

## COVID-19 COMMUNITY RESPONSE SURVEY GUIDANCE

The goal of this toolkit is to provide a set of standardized quantitative and qualitative assessments to harmonize data collection efforts and facilitate comparisons of the impact of the novel coronavirus (COVID-19) and promote collaborations across research efforts. This is intended to be a dynamic resource that will evolve as the epidemic does.

Please note that these questions were developed rapidly with input from multiple sources. We have included sources of questions where appropriate. Because the questions were developed rapidly, there was no time for piloting and so we do not have estimates of time required for each module. In addition, we recognize that you might identify errors or inconsistencies after implementation. We would like to hear from you about the modules you are using, time spent per module, modifications you make and any additional feedback you have. We will make modifications as appropriate and share changes with other researchers who are also using this survey.

### RECOMMENDED INTRODUCTION FOR SURVEYS

We are conducting a survey to help us better understand how the novel coronavirus (COVID-19) pandemic is affecting people's lives. To help us better understand how people's physical, emotional and mental health are being affected, we would like to ask you questions about your possible exposure to the virus, your experiences with testing and treatment and some questions about how your life has changed as a result of COVID-19 and the preventive measures that have been put in place.

The interview will take us approximately 20-30 minutes, depending on your experiences.

Would it be okay to ask you questions about your COVID-19 related experiences today?

Yes

No

May we call you again over for the next XX months, and possibly longer, to see how you're doing and ask you these questions again?

Yes

No

### MODULES WITH RECOMMENDED ORDER

Module	Title	Items	Estimated time for full module <sup>3</sup>	Core Items	Optional Items
1	Demographics <sup>1</sup>	24		1-24	
2	Housing and Family Structure	8		1-8	
3	Knowledge & Attitudes towards COVID-19	7		1-7	
4	COVID-19 Symptoms and Testing Experience	18		1-18	
5	Comorbidities and Care Engagement	4		1-2	3-4
6	Mental Health Impacts <sup>2</sup>	13		1	2-13
7	Coronavirus Impact and Pandemic Stress	21		21	
8	Social Distancing Impacts <sup>2</sup>	16		9-16	1-8
9	Violence and Trauma <sup>2</sup>	11		1-3, 7-11	4-6
10	Substance Use	12		1-5, 11-12	6-10
11	Sexual behavior	14		1-7	8-14

<sup>1</sup>For existing studies, many items have already been collected and do not need to be asked again

<sup>2</sup>Some overlap with Coronavirus Impact and Pandemic Stress

<sup>3</sup>To be updated as information becomes available

## COVID-19 COMMUNITY RESPONSE SURVEY CORONAVIRUS IMPACT AND PANDEMIC STRESS

**SOURCE:** Coronavirus Impact Scale. Created by Joel Stoddard, MD MAS, email: [JOEL.STODDARD@CUANSCHUTZ.EDU](mailto:JOEL.STODDARD@CUANSCHUTZ.EDU); and Joan Kaufman, PhD., email: [joan.kaufman@kennedykrieger.org](mailto:joan.kaufman@kennedykrieger.org); Harkness, A. (2020). *The Pandemic Stress Index*. University of Miami.

*READ: The novel coronavirus (COVID-19) pandemic has impacted people in different ways. The following series of questions will ask you to rate whether and how much the COVID-19 pandemic has changed various aspects of your life since around March 1, 2020.*

1. Have your daily routines changed since March 1, 2020? By daily routines I mean things like your work, school, social, and religious activities, or other ways you normally spend your time.

No, you have had no changes to your routines.	0
Yes, you have had mild changes to a few of your routines.	1
Yes, you have had moderate changes across several of your routines.	2
Yes, you have had severe changes across most or all of your routines.	3
  
2. Has your household income changed since March 1, 2020?

No, there have been no changes to your household income.	0
Yes there have been small changes, but you are able to meet all your needs and pay bills.	1
Yes, there have been moderate changes and you made cuts, but you are able to meet basic needs and pay bills.	2
Yes, there have been severe changes and you are unable to meet basic needs or pay bills.	3
  
3. Has your access to food changed since March 1, 2020?

No, your access to food has not changed.	0
Yes, you have had enough food, but difficulty getting to the store or finding items.	1
Yes, you have occasionally been without enough food or good quality foods.	2
Yes, you have frequently been without enough food.	3
  
4. Have you been eating more in general or eating more processed food than usual since March 1, 2020?

No, there have been no changes, or you have been eating slightly less than usual.	0
Yes, you have been eating slightly more than usual.	1
Yes, you have been eating more frequently or more processed foods than usual.	2
Yes, you have been eating much more frequently or have a significantly less healthy diet.	3
  
