

## **Impact of COVID-19**

**A. The coronavirus, or COVID-19, is a new disease with flu-like symptoms that is spreading across the world. We are interested in finding out more about how COVID-19 has affected you, your health, your family and your life. This information will help researchers and policy makers understand how the COVID-19 response has affected the health and wellbeing of the residents in our state. Moving forward, this research can help inform the response to future outbreaks. We anticipate the survey will take about 30 minutes to complete.**

1. In the last 30 days, have you been ill with a cold or flu-like illness?
  - a. Yes
  - b. No
  - c. Don't know
  - d. Prefer not to answer
  
2. Have you been tested for COVID-19 by a medical doctor or other healthcare professional?
  - a. Yes, I was tested, and it showed that I had/have COVID-19
  - b. Yes, I was tested, and it showed I did NOT have COVID-19
  - c. Yes, I was tested, and I am waiting for the results – Go to question 4
  - d. No, I tried to get tested but could not get a test – Go to question 4
  - e. No, I have not tried to get tested – Go to question 5
  - f. Don't know – Go to question 5
  - g. Prefer not to answer – Go to question 5
  
3. How long did you wait to receive your test results? If you received more than one test, please answer thinking about your most recent test.
  - a. Less than 24 hours
  - b. 1 day
  - c. 2 days
  - d. 3 days
  - e. 4 days
  - f. 5 days
  - g. 6 days
  - h. 7 days
  - i. More than 7 days
  - j. Don't know
  - k. Prefer not to answer
  
4. Where did you go to get a test? If you received more than one test, please answer thinking about your most recent test.
  - a. Clinic or primary care doctor
  - b. Hospital
  - c. Community drive-thru or mobile unit
  - d. Other (specify)
  - e. Don't know
  - f. Prefer not to answer
  
5. In the past 30 days, have you been in close physical contact with a person who has tested positive for COVID-19?
  - a. Yes
  - b. No
  - c. Don't know
  - d. Prefer not to answer

6. How much have you heard about COVID-19?
  - a. Not much
  - b. Some
  - c. A great deal
  - d. Don't know
  - e. Prefer not to answer
  
7. Which of the following information sources have you used to learn about COVID-19? Select all that apply.
  - a. Local public health officials
  - b. State public health officials
  - c. The US Department of Health and Human Services (HHS)
  - d. The Centers for Disease Control and Prevention (CDC)
  - e. The World Health Organization (WHO)
  - f. Your contacts on social media (Facebook, Twitter, etc.)
  - g. News organizations on social media
  - h. Your close friends and members of your family
  - i. Your coworkers, classmates or other acquaintances
  - j. Your physician or healthcare provider
  - k. Television or radio
  - l. YouTube
  - m. Your local newspaper
  - n. National newspapers (New York Times, USA Today, etc.)
  - o. Online news sources
  - p. Other (specify)
  - q. Don't know
  - r. Prefer not to answer
  
8. How much do you trust information you are seeing online or in social media about COVID-19?
  - a. Do not trust at all
  - b. Slightly trust
  - c. Somewhat trust
  - d. Trust completely
  - e. Not applicable – I do not access the internet or social media
  - f. Don't know
  - g. Prefer not to answer

**B. COVID-19 has caused challenges for some people regardless of whether or not they have been infected. These next questions ask about you and your family and how your daily lives have been affected by the COVID-19 pandemic.**

1. How many adults live in your household including you?  
 \_\_\_\_\_ adults
  - a. Don't know
  - b. Prefer not to answer
  
2. How many children (less than 18 years of age) live in your household?  
 \_\_\_\_\_ children – Go to question 6 if 0.
  - a. Don't know - Go to question 6

- b. Prefer not to answer - Go to question 6
- 3. Please provide the age and gender (assigned at birth) for each child.
  - a. Don't know
  - b. Prefer not to answer
- 4. Have you had difficulty taking care of children in your home?
  - a. Yes
  - b. No
  - c. Don't know
  - d. Prefer not to answer
- 5. Have you had to take over teaching or instructing a child?
  - a. Yes
  - b. No
  - c. Don't know
  - d. Prefer not to answer
- 6. Which category best describes your occupational status in February 2020 prior to the stay-at-home orders put in place as a result of the COVID-19 pandemic?
  - a. Employed full-time
  - b. Employed part-time
  - c. Unemployed – Go to question 8
  - d. Homemaker – Go to question 8
  - e. Student – Go to question 8
  - f. Retired – Go to question 8
  - g. Disabled – Go to question 8
  - h. Other (specify) – Go to question 8
  - i. Don't know – Go to question 8
  - j. Prefer not to answer – Go to question 8
- 7. Did you work outside of the home in February 2020?
  - a. Yes
  - b. No
  - c. Don't know
  - d. Prefer not to answer
- 8. Since March 1<sup>st</sup>, did you lose a job because of COVID-19?
  - a. Yes
  - b. No
  - c. Don't know
  - d. Prefer not to answer
- 9. Are you currently being paid for a full or part-time job, including being paid by a job while you stay home? Do not include unemployment compensation.
  - a. Yes
  - b. No – Go to question 12
  - c. Don't know – Go to question 12
  - d. Prefer not to answer – Go to question 12
- 10. Are you currently:
  - a. Working at your job from home

