak? I have gained weight
 I have lost weight
 I weigh about the same
 I have not noticed

Cognition

In a typical week prior to the COVID-19 outbreak, my thinking was slow

- Never
- Rarely (once)
- Sometimes (two or three times)
- Often (about once a day)
- Very often (several times a day)

In a typical week prior to the COVID-19 outbreak, it has seemed like my brain was not working as well as usual

- Never
- Rarely (once)
- Sometimes (two or three times)
- Often (about once a day)
- Very often (several times a day)

In a typical week prior to the COVID-19 outbreak, I have had to work harder than usual to keep track of what I was doing

- Never
- Rarely (once)
- Sometimes (two or three times)
- Often (about once a day)
- Very often (several times a day)

In a typical week prior to the COVID-19 outbreak, I have had trouble shifting back and forth between different activities that require thinking

- Never
- Rarely (once)
- Sometimes (two or three times)
- Often (about once a day)
- Very often (several times a day)

THOUGHTS AND FEELINGS ABOUT COVID 19

95%

1. Would you like to tell us any additional thoughts and feelings that you've had during COVID-19. You can write as little as one sentence or as much as one page. Please do not include any personally identifying information in your description (e.g., names of individuals or businesses, specific locations, etc.)

Yes
 No

Followup Survey

100%

1. We would like to understand how people are coping with the COVID-19 outbreak. Would you be willing to repeat parts of this survey in 2 months?

Yes
 No