5. Has your normal physical activity changed since March 1, 2020?

No, you do not normally exercise.	0
No, you have been exercising with the same frequency and intensity as you usually do.	1
Yes, you have been exercising regularly, but with less intensity than usual.	2
Yes, you have not been exercising as regularly as usual, but the intensity is the same as usual.	3
Yes, you have not been exercising at all and are very sedentary.	4
  
6. Has your access to medical health care changed since March 1, 2020?

No, you have not tried to access care, or you haven't needed care since March 1, 2020.	0
No, there have been no changes to your medical health care.	1
Yes, you have had mild changes, such as appointments moved to telehealth instead of in-person visits.	2
Yes, you have had moderate changes, such as delays in your appointments or getting prescriptions with some impact on your health.	3
Yes, you have had severe changes; you have been unable to access needed care with impact on your health.	4

7. Has your access to mental health care changed since March 1, 2020? 0  
 No, you have not tried to access mental health care, or you haven't needed care since March 1, 2020. 0  
 No, there have been no changes to your mental health care. 1  
 Yes, you have had mild changes, such as appointments moved to telehealth instead of in-person visits. 2  
 Yes, you have had moderate changes, such as delays in your appointments or getting prescriptions with some impact on your mental health. 3  
 Yes, you have had severe changes; you have been unable to access needed care with impact on your mental health. 4
8. Has your access to extended family and trusted friends changed since March 1, 2020? 0  
 No, there has been no change. 0  
 Yes, there have been mild changes. Continued visits with social distancing or phone calls or through social media. 1  
 Yes, there have been moderate changes, with loss of contact with some friends and family, but not all. 2  
 Yes, there have been severe changes, with loss of contact with all of my friends and family. 3

*READ: Now I would now like to ask you about your personal experiences and feelings since the COVID-19 pandemic. A reference point is March 1, 2020.*

9. Have you experienced stress related to the pandemic? 0  
 No, no stress at all. 0  
 Yes, mild stress such as occasional worries or minor stress-related symptoms such as feeling a little anxious, sad, angry, or mild trouble sleeping. 1  
 Yes, moderate stress with frequent worries, often feeling anxious, sad, or angry, or some trouble sleeping. 2  
 Yes, severe stress with constant worries or feeling extremely anxious, sad, or angry, or frequent trouble sleeping. 3
10. Have you experienced any stress or discord in your household? 0  
 No, none. 0  
 Yes, household members occasionally short-tempered with one another; no physical violence. 1  
 Yes, household members frequently short-tempered with one another; or children in the home getting in physical fights with one another. 2  
 Yes, household members frequently short-tempered with one another and adults in the home throwing things at one another, knocking over furniture, hitting or harming one another. 3
11. Have you personally been diagnosed with COVID-19? 0  
 No. 0  
 Yes, I was diagnosed, but effectively managed symptoms at home 1  
 Yes, I was diagnosed, with severe symptoms and required brief hospitalization 2  
 Yes, I was diagnosed, with severe symptoms and required ventilation 3
12. How many people in your immediate family have been diagnosed with COVID-19?  
 \_\_\_ \_\_\_ people (*SKIP to Q13 if 0*)
- 12a. Please rate the symptom severity of the person who was the sickest.  
 Mild: Symptoms effectively managed at home 1  
 Moderate: Symptoms severe and required brief hospitalization 2  
 Severe: Symptoms severe and required ventilation 3  
 Immediate family member died from coronavirus 4

13. How many of your extended family member(s) or close friends have been diagnosed with COVID-19?  
\_\_\_ \_\_\_ people (SKIP to Q14 if 0)

13a. Please rate the symptom severity of the person who was the sickest.

- |  |   |
|--|---|
| Mild: Symptoms effectively managed at home                     | 1 |
| Moderate: Symptoms severe and required brief hospitalization   | 2 |
| Severe: Symptoms severe and required ventilation               | 3 |
| Extended family member and/or close friend died of coronavirus | 4 |

14. Have you had a family member or close friend die of COVID-19 alone because no one was able to be with them due to social distancing restrictions?

- |     |   |
|-----|---|
| Yes | 1 |
| No  | 0 |

*READ: I am now going to ask you about some of your behaviors and practices during the pandemic. Are you now or have you done any of the following since March 1, 2020 because of the COVID-19 pandemic?*

15. Have you practiced social distancing? (i.e., reduced your physical contact with people outside of your home in social, work, or school settings by avoiding large groups and staying 3-6 feet away from other people when out in public)

- |     |                 |
|-----|-----------------|
| Yes | 1               |
| No  | 0 (SKIP to Q16) |

15a. For how long have you been doing this/did you do this?  
\_\_\_ \_\_\_ days

15b. Did you do this to protect someone else in your household?

