VI. COVID Illness experience

- 1. How much anxiety did you have about being ill with the COVID virus? (check one) [how anxious]
 - 0 No anxiety
 - 1 Very mild anxiety
 - 2 Mild to moderate anxiety
 - 3 Moderate to severe anxiety
 - 4 Severe to Extreme anxiety
 - 5 Extreme anxiety

If > 0 above, then:

1.1 What was your greatest source of anxiety? (open field) [why_anxious]

- 2. How much did your COVID illness disrupt your life? (check one) [how_disrupted]
 - 0 No disruption
 - 1 Very mild disruption
 - 2 Mild to moderate disruption
 - 3 Moderate to severe disruption
 - 4 Severe to Extreme disruption
 - 5 Extreme disruption
- 3. Which best describes your quarantine behavior when you were ill with COVID? (check one) [quarantine_kind]
 - 0 No quarantine
 - 1 **Limited quarantine:** Confined within home for fewer than 7 days, when possible avoided interactions with others in the home
 - 2 Living with others partial avoidance: confined within home for more than 7 days, avoided non-affected others when possible
 - 3 **Living with others restricted interactions:** confined within home; limited interactions with non-affected others within home and only while wearing a mask and socially distancing, for more than 7 days
 - 4 Living with others complete isolation: confined within home to specific spaces away from non-affected others for at least 7 days
 - 5 **Independent living isolation:** stayed in a residence by self for more than 7 days and rarely or never left residence
- **4.** Were you satisfied with the medical care you received from medical professionals throughout your COVID illness? (check one) [med_care_rate]
 - 1 Very satisfied
 - 2 Moderately satisfied
 - 3 Neutral
 - 4 Moderately dissatisfied
 - 5 Very dissatisfied

999 Unsure

5. Did any other individuals that live full-time in your household become ill with COVID? (check all th	at apply)
[other_household_covid]	

- 0 None
- 1 Partner/spouse
- 2 Your baby (younger than 12 months old)
- 3 One or more of your children (older than 12 months old)
- 4 Parent
- 5 Other