- b. Working outside of your home
- c. Not working
- d. Don't know
- e. Prefer not to answer

11. How concerned are you about losing your job due to COVID-19?

- a. Not at all concerned
- b. Slightly concerned
- c. Somewhat concerned
- d. Moderately concerned
- e. Extremely concerned
- f. Don't know
- g. Prefer not to answer

12. Are you the primary caregiver for someone? Please do not include children under the age of 18.

- a. Yes
- b. No – Go to the next section
- c. Don't know – Go to the next section
- d. Prefer not to answer – Go to the next section

13. Who is this person? Select all that apply.

- a. Spouse
- b. Adult child
- c. Parent
- d. Sister or brother
- e. Grandparent
- f. Other (specify)
- g. Don't know– Go to the next section
- h. Prefer not to answer – Go to the next section

Questions 14-17 are repeated for each person marked above.

14. Do you usually care for this person inside or outside of your own home?

- a. In your home
- b. Outside of your home
- c. Don't know
- d. Prefer not to answer

15. How often do you usually help this person?

- a. Daily
- b. 2-3 times per week
- c. Every week
- d. Twice a month
- e. Monthly or less
- f. Don't know
- g. Prefer not to answer

16. Has the COVID-19 pandemic impacted your ability to care for this person?

- a. Yes
- b. No – Go to the next section
- c. Don't know – Go to the next section
- d. Prefer not to answer – Go to the next section

17. How has the COVID-19 pandemic impacted your ability to care for this person? (open-ended response)

**C. The next questions are about the stress you may have experienced as a result of the COVID-19 pandemic.**

Question 1 is asked of participants who were not tested or who tested negative for COVID-19.

1. From 0 to 100, how concerned are you about catching COVID-19? (0=Not at all concerned; 100=Extremely concerned)
  - a. Don't know
  - b. Prefer not to answer
2. From 0 to 100, how concerned are you about someone you know catching COVID-19? (0=Not at all concerned; 100=Extremely concerned)
  - a. Don't know
  - b. Prefer not to answer
3. During the last 30 days, how often have you worried about personal financial loss (e.g., lost wages, job loss, investment/retirement loss, travel-related cancellations)?
  - a. All of the time
  - b. Most of the time
  - c. Some of the time
  - d. None of the time
  - e. Don't know
  - f. Prefer not to answer
4. During the last 30 days, how often have you worried about making rent or mortgage payments?
  - a. All of the time
  - b. Most of the time
  - c. Some of the time
  - d. None of the time
  - e. Not applicable – I do not pay rent or mortgage
  - f. Don't know
  - g. Prefer not to answer
5. During the last 30 days, how much have you worried about providing for yourself or your family?
  - a. All of the time
  - b. Most of the time
  - c. Some of the time
  - d. None of the time
  - e. Don't know
  - f. Prefer not to answer
6. During the last 30 days, how often have you been concerned about having enough food for yourself or your family?
  - a. All of the time
  - b. Most of the time
  - c. Some of the time
  - d. None of the time
  - e. Don't know
  - f. Prefer not to answer

7. During the last 30 days, how often have you worried about not having enough basic supplies such as household cleaning supplies or toilet paper?
  - a. All of the time
  - b. Most of the time
  - c. Some of the time
  - d. None of the time
  - e. Don't know
  - f. Prefer not to answer
  
8. During the last 30 days, how often did you have trouble falling asleep?
  - a. All of the time
  - b. Most of the time
  - c. Some of the time
  - d. None of the time
  - e. Don't know
  - f. Prefer not to answer
  
9. During the last 30 days, how would you rate your sleep quality overall?
  - a. Excellent
  - b. Very good
  - c. Good
  - d. Fair
  - e. Poor
  - f. Don't know
  - g. Prefer not to answer
  