- |     |   |
|-----|---|
| Yes | 1 |
| No  | 0 |

15c. Of the days when you practiced social distancing, how many days did you end up needing to be physically near people (i.e., you were not able to practice social distancing on those days)?

\_\_\_ \_\_\_ days (SKIP to Q16 if 0)

15d. Did you choose to do be near people yourself or did someone else require you to?

- |                              |   |
|------------------------------|---|
| Chose myself                 | 1 |
| Was required by someone else | 2 |

16. Have you stayed at home as much as possible?

- |     |                 |
|-----|-----------------|
| Yes | 1               |
| No  | 0 (SKIP to Q17) |

16a. For how long have you been doing this/did you do this?  
\_\_\_ \_\_\_ days

16b. Did you do this to protect someone else in your household?

- |     |   |
|-----|---|
| Yes | 1 |
| No  | 0 |

16c. Of the days when you stayed home, how many days did you end up needing to be out of your home?

\_\_\_ \_\_\_ days (SKIP to Q17 if 0)

16d. Did you choose to leave your home yourself or did someone else require you to?

- Chose myself 1
- Was required by someone else 2

17. Have you self-isolated or quarantined? (i.e., you separated yourself from other people, even those in your own household, to prevent others from getting sick)

- Yes, because you had symptoms/were sick 1
- Yes, because you tested positive for coronavirus 2
- Yes, because you were exposed to a known case 3
- Yes, because you were exposed to a suspected case 4
- Yes, because you were unsure of your infection status 5
- No, I did not self-isolate or quarantine 0 (SKIP to Q18)

17a. For how long have you been doing/did you do this?

\_\_\_ \_\_\_ days

17b. Did you do this to protect someone else in your household?

- Yes 1
- No 0

17c. Of the days when you practiced self-isolation, for how many did you end up breaking the isolation or quarantine (i.e., you were not isolated or quarantined on those days)?

\_\_\_ \_\_\_ days

18. Have you cared for a dependent/dependents in your home? A dependent is anyone who relies on you for help with activities of daily living, including children under the age of 18 years, anyone over the age of 70 years, or someone with a chronic disease or disability.

- Yes 1
- No 0 (SKIP to Q19)

18a. Who did you care for? (Select all that apply)

	Number
a. Child/children	
b. Elderly (over the age of 70)	
c. Someone with chronic disease or disability	

18b. Which, if any, of the following challenges have you faced when providing care? (Select all that apply)

	Yes	No
a. Unsure how to reduce the risk of getting or transmitting COVID-19 while providing care	1	0
b. Ability to exercise 6-foot distance because of the need to provide caregiving	1	0
c. Ability to separate within the household when experiencing symptoms	1	0
d. Getting necessary medical appointments	1	0
e. Getting necessary medications/prescriptions	1	0
f. Getting necessary food and basic supplies for the dependent	1	0
g. Getting outside care support	1	0
h. Accessing educational or learning materials	1	0
i. Addressing loneliness or social isolation of the dependent	1	0
j. Addressing dependents' anxiety over risk of infection	1	0
k. Addressing your loneliness or social isolation	1	0
l. Addressing your anxiety over risk of infection	1	0
m. Balancing care with working from home	1	0

19. Have you provided care for someone in your home who had COVID-19?

- Yes 1
- No 0 (SKIP to Q20)

19a. Who did you care for? (Select all that apply)

	Yes	No
a. Child	1	0
b. Spouse/partner	1	0
c. Parent	1	0
d. Other family member	1	0
e. Other person	1	0

*READ: Thank you for your answers so far. We are almost to the end of this module. The next question is about things you may have done to protect yourself during the COVID-19 pandemic (since March 1, 2020).*

20. Have you made any of the following changes to your lifestyle or daily activities because of COVID-19? (Select all that apply)

	Yes	No	
a. More handwashing than usual	1	0	
b. More use of hand sanitizer than usual	1	0	
c. More cleaning in your home than usual	1	0	
d. More disinfecting surfaces in your household than usual	1	0	
e. Disinfecting or wiping down groceries	1	0	
f. Disinfecting or wiping down mail or packages	1	0	
g. Stocking up on food and supplies	1	0	
h. Avoiding or cancelling domestic travel	1	0	NA
i. Avoiding or cancelling international travel	1	0	NA
j. Not ordering take out from restaurants	1	0	NA
k. Wearing a mask when out in public	1	0	NA

21. Overall, considering all the possible ways your life may have been impacted by the COVID-19 pandemic, how much has the pandemic impacted your day-to-day life?

It has not impacted my life at all	0
It has impacted my life a little	1
It has moderately impacted my life	2
It has extremely impacted my life	3
Refused to answer	98