

1. Overall, on a scale from 1 to 10, where one is the least concerned and ten is the most concerned, how concerned are you about the COVID-19 pandemic?

Number

2. Has a doctor or other health care provider diagnosed any of the following people with COVID-19?

	Yes	No
a. Me	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. My spouse/partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Someone in my household other than my spouse/partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. A friend or family member not in my household	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. An acquaintance	1 <input type="checkbox"/>	2 <input type="checkbox"/>

3. Have any of the following people died from COVID-19?

	Yes	No
a. My spouse/partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Someone in my household other than your spouse/partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. A friend or family member not in my household	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. An acquaintance	1 <input type="checkbox"/>	2 <input type="checkbox"/>