

Date completed (month/day/year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**1. Have you been diagnosed with covid-19 by a doctor or other health care provider?**

Yes

No

I'm not sure

a. Were you hospitalized?

Yes  No  I'm not sure

i. How many days were you in the hospital? \_\_\_\_\_

b. What symptoms did you have?  
(mark all that apply)

- fever  cough
- shortness of breath
- diarrhea  vomiting
- temporary loss of smell

c. Have you had any of the following symptoms since the beginning of 2020?  
(Mark all that apply)

- fever  cough
- shortness of breath
- diarrhea  vomiting
- temporary loss of smell
- I had none of these symptoms

d. Were any of the above symptoms due to a condition or disease other than covid-19?

- Yes  No  I'm not sure
- I didn't have any symptoms

**2. Has a close friend or family member been diagnosed with covid-19?**

Yes

No

I'm not sure

**3. How concerned are you about the covid-19 pandemic?**

Not at all

Somewhat concerned

Very concerned

**4. Which of the following have you done in the last several days to keep yourself safe from coronavirus (in addition to what you normally do)? (Mark all that apply)**

- Cancelled a doctor's (or other health care) appointment
- Visited a doctor (or other health care provider) in person
- Had a "telehealth visit" with a doctor or other health care provider
- Worn a face mask
- Washed/Sanitized hands
- Worked or studied at home
- Cancelled/postponed work or school Activities
- Other: \_\_\_\_\_
- 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 lives with me
- Cancelled/postponed travel
- I am not taking any of these steps

**5. Which of the following new actions are you taking to help your family, friends or your community respond to the covid-19 pandemic and social distancing rules? (Mark all that apply)**

- Getting food or medicine for neighbors
- Donating blood
- Donating money
- Contacting friends or family to keep in touch
- Providing childcare
- Other: \_\_\_\_\_
- I am not taking any new actions

6. Compared to the months before the outbreak began, how has the frequency of your communication with close friends and family changed?

- I communicate with them more often than before
- I communicate with them about the same as before
- I communicate with them less often than before

7. How are you continuing to stay in touch with others? (Mark all that apply)

- Speaking in person
- With phone calls
- With video calls
- By email
- By social media
- By postal mail
- Other: \_\_\_\_\_

8. How often are you communicating with others?

- Daily
- Several times per week
- Once per week
- 1-2 times per month
- Rarely or never

9. Before any social distancing rules went into place, did you have regular contact with young children (elementary school age or younger)?

- Yes
- No
- I'm not sure



a. How often would you see young children?

- Daily
- Several times per week
- Once per week
- 1-2 times per month

10. How much has your sleep been interrupted or disturbed because of concern about the outbreak?

- Not at all
- Somewhat
- A lot

11. Who is providing you with social support during the outbreak? (Mark all that apply)

- Someone I live with
- Other: \_\_\_\_\_
- Friend or family who comes by my place
- I do not have support
- Friend or family who I talk with on the phone (or video chat)

12. How much difficulty do you have obtaining the food that you need because of the covid-19 pandemic or social distancing rules?

- None
- Some
- Much
- Unable or very difficult

13. How much difficulty do you have obtaining the medicine that you need because of the covid-19 pandemic or social distancing rules?

- None
- Some
- Much
- Unable or very difficult

14. How much difficulty do you have with getting routine medical care that you need because of the covid-19 pandemic or social distancing rules?

- None
- Some
- Much
- Unable or very difficult

15. How often do you feel that you lack companionship?

- Hardly ever
- Some of the time
- Often

16. How often do you feel left out?

- Hardly ever
- Some of the time
- Often

17. How often do you feel isolated from others?

- Hardly ever
- Some of the time
- Often