10. In the past 7 days, how often have you felt nervous, anxious, or on edge?
  - a. Not at all or less than 1 day
  - b. 1-2 days
  - c. 3-4 days
  - d. 5-7 days
  - e. Don't know
  - f. Prefer not to answer
  
11. In the past 7 days, how often have you felt depressed?
  - a. Not at all or less than 1 day
  - b. 1-2 days
  - c. 3-4 days
  - d. 5-7 days
  - e. Don't know
  - f. Prefer not to answer
  
12. In the past 7 days, how often have you felt lonely?
  - a. Not at all or less than 1 day
  - b. 1-2 days
  - c. 3-4 days
  - d. 5-7 days
  - e. Don't know
  - f. Prefer not to answer

13. In the past 7 days, how often have you felt hopeful about the future?
- Not at all or less than 1 day
  - 1-2 days
  - 3-4 days
  - 5-7 days
  - Don't know
  - Prefer not to answer
14. In the past 7 days, how often have you had physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart, when thinking about your experience (e.g., social distancing, loss of income/work, concerns about infection) with the COVID-19 pandemic?
- Not at all or less than 1 day
  - 1-2 days
  - 3-4 days
  - 5-7 days
  - Don't know
  - Prefer not to answer
15. Please indicate how strongly you agree or disagree with the following statements:
- Response options: Strongly disagree, disagree, neutral, agree, strongly agree, don't know, prefer not to answer
- I tend to bounce back quickly after hard times.
  - I have a hard time making it through stressful events.
  - It does not take me long to recover from a stressful event.
  - It is hard for me to snap back when something bad happens.
  - I usually come through difficult times with little trouble.
  - I tend to take a long time to get over set-backs in my life.

Questions 16-17 are asked if participant indicated a positive COVID-19 test result.

16. Were you afraid or embarrassed to disclose your COVID-19 diagnosis with your friends or your employer?
- Yes
  - No
  - Don't know
  - Prefer not to answer
17. How much do you agree or disagree with the following statement?  
When I tested positive for COVID-19, people treated me differently.
- Strongly agree
  - Somewhat agree
  - Somewhat disagree
  - Strongly disagree
  - Don't know
  - Prefer not to answer

Questions 18-19 are asked if participant was not tested or tested negative for COVID-19.

18. If you were diagnosed with COVID-19, would you be afraid or embarrassed to disclose this information to your friends or your employer?

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

19. How much do you agree or disagree with the following statement?  
If I tested positive for COVID-19, people would treat me differently.

- a. Strongly agree
- b. Somewhat agree
- c. Somewhat disagree
- d. Strongly disagree
- e. Don't know
- f. Prefer not to answer

20. During the COVID-19 outbreak, did you experience stigma or discrimination from other people (e.g., people treating you differently because of your identity, having symptoms, or other factors related to COVID-19)?

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

**D. In an effort to reduce the spread of COVID-19, many are practicing social distancing. Social distancing, also called physical distancing, means keeping space between yourself and other people outside of your home.**

Questions 1 and 2 will specify the date that stay-at-home orders went into effect in the participant's state. Ohio residents will be prompted "Since March 15<sup>th</sup>..." and Indiana residents will be prompted "Since March 25<sup>th</sup> ...."

1. Since [DATE], what types of social distancing are you doing all or most of the time?

Response options: Yes, no, don't know, prefer not to answer

- a. Staying at home except for going to work, outdoors to exercise, or going to the grocery store, pharmacy, or to get medical care?
- b. Not having relatives, friends, or neighbors come into your home?
- c. Staying 6 feet away from people when you leave your home?
- d. Wearing a face covering when you are outdoors?
- e. Wearing a face covering when you are inside a store or other place besides your home?

2. Since [DATE], when COVID-19 restrictions began, have you attended the following:

Response options: Yes, no, don't know, prefer not to answer

- a. Any gatherings, not including work, with more than 2 people who do not live in the same house as you?
- b. A rally or demonstration of 20 or more people?
- c. Other large social gatherings of 20 or more people?

