

## CHANGES IN YOUR DAILY ACTIVITIES

For the next set of questions, we would like to know if anyone did the following activities with you or for you during the COVID-19 outbreak. If yes, please tell us whether that was due to your health or functioning, some other reason, or both.

**Health or functioning reasons include:**

- *your physical health*
- *your memory*
- *your vision or hearing*
- *you have a health condition or disease that limits you, including COVID-19*
- *you have had surgery recently*

**Other reasons include:**

- *this is a shared activity*
- *you have always done it this way*
- *someone else wanted to do it*
- *you pay someone to do it*
- *you don't like to do it*
- *you have had to stay home because of the COVID-19 outbreak*
- *your family did not want you to do it because of the outbreak*
- *someone else did it as a favor*

**60. DURING the COVID-19 outbreak, has anyone ever done the following activities with you or for you?**

	Yes (Mark One or Both Reasons.)		No
	Due to my health or functioning	Due to other reasons	
a. Doing laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Preparing hot meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shopping for groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Keeping track of your prescribed medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Handling bills and banking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**61. DURING the COVID-19 outbreak, has anyone ever helped you with:**

	Yes	No
a. Taking a shower, bathing in a tub, or washing up some other way	<input type="checkbox"/>	<input type="checkbox"/>
b. Getting dressed	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating, for instance, by cutting up food or feeding you	<input type="checkbox"/>	<input type="checkbox"/>
d. Using the toilet	<input type="checkbox"/>	<input type="checkbox"/>
e. Getting out of bed	<input type="checkbox"/>	<input type="checkbox"/>
f. Getting around inside	<input type="checkbox"/>	<input type="checkbox"/>
g. Going outside	<input type="checkbox"/>	<input type="checkbox"/>
h. Driving you places	<input type="checkbox"/>	<input type="checkbox"/>
i. Visiting or communicating with your health care provider	<input type="checkbox"/>	<input type="checkbox"/>

**62. DURING the COVID-19 outbreak, in a typical week, how many people have done household activities with you or for you or helped you with personal care activities?**

people in a typical week

**63. Is that more than, less than or about the same number of people who did this in a typical week before the COVID-19 outbreak?**

- More
- Less
- About the same

**64. DURING the COVID-19 outbreak, in a typical week, about how many hours have people spent doing your household activities with you or for you or helping you with personal care activities?**

hours in a typical week



**65. Is that more, less or about the same compared to a typical week before the COVID-19 outbreak?**

- More than before → *Please answer Question 66*
- Less than before → *Please answer Question 66*
- About the same → *Please go to Question 67, next page*

**66. What is the reason(s) that the amount has changed? Mark all that apply.**

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**Reasons you have received more than before**

- I have not wanted to go out during the outbreak
  - My family has not wanted me to go out during the outbreak
  - My health, functioning or memory have gotten worse
  - I have moved in with one of the people helping me
  - I have moved to assisted living or another facility that provides care
  - More family members and friends have been helping me
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**Reasons you have received less than before**

- I have not been able to get paid care or home care
  - I have not wanted helpers coming in my home
  - Family or friends who usually help have had to stop or cut back
  - My helper has not wanted to go out during the outbreak
  - My helper has not wanted to expose me
  - My helper's health has kept him/her from going out during the outbreak
  - My helper's other family responsibilities have increased
  - My health, functioning or memory has gotten better
  - I have stopped living with one of the people helping me
  - My family has not been able to visit my assisted living or other facility where I live
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**If you have another reason, mark here and tell us about it**

- Other reason, *please specify:*

