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?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes (Mark One or Both Reasons.)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Doing laundry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Preparing hot meals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Shopping for groceries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Keeping track of your prescribed medicines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Handling bills and banking</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
61. **DURING the COVID-19 outbreak, has anyone ever helped you with:**

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

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.

**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

**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

**If you have another reason, mark here and tell us about it**

☐ Other reason, *please specify*:

☐ [ ]

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Contains items 60-66 (section "CHANGES IN YOUR WELLBEING") and was renumbered from the full document "National Health and Aging Trends Study COVID-19 Questionnaire"