3. How important do you think social distancing is during COVID-19?
  - a. Very important
  - b. Somewhat important
  - c. A little important
  - d. Not important
  - e. Don't know
  - f. Prefer not to answer
  
4. How would you rate your satisfaction with your social activities and relationships prior to the COVID-19 pandemic?
  - a. Excellent
  - b. Very good
  - c. Good
  - d. Fair
  - e. Poor
  - f. Don't know
  - g. Prefer not to answer
  
5. How would you rate your satisfaction with your social activities and relationships in the last 30 days?
  - a. Excellent
  - b. Very good
  - c. Good
  - d. Fair
  - e. Poor
  - f. Don't know
  - g. Prefer not to answer
  
6. Have you been unable to attend a life milestone event in person in the last 30 days?
  - a. Yes
  - b. No – Go to question 9
  - c. Don't know – Go to question 9
  - d. Prefer not to answer – Go to question 9
  
7. What type of event were you unable to attend in person? Select all that apply.
  - a. Birth
  - b. Funeral
  - c. Graduation
  - d. Wedding
  - e. Other (specify)
  - f. Don't know
  - g. Prefer not to answer
  
8. Were you able to attend the event(s) virtually?
  - a. Yes
  - b. No
  - c. Don't know
  - d. Prefer not to answer

9. Prior to the COVID-19 pandemic, did you attend church?
- Yes
  - No – Go to question 13
  - Don't know – Go to question 13
  - Prefer not to answer – Go to question 13
10. Have you been able to attend church services in person in the last 30 days?
- Yes – Go to question 13
  - No
  - Don't know – Go to question 13
  - Prefer not to answer – Go to question 13
11. Do you have the option of attending church services virtually?
- Yes
  - No – Go to question 13
  - Don't know – Go to question 13
  - Prefer not to answer – Go to question 13
12. Have you attended virtual church services in the last 30 days?
- Yes
  - No
  - Don't know
  - Prefer not to answer
13. In the past 2 weeks, how many friends or loved ones have you been in touch with through phone, Skype, Facebook, Zoom, WhatsApp, or face to face contact?
- \_\_\_\_\_ friends or loved ones
- Don't know
  - Prefer not to answer
14. In the past 2 weeks, with how many people outside of your household have you been in close contact (within 6 feet) for 4 hours or more in a single day?
- \_\_\_\_\_ people
- Don't know
  - Prefer not to answer
15. In the past 2 weeks, how often have you received support (e.g., emotional, materials, or financial support) from friends or loved ones to help you during the COVID-19 pandemic?
- Every day
  - Several times a week
  - Once a week
  - Once in 2 weeks
  - Never
  - Don't know
  - Prefer not to answer

**E. These next questions are about your health and the medical care you have received or rescheduled during the COVID-19 pandemic.**

1. In general, would you say your health is:
  - a. Excellent
  - b. Very good
  - c. Good
  - d. Fair
  - e. Poor
  - f. Don't know
  - g. Prefer not to answer
  
2. Has a doctor ever diagnosed you with any of the following conditions? Select all that apply.
  - a. Heart disease
  - b. High blood pressure
  - c. Lung disease
  - d. Diabetes
  - e. Ulcer or stomach disease
  - f. Kidney disease
  - g. Liver disease
  - h. Anemia or other blood disease
  - i. Cancer
  - j. Depression
  - k. Osteoarthritis or degenerative arthritis
  - l. Back pain
  - m. Rheumatoid arthritis
  - n. HIV
  - o. Other (specify)
  - p. None of the above
  - q. Don't know
  - r. Prefer not to answer
  
3. What is your date of birth? MM/DD/YYYY  
If you do not want to give us your date of birth, what is your age? \_\_\_\_\_ years old
  
4. What sex were you assigned at birth on your original birth certificate?
  - a. Male
  - b. Female
  - c. Don't know
  - d. Prefer not to answer
  
5. How do you describe yourself?
  - a. Male
  - b. Female
  - c. Transgender
  - d. Queer/Non-binary
  - e. Agender/No gender
  - f. Other (specify)
  - g. Don't know
  - h. Prefer not to answer

6. Has your clinic, doctor's office or dental practice closed or cancelled an appointment because of COVID-19?
  - a. Yes
  - b. No
  - c. Don't know
  - d. Prefer not to answer
  
7. Have you cancelled a clinic, doctor or dental appointment to avoid being around others?
  - a. Yes
  - b. No
  - c. Don't know
  - d. Prefer not to answer
  
8. Have you been unable to obtain one or more prescription medications because of the COVID-19 pandemic?
  - a. Yes
  - b. No
  - c. Don't know
  - d. Prefer not to answer
  
9. Have you been unable to obtain one or more over-the-counter medicines you need because of the COVID-19 pandemic?
  - a. Yes
  - b. No
  - c. Don't know
  - d. Prefer not to answer
  
10. If you were scheduled for a routine, non-urgent clinic appointment and your primary doctor was not able to see you, which of the following would you prefer?

