

## CHANGES IN OTHER ACTIVITIES

**1. DURING the COVID-19 outbreak, have you ever missed any of the following or had any of the following cancelled?**

	Yes	No
a. Birthday party	<input type="checkbox"/>	<input type="checkbox"/>
b. Wedding	<input type="checkbox"/>	<input type="checkbox"/>
c. Funeral	<input type="checkbox"/>	<input type="checkbox"/>
d. Religious celebrations	<input type="checkbox"/>	<input type="checkbox"/>
e. Planned vacation or trip	<input type="checkbox"/>	<input type="checkbox"/>
f. Visit with family or friend in the hospital	<input type="checkbox"/>	<input type="checkbox"/>
g. Visit with family or friend in a nursing home, assisted living, group home or other care facility	<input type="checkbox"/>	<input type="checkbox"/>
h. Sporting events, concerts or plays	<input type="checkbox"/>	<input type="checkbox"/>

**2. DURING the COVID-19 outbreak, in a typical week, how often have you left your home to go to the following places?**

	At least daily	A few days a week	About once a week	Less than once a week	Have not left home
a. Just outside my home, in my yard, or on my deck or patio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In my immediate neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Outside of my immediate neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**3. DURING the COVID-19 outbreak, in a typical week, have you spent more or less time than you did before the outbreak:**

	More	Less	Same amount	Didn't do before and during
a. Walking for exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Doing vigorous activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating, including snacking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Smoking or vaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Watching TV or online programs or movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**4. DURING the COVID-19 outbreak, have you started or stopped providing care to someone else? *If no change, please indicate if you did or didn't do before and during the outbreak.***

	Started	Stopped	Did before and during	Didn't do before and during
a. Providing care for or looking after a child or grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Providing care to an adult who needs help with daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**5. BEFORE the COVID-19 outbreak, were you doing any of the following activities either online or in person?**

	Yes online	Yes in person	Didn't do before
a. Working for pay (or in a business that you own)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Attending religious services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Attending clubs, classes or other organized activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. DURING the COVID-19 outbreak, have you done any of the following activities either online or in person?**

	Yes online	Yes in person	Didn't do during
a. Working for pay (or in a business that you own)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Attending religious services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Attending clubs, classes or other organized activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. During the COVID-19 outbreak, have you learned a new technology or program to go online? *This includes learning to use a smartphone, computer or iPad or a program like Zoom or FaceTime.***

- Yes → Please answer Question 36
- No → Please go to Question 37, next page

**8. Has anyone helped you with that or did you learn that on your own?**

- Yes, someone helped
- No, learned it on my own



**9. BEFORE the COVID-19 outbreak, in a typical month, how often did you use each of these methods to get your groceries?**

	More than once a week	About once a week	A few times a month	Less than once a month	Never
a. I went to the store <u>by myself</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I went to the store <u>with</u> someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone else went to the store <u>for</u> me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. BEFORE the COVID-19 outbreak, in a typical month, how often did you use each of these methods to order groceries online?**

	More than once a week	About once a week	A few times a month	Less than once a month	Never
a. I ordered my groceries online <u>by myself</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I ordered my groceries online <u>with</u> someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone else ordered my groceries online <u>for</u> me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**11. DURING the COVID-19 outbreak, in a typical month, how often have you used each of these methods to get your groceries?**

	More than once a week	About once a week	A few times a month	Less than once a month	Never
a. I went to the store <u>by myself</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I went to the store <u>with</u> someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone else went to the store <u>for</u> me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. DURING the COVID-19 outbreak, in a typical month, how often have you used each of these methods to order groceries online?**

	More than once a week	About once a week	A few times a month	Less than once a month	Never
a. I ordered my groceries online <u>by myself</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I ordered my groceries online <u>with</u> someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone else ordered my groceries online <u>for</u> me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

