Date completed (month/day/year): _____ / _____ / _____

1. Have you been diagnosed with covid-19 by a doctor or other health care provider?
   O Yes  O No  O I’m not sure
   
   a. Were you hospitalized?
      O Yes  O No  O I’m not sure
      
      i. How many days were you in the hospital? ____________

   b. What symptoms did you have? (mark all that apply)
      O fever  O cough
      O shortness of breath
      O diarrhea  O vomiting
      O temporary loss of smell

   c. Have you had any of the following symptoms since the beginning of 2020? (Mark all that apply)
      O fever  O cough
      O shortness of breath
      O diarrhea  O vomiting
      O temporary loss of smell
      O I had none of these symptoms

   d. Were any of the above symptoms due to a condition or disease other than covid-19?
      O Yes  O No  O I’m not sure
      O I didn’t have any symptoms

2. Has a close friend or family member been diagnosed with covid-19?
   O Yes  O No  O I’m not sure

3. How concerned are you about the covid-19 pandemic?
   O Not at all  O Somewhat concerned  O 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)
   O Cancelled a doctor’s (or other health care) appointment
   O Visited a doctor (or other health care provider) in person
   O Had a “telehealth visit” with a doctor or other health care provider
   O Worn a face mask
   O Washed/Sanitized hands
   O Worked or studied at home
   O Cancelled/postponed work or school activities
   O Other: ________________
   O Stockpiled food/Water
   O Prayed
   O Avoided public places/crowds
   O Avoided in-person contact with high-risk people
   O Avoided in-person contact with friends or family
   O Isolation from other person(s) who lives with me
   O Cancelled/postponed travel
   O 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)
   O Getting food or medicine for neighbors
   O Donating blood
   O Donating money
   O Contacting friends or family to keep in touch
   O Providing childcare
   O Other: ________________
   O 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?
   - O I communicate with them more often than before
   - O I communicate with them about the same as before
   - O I communicate with them less often than before

7. How are you continuing to stay in touch with others? (Mark all that apply)
   - O Speaking in person
   - O With phone calls
   - O With video calls
   - O By email
   - O By social media
   - O By postal mail
   - O Other: __________

8. How often are you communicating with others?
   - O Daily
   - O Several times per week
   - O Once per week
   - O 1-2 times per month
   - O 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)?
   - O Yes
   - O No
   - O I’m not sure
   - a. How often would you see young children?
      - O Daily
      - O Several times per week
      - O Once per week
      - O 1-2 times per month

10. How much has your sleep been interrupted or disturbed because of concern about the outbreak?
    - O Not at all
    - O Somewhat
    - O A lot

11. Who is providing you with social support during the outbreak? (Mark all that apply)
    - O Someone I live with
    - O Friend or family who comes by my place
    - O Friend or family who I talk with on the phone (or video chat)
    - O Other: __________

12. How much difficulty do you have obtaining the food that you need because of the covid-19 pandemic or social distancing rules?
    - O None
    - O Some
    - O Much
    - O 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?
    - O None
    - O Some
    - O Much
    - O 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?
    - O None
    - O Some
    - O Much
    - O Unable or very difficult

15. How often do you feel that you lack companionship?
    - O Hardly ever
    - O Some of the time
    - O Often

16. How often do you feel left out?
    - O Hardly ever
    - O Some of the time
    - O Often

17. How often do you feel isolated from others?
    - O Hardly ever
    - O Some of the time
    - O Often