I would prefer to:

  - a. Wait until my doctor is available and reschedule an in-person visit
  - b. Reschedule an in-person visit with a different doctor
  - c. Talk to my doctor by phone for advice
  - d. Send in a photo and message for advice through a secure online portal
  - e. Set up a video-visit with my doctor
  - f. Don't know
  - g. Prefer not to answer
  
11. Do you have a device (cell phone, laptop, tablet, or desktop with webcam) that would allow you to video conference with your healthcare provider?
  - a. Yes
  - b. No – Go to question 15
  - c. Don't know –Go to question 15
  - d. Prefer not to answer – Go to question 15
  
12. Have you engaged in a virtual visit with any of your healthcare providers?
  - a. Yes
  - b. No – Go to question 14
  - c. Don't know – Go to question 15

d. Prefer not to answer – Go to question 15

13. Did you feel comfortable communicating with your healthcare provider in a virtual format?

- a. Yes – Go to question 15
- b. No – Go to question 15
- c. Don't know – Go to question 15
- d. Prefer not to answer – Go to question 15

14. Would you feel comfortable communicating with your healthcare provider in a virtual format?

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

Questions 15-18 are asked of participants who indicated female assignment at birth.

15. Mammography is recommended for routine breast cancer screening. A mammogram is a low dose x-ray of your breast to look for cancer. An x-ray machine uses an adjustable plastic plate to press against the breast while a picture is taken. Were you planning to have a mammogram between March 2020 and the end of the year?

- a. Yes
- b. No – Go to question 17
- c. Don't know – Go to question 17
- d. Prefer not to answer – Go to question 17

16. Did you or your doctor postpone your mammogram because of COVID-19?

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

17. A Pap test (sometimes called a Pap smear) is a test to detect cancer of the cervix. A small sample of cells is taken from a woman's cervix (the opening of her womb) and is tested in a laboratory for signs of cancer. Were you planning to have a Pap test between March 2020 and the end of the year?

- a. Yes
- b. No – Go to question 19
- c. Don't know – Go to question 19
- d. Prefer not to answer – Go to question 19

18. Did you or your doctor postpone your Pap test because of COVID-19?

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

Questions 19-22 are asked of participants age 50 and older.

19. There are several tests that can help prevent colon cancer or find it early. One kind of colon cancer test is called a stool blood test. This is something you do at home to examine your stool for hidden blood. The test requires you to place a small sample of your stool or bowel

movement on a special card that comes in a kit. This card is then sent to your doctor's office or to a lab for testing. Were you planning to have a stool blood test between March 2020 and the end of the year?

- a. Yes
- b. No – Go to question 21
- c. Don't know – Go to question 21
- d. Prefer not to answer – Go to question 21

20. Did you or your doctor postpone your stool blood test because of COVID-19?

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

21. Another test is called a colonoscopy. A colonoscopy is a test where a doctor inserts a thin, flexible tube with a light into your rectum to examine your colon for any unusual growths. Right before the test, you get some medicine to help you relax. The test usually takes 30-60 minutes, depending on whether there are growths or polyps that need to be removed. Afterward, you wait for the relaxing medicine to wear off, and someone has to drive you home. Were you planning to have a colonoscopy between March 2020 and the end of the year?

- a. Yes
- b. No – Go to question 23
- c. Don't know – Go to question 23
- d. Prefer not to answer – Go to question 23

22. Did you or your doctor postpone your colonoscopy because of COVID-19?

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

23. Have you ever heard of Human Papillomavirus, also known as HPV?

- a. Yes
- b. No – Go to question 30
- c. Don't know – Go to question 30
- d. Prefer not to answer – Go to question 30

Questions 24-25 are asked of participants who indicated female assignment at birth age 30 to 65.

24. An HPV test detects the presence of HPV, a virus that can lead to the development of genital warts, abnormal cervical cells or cervical cancer. Were you planning to have an HPV test between March 2020 and the end of the year?

- a. Yes
- b. No – Go to question 26
- c. Don't know – Go to question 26
- d. Prefer not to answer – Go to question 26

25. Did you or your doctor postpone your HPV test because of COVID-19?
- Yes
  - No
  - Don't know
  - Prefer not to answer

Questions 26-27 are asked of participants age 45 and younger.

26. HPV causes six cancers, most notably cervical cancer in women and mouth and throat cancers in men. The HPV vaccine has been approved since 2006 for children starting at age 9 and up to age 26. Recently, the Advisory Committee on Immunization Practice has made some changes to who can receive the HPV vaccine. Men and women ages 27-45 can now be vaccinated if informed of the risks and benefits in a conversation with their healthcare provider. Were you planning to get a dose of the HPV vaccination between March 2020 and the end of the year?
- Yes
  - No – Go to question 28
  - Don't know – Go to question 28
  - Prefer not to answer – Go to question 28

27. Did you or your doctor postpone your HPV vaccination because of COVID-19?
- Yes
  - No
  - Don't know
  - Prefer not to answer

Questions 28-29 are asked if the participant indicated children over the age of 9. Include the HPV vaccination description in question 26 if participant skipped.

28. Were you planning to have your child/any of your children vaccinated against HPV between March 2020 and the end of the year?
- Yes
  - No – Go to question 30
  - Don't know – Go to question 30
  - Prefer not to answer – Go to question 30

29. Did you or your children's doctor postpone your child's HPV vaccination because of COVID-19?
- Yes
  - No
  - Don't know
  - Prefer not to answer

Questions 30-31 are asked if a cancer diagnosis was not indicated.

30. Compared to other people your age and race, how likely do you think you are to get cancer in your lifetime?
- Much below average
  - Below average
  - Same average risk as other people your age
  - Above average
  - Much above average

- f. Don't know
- g. Prefer not to answer

31. How worried are you about getting cancer someday?

- a. Not at all
- b. A little
- c. Somewhat
- d. A lot
- e. Don't know
- f. Prefer not to answer

Questions 32-40 are asked if a cancer diagnosis was indicated.

32. Are you currently on any oral medication for your cancer?

- a. Yes
- b. No – Go to question 35
- c. Don't know – Go to question 35
- d. Prefer not to answer – Go to question 35

33. In the past week, about how many days did you take your oral cancer medication?

\_\_\_\_\_ days

- a. Don't know
- b. Prefer not to answer

34. Has your oral cancer medication use changed during the COVID-19 pandemic?

- a. Yes, I have used my oral cancer medication MORE often
- b. Yes, I have used my oral cancer medication LESS often
- c. No, I have used my oral cancer medication the SAME amount
- d. Don't know
- e. Prefer not to answer

35. Were you scheduled for any cancer-related medical care that you had to cancel or reschedule during the COVID-19 restrictions?

- a. Yes
- b. No – Go to question 37
- c. Don't know – Go to question 37
- d. Prefer not to answer – Go to question 37

36. What did you have to cancel or reschedule? Select all that apply.

- a. Routine appointment
- b. Screening test
- c. Blood test
- d. Surgery
- e. Chemotherapy
- f. Radiation therapy
- g. Therapy (physical or occupational)
- h. Other (specify)
- i. Don't know

- j. Prefer not to answer
37. Compared to other people your age and race who have received the same treatment for the same type of cancer, how likely do you think you are to get cancer again in your lifetime?
- a. Much below average
  - b. Below average
  - c. Same average risk as other people your age
  - d. Above average
  - e. Much above average
  - f. Don't know
  - g. Prefer not to answer
38. How worried are you about getting cancer again someday?
- a. Not at all
  - b. A little
  - c. Somewhat
  - d. A lot
  - e. Don't know
  - f. Prefer not to answer
39. Do you have a caregiver? A caregiver is a partner, family member or close friend who helps to coordinate your care including assistance with making appointments, managing medications and side effects, and helping with other day-to-day tasks.
- a. Yes
  - b. No – Go to the next section
  - c. Don't know – Go to the next section
  - d. Prefer not to answer – Go to the next section
40. We would like to invite this person to complete this survey as well. Please ask them to contact us at [PHONE] or [EMAIL].

**F. This next set of questions is about your behaviors that affect your health.**

1. Thinking about the last 30 days, in a typical week, how many days did you do any physical activity or exercise of at least moderate intensity, such as brisk walking, bicycling at a regular pace, and swimming at a regular pace?
- \_\_\_\_\_ days
- a. Don't know
  - b. Prefer not to answer
2. Have you changed the frequency of your physical activity compared to BEFORE the COVID-19 pandemic?
- a. Yes, I have engaged in MORE physical activity compared to before the pandemic
  - b. Yes, I have engaged in LESS physical activity compared to before the pandemic
  - c. No, I have been doing the SAME amount of physical activity compared to before the pandemic
  - d. Don't know
  - e. Prefer not to answer

3. Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks. Not including juices, how often did you eat fruit? Include fresh, frozen or canned fruit. Do not include dry fruits. You may specify the number of times per day, per week, or per month, whichever is easiest for you. Enter the number of times in the space below, and then mark if it is the number of times per day, per week, or per month.
- \_\_\_\_\_ times
- Per day
  - Per week
  - Per month
  - Don't know
  - Prefer not to answer
4. During the past 30 days, how often did you eat vegetables other than potatoes? Include things like salad, cooked dried beans, corn, and broccoli. Enter the number of times in the space below, and then mark if it is the number of times per day, per week, or per month.
- \_\_\_\_\_ times
- Per day
  - Per week
  - Per month
  - Don't know
  - Prefer not to answer
5. Have you changed the amount of fruit and vegetables you consume per day compared to BEFORE the COVID-19 pandemic?
- Yes, I have consumed MORE fruit and vegetables compared to before the pandemic
  - Yes, I have consumed LESS fruit and vegetables compared to before the pandemic
  - No, I have been consuming the SAME amount of fruit and vegetables compared to before the pandemic
  - Don't know
  - Prefer not to answer
6. In the past 30 days, on how many days have you had a drink of an alcoholic beverage?
- \_\_\_\_\_ days – Go to question 14 if 0.
- Don't know – Go to question 14
  - Prefer not to answer – Go to question 14
7. In the past 30 days, on how many days did you have 5 or more drinks on the same occasion?
- \_\_\_\_\_ days
- Don't know
  - Prefer not to answer
8. Have you changed the amount of alcohol you drink compared to BEFORE the COVID-19 pandemic?
- Yes, I have drunk MORE alcohol compared to before the pandemic
  - Yes, I have drunk LESS alcohol compared to before the pandemic
  - No, I have drunk the SAME amount of alcohol compared to before the pandemic
  - Don't know
  - Prefer not to answer

9. Have you changed the type of alcohol (beer, wine, liquor, etc.) you drink compared to BEFORE the COVID-19 pandemic?
- Yes
  - No – Go to question 13
  - Don't know – Go to question 13
  - Prefer not to answer – Go to question 13
10. Have you changed the amount of **beer** you drink compared to BEFORE the COVID-19 pandemic?
- Yes, I have drunk MORE beer compared to before the pandemic
  - Yes, I have drunk LESS beer compared to before the pandemic
  - No, I have drunk the SAME amount of beer compared to before the pandemic
  - Don't know
  - Prefer not to answer
11. Have you changed the amount of **wine** you drink compared to BEFORE the COVID-19 pandemic?
- Yes, I have drunk MORE wine compared to before the pandemic
  - Yes, I have drunk LESS wine compared to before the pandemic
  - No, I have drunk the SAME amount of wine compared to before the pandemic
  - Don't know
  - Prefer not to answer
12. Have you changed the amount of **liquor** you drink compared to BEFORE the COVID-19 pandemic?
- Yes, I have drunk MORE liquor compared to before the pandemic
  - Yes, I have drunk LESS liquor compared to before the pandemic
  - No, I have drunk the SAME amount of liquor compared to before the pandemic
  - Don't know
  - Prefer not to answer
13. Are you drinking more often alone since the COVID-19 pandemic?
- Yes
  - No
  - Don't know
  - Prefer not to answer
14. During the past 30 days, have you used any of the following tobacco or marijuana products?  
Select all that apply.
- Cigarettes
  - Little cigars
  - Cigarillos (e.g., Black & Mild)
  - Hand-rolled cigarettes
  - Cigars (without marijuana)
  - Blunts (with marijuana)
  - Marijuana (rolled in a paper)

- h. Pipe
- i. Bidi
- j. Smokeless tobacco or dip
- k. Electronic cigarettes containing nicotine
- l. Electronic cigarettes containing marijuana
- m. Hookah or waterpipe
- n. Other (specify)
- o. I have not used any tobacco or marijuana products in the past 30 days – Go to the next section
- a. Don't know – Go to the next section
- b. Prefer not to answer – Go to the next section

15. Have you changed the frequency of tobacco or marijuana use compared to BEFORE the COVID-19 pandemic?

- a. Yes, I have used tobacco or marijuana products MORE compared to before the pandemic
- b. Yes, I have used tobacco or marijuana products LESS compared to before the pandemic
- c. No, I have been using the SAME amount of tobacco or marijuana products compared to before the pandemic
- d. Don't know
- e. Prefer not to answer

16. Have you begun using a different tobacco or marijuana product in the past 30 days?

- a. Yes
- b. No – Go to the next section
- c. Don't know – Go to the next section
- d. Prefer not to answer – Go to the next section

17. Which product(s) did you begin using in the past 30 days? Select all that apply.

- a. Cigarettes
- b. Little cigars
- c. Cigarillos (e.g., Black & Mild)
- d. Hand-rolled cigarettes
- e. Cigars (without marijuana)
- f. Blunts (with marijuana)
- g. Marijuana (rolled in a paper)
- h. Pipe
- i. Bidi
- j. Smokeless tobacco or dip
- k. Electronic cigarettes containing nicotine
- l. Electronic cigarettes containing marijuana
- m. Hookah or waterpipe
- n. Other (specify)
- o. Don't know
- p. Prefer not to answer

**G. Finally, we have a few additional questions that will help us describe the people who took part in this survey.**

1. What is your race? Select all that apply.

- a. White
  - b. Black or African American
  - c. American Indian or Alaskan Native
  - d. Asian or Asian American
  - e. Native Hawaiian or other Pacific Islander
  - f. Other (specify)
  - g. Don't know
  - h. Prefer not to answer
2. Are you of Hispanic origin?
- a. Yes
  - b. No
  - c. Don't know
  - d. Prefer not to answer
3. Do you consider yourself to be...
- a. Heterosexual or straight
  - b. Asexual
  - c. Bisexual
  - d. Gay
  - e. Lesbian
  - f. Pansexual
  - g. Other (specify)
  - h. Don't know
  - i. Prefer not to answer
4. What is the highest grade or level of school you completed?
- a. Less than high school
  - b. Some high school, no diploma
  - c. GED
  - d. High school graduate
  - e. Some college but no degree
  - f. Associate degree – occupational/vocational
  - g. Associate degree – academic program
  - h. Bachelor's degree (e.g., BA, AB, BS)
  - i. Master's degree (e.g., MA, MS, MEng, Med, MSW)
  - j. Professional school degree (e.g., MD, DDS, DVM, JD)
  - k. Doctorate degree (e.g., PhD, EdD)
  - l. Don't know
  - m. Prefer not to answer
5. Thinking about members of your family living in your household, what is the combined annual income, meaning the total pre-tax income from all sources earned in the past year?
- a. \$0 to \$9,999
  - b. \$10,000 to \$14,999

- c. \$15,000 to \$19,999
- d. \$20,000 to \$34,999
- e. \$35,000 to \$49,999
- f. \$50,000 to \$74,999
- g. \$75,000 to \$99,999
- h. \$100,000 to \$199,999
- i. \$200,000 or more
- j. Don't know
- k. Prefer not to answer

6. How would you describe your household's financial situation right now?
- a. After paying the bills, you still have enough money for special things that you want.
  - b. You have enough money to pay the bills, but little extra money to buy something special that you want.
  - c. You have money to pay the bills, but only because you have cut back on things that you want.
  - d. You are having difficulty paying the bills no matter what you do.
  - e. Don't know
  - f. Prefer not to answer

7. What is your current marital status?
- a. Single, never been married
  - b. Married
  - c. Not married but living together
  - d. Separated
  - e. Divorced
  - f. Widowed
  - g. Other (specify)
  - h. Don't know
  - i. Prefer not to answer

8. Are you covered by health insurance or some other kind of health care plan?
- a. Yes
  - b. No – Go to question 10
  - c. Don't know – Go to question 10
  - d. Prefer not to answer – Go to question 10

9. What type of health insurance do you have? Select all that apply.
- a. Medicaid
  - b. Private health insurance
  - c. Medicare
  - d. Medicare plus a supplemental policy
  - e. Military/VA
  - f. Other (specify)
  - g. Don't know
  - h. Prefer not to answer

10. What is your home address? (street, city, state, zip, county)

11. Is this your mailing address?

- a. Yes – Go to question 13
- b. No

12. What is your mailing address? (street, city, state, zip)

13. Thank you for completing this survey. As a thank you for your time, we would like to send you a \$10 gift card. Please select the type of gift card you would like to receive.

Store and method of delivery options will be displayed based on information provided by the participant (full mailing address and/or email address). If participants did not provide a mailing address, they will have the option to return to the previous page and provide one in order to receive a mailed gift card.

14. May we contact you again in the future to see if some of the things we discussed have changed?

- a. Yes
- b. No

**If you have any questions or comments, please feel free to contact us at [PHONE]. If you are concerned that you or a family member may be infected with COVID-19, please contact your primary care physician or local healthcare provider.**